

# group-health- insurance - icici lombard

## Group Health Insurance

### Customer Information Sheet

DISCLAIMER NOTE: The information mentioned below is illustrative and not exhaustive. The information must be read in conjunction with the policy wordings. In case of any conflict between the Customer Information Sheet and the policy wordings, the terms and conditions mentioned in the policy wordings shall prevail.

S. No	Title	Description	Policy Clause Number
1	Product Name	Group Health Insurance	
2	What am I Covered for	The policy provides indemnification of medical expenses incurred by the Insured during	Part I of the Policy

3	Optional Add On Covers	<ul style="list-style-type: none"> <li>• Cover for Pre-Existing Diseases</li> <li>• Maternity Expenses</li> <li>• Out Patient Department (OPD) Expenses</li> <li>• Cost of Prescribed External Medical Aid</li> <li>• Baby Day One Cover</li> <li>• Critical Illnesses Cover</li> <li>• Travel Expenses For Medical Treatment</li> <li>• Dental Expenses</li> <li>• Cover for Alternate Methods Of Treatment</li> </ul>	Part II of the Policy- Clause IV: <a href="#">AddOns/Extensions</a>
4	<a href="#">Waiting Period</a>	<ul style="list-style-type: none"> <li>• <a href="#">Initial Waiting Period</a></li> <li>• <a href="#">Pre Existing Disease : 1 year</a></li> <li>• <a href="#">Specific Waiting Periods</a></li> </ul>	Part II of the Policy  Clause IV: Add-