

List of Non Payable Items as per IRDAI

Sr. No.	Items
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL /INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/SHORT/HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT

List of Non Payable Items as per IRDAI (Contd.)

Sr. No.	Items
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	RECOVERY KIT, ETC]ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT,
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLEY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

f. Other Terms and Conditions
1. Claim Administration

The fulfilment of the terms and conditions of this Policy (including payment of premium by the due dates mentioned in the Policy Schedule) insofar as they relate to anything to be done or complied with by each of You shall be conditions precedent to admission of Our liability. You are requested to go through our list of de-listed/excluded providers which is available on our website. As the list is dynamic, please refer to the latest list.

The claim pay-out would be adjudicated in following sequence:

- i. If a room/ICU accommodation has been opted for where the room rent or category is higher than the eligible limit as applicable for the Insured Person, then the associated medical expenses payable shall be pro-rated as per applicable limits.
- ii. Associated medical expenses means those expenses as listed below which vary in accordance with the room rent or room category or ICU Charges in a hospital:
 - a. Room, boarding, nursing and operation theatre expenses as charged by the Hospital where the insured person availed treatment
 - b. Intensive care unit (ICU) Charges

- c. Fees charged by surgeon, anesthetist, medical practitioner
- d. Investigation expenses
- iii. Zone based co-payment shall be applicable in all cases (Except medically necessary treatment for road traffic accidents) where treatment is taken in a zone higher than for which premium was paid for
- iv. The voluntary deductible shall be applied to aggregate of all claims that are either paid or payable (not excluded) under this policy. Our liability to make payment shall commence only once the aggregate amount of all claims payable or paid exceed the voluntary deductible. Base Co-payment shall not be

applied incase voluntary deductible has been opted for.

- v. Base Co-payment shall be applicable on the amount payable by Us and our liability to make payment shall than be arrived at.
- vi. In case, the claim is for a Procedure/Medical Condition/Ailment/Disease which is subject to sub-limits as per policy terms and conditions, the claim will be settled to the extent of amount which is lesser of the three amounts – i.e. claimed amount or maximum amount as per sub-limits applicable or ICICI Lombard Liability after deduction of base co-payment/ voluntary deductible.

Illustrations for claim settlement

Illustration 1 - Insured Person opted for base co-payment

Heading	Particulars	Scenario 1	Scenario 2	Scenario 3
A.	Annual Sum Insured	₹ 10,00,000	₹ 10,00,000	₹ 10,00,000
B.	Base Co-payment opted at time of policy issuance	20%	20%	20%
	Zone opted	B (Goa)	B (Goa)	B (Goa)
	Hospitalization Diagnosis	Heart Attack/ PTCA done/ Cardiovascular disease	Heart Attack/ PTCA done/ Cardiovascular disease	Heart Attack/ PTCA done/ Cardiovascular disease
	Treatment taken in	Goa (Zone B)	Mumbai (Zone A)	Guwahati (Zone C)
C.	Hospitalisation expenses Amount	₹ 4,00,000	₹ 5,00,000	₹ 3,00,000
D.	Pre and Post hospitalisation expenses	₹ 35,000	₹ 50,000	₹ 20,000
E.	Total claimed Expenses*[C+D]	₹ 4,35,000	₹ 5,50,000	₹ 3,20,000
F.	Zone based co-payment	0%	15%	0%
G.	Claimed amount after application of zone based co-payment [E*F]	₹ 4,35,000	₹ 4,67,500	₹ 3,20,000
H.	Sub-limit for cardiovascular diseases	₹ 3,50,000	₹ 3,50,000	₹ 3,50,000
I.	Insured Person liability after application of base co-payment [G*B]	₹ 87,000	₹ 93,500	₹ 64,000
J.	ICICI Lombard Liability after deduction of co-payment [G-I]	₹ 3,48,000	₹ 3,74,000	₹ 2,56,000
K.	Final payable amount to Insured Person [lesser amount out of G, H, J]	₹ 3,48,000	₹ 3,50,000	₹ 2,56,000
L.	Balance Annual Sum Insured [A-K]	₹ 6,52,000	₹ 6,50,000	₹ 7,44,000

*It has been assumed that total claimed expenses are same as total payable expenses. i.e. there are no deductions in the claimed amount.

Illustration 2 - Insured person opted for voluntary deductible

Heading	Particulars	Scenario 1	Scenario 2	Scenario 3
A.	Annual Sum Insured	₹ 20,00,000	₹ 20,00,000	₹ 20,00,000
B.	Voluntary deductible opted at time of policy issuance	₹ 4,00,000	₹ 4,00,000	₹ 4,00,000
C.	Base Co-payment applicable	NA	NA	NA
	Zone opted	B (Goa)	B (Goa)	B (Goa)
	Hospitalization Diagnosis	Heart Attack/ PTCA done/ Cardiovascular disease	Heart Attack/ PTCA done/ Cardiovascular disease	Heart Attack/ PTCA done/ Cardiovascular disease
	Treatment taken in	Goa (Zone B)	Mumbai (Zone A)	Guwahati (Zone C)

Illustrations for claim settlement (Contd.)
Illustration 2 - Insured person opted for voluntary deductible (Contd.)

Heading	Particulars	Scenario 1	Scenario 2	Scenario 3
D.	Hospitalisation expenses Amount	₹ 4,00,000	₹ 5,00,000	₹ 3,00,000
E.	Pre and Post hospitalisation expenses	₹ 35,000	₹ 50,000	₹ 20,000
F.	Total claimed Expenses*[D+E]	₹ 4,35,000	₹ 5,50,000	₹ 3,20,000
G.	Zone based co-payment	0%	15%	0%
H.	Claimed amount after application of zone based co-payment [F*G]	₹ 4,35,000	₹ 4,67,500	₹ 3,20,000
I.	IL Liability after application of voluntary deductible [H-B]	₹ 35,000	₹ 67,500	NA as expenses have not crossed voluntary deductible amount
J.	Sub-limit for cardiovascular diseases	₹ 3,50,000	₹ 3,50,000	₹ 3,50,000
K.	Final payable amount to Insured Person [lesser amount out of I,J]	₹ 35,000	₹ 67,500	-
L.	Balance Annual Sum Insured [A-K]	₹ 19,65,000	₹ 19,32,500	₹ 20,00,000

*It has been assumed that total claimed expenses are same as total payable expenses. i.e. there are no deductions in the claimed amount.

The claim amount assessed above would be deducted from the following amounts in the following progressive order:

1. Annual Sum Insured
2. Additional Sum Insured/Cumulative Bonus (if accrued and available)
3. Reset Sum Insured (If applicable)

Further, upon the discovery or happening of any Illness or Injury that may give rise to a Claim under this Policy, then as a condition precedent to the admission of Our liability, You shall undertake the following:

1.1 Claims Procedure

A. For Cashless Settlement

Cashless treatment is only available at a Network Provider (List of Network Providers is available at our website). In order to avail of cashless treatment, the following procedure must be followed by You:

Pre-authorization

Prior to taking treatment and/ or incurring Medical Expenses at a Network Provider, You must contact Us or Our in house claim processing team accompanied with full particulars namely, Policy Number, Your name, Your relationship with Policy Holder, nature of Illness or Injury, name and address of the Medical Practitioner/ Hospital and any other information that may be relevant to the Illness/ Injury/ Hospitalisation. You must request preauthorization at least 48 hours before a planned Hospitalization and in case of an emergency situation, within 24 hours of Hospitalization. To avail of Cashless Hospitalization facility, you are required to produce the health card, as provided to You with this Policy, subject to the terms and conditions for the usage of the said health card Or You can seek pre

authorization by providing Your Policy number and ID proof to the hospital who can co-ordinate with Our claim team to provide cashless facility. We will consider Your request after having obtained accurate and complete information for the Illness or Injury for which cashless Hospitalization facility is sought by You and We will confirm Your request in writing.

B. For Reimbursement Settlement

- i. You shall give notice to Us or Our in house claim processing team by calling the toll free number 1800 2666 or emailing us at customersupport@icicilombard.com specified in the Policy provided to You and also in writing at Our address with particulars as below:

- ❖ Policy number;
- ❖ Your Name;
- ❖ Your relationship with the Policyholder;
- ❖ Nature of Illness or Injury;
- ❖ Name and address of the attending Medical Practitioner and the Hospital;
- ❖ Any other information that may be relevant to the Illness/ Injury/ Hospitalisation

The above information needs to be provided to Us or Our in house claim processing team immediately and in any event within 10 days of Hospitalization, failing which We will have the right to treat the Claim as inadmissible, as We may deem fit at Our sole discretion.

- ii. You must immediately consult a Medical Practitioner and follow the advice and treatment that he recommends.

You or someone claiming on Your behalf must promptly and in any event within 30 days of Your discharge from a Hospital (for post-hospitalization expenses, within 30 days from the completion of post-hospitalization period) deliver to Us the documentation (written details of the quantum of any Claim along with all original supporting documentation) as more particularly listed in Claim documents section. In case there is a delay beyond 30 days in submission of claim documents, we may condone the delay provided the insured person submits a valid reason justifying the delay to us in writing. However, in both the above cases i.e. g.1.1.1(A) & (B), You must take reasonable steps or measure to minimise the quantum of any Claim that may be covered under the Policy If so requested by Us or Our in house claim processing team, You will have to undergo a medical examination from Our nominated Medical Practitioner, as and when We or Our in house claim processing team considers reasonable and necessary. The cost of such examination will be borne by Us.

Claim falling in two Policy periods

If the claim event falls within two Policy periods, the claims shall be paid taking into consideration the available Sum Insured in the two Policy periods, including the Deductions for each Policy Period. Such eligible claim amount to be payable to the Insured shall be reduced to the extent of premium to be received for the Renewal/due date of premium of health insurance Policy, if not received earlier.

1.2 CLAIM DOCUMENTS

You shall be required to furnish the following documents for or in support of a Claim:

- i. Duly completed Claim form signed by You and the Medical Practitioner. The claim form can be downloaded from our website www.icicilombard.com.
- ii. Original bills, receipts and discharge certificate/ card from the Hospital/ Medical Practitioner.
- iii. Original bills from chemists supported by proper prescription.
- iv. Original investigation test reports and payment receipts.
- v. Indoor case papers
- vi. Medical Practitioner's referral letter advising Hospitalization in non-Accident cases.
- vii. Any other document as required by Us or Our TPA to investigate the Claim or Our obligation to make payment for it

1.3 Claim Service Guarantee

We provide You Claim Service Guarantee as follows

- A. **For Reimbursement Claims:** We shall make the payment of admissible claim (as per terms & conditions

of Policy) OR communicate non admissibility of claim within 14 days after You submit complete set of documents & information in respect of the claims. In case We fail to make the payment of admissible claims or to communicate non admissibility of claim within the time period, We shall pay 2% interest over and above the rate defined as per IRDAI (Protection of Policyholder's interest) Regulation 2017.

- B. **For Cashless Claims:** If You notify pre authorization request for cashless facility through any of Our empanelled network hospitals along with complete set of documents & information, We will respond within 4 hours of the actual receipt of such pre authorization request with:

- a. Approval, or
- b. Rejection, or
- c. Query seeking further information

In case the request is for enhancement, i.e. Request for increase in the amount already authorized, We will respond to it within 3 hours.

In case of delay in response by Us beyond the time period as stated above for cashless claims, We shall be liable to pay ₹ 1,000 to You. Our maximum liability in respect of a single hospitalization shall, at no time exceed ₹ 1,000. We will not be liable to make any payments under this Claim Service Guarantee in case of any force majeure, natural event or manmade disturbance which impedes Our inability to make a decision or to communicate such decisions to You.

The service guarantee shall not be applicable for any cases delayed on account of reasonable apprehension of fraud or fraudulent claims or cases referred to/by any adjudicative forum for necessary disposal.

You may lodge claim separately for the hospitalization claim, Pre-Post hospitalization. In such scenario, if delay happens beyond the time period as specified above, the interest amount calculated will be on the net sanctioned amount of respective transaction and not the total amount paid for the entire claim.

Any amount paid towards interest under Claim Service Guarantee will not affect the Annual Sum Insured as specified in the Schedule.

If you are not eligible for 'Claim Service Guarantee' for the reasons stated above, We will inform the same to You, within 14 days in case of A. For Reimbursement claims and within 4 hours in case of B. For Cashless claims above.

Annexure A

Jurisdiction of Office Union Territory, District)	Office Details
AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th Floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chhattisgarh.
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17-D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai - 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Tamil Nadu Puducherry Town and Karaikal (which are part of Puducherry).
DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over Bridge, S. S. Road, Guwahati - 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.

Jurisdiction of Office Union Territory, District)	Office Details
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyards, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax: 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW - Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhampur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.