ICICI Lombard
Nibhaye Vaade

Golden Shield
Policy Wording

b. Preamble

This Policy has been issued on the basis of the Disclosure to information Norm, including the information provided by Proposer in respect of the Insured Persons in the Proposal Form, any application for insurance cover in respect of any Insured Person and any other information or details submitted in relation to the Proposal Form. This Policy is a contract of insurance between You and Us which is subject to the receipt of premium in full and accepted by Us in respect of the Insured Persons and the terms, conditions and exclusions as specified in the Policy/ Policy Schedule / Product Benefit Table of this Policy.

c. Definitions

For the purposes of this Policy, the terms specified below shall have the meaning set forth wherever appearing/ specified in this Policy or related Extensions:

Where the context so requires, references to the singular shall also include references to the plural and references to any gender shall include references to all genders. Further any references to statutory enactment include subsequent changes to the same.

i. Standard definitions (Definitions whose wordings are specified by IRDAI)

Accident means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Any one illness means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

Ayush Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical practitioner(s) comprising of any of the following:

a. Central or State government AYUSH hospital; or

b. Teaching hospital attached to AYUSH college recognized by the central government/Central council of Indian medicine/ Central council for Homeopathy; or

c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH medical practitioner and must comply with the following criterion:

i. Having at least 5 in-patient beds

ii. Having qualified AYUSH medical practitioner in charge round the clock

iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in- patient services and must comply with all the following criterion:

a. Having qualified registered AYUSH Medical Practitioner(s) in charge;

b. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

c. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

(Explanation: Medical practitioner referred in the definition of "AYUSH Hospital" and "AYUSH day care center" shall carry the same meaning as defined in the definition of "Medical practitioner" under chapter I of Guidelines)

Cashless Facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.

Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

a. Internal Congenital Anomaly -Congenital anomaly which is not in the visible and accessible parts of the body

b. External Congenital Anomaly- Congenital anomaly which is in the visible and accessible parts of the body

Co-payment means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured/proposer will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

Cumulative Bonus shall mean any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

Day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under :-

a. has qualified nursing staff under its employment;

b. has qualified medical practitioner/s in charge

c. has fully equipped operation theatre of its own where surgical procedures are carried out;

d. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel

Day Care Treatment refers to medical treatment, and/ or Surgical Procedure which is

i. undertaken under General or Local Anesthesia in a Hospital/ Day care centre in less than 24 hrs because of technological advancement, and

ii. which would have otherwise required a hospitalisation of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

Deductible is a cost sharing requirement under a health insurance policy that provides that provides that the insurer will not be liable for specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies, which will apply before any benefits are payable by the insurer A deductible does not reduce the sum insured.

Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

Disclosure to information Norm means the policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Domiciliary Hospitalisation means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

a. the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or

b. the patient takes treatment at home on account of non-availability of room in a hospital.

Emergency Care means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health

Grace Period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of Pre Existing Diseases. Coverage is not available for the period for which no premium is received.

Hospital means any institution established for in-patient care and day care treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulations) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said Act Or comply with all minimum criteria as under:

a. has qualified nursing staff under its employment round the clock;

b. has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places

c. has qualified medical practitioner(s) in charge round the clock;

d. has a fully equipped operation theatre of its own where surgical procedures are carried out

e. maintains daily records of patients and makes these accessible to the Insurance company's authorized personnel.

Hospitalisation means admission in a Hospital for a minimum period of 24 consecutive in-patient care hours except for specified Procedures/Treatments, where such admission could be for a period of less than 24 consecutive hours.

Inpatient care means treatment for which the insured person has to stay in a Hospital for more than 24 hours for a covered event.

Illness means a sickness or disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

a. **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

b. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

   i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests

   ii. it needs ongoing or long-term control or relief of symptoms

   iii. it requires your rehabilitation for the patient or for the patient to be specially trained to cope with it

iv. it continues indefinitely

v. It recurs or is likely to recur

Injury means any accidental physical bodily harm, excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

Intensive Care Unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards

ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

Maternity expenses means;

a. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalisation);

b. expenses towards lawful medical termination of pregnancy during the policy period.

Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Medically Necessary Treatment is defined as any treatment, tests medication or stay in hospital or part of a stay in Hospital which

1. Is required for the medical management of the illness or Injury suffered by the insured
2. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity
3. Must have been prescribed by a Medical practitioner
4. Must conform to the professional standard widely accepted in international medical practice or by the medical community in India

Migration means the right accorded to health insurance policyholders/proposers (including all members under family cover and members of group Health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

Network Provider means hospitals or health care providers enlisted by an insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a cashless facility.

Non-Network Provider means any Hospital, day care centre or other provider that is not part of the Network.

Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication

OPD treatment is one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

Portability means the right accorded to an individual health insurance policyholder/proposers (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer

Pre-existing Disease means any condition, ailment, injury or disease

a. That is/ are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or

b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

Post-Hospitalisation Medical Expenses means medical expenses incurred during predefined number of days immediately after the Insured Person is discharged from the hospital, provided that :

a. Such Medical Expenses are for the same condition for which the Insured Person's Hospitalisation was required, and

b. The In-patient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company.

Pre-Hospitalisation Medical Expenses means medical expenses incurred during predefined number of days preceding the hospitalization of the insured person, provided that:

a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and

b. The In-patient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company.

Qualified Nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

Reasonable and Customary Charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of Illness/injury involved.

Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

Room Rent means the amount charged by a hospital towards Room and Boarding expenses and shall include associated medical expenses.

Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

Surgery or Surgical Procedure means manual and/or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a Medical Practitioner

Unproven/Experimental treatment means treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

ii. Specific definitions (Definitions other than those mentioned under c. I. above)

Admission means Your admission in a Hospital as an inpatient for the purpose of medical treatment of an Injury and/or Illness.

AYUSH treatments refers to the medical aid and / or hospitalisation treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems

Annual Sum Insured means and denotes the maximum amount of cover available to You during each Policy Year of the Policy Period, as stated in the Policy Schedule or any revisions thereof based on Claim settled under the Policy.

Break in Policy occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.

Claim means a demand made by You or on Your behalf for payment of Medical Expenses or any other expenses or benefits, as covered under the Policy.

Immediate Family means spouse, dependent children, brother(s), sister(s) and dependent parent(s) of the insured.

Insured/Insured Person(s) means the individual(s) whose name(s) is/are specifically appearing as such in the Policy Schedule and is/are hereinafter referred as "You"/"Your"/ "Yours"/ "Yourself"

Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license.

The term Medical Practitioner would include physician, specialist, anaesthetist and surgeon but would exclude You and Your spouse, Your children, Your brother(s), Your sister(s) and Your parent(s).

Period of Insurance means the period as specifically appearing in the Policy Schedule and commencing from the Policy Period Start Date of the first Policy taken by You from Us and then, running concurrent to Your current Policy subject to the Your continuous renewal of such Policy with Us.

Policy means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to You, what is excluded from the cover and the terms & conditions on which the Policy is issued to You.

Proposer means the person(s) or the entity named in the Policy Schedule who executed the Policy Schedule and is (are) responsible for payment of premium(s).

Policy Period means the period commencing from the Policy Period Start Date, Time and ending at the Policy Period End Date, Time of the Policy and as specifically appearing in the Policy Schedule.

Policy Year means a period of twelve months beginning from the Policy Period Start Date and ending on the last day of such twelve-month period. For the purpose of subsequent years, "Policy Year" shall mean a period of twelve months beginning from the end of the previous Policy Year and lapsing on the last day of such twelve-month period, till the Policy Period End Date, as specified in the Policy Schedule

Service Provider means any person, organization, institution, or company that has been empanelled with Us to provide services specified under the Benefits (including add-ons) to The Insured person. These shall also include all healthcare providers empanelled to form a part of network other than hospitals.

The list of the Service Providers is available at our website (https://www.icicilombard.com/content/ilom-en/serviceprovider/search.asp) and is subject to amendment from time to time.

You/Your/ Yours/ Yourself means the person(s) that We insure and is/are specifically named as Insured / Insured Person(s) in the Policy Schedule.

We/ Our/ Ours/ Us means the ICICI Lombard General Insurance Company Limited

d. Benefits covered under the policy

The Benefits listed in base cover are in-built benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy wording.

This Policy covers Allopathic and AYUSH treatments taken in India ONLY. Any expenses incurred outside the policy period will NOT be covered.

Any claims made under any of the benefits mentioned below (except Care management program, Care management plus program,) will impact eligibility for Additional Sum Insured.

Any unutilized annual sum insured/tele-consultations/e-consultations/benefits cannot be carried forward to the next policy year.

Base Cover

1. In Patient Treatment

We will cover the following Medical Expenses incurred in respect of Hospitalization of the Insured Person during the Policy Period, up to the Annual Sum Insured specified in the Policy Schedule against this Benefit:

i. Room Rent up to Twin sharing room (for Annual Sum Insured below ₹ 10 Lacs and Single private AC room for annual sum insured ₹ 10L and above);

ii. Intensive Care Unit Charges;

iii. Qualified Nurse charges;

iv. Medical Practitioner's Fees ;

v. Anaesthesia, blood, oxygen, operation theatre charges, medicines, drugs and consumables (other than those specified in the list of excluded expenses (non-medical) in Annexure I;

vi. Surgical appliances and prosthetic devices recommended in writing by the attending Medical Practitioner and that are used intra operatively during a Surgical Procedure;

vii. Cost of investigative tests or prescribed diagnostic procedures directly related to the Injury/Illness for which the Insured Person is Hospitalized;

We will consider a claim under this Benefit, subject to the following:

i. The Hospitalization is for Medically Necessary Treatment.

ii. The hospitalization warrants inpatient admission in view of active line of treatment.

iii. The Hospitalization commences and continues on the written advice of a Medical Practitioner.

iv. The Medical Expenses incurred are Reasonable and Customary Charges.

v. If the Insured Person is admitted in a room category/ limit that is higher than the one that is specified in the Policy Schedule/ Product benefit table of this policy, then the Insured Person shall bear a rateable proportion of the total Associated medical expenses (including surcharges or taxes thereon) in the proportion of the difference between room rent of the entitled room category to the room rent actually incurred

a. For the purpose of this cover, "Associated medical expenses" shall include room rent, nursing charges, operation theatre charges, fees of medical practitioner including surgeon/ anaesthetist / specialist within the same hospital where the insured person has been admitted and will not include the cost of pharmacy and consumables, cost of implants, medical devices and cost of diagnostics.

b. Proportionate deductions are not applicable for ICU charges

c. Proportionate deductions shall not be applicable for hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category.

vi. Expenses associated with automation machine for peritoneal dialysis shall not be payable

vii. Any Medical Expenses payable shall not in aggregate exceed the Annual Sum Insured and additional sum insured / cumulative bonus (if any) as specified in the Policy Schedule against this Benefit.

2. Day Care Treatment

We will cover the Medical Expenses incurred in respect of the Day Care Treatment of the Insured Person during the Policy Period provided that:

i. The Day Care Treatment is for Medically Necessary Treatment.

ii. The Day Care Treatment follows the written advice of a Medical Practitioner.

iii. The Medical Expenses incurred are Reasonable and Customary Charges.

iv. We will also cover Medical Expenses incurred for procedures including but not limited to intravenous chemotherapy, radiotherapy, hemodialysis or any other therapeutic procedure which requires a period of specialized observation or medical care after completion of the procedure.

v. We will not cover any Out Patient Treatment or diagnostic services under this Benefit.

vi. Expenses associated with automation machine for peritoneal dialysis shall not be payable

vii. Any Medical Expenses payable shall not in aggregate exceed the Sum Insured and additional sum insured/ cumulative bonus (if any) specified in the Policy Schedule against this Benefit.

3. Coverage for Modern Treatments

We will cover the Medical Expenses incurred in respect of Hospitalization of the Insured Person for the below mentioned modern treatments during the Policy Period, up to the Annual Sum Insured