



**The Perfect Health Shield
For You & Your Family**

INTRODUCTION

- A comprehensive health policy for ICICI Securities customers that focuses on their well being through preventive services.
- The policy works to prevent hospitalisation and in case of hospitalisation, it also takes care of the expenses. Thus, it gives an advantage over other policies that come into force only at hospitalisation.



HEALTH SHIELD 360 – BASIC FEATURES



PED covered after 30 days

Declared and accepted Pre-Existing Diseases will be covered after 30 Days initial waiting period. Any non-declaration of PED will lead to rejection of claims and cancellation of policy



Specific Diseases Covered After 1 Year.

List of 16 named specific diseases (as mentioned on page no 11) will be covered after initial waiting period of 1 year



Age Limit Up To 60 Years

Entry age limit up to 60 years



Hospitalisation Cover

All expenses pertaining to in-patient hospitalisation such as room rent, intensive care unit charges, surgeon's and doctor's fee, anesthesia, blood, oxygen, operation theatre charges etc. incurred during hospitalisation for a minimum period of 24 consecutive hours are covered under the basic hospitalisation cover.



Day Care Surgeries/ Treatments Coverage

All the medical expenses incurred while undergoing Day Care Procedures/ Treatment which require less than 24 hours hospitalisation are covered.



Pre and Post Hospitalisation Expenses

Medical expenses incurred, immediately, 60 days before and 90 days after hospitalisation will be covered.



In Patient AYUSH Treatment

Expenses for Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy (AYUSH) treatment only when it has been undergone in a AYUSH hospital or in AYUSH Day Care Center.



Unlimited Reset Benefit

We will reset up to 100% of the base Sum Insured unlimited times in a policy year in case the Sum Insured including accrued additional Sum Insured (if any), Super No Claim Bonus (if any) & Sum Insured Protector (if any) is insufficient as a result of previous claims in that policy year. The reset amount can only be used for all future claims within the same policy year, not related to the illness for which a claim has been paid in that policy year for the same person.



Additional Sum Insured (ASI)

An Additional Sum Insured of 10% of Annual Sum Insured provided on each renewal for every claim free year up to a maximum of 100%. In case of a claim under the policy, the accumulated Additional Sum Insured will be reduced by 10% of the Annual Sum Insured in the following year.



Health Check-Up Cover

Health Check-Up will be covered at our empanelled service provider on a cashless basis as per the available medical test packages.



Home Health Care

In this benefit we will cover the medical expenses incurred by you on availing treatment at home as prescribed by a medical practitioner.



Claim Protector

The specific of non-payable items shall become payable in case of a claim.



Additional Sum Insured (ASI) Protector

ASI accrued by the customer shall not be impacted if any one claim or multiple claims admissible in the previous year does not exceed the overall amount of ₹50,000.



Sum Insured Protector

The sum insured will be increased at renewal on the basis of inflation rate of previous year.



360 Wellbeing Program

360 Wellbeing program aims to empower individuals to manage their lifestyle and prevent complications arising from adverse health conditions. It intends to promote, incentivise and reward individuals for healthy behavior through various health and wellbeing activities.



Air Ambulance Cover

Air Ambulance expenses incurred to transfer the Insured Person following an emergency to the nearest Hospital up to Sum Insured on cumulative basis.



Domestic Road Emergency Ambulance Cover

The expenses incurred on road ambulance services which are offered by a healthcare or ambulance service provider to transfer an individual to the nearest Hospital with adequate emergency facilities for the provision of Emergency Care is covered.



Donor Expenses

Medical Expenses incurred in respect of the donor for any organ transplant surgery, provided the organ donated is for the insured person's use.



Domiciliary Hospitalisation

Coverage for medical expenses in a situation where the Insured Person is in such a state that he/ she cannot be moved to a hospital or the treatment is taken at home, if there's a non-availability of room in the hospital.



Maternity Cover

Medical Expenses incurred for delivery of child, where You and Your spouse, both are covered under the same family floater Policy and have served the waiting period of 1 year up to the specified limit. This cover will be applicable only within the geographical boundaries of India.



Newborn Baby Cover

Medical Expenses incurred towards the treatment of a New Born Baby, up to 90 days from date of birth, if a Maternity Benefit claim has been accepted up to the specified limit. This cover will be applicable only within the geographical boundaries of India.



OPD Cover

Covers Out Patient medical expenses for doctor consultation, Prescribed Pharmacy and diagnostics up to the limit as specified below. This cover will be applicable only within the geographical boundaries of India.

Maximum limit of ₹6,000 for Sum Insured ₹5 Lakhs

Maximum limit of ₹12,000 for Sum Insured ₹10 Lakhs.



BASIC COVERAGES

-  Declared and accepted PED will be covered after 30 days of initial waiting period
-  Waiting period for specific disease/ procedure is 1 year only
-  Entry age limit up to 60 years
-  Hospitalisation cover
-  Day care surgeries/ treatment coverage
-  Pre (60 days) & Post (90 days) hospitalisation expenses
-  In patient AYUSH hospitalisation
-  Unlimited Reset Benefit*
-  Additional Sum Insured (ASI)
-  Health Check-Up
-  Home Healthcare
-  Claim Protector
-  Additional Sum Insured (ASI) protector
-  Sum Insured Protector
-  360 Wellbeing program
-  Air Ambulance Cover
-  Domestic road emergency ambulance cover
-  Donor expenses
-  Domiciliary hospitalisation
-  Initial waiting period of 30 days
-  Maternity Cover
-  OPD Cover
-  New Born Baby Cover

*Reset will be available unlimited times in a policy year in case the Sum insured including accrued Additional Sum Insured (if any) and Super No-Claim Bonus (if any), Sum insured protector (if any) is insufficient as a result of previous claims in that policy year. Reset will not trigger for the first claim. Reset will not trigger for same person with same illness for which a claim has been paid in that policy year.

BASIC COVERAGES

| Sum Insured | ₹5 Lakhs | ₹10 Lakhs |
|----------------------------------|---|-----------|
| In Patient Treatment | | ✓ |
| Pre Hospitalisation | | 60 days |
| Post Hospitalisation | | 90 days |
| Daycare Procedures and Treatment | | ✓ |
| PED waiting period | 30 days of initial waiting period for declared and accepted PED's | |
| In Patient AYUSH hospitalisation | | ✓ |
| Donor Expenses | | ✓ |
| Unlimited Reset Benefit | | ✓ |
| Domicillary Hospitalisation | | ✓ |
| Air Ambulance Cover | | ✓ |
| Additional Sum Insured (ASI) | 10% per year, Max upto 100% | |
| Domestic Road Ambulance | | ✓ |
| Home Health Care | | ✓ |
| Health Check-Up | | ✓ |
| Tele Consultation | | ✓ |
| Second opinion/ E-Opinion | | ✓ |
| Health Assistance | | ✓ |
| Wellness Program | | ✓ |
| Claim Protector | | ✓ |
| Sum Insured Protector | | ✓ |
| ASI Protector | | ✓ |
| Maternity Cover | | ✓ |
| OPD Cover | | ✓ |
| New Born Baby Cover | | ✓ |

PREMIUM INCLUDING GST(Monthly)

| 👤 Sum Insured = ₹5 Lakhs | | | | | | |
|--------------------------|------------|--------|--------|--------|--------|--------|
| Age / SI | Individual | 1A+1K | 1A+2K | 2A | 2A+1K | 2A+2K |
| 0-25 | ₹699 | ₹839 | ₹949 | ₹1,269 | ₹1,478 | ₹1,732 |
| 26-30 | ₹855 | ₹977 | ₹1,113 | ₹1,464 | ₹1,654 | ₹1,986 |
| 31-35 | ₹855 | ₹977 | ₹1,113 | ₹1,408 | ₹1,599 | ₹1,930 |
| 36-40 | ₹985 | ₹1,133 | ₹1,235 | ₹1,586 | ₹1,742 | ₹1,910 |
| 41-45 | ₹994 | ₹1,140 | ₹1,241 | ₹1,545 | ₹1,701 | ₹1,862 |
| 46-50 | ₹1,279 | ₹1,521 | ₹1,576 | ₹2,044 | ₹2,208 | ₹2,286 |
| 51-55 | ₹1,711 | ₹1,864 | ₹1,944 | ₹2,801 | ₹2,878 | ₹2,916 |
| 56-60 | ₹2,395 | ₹2,477 | ₹2,593 | ₹4,009 | ₹4,234 | ₹4,321 |

| 👤 Sum Insured = ₹10 Lakhs | | | | | | |
|---------------------------|------------|--------|--------|--------|--------|--------|
| Age / SI | Individual | 1A+1K | 1A+2K | 2A | 2A+1K | 2A+2K |
| 0-25 | ₹981 | ₹1,125 | ₹1,253 | ₹2,091 | ₹2,333 | ₹2,628 |
| 26-30 | ₹1,169 | ₹1,286 | ₹1,445 | ₹2,285 | ₹2,506 | ₹2,894 |
| 31-35 | ₹1,169 | ₹1,286 | ₹1,445 | ₹2,131 | ₹2,353 | ₹2,741 |
| 36-40 | ₹1,333 | ₹1,472 | ₹1,592 | ₹2,219 | ₹2,401 | ₹2,597 |
| 41-45 | ₹1,342 | ₹1,479 | ₹1,598 | ₹2,080 | ₹2,262 | ₹2,452 |
| 46-50 | ₹1,701 | ₹1,929 | ₹1,995 | ₹2,606 | ₹2,799 | ₹2,892 |
| 51-55 | ₹2,229 | ₹2,326 | ₹2,420 | ₹3,407 | ₹3,496 | ₹3,544 |
| 56-60 | ₹3,065 | ₹3,096 | ₹3,165 | ₹4,800 | ₹5,061 | ₹5,168 |

A - Adult, K - Kid



KEY POINTS TO NOTE



Eligibility

Adults from 21 to 60 years of age, Children from 91 days to 20 years of age; child will be covered under floater plan only.



Floater Benefit

Floater cover to get family (Self, Spouse, Dependent parents, Dependent siblings and up to 2 dependant children up to 20 yrs. of Age)



Pre-Existing Disease

All declared and accepted Pre-Existing conditions/ diseases will be covered after 30 days initial waiting period under the policy.



Cashless Hospitalisation

Avail cashless hospitalisation at any of our network providers/ hospitals. A list of these hospitals/ providers is available on our website www.icicilombard.com.

- Anywhere Cashless by ICICI Lombard, allows you to avail Cashless benefits at any hospital.
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Tax Benefit

Avail tax deduction on the premium paid under health insurance policy as per applicable provisions of Section 80D of Income Tax Act, 1961 and amendments made thereto.



360 Wellbeing Program

Avail Value Added Services like Free Health Check-Up, Online chat with doctors, specialist e-consultation, Dietician and Nutrition e-consultation.

WAITING PERIOD



| Initial waiting period

- 30 days for all diseases except hospitalisation due to accident



| Specific exclusions

Standard list of diseases & procedures (Please refer list of specific diseases on page number 11) will be covered after 1 year



| Pre-existing disease(s) (PED)

- Declared & accepted PEDs will be covered after 30 days waiting period
- PED needs to be declared by insured for all insured members in policy
- Any non-declaration of PED will lead to rejection of claims and cancellation of policy



MAJOR PERMANENT EXCLUSIONS

(This is an indicative list of exclusions. For complete details please refer the policy wordings)

- Medical expenses incurred during the first 30 days of inception of the policy, except those arising out of accidents. This exclusion doesn't apply for subsequent renewals without a break
- Expenses attributable to self-inflicted injury (resulting from suicide, attempted suicide)
- Expenses arising out of or attributable to alcohol or drug use/ misuse/ abuse
- Cost of spectacles/ contact lenses, dental treatment
- Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy



360 WELLBEING PROGRAM

Based on your declaration of pre-existing disease and/or results of pre-policy medical check-up (PPMC), You will be categorized in the Green & Amber Category & will earn points accordingly as mentioned below:

- In case of deterioration of health condition, you may be moved from green to amber OR amber to red category.
- Once you have been part of amber/red category, you will have to be part of the respective category for a consecutive period of 2 years. Post the successful completion of 2 years in the 360 wellbeing program, your health condition will be reviewed by the health coach. On the basis of the health condition at the time of review, it will be decided whether you need to continue in the respective amber/ red category or move to green category.

HOW TO EARN WELLNESS POINTS?

The earning and redemption of 360 Wellbeing points will occur through IL TakeCare App.

- Each wellness point is equivalent to 0.20 INR.

BE-HEALTHY POINTS

Be-Healthy points structure as per category.

| BLOOD TEST | READING | FREQUENCY | POINTS EARNED/ACTIVITY | TOTAL POINTS |
|---------------------------|----------------------------|--------------|------------------------|--------------|
| HbA1c | up to 5.99 | Twice a year | 750 | Maximum 1500 |
| | 6.00-6.50 | | 300 | |
| | 6.51-7.00 | | 100 | |
| Blood pressure | 110-120/70-80 | Twice a year | 750 | Maximum 1500 |
| | 121-130/80-85 | | 300 | |
| | 131-140/86-90 | | 100 | |
| Body mass index | 18.00 - 25.00 | Twice a year | 750 | Maximum 1500 |
| | 25.01 – 32.00 | | 300 | |
| | 32.01 - 40 | | 100 | |
| Total cholesterol | up to 150 mg/dl | Twice a year | 750 | Maximum 1500 |
| | 151mg/dl-200mg/dl | | 300 | |
| | 201mg/dl-250mg/dl | | 100 | |
| Diagnostic test undergone | Preventive check up | Once a year | 300 | 300 |
| | Self-paid advance check up | | 700 | 700 |
| Total | | | | 7000 |

STAY HEALTHY POINTS

| PARAMETER | CATEGORY | DURATION | FREQUENCY | POINTS EARNED/ACTIVITY | TOTAL POINT |
|----------------------------|------------|------------------|-----------|------------------------|-------------|
| Advisory on health records | Engagement | Twice a year | 2 | 400 | 800 |
| Tele-consultation | Engagement | 4 times a year | 4 | 150 | 600 |
| Activity Tracking | Activity | Monthly | 12 | 100 | 1200 |
| Fitness challenge | Engagement | Twice a year | 2 | 300 | 600 |
| Sleep tracking | Activity | Monthly | 12 | 100 | 1200 |
| Health events | Engagement | Once in 2 months | 6 | 100 | 600 |
| Advisory on health records | Engagement | | | | 1000 |
| Total | | | | | 6000 |

Redemption of 360 wellness points (Stay-Healthy+ Be-Healthy) Points:

- The 360 Wellbeing points accrued by You can be redeemed against premium discount at renewal, payment against non-payable items, OPD expenses, for payment of membership fees in Fitness centers & health supplements as available on ICICI Lombard platform as per the policy wordings.

| | | | FRESH | 1 st Renewal | 2 nd Renewal | 3 rd Renewal | 4 th Renewal |
|---------------------------------------|---|-----|----------------------|---|---|---|--|
| | Particulars | | 1 st Year | 2 nd Year | 3 rd Year | 4 th Year | 5 th Year |
| Be-Healthy points illustration | | | | | | | |
| A | Maximum points earned under Be-Healthy | | 7000 | 7000 | 7000 | 7000 | 7000 |
| B | Maximum points that can be redeemed | | 5500 | 5500 | 6000 | 6500 | 7000 |
| C | Balance point that can be carried forward | A-B | 1500 | 1500 | 1000 | 500 | 0 |
| D | Total Cumulative Balance Points | | 1500 | 3000 Balance Points Of 2nd year (C2) + Carry forward Points of 1st year (D1) | 4000 Balance Points of 3rd year (C3) + Carry forward points of 2nd year (D2) | 4500 Balance Points of 4th year (C4) + Carry forward points of 3rd year (D3) | 3000 Carry forward points of 4th year (D4) – Balance points of 1st year(C1) |
| E | Value of one 360 wellbeing point (In ₹) | | 0.2 | 0.21 | 0.22 | 0.23 | 0.25 |
| F | Value (In ₹) for point that can be availed for benefit as per terms | | 1100 | 1155 | 1320 | 1495 | 1750 |
| G | Cumulative (₹) carry forward points | D*E | 300 | 630 | 880 | 1035 | 750 |

| | | | FRESH | 1 st Renewal | 2 nd Renewal | 3 rd Renewal | 4 th Renewal |
|-------------------------------------|--|-----|-------|--|--|--|---|
| Stay-fit points illustration | | | | | | | |
| H | Maximum points earned under Stay-Healthy | | 6000 | 6000 | 6000 | 6000 | 6000 |
| I | Maximum points that can be redeemed the same year | | 5000 | 5000 | 5500 | 5500 | 6000 |
| J | Balance point that can be carried forward | I-J | 1000 | 1000 | 500 | 500 | 0 |
| K | Total Cumulative Balance Points | | 1000 | 2000 <small>Balance Points Of 2nd year (J2) + Carry forward Points of 1st year (K1)</small> | 2500 <small>Balance Points Of 3rd year (J3) + Carry forward Points of 2nd year (K2)</small> | 3000 <small>Balance Points Of 4th year (J4) + Carry forward Points of 3rd year (K3)</small> | 2000 <small>Carry forward points of 4th year (K4) - Balance points of 1st year(J1)</small> |
| L | Value of one 360 wellbeing point (In ₹) | | 0.2 | 0.21 | 0.22 | 0.23 | 0.25 |
| M | Value (In ₹) for point that can be availed towards redemption as per terms | I*L | 1000 | 1050 | 1210 | 1265 | 1500 |
| N | Cumulative (₹) carry forward points | K*L | 200 | 420 | 550 | 690 | 500 |

*As the balance wellbeing points can be carried forward maximum up to 3 years, after three years they will become zero.

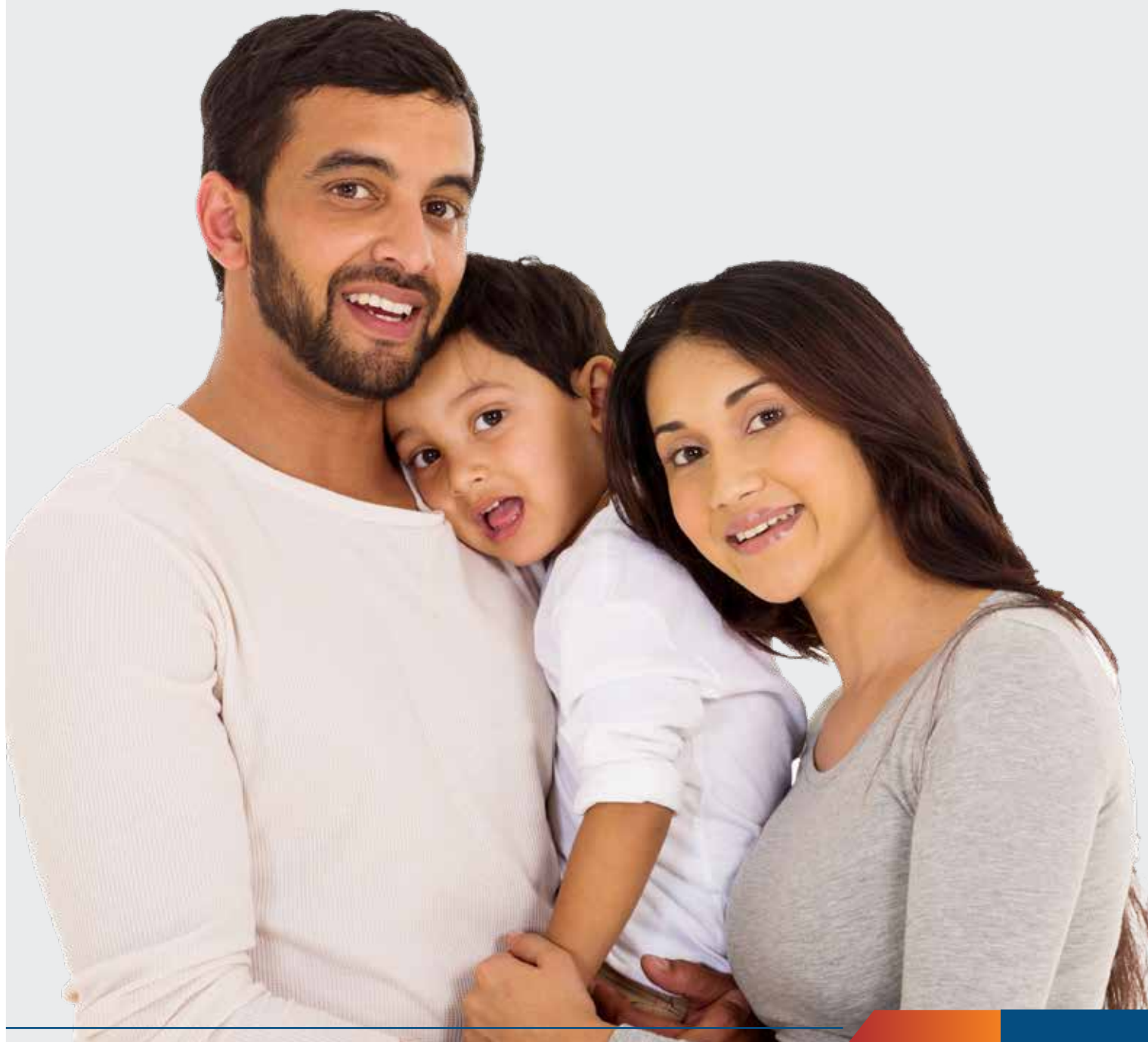
Terms and conditions for 360 wellbeing program:

- For health risk assessment [HRA] services availed through mobile application/ online/ digital mode on IL Platform, you will be required to provide the details in order to establish authenticity and validity prior to availing such services. Any such information provided by the you in this regard shall be used solely for the purpose of providing these wellbeing services and kept confidential with Us/ Our Network Providers/ Health Service Providers at all times
- You shall notify us and submit the relevant documents, reports, receipts as and when required by us within 60 days of undertaking any wellbeing activity
- You agree that choosing to utilize any of the wellbeing services or any information or advise rendered by Our Health Service Providers or Network Providers or Us will be solely at your own discretion and own risk and should not be, used to diagnose or identify treatment for a medical or mental health condition
- The 360 Wellbeing Points earned by you through the 360 Wellbeing Program can be carried forward for a maximum of 3 years and shall have to be redeemed at the end of the 3rd Policy Year. In case, you does not wish to redeem the wellbeing points earned, the same will be forfeited
- There shall not be any cash reimbursement or redemption available against the wellbeing points accumulated by an Insured Person
- In case of expiry of policy, the wellness points may be carried forward for a period not exceeding three months
- The points accrued shall be at periodic intervals at rates/amounts declared upfront at the commencement of the policy and shall not be linked to any dynamic factor such as interest rate

- All the communication related to the 360-wellbeing program point accrued, its redemption and associated reminders will be through the IL take care application
- We or Our Health Service Providers or Our Network Providers do not warrant the validity, accuracy, completeness, safety, quality, or applicability of the content or anything said or written, or any suggestions provided while providing the wellbeing services
- We, our group entities, or affiliates, their

respective directors, officers, employees, agents, vendors, shall not be responsible for or liable for, any actions, claims, demands, losses, damages, costs, charges and expenses which you may claim to have suffered, sustained or incurred, as a result of any advice or information obtained by way of the wellbeing program or any actions chosen by you on the basis of such advice or information

- The 360-wellbeing program offered is subject to revisions based on the insurance regulatory framework from time to time



HEALTH INSURANCE FAQ

1. Why do I need Health Insurance?

Healthcare is expensive. Technological advances, new procedures and more effective medicines have driven up the cost of healthcare. This increase has to be borne by the consumer, making treatment unaffordable for too many. Health Insurance overcomes these obstacles so that you remain free of anxiety regarding your health. Think for a moment about the enormous medical costs you would incur if you suffered a major accident tomorrow or were suddenly stricken by an illness. Uninsured people live with such risks every day. Health insurance seeks to shield you from that risk. It provides the much needed financial relief. You also get tax benefit under section 80D of the Income Tax Act and amendments made thereto.

2. How will health insurance pay for my emergency medical expenses?

Your health insurance will either pay your hospital bills directly if opted for the cashless facility or it will reimburse any payment made by you towards medical expenses incurred due to an illness or injury as per the policy terms.

3. What do you mean by Family Floater Policy?

Family Floater is one single policy that takes care of the hospitalisation expenses of your entire family. The policy has one single sum insured, which can be utilized by any/ all insured persons in any proportion or amount subject to maximum of overall limit of the policy sum insured, as per policy terms and conditions.

4. Will my health insurance cover begin from day one?

When you get a new policy, there will be a 30 days waiting period starting from the policy inception date, during which period any hospitalisation charges will not be payable by the insurance companies. However, this is not applicable to any emergency hospitalisation occurring due to an accident. This waiting period will not be applicable for subsequent policies under renewal. Furthermore, in the case of a declared & accepted pre-existing disease or specific diseases, you will have a 30 day waiting period for these diseases/ conditions.

5. What is pre-existing condition in health insurance policy?

It is a medical condition/ disease that existed before you obtained health insurance policy

6. What happens to the policy coverage after a claim is filed?

After a claim is filed and settled, the Policy Sum Insured is reduced by the amount that has been paid out on settlement.

For Example: In January you start a policy with a coverage of ₹10 Lakh for the year. In April, you make a claim of ₹2 Lakh. The coverage available to you for the May to December will be the balance of ₹8 Lakh.

7. What is Unlimited Reset Benefit?

It is a benefit that allows an insured to reinstate the entire sum insured in the policy year when it is insufficient as a result of previous claims in that policy year. In case the entire cover is exhausted, it gets replenished automatically for the next hospitalisation that occurs within the policy year. Reset will not trigger on first claim and cannot be used by same person for same illness for which the claim has already been paid in the policy.

8. What is covered under Domiciliary Hospitalisation?

Domiciliary Hospitalisation offers coverage for medical expenses in a situation where the Insured Person is in such a state that he/she cannot be moved to a hospital or the treatment is taken at home if there's a non-availability of room in the hospital.

9. Can I increase my Sum Insured at the time of renewal?

Customer can't increase their sum insured at the time of renewal.







Prohibition of Rebates – Section 41 of the Insurance Act, 1938 1) No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. 2) If any person shall fail to comply with sub regulation (1) above, he shall be liable to payment of fine which may extend to rupees ten lakhs. This is only for education & knowledge purpose of the employees of ICICI Securities Ltd who are involved in solicitation business underwritten by ICICI Lombard GIC. ICICI Securities Ltd Having registered address at ICICI Venture House, Appasaheb Marathe Marg, Prabhadevi, Mumbai - 400025, India. ICICI Secutites Ltd (I-Sec) is a Corporate Agent (CA0113) of ICICI Lombard General Insurance Company Limited ("ICICI Lombard"). Insurance is underwritten by ICICI Lombard. ICICI Securities Ltd customer participation in the policy is entirely voluntary. The advertisement contains only an indication of cover offered. For more details on risk factors, terms, conditions and exclusions, please read the sales brochure / policy wordings carefully before concluding a sale. ICICI trade logo displayed above belongs to ICICI Bank and is used by ICICI Lombard GIC Ltd. under license and Lombard logo belongs to ICICI Lombard GIC Ltd. ICICI Lombard House, 414, P. Balu Marg, Off Veer Savarkar Road, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025 Toll Free: 1800 2666 Fax No: 022 61961323 IRDA Reg. No. 115 CIN: L67200MH2000PLC129408 Customer Support Email Id: customersupport@icicilombard.com Website Address: www.icicilombard.com. Product Name: Health Shield 360 UIN: ICIHLP22083V022122