

Annexure-2

Customer Information Sheet (Description is illustrative and not exhaustive)

SIN o.	TITLE	DESCRIPTION	Refer to policy clause number
1.	Product Name	Arogya Sanjeevani Policy, ICICI Lombard General Insurance Company.	
2.	What am I covered for	a. Hospitalization expenses- Expenses incurred on hospitalization for minimum period of 24 hours including pre-hospitalization expenses for a period of 30 days and post hospitalization expenses for a period of 60 days.	4.1
		b. Day Care Procedures- Medical expenses for day care procedures.	4.1.1
		c. AYUSH Coverage- Expenses incurred on hospitalization under AYUSH Treatment.	4.2
		d. Expenses incurred on treatment of cataract.	4.3
		e. Expenses incurred on dental treatment and Plastic Surgery: Necessitated due to disease or injury.	4.1.1
		f. Ambulance Charges: Expenses on road Ambulance subject to a maximum of Rs.2000/- per hospitalization.	
3.	What are the Major exclusions in the policy	Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:	
		a. Admission primarily for investigation & evaluation	7.1
		b. Admission primarily for rest Cure, rehabilitation and respite care	7.2
		c. Expenses related to the surgical treatment of obesity that do not fulfill certain conditions	7.3
		d. Change-of-Gender treatments	7.4
		e. Expenses for cosmetic or plastic surgery	7.5
		f. Expenses related to any treatment necessitated due to participation in hazardous or adventure sports	7.6
4.	Waiting period	a. Pre-Existing Diseases will be covered after a waiting period of forty eight (48) months of continuous coverage	6.1
		b. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident.	6.2
		c. Specified surgeries/treatments/diseases are covered after specific waiting period of 24 months	6.3
		d. Specified surgeries/treatments/diseases are covered after specific waiting period of 48 months	
5.	Payment basis	Payment on indemnity basis (Cashless / Reimbursement)	

6.	Loss sharing	<p>In case of a claim, this policy requires you to share the following costs:</p> <p>a. Expenses exceeding the following Sub-limits:</p> <ul style="list-style-type: none"> i. Room Charges(Hospitalization): <ul style="list-style-type: none"> a. Room Rent - Up to 2% of SI, subject to max of INR 5,000 per day b. ICU charges - Up to 5% of SI subject to max of INR 10,000 per day. c. In case Room rent exceeds the limits specified the claim shall be subject to the proportionate deduction. However, proportionate deduction will not be applicable on cost of pharmacy and consumables, cost of implants and medical devices and cost of diagnostics. d. Proportionate deductions are not applicable on ICU/ICCU charges and on hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on room category. ii. Cataract - Up to 25% of Sum Insured or Rs.40,000/- whichever is lower. iii. Modern treatment methods and Advancements in technology: Up to 50% of the Sum insured. 	4.1 4.3 4.6				
		<p>b. Each and every claim under the Policy shall be subject to a Copayment of 5% applicable to claim amount admissible and payable as per the terms and conditions of the Policy</p>	9.3				
7.	Renewal Conditions	The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.	10.16				
8.	Renewal Benefits	<p>Cumulative bonus:</p> <ul style="list-style-type: none"> a. Increase in the sum insured by 5% in respect of each claim free year subject to a maximum of 50% of SI. b. In the event of claim the cumulative bonus shall be reduced at the same rate. 	5				
9.	Cancellation	<ul style="list-style-type: none"> a. The Insured may cancel this Policy by giving 15 days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed in the policy terms and conditions. b. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts ,fraud by the Insured Person by giving 15 days' written notice. 	10.10				
10.	Claims	<p>a. For Cashless Service:</p> <p>https://www.bharti-axagi.co.in/cashless-hospital-network</p>	9				
		<p>b. For Reimbursement of Claim : For reimbursement of claims the insured person may submit the necessary documents to TPA/Company within the prescribed time limit as specified hereunder.</p>					
		<table border="1"> <thead> <tr> <th>Sl No</th> <th>Type of Claim</th> <th>Prescribed Time limit</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Reimbursement of hospitalization, day care and pre hospitalization expenses</td> <td>Within thirty days of date of discharge hospital</td> </tr> </tbody> </table>	Sl No	Type of Claim	Prescribed Time limit	1	Reimbursement of hospitalization, day care and pre hospitalization expenses
Sl No	Type of Claim	Prescribed Time limit					
1	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within thirty days of date of discharge hospital					

		2	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment	post
		For details on claim procedure please refer the policy document.			
11.	Policy Servicing	<p>The Company is committed to extend the best possible services to its customers. However, If Policyholder/ Insured Person have a grievance that he/she wish us to redress, he/she may contact the Company with the details of their grievance via:</p> <ul style="list-style-type: none"> • Website: www.bharti-axagi.co.in • Email: customersupportba@icicilombard.com • Phone: 18001032292 • Courier: Any of the Company's Branch office or corporate office <p>Policyholder/Insured/ Insured Person may also approach the grievance cell at any of the Company's branches with the details of the grievance during working hours from Monday to Friday.</p> <p>Escalation Level 1 In case the Policyholder/Insured/ Insured Person has not got his/her grievances redressed through one of the above methods (After 5 days of intimating of your complaint), Policyholder/ Insured/ Insured Person may contact the National Grievance Redressal Officer at : Write to: ICICI Lombard General Insurance Company Ltd., ICICI Lombard House, 414, Veer Savarkar Marg, Prabhadevi, Mumbai - 400025, Telephone: 18001032292 Email: https://www.bharti-axagi.co.in/grievance-redressal/procedure</p> <p>Escalation Level 2 In case the Policyholder/ Insured/Insured Person has not got his/her grievances redressed through any of the above methods (After 5 days of approaching National Grievance Redressal Officer), Policyholder/ Insured/ Insured Person may contact the Chief Grievance Redressal Officer at: Email: https://www.bharti-axagi.co.in/grievance-redressal/procedure</p> <p>Escalation Level 3 In case the Policyholder/ Insured/Insured Person has not got his/her grievances redressed by the Company within 14 days,</p>			

		<p>or, If Policyholder/ Insured/Insured Person is not satisfied with Company's redressal of the grievance through one of the above methods, Policyholder/ Insured/ Insured Person may approach the nearest Insurance Ombudsman for resolution of their grievance. The contact details of Ombudsman offices are mentioned in the Policy Wording. These details can also be found at http://www.cioins.co.in/ombudsman.html. Policy holder may also obtain copy of IRDAI circular Ref No. F. No. IRDAI/Reg/8/145/2017, notification on Insurance Regulatory and Development Authority (Protection of Policy holders' interests) Regulations, 2017 from any of our offices.</p> <p>Grievance of Senior Citizens: In respect of Senior Citizens, the Company has established a separate channel to address the grievances. Any concerns may be directly addressed to the Senior Citizen's channel of the Company for faster attention or speedy disposal of grievance, if any.</p> <ul style="list-style-type: none"> • Website: www.bharti-axagi.co.in • Email: customersupportba@icicilombard.com • Phone: 18001032292 • Courier: Any of the Company's Branch office or corporate office <p>Insured/ Insured Person may also approach the grievance cell at any of the Company's branches with the details of the grievance during working hours from Monday to Friday.</p>	
	Grievances/Complaints	<p>a. Details of Grievance redressal officer https://www.bharti-axagi.co.in/grievance-redressal/procedure</p> <p>b. IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/</p> <p>c. Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document.</p>	11
12.	Insured's Rights	<p>a. Free Look period of 15 days from the date of receipt of the policy shall be applicable at the inception.</p> <p>b. Lifelong renewability (except on certain specific grounds)</p> <p>c. Right to migrate from one product to another product of the company (Customer to contact the nearest branch or reach out at customersupportba@icicilombard.com)</p> <p>d. Right to port the from one company to another company (Customer to contact the nearest branch or reach out at customersupportba@icicilombard.com)</p> <p>e. Change in SI during the policy term or at the time of renewal (Customer to contact the nearest branch or reach out at customersupportba@icicilombard.com)</p> <p>f.</p>	10.19 10.16 10.14 10.15 10.21

		<p>Pre Authorization: 4 Hours of turn-around time from when first request was received from hospital to our response back to the hospital.</p> <p>Reimbursement: Last document received to final status, i.e. repudiation or settlement, to be done within 30 days.</p>	
13.	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.	
<p>Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.</p>			

Benefit Illustration in respect of policies offered on Individual and family floater basis (Illustration 1) - Arogya Sanjeevani Policy, ICICI Lombard General Insurance Company Ltd.

Age of the members Insured	Coverage opted on Individual basis covering each member of the family separately (at a single point in time)		Coverage opted on Individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount (If any)	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum Insured (Rs.)
18	3267	5,00,000	3267	0	3267	5,00,000	63019	31.087%	43428	5,00,000
21	3267	5,00,000	3267	0	3267	5,00,000				
49	7476	5,00,000	7476	0	7476	5,00,000				
51	9591	5,00,000	9591	0	9591	5,00,000				
65	17313	5,00,000	17313	0	17313	5,00,000				
70	22105	5,00,000	22105	0	22105	5,00,000				
	Total Premium for all members of the family is Rs. 63,019 when each member is covered separately Sum Insured available for each insured is Rs. 5,00,000		Total Premium for all members of the family is Rs. 63,019 when they are covered under a single policy Sum Insured available for each family member is Rs. 5,00,000				Total Premium when policy is opted on floater basis is Rs. 43,428. Sum Insured of Rs. 5,00,000 is available for the entire family.			

Note: Premium Rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable

Annexure - A
Benefit Illustration in respect of policies offered on Individual and family floater basis (Illustration 2)- Arogya Sanjeevani Policy, ICICI Lombard General Insurance Company Ltd.

Age of the members Insured	Coverage opted on Individual basis covering each member of the family separately (at a single point in time)		Coverage opted on Individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount (If any)	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum Insured (Rs.)
7	3267	5,00,000	3267	0	3267	5,00,000	13694	38.776%	8384	5,00,000
31	4352	5,00,000	4352	0	4352	5,00,000				
41	6075	5,00,000	6075	0	6075	5,00,000				
	Total Premium for all members of the family is Rs. 13,694 when each member is covered separately Sum Insured available for each insured is Rs. 5,00,000		Total Premium for all members of the family is Rs. 13,694 when they are covered under a single policy Sum Insured available for each family member is Rs. 5,00,000				Total Premium when policy is opted on floater basis is Rs. 8384. Sum Insured of Rs. 5,00,000 is available for the entire family.			

Note: Premium Rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable