

GROUP HEALTH (FLOATER) 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 (FLOATER) INSURANCE	
2.	What am I Covered for?	The policy provides indemnification of medical expenses incurred by the Insured during day care treatment, hospitalization, domiciliary hospitalization, for any illness or injury suffered during the Policy Period.	a. Policy schedule
3.	Optional Add On Covers	<ul style="list-style-type: none"> • Cover for Pre-Existing Diseases • Maternity Expenses • Out Patient Department (OPD) Expenses • HIV • Cost of Prescribed External Medical Aid • Baby Day One Cover • Critical Illnesses Cover • Travel Expenses For Medical Treatment • Dental Expenses • Cover for Alternate Methods Of Treatment • Donor Expenses • Ambulance Charges • Pre and Post Hospitalization • Health Check-Up • Disease-Wise Sub-Limit • Domiciliary Hospitalization • Treatment Outside India • Convalescence Benefit • Loss of Wages/Salary Due To Hospitalization (Hospital Daily Cash Allowance) • Cover for Allied Hospital Charges • Limit on Room Rent, Nursing Charges, Consultation Fees, Diagnostic Charges, OT Charges etc. • Wellness & Preventive Care 	d. Benefits covered under the policy
4.	Waiting Period	<ul style="list-style-type: none"> • Initial Waiting Period • Pre Existing Disease: 1 year • Specific Waiting Periods • Maternity Expenses: 9 months 	e. Exclusions
5.	What are the major exclusions in the Policy	<ul style="list-style-type: none"> • Pre-Existing Diseases • Circumcision, plastic surgery • Cost of spectacles, contact lenses, hearing aids, etc. • Dental treatment or surgery of any kind unless requiring hospitalisation. • Convalescence, Sterility, general debility, 	e. Exclusions

		<ul style="list-style-type: none"> • International self-injury and use of intoxicating drugs and/or alcohol • Voluntary medical termination of pregnancy during the first 12 weeks from the date of conception • Naturopathy treatment • (Note: the above is the partial listing of the policy exclusions, Please refer to the policy clauses for the full listings) 	
6.	Payment Basis	<ul style="list-style-type: none"> • Cashless or Reimbursement claims of covered medical expenses up to specified Sum Insured as per the scope of cover 	g. Other terms & conditions
7.	Loss Sharing	<ul style="list-style-type: none"> • In case of a claim, this policy requires you to share the following costs: • Expenses exceeding the sub limits • Room/ICU charges 	a. Policy schedule
8.	Renewal Conditions	<ul style="list-style-type: none"> • The Policy can be renewed as a separate contract under the then prevailing ICICI Lombard Group Health (Floater) Insurance product or its nearest substitute (in case the product ICICI Lombard Group Health (Floater) Insurance is withdrawn by the Company) approved by IRDA. • The policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured. 	f. General Terms and Clauses
9.	Cancellation	<ul style="list-style-type: none"> • The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, misdescription or non-disclosure of any material fact. • Insured or the Company may cancel this Policy by giving the Company or the insured, as the case may be, 15 days written notice for the cancellation of the Policy, and then the Company shall refund premium on short term rates (if initiated by the insured) or pro rata rates (if initiated by the Company) for the unexpired Policy Period. The Company shall follow the below short period scale unless otherwise mutually agreed. 	f. General Terms and Clauses
10.	Claims	<ul style="list-style-type: none"> • For Cashless Service • Cashless treatment is only available at our Network Providers Please refer www@icicilombard.com for updated list of our Network Providers • For Reimbursement of claim • Claims should be intimated 48 hours prior to Hospitalization or within 24 hours post admission in case of emergency • Document to be submitted within 30 days from the date of completion of treatment 	g. Other terms & conditions
11.	Policy Servicing/Grievances/Complaints	<ul style="list-style-type: none"> • Call the Company at the toll free number 1800 2 6 6 6 or email us at customersupport@icicilombard.com • In case of Insured is not satisfied, he/she may approach us at the sub section "Grievance Redressal" on www@icicilombard.com Otherwise the Insured may use IGMS • If the issue remains unresolved, Insured may approach Ombudsman 	g. Other terms & conditions
12.	Insured's Obligations	<ul style="list-style-type: none"> • Disclosure of Material Information during the Policy Period 	f. General Terms and Clauses

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UIN- ICIHLGP21381V052021 Misc 12

a. Policy Schedule

> Insured Details

Policy Number	: 4016 X 240293779 00 000
Issued At	: MUMBAI
Name of the Insured	: SHREE DEV BHOOMI INSTITUTE OF EDUCATION SCIENCE & TECHNOLOGY (DEPARTMENT OF PHARMACY)
Mailing Address of the Insured	: Vill Mazon Po Pondha Dehradun Uttaranchal 248001, Dehradun, Uttaranchal Pin 248001
Intermediary Details	
Agency/Broker Code	: 2867455
Agency/Broker Name	: SAROJINI GUSAIN
Agent's/Broker's Mobile No.	: 9412001315
Agent's/Broker's Email ID	: govindgusain rediffmail.com

> Policy Details

Period of Insurance	: From : 00:00 Hours of February 11, 2022 To : Midnight of February 10, 2023
Product	: GHI Non Floater
Total Lives Insured	: 22
Sum Insured	: Rs. 12,000,000.00
Details of Person Insured	: As per Annexure
Premium Computation	
Basic Premium	: Rs. 42,291.00
Stamp Duty	: (Rs.) 00.50
*Total Premium	: (Rs.) 49,904.38
*Premium value mentioned above is inclusive of taxes applicable	

Coverages

1	Policy type	: Non - Floater
2	Policy Construct	: Employer Employee
3	Service Category	: Both Cashless & Reimbursement
4	OPD/IPD	: IPD
5	Third Party Administrator	: ICICI Lombard Healthcare
6	OTC/Non OTC	: OTC
7	Physical Health Card	: Y
8	30 Days waiting period	: Waived Off
9	Age Band	: 19 yrs - 80 yrs
10	Family Definition	: Employees Only
11	Sum Insured	: Sum Insured Per Employee 'Rs.' -----500000-----1000000 during the policy period as per annexure attached herewith.
12	corporate floater	: NA
13	Room Rent	: 1% of SI maximum upto 3500 for Normal & 2% of SI maximum upto 5000 for ICU (inclusive of nursing charges). If insured is admitted in a higher category, then insured will bear difference of all medical expenses as in final hospital bill in same proportion.
14	Maternity Benefit for Normal & C-Section	: NA
15	9 months waiting period	: NA
16	Pre-Existing Diseases	: Pre-Existing Diseases Expenses Not Covered
17	Pre - Post Hospitalisation	: Pre Hospitalisation and Post Hospitalisation for 60 days & 90 days respectively are covered.
18	AOY Clause	: Not Applicable
19	Baby Day 1	: NA

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20	Pre/Post Natal Expenses	:	Not covered
21	Ambulance Service	:	Ambulance Charges limited to 'Rs.' 2000 per hospitalization
22	OPD Cover (Reimbursement)	:	Not covered
23	Special Condition	:	Policy also covers hospitalization arising out of Psychiatric ailments within a limit of 'Rs.' 30,000 as well as treatment of Functional Endoscopic Sinus Surgery within a limit of 'Rs.' 35,000. The coverage for treatment of mental illness is also covered upto Rs 30000 within the sum insured.
24	Health Check Up	:	NA
25	Health Assistance Services	:	Health Assistance is a dedicated medical care service that assists you in all your health related queries for identifying Specialist/Hospital/fixing an appointment with Doctors/Nutritionist /facilitating 2nd opinion, etc. To avail this facility please call our Helpline at 040 6627 4205 (9-30 am to 6 pm Mon to Sat, excluding public holidays) or write to healthassistance@icicilombard.com.
26	Tele Health	:	Not Applicable
27	Emergency Support Services	:	Not applicable
28	1st Year waiting period	:	Applicable
29	Domiciliary Hospitalisation	:	Excluded
30	Exclusion	:	Septoplasty, Infertility & Related Ailments incl.'Male sterility';Treatment on trial/experimental basis; Admin/Registration/Service/Misc. Charges; Expenses on fitting of Prosthesis; Any device/instrument/machine contributing/replacing the function of an organ; Holter Monitoring are outside the scope of the policy.
31	Co-Payment	:	Overall Co-Payment-No Copay ,Parental Co-Payment- Nil Copay but If overall co-pay is opted then overall copay will be applicable on parents as well.
32	Day Care Procedures	:	Day Care Procedures are Covered as per the standard list
33	Claim submission clause	:	Claim must be filed within 30 days from the date of completion of treatment. However, the Company may at its discretion consider waiver based on merits of the claim, where there is delay in intimation or in submission of documents due to unavoidable circumstances and it is proved that the delay was for reasons beyond the control of the insured and under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time-limit
34	Mid-Term Inclusion	:	Mid Term Inclusion of Newly Joined Employees Only
35	Reasonable and Customary Charges	:	Not Applicable
36	Claim Intimation & Network clause	:	Not Applicable
37	Add-Del of Lives	:	Premium to be charged on Pro-Rata for addition/deletion endorsement. , No Refund for deletion-if lives less than minimum required & if insured has claimed during policy
38	last year claim details	:	NA
39	Special Condition 1	:	Lasik Surgery is covered if correction index is +/- 6.5 D
40	Special Condition 2	:	Terrorism is covered
41	Special Condition 4	:	Air Ambulance is covered upto Rs 100,000 or family sum insured whichever is less.
42	Special Condition 5	:	Attendant charges are cover upto Rs 5,000 (Per life incase case of Employee only policy or else it's Per Family within Family sum insured) if length of stay for the patient is more than 5 days. Add on covers cost pertaining to boarding and lodging of the attendant in a hospital/location prescribed by treating Medical Practitioner on reimbursement basis by presenting original Bills for each cost incurred.
43	Special Condition 6	:	Lucentis is covered upto Rs 50,000 Per family within the Sum Insured
44	Special Condition 7	:	Internal Congenital disease is covered and External congenital disease is covered in life threatening situation.
45	Special Condition 8	:	50% Co-Pay for cyberknife treatment/Stem Cell Transplantation.Cochlear Implant treatment shall be restricted to 50% of the SI.
46	Portability	:	Portability is available on this product as per IRDA directive and product features.
47	Termination	:	Policy will cease to be in effect from the date of termination of relationship with the organization.
48	Disclaimer	:	This policy is underwritten as a assumption of a fresh policy
49	1st year Exclusion	:	Applicable
50	30 Days Waiting Period	:	Applicable
51	9 months waiting period	:	Not Applicable

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52 Domiciliary Hospitalization : Excluded

Disease Wise Sublimit

S No.	Diseases	Metro Locations	Non Metro Locations
1	Hydrocele	Rs. 15000	Rs. 12000
2	Piles	Rs. 18000	Rs. 15000
3	Hernia	Rs. 20000	Rs. 18000
4	Appendix	Rs. 20000	Rs. 18000
5	Eye Related	Rs. 25000	Rs. 22000
6	Gall Bladder	Rs. 22000	Rs. 22000
7	Hysterectomy	Rs. 28000	Rs. 25000
8	Urinary Stone (Incl Dj Stent Removal For Same Stone)	Rs. 35000	Rs. 30000
9	Joint Replacement Including Vertebral Joints (Per Knee)	Rs. 85000	Rs. 80000

Conditions

1. No. of Employees : 22
2. No. of Dependants : 0
3. Third Party Administrator (TPA)/ In house : ICICI Lombard HealthCare
For TPA Address and Contact details please visit our website www.icicilombard.com (Download Section)

4016 X 240293779 00 000

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Policy shall stand cancelled ab initio in the event of non realisation of the premium.

Disclaimer: This document to be read in conjunction with the Schedule II & Schedule III of the policy.

GSTIN Reg. No : 05AAACI7904G1ZT
IL GIC GSTIN Address : 167 1 second Mohalla Arya Nagar Rajpur Road, Dehradun Uttrakhand 248001
HSN SAC code : 997133 GENERAL INSURANCE SERVICES

Signed for and on behalf of the ICICI Lombard General Insurance Company Limited at Mumbai on February 21, 2022.



Authorised Signatory

ICICI Lombard General Insurance Company Ltd.

CIN : L67200MH2000PLC129408

UIN : ICIHLGP21381V052021