

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 hospitalization. • Convalescence, Sterility, general debility, • Intentional 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 a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing) 	e. Exclusions
6	Payment Basis	<ul style="list-style-type: none"> • Cashless or Reimbursement claims of covered medical 	g. Other Terms and Conditions

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115

CIN: L67200MH2000PLC129408

UIN : ICIHLGP24019V062324

GROUP HEALTH (FLOATER) INSURANCE

Mailing Address:

Registered Office Address

Toll free no : 1800 2666

601 & 602, 6th Floor, Interface 16

ICICI Lombard House, 414, Veer Savarkar

Alternate no : 86552 22666 (chargeable)

New Linking Road, Malad (West)

Marg, Near Siddhi Vinayak Temple,

E-mail : customersupport@icicilombard.com

Mumbai - 400 064

Prabhadevi, Mumbai 400 025

Website : www.icicilombard.com

		expenses up to specified Sum Insured as per the scope of cover	
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 Provider 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/Grievance s/Complaints	<ul style="list-style-type: none"> Call the Company at the toll free number 1800 266 or email us at customersupport@icicilombard.com In case of Insured is not satisfied, he/she may approach us at the sub section "GrievanceRedressal" on www@icicilombard.com Otherwise 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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GROUP HEALTH (FLOATER) INSURANCE

Group Health (Floater) Insurance

a. POLICY SCHEDULE

Insured Detail

Policy Number : 4016/X/O/331955762/00/000
 Issued At : MUMBAI
 Name of the Insured : UTILITY SOLUTIONS
 Mailing Address of the Insured : J 234 MIDC BHOSARI PIMPRI CHINCHWAD, . , MAHARASHTRA - 411039

Politically Exposed Person (PEP)/close relative of PEP:	No
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Intermediary Details

Agency/Broker Code : 200439790800
 Agency/Broker Name : DECCAN INSURANCE AND REINSURANCE BROKERS PVT LTD
 Agent's/Broker's Mobile No. : 9923005060
 Agent's/Broker's Email ID : ketan.kulkarni@deccaninsurance.com

Policy Details

Period of Insurance : From: 00:00 Hours of Feb 28, 2024 To Midnight Feb 27, 2025
 Product : GROUP HEALTH (FLOATER) INSURANCE
 Total Lives Insured : 98
 Sum Insured : ₹60,00,000.00
 Details of Person Insured : As per Annexure Premium Computation
 Basic Premium : ₹3,00,000.00
 Stamp Duty : ₹0.50
 *Total Premium : ₹3,54,001.00

*Premium value mentioned above is inclusive of taxes applicable

Coverages

1	Family Definition	Employee, Spouse and 4 dependent children upto 25 yrs of age
2	Sum Insured	Sum Insured Per Family Rs.-----150000----- during the policy period as per annexure attached herewith.
3	corporate floater	NA
4	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.
5	Maternity Benefit for Normal & C-Section	For Metro 35000-50000 & For Non-Metro 35000-50000 for First 2 children
6	9 months waiting period	Waived off
7	Pre-Existing Diseases	Pre-Existing Diseases Expenses Covered
8	Pre - Post Hospitalisation	Pre Hospitalisation and Post Hospitalisation for 60 days & 90 days respectively are covered.
9	AOY Clause	Not Applicable
10	Baby Day 1	Within Family SI
11	Pre/Post Natal Expenses	Pre-Post Natal Expenses to the limit of Rs 5000 is covered Within Maternity Limit
12	Ambulance Service	Ambulance Charges limited to Rs.2000 per hospitalization
13	OPD Cover (Reimbursement)	Not covered
14	Preferred Provider Network (PPN)	Not Applicable
15	Health Check Up	40 employees can avail benefit of Health Checkup
16	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

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Coverages

		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.
17	Tele Health	Not Applicable
18	Wellness & Preventive care	Not Covered
19	1st Year waiting period	Waived Off
20	Domiciliary Hospitalisation	Excluded
21	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
22	Mid-Term Inclusion	Mid term inclusion of dependents will be possible only in case of-a) spouse (on account of marriage during the policy term)b) children (childbirth during the policy term but after the the child has completed 91 days of age) subject to not more than four children
23	Reasonable and Customary Charges	Not Applicable
24	Claim Intimation & Network clause	Not Applicable
25	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
26	Last year claim details	Not Applicable
27	Special Condition 1	Lasik Surgery is covered if correction index is +/- 6.5 D
28	Special Condition 2	Terrorism is covered
29	Special Condition 3	Metro city includes Mumbai, Delhi NCR, Chennai, Bengaluru, Kolkata, Hyderabad, Pune, Ahmedabad.
30	Special Condition 4	Air Ambulance is covered upto Rs 100,000 or family sum insured whichever is less.
31	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.
32	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.
33	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. Copay is applicable on capped ailments also.
34	Day Care Procedures	Day Care Procedures are Covered as per the standard list
35	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.
36	Special Condition 6	Lucentis is covered upto Rs 50,000 Per family within the Sum Insured
37	Special Condition 7	Internal Congenital disease is covered and External congenital disease is covered in life threatening situation.
38	Special Condition 8	50% Co-Pay for cyberknife treatment/Stem Cell Transplantation.Cochlear Implant treatment shall be restricted to 50% of the SI.
39	Portability	Portability is available on this product as per IRDA directive and product features.

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