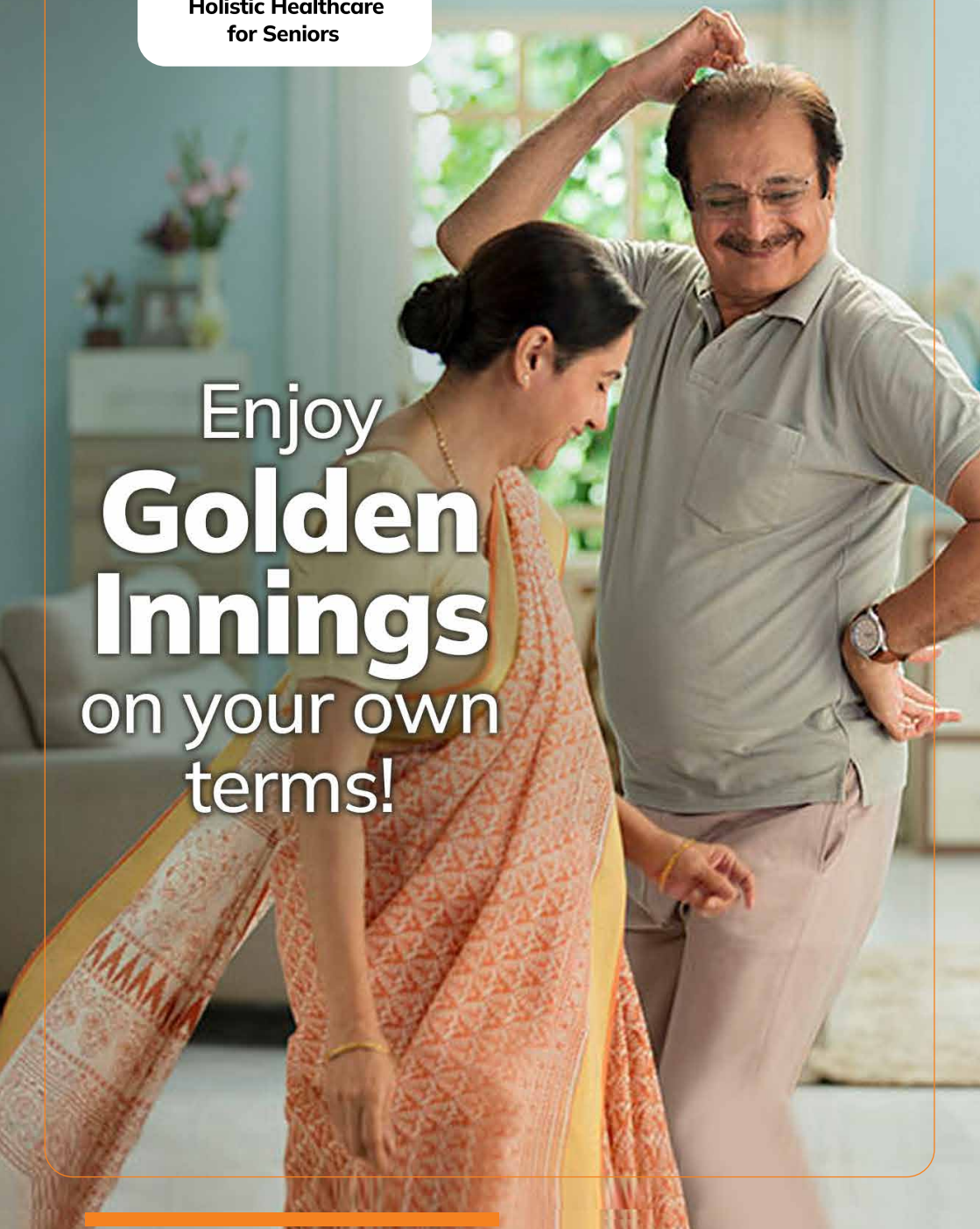


**GOLDEN  
SHIELD**

Holistic Healthcare  
for Seniors

**ICICI Lombard**  
Nibhaye Vaade

Enjoy  
**Golden  
Innings**  
on your own  
terms!



At ICICI Lombard, customer satisfaction is our motto. Stretching ourselves and going beyond the ordinary for the satisfaction and smiles of our customers is something that is deeply embedded in our DNA. Be it an untoward incident due to the unpredictability of nature or losses suffered due to accidents or medical challenges, we remain committed to be at your side and serve you always.

With ICICI Lombard General Insurance Company Limited, choosing an insurance policy is not just a matter of saving tax at the end of the financial year, it is actually about finding a policy that actually works for you.

Once you have decided to take a policy, we will go about finding a policy that truly caters to your needs. Once selected, a single policy will provide a health cover that fits you and your family like a glove.

Presenting  
**GOLDEN SHIELD**

**Holistic Healthcare for Seniors**

Don't let health concern be a hindrance in living life to the fullest. You have done your best and you deserve the best!



## Coverage Details:



**Hospitalization Expenses:** 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 offering coverage against the below:

- 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;



**Day Care Procedures/ Treatments:** Medical Expenses incurred towards any day care procedure / treatment, which require less than 24 hours Hospitalisation.



**Modern Treatments:** Medical Expenses incurred towards the below mentioned modern treatments during the policy period up to the annual sum insured

- Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- Immunotherapy- Monoclonal Antibody to be given as injection
- Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions
- Balloon Sinuplasty
- Oral Chemotherapy
- Robotic surgeries\*
- Stereotactic radio Surgeries
- Deep Brain stimulation
- Intra vitreal injections
- BronchicalThermoplasty
- IONM - (Intra Operative Neuro Monitoring)

*\*Robotic surgeries shall be subject to sub-limits as mentioned under the policy.*





**Pre and Post Hospitalization Expenses:** Medical Expenses incurred immediately 60 days before and 180 days after hospitalization will be covered.



**Donor Expenses:** Medical Expenses incurred in respect of an organ donor's Hospitalization during the Policy Period for the harvesting of the organ donated subject to an overall limit of ₹10,00,000.



**Domiciliary Hospitalization:** Medical Expenses incurred on medically necessary treatment up to annual sum insured provided that the Domiciliary Hospitalization continues for at least 3 consecutive days.



**Home Care Treatment:** Medical Expenses incurred on home care treatment up to 5% of Annual Sum Insured.



**In Patient AYUSH Hospitalisation:** Medical Expenses incurred in respect of Inpatient AYUSH Treatment taken during the Policy Period up to the Annual Sum Insured.










**Domestic Road Ambulance:** Medical Expenses incurred towards road ambulance services which are offered by a healthcare or ambulance service provider up to 1% of Annual Sum Insured subject to a maximum of ₹10,000.



**Air Ambulance:** Medical Expenses incurred towards air ambulance services which are offered by a healthcare or an air ambulance service provider up to the Annual sum limit.



## Salient Features

	<b>Sum Insured#</b>	₹5 Lacs - ₹50 lacs
	<b>Policy Period</b>	1 / 2 / 3 years
	<b>Age of entry</b>	56 years onwards
	<b>Renewability</b>	Lifelong
	<b>Additional Sum Insured (Cumulative Bonus)</b>	Guaranteed Cumulative Bonus For every claim free year, 10% of the Annual Sum insured up to a maximum of 100%
	<b>Reset Benefit</b>	Reset of Annual Sum insured up to 100% of the Annual Sum insured unlimited times, for all future Claims within the same Policy year not related to the illness/ disease/ injury for which a claim has been paid for the same insured person. Reset for same illness is only once
	<b>Enhanced Annual Sum insured for Road Traffic Accidents</b>	Annual Sum Insured shall be doubled if the Insured meets with a Road Traffic Accident whilst travelling as a pillion rider in a two wheeler/ four wheeler, resulting in in-patient hospitalization
	<b>Preventive Health Check Up</b>	Benefit to avail a preventive health check-up as per our pre-defined package at our network providers or empanelled health service providers anytime during the Policy period
	<b>Incentives associated with Vaccination against pneumococcal disease</b>	Additional 2.5% discount on premium (fresh or renewal) for Insured Person (s) who have taken the Pneumococcal vaccine (Conjugate) or its equivalent vaccine which helps prevent pneumococcal disease. All Insured persons need to be vaccinated in the past 1 year since policy start date in order to avail discount.
	<b>Care Management Program</b>	<p>The Care Management Program aims to provide solutions which will solve everyday challenges/issues related to customer's health, promote holistic wellbeing and empower.</p> <p>The goal of this program is to promote longevity, productivity and incentivise for healthy behaviour.</p> <p>Services offered under this program:</p> <ol style="list-style-type: none"> <li>1. Tele Consultation(s)</li> <li>2. Second E-opinion for Critical Illness</li> <li>3. Diet and Nutrition e-consultation</li> <li>4. E-Counselling</li> <li>5. Health Management Program <ul style="list-style-type: none"> <li>• Care Calls</li> <li>• Goal based incentives on outcome of Preventive health check-up</li> </ul> </li> <li>6. Incentive for Participation in Yoga/ Meditation Sessions/ Completion of Targeted Steps</li> <li>7. Medical Vault</li> <li>8. Health Assistance (HAT)</li> <li>9. Ambulance Assistance</li> <li>10. Discounts on services/products</li> </ol>
	<b>Tax Benefit</b>	Additional Tax benefit up to ₹25,000 for ≤ 60 years & up to ₹50,000 for > 60 years on premiums paid under Health sections of this Policy, as per Section 80D of Income Tax Act, 1961 and amendments made thereafter
	<b>Zone A</b>	NCR*, Mumbai, Thane District, Navi Mumbai, Gujarat, Kolkata
	<b>Zone B</b>	Hyderabad, Secunderabad, Chhattisgarh, Madhya Pradesh, Daman & Diu, Dadar & Nagar Haveli, Goa, Maharashtra (excluding Mumbai, Thane District, Navi Mumbai)
	<b>Zone C</b>	Rest of India

\*NCR includes Delhi and the following districts: Faridabad, Gurugram, Nuh, Rohtak, Sonapat, Rewari, Jhajjar, Gurugram, Panipat, Palwal, Bhiwani, Charkhi Dadri, Mahendragarh, Jind, Karnal, Meerut, Ghaziabad, Noida/ Gautam Budh Nagar, Bulandshahr, Baghpat, Hapur, Shamli, Muzaffarnagar, Alwar, Bharatpur, Whole of NCT Delhi.

\*For lower sum insured option kindly visit our nearest branch.

## Salient Features



### Claim service guarantee

For Reimbursement Claims: We shall make the payment of admissible claim or communicate non admissibility of claim within 14 days of receipt of complete set of documents.

In case We fail to make the payment of admissible claims or to communicate non admissibility of claim within the time period, We shall pay 2% interest over and above the rate defined as per IRDAI (Protection of Policyholder's interest) Regulation 2017.

For Cashless Claims: We will respond within 4 hours of the actual receipt of pre authorization request with:

- i. Approval, or
- ii. Rejection, or
- iii. Query seeking further information

In case the request is for enhancement, i.e. request for increase in the amount already authorized, We will respond to it within 3 hours.

In case of delay in response by Us beyond the time period as stated above for cashless claims, We shall be liable to pay ₹1,000 to the customer. Our maximum liability in respect of a single Hospitalisation shall, at no time exceed ₹1,000.

## Optional covers available on payment of additional premium

**Claim Protector:** If a claim has been accepted under the inpatient hospitalization cover, then the items which are not payable under the claim as per the List of Excluded items released by IRDAI that is related to the particular claim will become payable.

**Modification of Base Co-payment:** In consideration of payment of additional premium to Us, The insured person will have the option to reduce his base co-payment from 50% to 40% or 30% or 20%.

**Voluntary Deductible:** If this add on is opted then the deductible will be applicable on aggregate basis for all Hospitalization expenses during the Policy Year. The voluntary deductible option available will be 20% of Annual Sum Insured opted.

**Care Management Plus Program:** On opting for this add on, below services will become available to the customer through our empanelled service providers.

- a. Health Care Professional (Health coach)
- b. Health update to family members
- c. Out-patient consultations
- d. Routine Diagnostics and Minor Procedure cover
- e. Pharmacy cover
- f. Nursing at Home

## Other Terms and Conditions:

<b>Number of members covered</b>	Maximum of 2 members can be enrolled in a single policy.			
<b>Relationships covered</b>	Self and Spouse			
<b>Premium calculation</b>	In floater policy, the age of the eldest member will be considered, while computing premium for all the members covered under the family floater. Other factors determining premium are addition/deletion of any optional covers, change in policy conditions such as tenure, zone opted, increase or decrease in sum insured opted for and change in any tax laws by the government and health status of the individual being insured.			
<b>Base Co-payment</b>	This policy will be subject to 50% base co-payment on admissible claim amount of each and every claim			
<b>Sub-limits*</b>	<b>Procedures/ Medical Conditions/ Ailments/ Diseases</b>	<b>Annual sum insured</b>		
		<b>5L</b>	<b>10L/15L/20L</b>	<b>&gt;20L</b>
	Cataract	Up to ₹25,000/ eye	Up to ₹50,000/ eye	Up to ₹75,000/ eye
	Cerebrovascular and cardiovascular disorders	₹2,00,000	₹3,50,000	₹5,00,000
	Cancer (including chemo/radio/oral)			
	Renal complications and disorders			
	Breakage of long bones/ Joint replacements			
	Robotic surgeries for any ailment/ condition/disease	₹1,00,000	₹1,75,000	₹2,50,000
<i>*Sub-limits will include the expenses incurred on prehospitalization and post hospitalization expenses.</i>				
<b>Free Look Period</b>	Policy can be cancelled by giving written notice within 15 days of receiving the policy			
<b>Waiting Periods</b>	<ul style="list-style-type: none"> <li>Initial waiting period: 30 days</li> <li>Waiting period for per-existing diseases: 2 years</li> <li>Waiting period for specific illnesses/procedures: 2 years</li> </ul>			

## Policy Exclusions:

- Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with insurer.
- Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- Expenses related to the treatment of the below mentioned illness within 90 days from the first policy commencement date shall be excluded unless they are pre-existing and disclosed at the time of underwriting

- Hypertension
- Diabetes
- Cardiac Conditions
- Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- Rest Cure, rehabilitation and respite care- Expenses related to any admission primarily for enforced bed rest and not for receiving treatment.
- Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
- Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured.
- Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
- Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
- Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
- Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure.
- Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries
- Expenses related to any unproven treatment, services and supplies for or in connection with any treatment.
- Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, instruments used in treatment of sleep apnoea syndrome or cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively.
- Multifocal Lens and ambulatory devices such as walkers, crutches, splints, stockings of any kind and also any medical equipment which is subsequently used at home
- Expenses incurred on dental treatment unless necessitated due to an Accident
- Expenses for venereal disease or any sexually transmitted disease (except HIV/AIDS)
- Any Treatment or medical service taken outside the geographical boundaries of India
- Intentional self-injury (whether arising from an attempt to commit suicide or otherwise)

This is an indicative list, kindly refer the policy wordings for complete list of exclusions



## How do I claim my insurance?:

**Cashless Basis:** In case of emergency or planned Hospitalisation, use Your health ID card at our Network Provider and avail of cashless service OR You can seek pre authorization by providing Your Policy number and ID proof to the hospital who can co-ordinate with Our claim team to provide cashless facility. Cashless approval is subject to Pre-authorization by Us.

Pre-authorization means prior to taking any treatment or incurring Medical Expenses at a Network provider, You must contact Us accompanied with full particulars namely, Policy Number, Your name, Your relationship with Policy Holder, nature of Illness or Injury, name and address of the doctor/ Hospital and any other information that may be relevant to the Illness/ Injury/ Hospitalisation. You must request pre-authorization at least 48 hours before a planned Hospitalisation and in case of an emergency situation, within 24 hours of Hospitalisation.

**Reimbursement Basis:** In case of reimbursement settlement, you should immediately notify us about the claim by calling at the toll free number as specified in the Policy. You or someone claiming on your behalf, should then send us the following documents in original within 30 days after your discharge from the Hospital:

Duly completed Claim form signed by you and the Medical Practitioner. The claim form can be downloaded from our website [www.icicilombard.com](http://www.icicilombard.com)

- Original bills, receipts and discharge certificate/card from the Hospital/Medical Practitioner
- Original bills from chemists supported by proper prescription.
- Original investigation test reports and payment receipts.
- Indoor case papers
- Medical Practitioner's referral letter advising Hospitalisation in non-Accident cases.
- Any other document as required by Us or Our In house claim processing team to investigate the Claim or Our obligation to make payment for it

## Renewal Terms:

The Policy may be renewed by mutual consent and in such event the renewal premium should be paid to us on or before the date of expiry of the Policy and in no case later than the Grace Period of 30 days from the expiry of the Policy. We will not be liable for any Claim which occurs during the Grace Period.







Statutory Warning: Prohibition of Rebates (Under Section 41 of Insurance Act 1938). 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 prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh Rupees. 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 General Insurance Company Limited, ICICI Lombard House, 414, Veer Savarkar Marg, Prabhadevi, Mumbai - 400025. Toll Free No. 1800 2666. Fax No 02261961323. IRDA Reg. No. 115. Golden Shield UIN: ICIHLP22012V012223. CIN L67200MH2000PLC129408. Website: [www.icicilombard.com](http://www.icicilombard.com). Email: [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com). ADV/15164.