ICICI Pru

Health Saver

Unit Linked Health Insurance Plan

Your health's saving account

Health Insurance that takes care of you today and invests your money for tomorrow

Health Solutions

ICICI PRUDENTIAL LIFE INSURANCE

Health insurance penetration in India continues to remain very low. This means that 2 out of every 5 individuals hospitalised end up borrowing money or selling assets to cover expenses due to hospitalisation. Increasing health expenses further exacerbate the problem.*

Increasing lifestyle illnesses and growing customer awareness about health has led to a demand for a plan that covers not only hospitalisation expenses but also provides for other medical expenses e.g. expenses for managing conditions like diabetes, dental care, pregnancy and even preventive diagnostic screening. There is also an increasing need for a health plan that offers us flexibility in premium amount.

Now get yourself a solution with ICICI Prudential's - ICICI Pru Health Saver, a whole of life comprehensive health insurance policy which:

1. *Provides comprehensive hospitalisation cover for you and your family*
2. *Reimburses all other medical expenses not covered in the hospitalisation benefit by building a health fund for you and your family*

*Source: According to NSS-2004, Report No.507, 60th round, New Delhi: NSSO, Govt. of India; 2006.

Key Benefits of ICICI Pru Health Saver

- Guaranteed coverage up to age 75[1] for you and your family[2] against medical expenses incurred due to hospitalisation
- Coverage against pre-existing illnesses & conditions after 2 years subject to acceptance by the company
- Provides comprehensive cover by allowing reimbursement for health expenses not covered by the hospitalisation benefit after 3 years
- A free health check-up once every 2 years after the first year
- No claim bonus of 5% of the annual limit for every claim free year up to a maximum of 25%
- Option to continue cover post 5 years even after stopping premiums
- Avail tax benefits under section 80D on premiums paid under the Income Tax Act, 1961

Coverage under the policy

A. Hospitalisation Insurance Benefit

This benefit in your policy provides you cover against medical expenses that require a minimum of 24 hours hospitalisation. In addition, over 125 day-care procedures are also covered.

The following expenses incurred during hospitalisation are covered, subject to your annual limit:

1. Room, boarding and nursing expenses as charged by the hospital where the insured availed medical treatment. You are entitled to a single A/C room (room rent capped at 1% of annual limit per day). However for twin share A/C room there is no such cap applicable.
2. Intensive Care Unit (ICU) charges
3. Fees for doctor, surgeon, anaesthetist, medical practitioner, consultant and specialist
4. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, diagnostic materials and x-ray, dialysis, chemotherapy, radiotherapy, cost of pacemaker, cost of artificial limbs[3].

IN THIS POLICY, THE INVESTMENT RISK IN THE INVESTMENT PORTFOLIO IS BORNE BY THE POLICY HOLDER

[1]Hospitalisation cover is guaranteed up to the age of 75 years, subject to policy being in force.

[2]The eldest member of the family would be the primary insured. Family includes the primary insured, his or her spouse and up to the first 3 dependent children. Proof of dependency for the child above 21years must be provided.

[3]Payout for artificial limbs would be limited to lower of Rs 25,000 or 10% of the annual limit

Feature	Description
Family- Floater	With the family floater option, you can additionally cover your spouse and up to the first three dependant children under the same annual limit.
Daycare Treatment Cover	In addition to hospitalisation, you are also covered for procedures which require less than 24 hours of hospitalisation. These include over 125 listed day care surgeries, parenteral chemotherapy, radiotherapy, intervention cardiology, intervention radiology, radio frequency ablation treatment, lithotripsy and dialysis.
Pre & Post Hospitalisation Cover	Pre hospitalisation expenses up to 30 days prior to hospitalisation and post hospitalisation expenses up to 60 days from the date of discharge are also covered. The pre and post hospitalisation expenses would be covered only in case the expenses incurred are related to the main hospitalisation event.
Medical check-ups	Reimbursement of medical tests subject to a limit of Rs. 5,000 or 1% of the annual limit, whichever is lower, once every two years after the first year.
Ambulance charges	Up to Rs. 1,000 per policy year[4].
No Claim Bonus	A no claim bonus in the form of an increase in annual limit by 5% of the base annual limit is provided for every claim free year. The maximum increase over the base annual limit will be capped at 25%. In case of a claim, the accumulated no claim bonus will reduce by 10% of the base annual limit in the following year. In no circumstance will this reduction cause the annual limit to go below the base annual limit.
Cashless Network Access	You have access to an extensive network of hospitals across the country on a cashless basis..
Out of network claims	A co-pay[5] of 20% on the eligible medical expenses[6] will be applicable in case you either • Stay in single A/c room with a room rent of more than 1% of your annual limit • Access facilities at hospitals not listed in the chosen network What Happens In An Emergency? In case of emergency hospitalisation related to cardiac and trauma cases, co-pays will not be levied even when hospital is outside your chosen network as long as benefit availed is in a twin sharing room.

B. Health Savings Benefit

This benefit entitles you to claim reimbursement for health care expenses incurred by any of the insured members from your health fund. Some of the benefits covered under the health savings benefit are:

- Medicines and drugs
- Diagnostic expenses
- Dental expenses
- Co-pays or deductibles as part of the medical insurance cover
- Other miscellaneous medical expenses not covered under medical insurance

The benefit can be claimed after 3 completed years of the policy and is subject to the existing fund value as given below:

4th Year & 5th Year	6th Year to 10th Year	11th year onwards
20% of Health Fund	50% of Health Fund	100% of Health Fund

Claims can be made once in a policy year on producing actual bills or proof of expenses. The minimum amount that can be claimed is Rs. 1,000. To create the health fund part of the premium paid by you is invested in unit linked funds.

[4]Subject to acceptance of main hospitalisation claim

[5]Co-pay is that percentage of the eligible medical expenses that is borne by you while the balance is settled by the company.

[6]Includes all eligible expenses incurred due to inpatient hospitalisation, pre & post hospitalisation and day care procedures

You have the option to choose from two unique portfolio strategies:

a. LifeCycle-based Portfolio Strategy

b. Fixed Portfolio Strategy

LifeCycle-based Portfolio Strategy

This strategy takes into account your life stage. Your investments will be distributed between two funds. Health Flexi Growth and Health Protector in a proportion that depends on your age. As you move from one age band to another, we will redistribute your funds based on your age.

Your investments will be allocated to the Health Flexi Growth and Health Protector Funds on a predefined schedule (Please refer to the section on investment details).

Fixed Portfolio Strategy:

This strategy allows you to allocate your investments into different classes based on your personal judgment. Under this strategy, you can choose to invest fully in any one fund or various funds. You have a range of seven funds to choose from.

For further details on the investment strategy and funds, please refer to the section on investment details.

C. Additional Benefits

Cover Continuance Option

This option ensures that your policy continues subject to foreclosure in case you are unable to pay premiums, any time after payment of the first five years' premium. All applicable charges will be automatically deducted from the units available in your fund. You will need to opt for cover continuance, if you wish to avail of this benefit.

Death Benefit

In the unfortunate event of death of the primary insured member during the term of the policy, the nominee shall receive the total fund value and the policy shall be terminated. The fund value paid out on death of the primary insured may be taxable in the hands of the nominee as per the prevailing tax regulations at that time.

In the unfortunate event of death of any other insured members the policy would continue for remaining insured members with the appropriate reduction in health insurance charges.

ICICI Pru Health Saver at-a-glance

<table>
<tr><th>Term</th><th colspan="4">Whole life plan</th></tr>
<tr><td>Coverage</td><td colspan="4">• Hospitalisation Insurance Benefit • Health Savings Benefit</td></tr>
<tr><td>Min / Max Age at Entry</td><td colspan="4">• 25 years to 55 years for individual plans • 90 days to 55 years for family floater
(Maximum cover ceasing age for children is 25 years under the family-floater cover)</td></tr>
<tr><td>Max Age at Maturity</td><td colspan="4">Hospitalisation Insurance Benefit ceases at 75 years of age</td></tr>
<tr><td>Min / Max Annual Limit</td><td colspan="4">Annual limits available under the plan are Rs. 2 lacs, Rs. 3 lacs, Rs. 5 lacs, Rs. 7 lacs and Rs. 10 lacs</td></tr>
<tr><td>Min / Max Premium</td><td colspan="4">Premiums would be subject to the minimum premium grid given below based on the age and number of members selected</td></tr>
<tr><td></td><td rowspan="2">Age (Yrs)</td><td>All Annual Limits</td><td>Annual Limits up to Rs. 5 lacs</td><td>Annual Limits greater than Rs.5 lacs</td></tr>
<tr><td></td><td>Individual</td><td colspan="2">Family-Floater</td></tr>
<tr><td></td><td>Less than 40</td><td>10,000</td><td>15,000</td><td>20,000</td></tr>
<tr><td></td><td>40-55</td><td>15,000</td><td>25,000</td><td>30,000</td></tr>
<tr><td>Available Premium Paying frequency</td><td colspan="4">Monthly, Half Yearly, Yearly</td></tr>
<tr><td>Waiting Period</td><td colspan="4">30 days from policy issuance date[7]</td></tr>
</table>

[7]Please check exclusion section for waiting period with pre-existing conditions and specific listed conditions

Illustrations

Consider an individual who has availed an ICICI Pru Health Saver policy with

Annual Premium: Rs. 15,000
Annual Hospitalisation Limit: Rs. 2 lacs

Coverage: Single Life
Age at entry: 30 years

Amount available for reimbursement under Health Savings Benefit:

Term	Health Saving Fund Value *(Returns @ 6% p.a.) (Rs.)*	Amount available for reimbursement (Rs.)	Health Savings Fund Value *(Returns @ 10% p.a.) (Rs.)*	Amount available for reimbursement (Rs.)
After 5 Years	58,033	29,016	64,827	32,413
After 10 Years	1,55,222	1,55,222	1,67,803	1,67,803
After 15 Years	2,30,762	2,30,762	3,21,360	3,21,360
After 20 Years	3,40,986	3,40,986	5,41,533	5,41,533

The above illustration is for a healthy male with all his investments in fixed portfolio strategy. The above are illustrative fund values, net of all charges. Service tax and education cess have been charged extra at the current rate of 10.30%. Since your policy offers variable returns, the above illustration shows two different rates (6% and 10% as per the guidelines of the regulator) of assumed future investment returns.

The above illustration does not assume any increase in health insurance charges which may occur due to increasing healthcare costs. The fund value assumes that no reimbursements have happened till date.

Scenario -1

The policyholder at age 37 years had a Road Traffic Accident for which he is hospitalised for 6 days; during the treatment he incurred total hospitalisation expenses of Rs. 84,000. He also had to pay additional charges for Crutches, Belts, Collars of Rs.16,000.

What can the policyholder claim?

Total claim payable under Traditional plans = Rs . 84,000

Total claim payable under ICICI Pru Health Saver Hospitalisation cover = Rs. 84,000

The remaining uninsured expense of Rs. 16,000 can be claimed from the ICICI Pru Health Saver Health Savings Benefit.

Hence, total claim payable under ICICI Pru Health Saver = Rs. 1,00,000

Scenario -2

At age 40 years the policy holder was diagnosed with advanced cancer of throat and had to undergo a surgery along with chemotherapy for the same. The total eligible medical expenses in hospital came to 2.5 lacs.

The total eligible claim under the hospitalisation insurance benefit = Rs. 2,00,000 (As the annual limit chosen by the policyholder is Rs 2 lacs)

The remaining amount can be claimed from his health savings benefit i.e. Rs. 50,000

Scenario -3

The policyholder was diagnosed with Tuberculosis at age 35 (6th policy year). Although he was never hospitalised, however he had to spend Rs.8,000 on diagnostics, medicines and doctor visits for a couple of months

What can the policyholder claim from his Health Savings Benefit?

The customer can start claiming from this health savings fund from 4th policy year onwards against any uncovered medical expenses under the hospitalisation cover. Since the policyholder is in his 6th policy year, he will be eligible for Health Savings Benefit.

Assuming that the health fund value at the start of 6th policy year as per the illustration is Rs. 64,827 (Assuming a 10% growth rate) and the amount available for reimbursement is Rs. 32,413 (50% of the fund value). Thus the customer can get the entire amount (Rs. 8,000) reimbursed under the Health Savings Benefit.

Claims process made easy

Hospitalisation Insurance Benefit

- Take advantage of cashless hospitalisation through our extensive list of network hospitals available across the country. Alternatively you can claim your benefit amount for treatment in any out of network hospitals through our hassle free claims process.
- Originals of hospital bills, discharge card, doctor's certificate, prescriptions, diagnostic reports and any other relevant documents will be needed to process your claim as per the policy terms.
- The 4 step claims process is as easy as shown below:

Hospitalisation in Network Hospital

1. Show Health Card# & hospital will submit pre-authorisation form with your signature
2. Scrutiny of claim request
3. Cashless hospitalisation authorised
4. ICICI Prudential Life Insurance pays amount to the hospital

Hospitalisation in Non-Network Hospital

1. Policyholder settles hospital bills
2. Submit claim documents post discharge
3. Scrutiny of claim request
4. Cheque sent to policyholder

#Show Health Card 4 days prior to admission for planned hospitalisation and within 4 hrs of admission in case of emergency hospitalisation.

Health Savings Benefit

Claim for health care expenses for all insured members in the policy can be availed by submitting the actual bills or proof of expenses within 2 years of incurring the expense. Partial withdrawals other than those for health care expenses will not be permitted under this policy

What are the charges under the policy?

Premium Allocation Charge

This will be deducted from the premium amount at the time of premium payment and the balance amount will be used for allocation of units. The charges are as follows

Policy Year	Year 1	Year 2 -3	Year 4-10	Year 11 onwards
Charges	20%	9%	2%	0%

Insurance Charges for Hospitalisation Insurance Benefit

Insurance charges for this benefit will be deducted on a monthly basis as per your age by cancellation of units. Annual charges for healthy life at sample ages and annual limit of 3 lacs are as under:

Age (Yrs)	25	35	45	55	65
(Rs.)	2,644	3,120	3,856	7,692	11,670

The above charges are valid for one year from the date of issuance of the policy and are inclusive of service tax and education cess at the current rate of 10.3%. Thereafter the company reserves the right to change the health insurance charges subject to prior approval from IRDA. The charges could increase to keep in line with the increasing health care costs.

Policy Administration Charge

A policy administration charge is Rs. 60 per month where the premium payment frequency is yearly or half-yearly and Rs. 90 per month for monthly frequency. This will be recovered by cancellation of units

Fund Management Charge (FMC)

The annual fund management charges, which will be adjusted from the Net

Asset Value (NAV), for the various Funds are as follows:

Fund Name	Health RGF	Health Flexi Growth	Health Multiplier	Health Flexi Balanced	Health Balancer	Health Protector	Health Preserver
FMC (p.a.)	1.50%	1.50%	1.50%	1.00%	1.00%	0.75%	0.75%

Switching charge

4 free switches are allowed in every policy year. Subsequent switches will be charged at Rs. 100 per switch by cancellation of units. Any unutilized free switches cannot be carried forward to subsequent years.

Investment Details

Life-cycle based portfolio strategy

Your investments will be redistributed between two funds as you move from one age band to another as per below table.

Age Band (Yrs)	18-25	26-35	36-45	46-55	56-65	66-75	76+
Health Flexi Growth	85%	75%	65%	55%	45%	35%	0%
Health Protector	15%	25%	35%	45%	55%	65%	100%

Quarterly Rebalancing - Your fund allocation might get altered because of market movements and claims from your health savings benefit. We will visit your allocations every quarter and reset it to prescribed limits. This vital feature will ensure that you take advantage of the market movements.

Fixed Portfolio Strategy

Under this strategy you can allocate your investment among the following 7 funds:

Fund	Asset Mix	Min.%	Max.%	Potential risk- reward
Health Flexi Growth: Long term returns from an equity portfolio of large, mid and small cap companies	Equity & Related Securities Debt, Money Market & Cash	80% 0%	100% 20%	High
Health Multiplier: Long term capital appreciation from an equity portfolio	Equity & Related Securities Debt, Money Market & Cash	80% 0%	100% 20%	High
Health Flexi Balanced: Balance of capital appreciation and stable returns from an equity (large, mid & small cap companies) & debt portfolio	Equity & Related Securities Debt, Money Market & Cash	0% 40%	60% 100%	Moderate
Health Balancer: Balance of growth and steady returns from an equity & debt portfolio	Equity & Related Securities Debt, Money Market & Cash	0% 60%	40% 100%	Moderate
Health Protector: Accumulated steady income at a lower risk	Debt Instruments, Money Market & Cash	100%	100%	Low
Health Preserver:Protection of capital through very low risk investment.	Debt Instruments Money Market & Cash	0% 50%	50% 100%	Low
Health Return Guarantee Fund*: Provides guaranteed returns through investment in a diversified portfolio of high quality fixed income instruments	Debt Instruments Money Market & Cash	100%	100%	Low

* The Health Return Guarantee Fund (Health RGF) is a close ended fund of terms 5 and 10 years. It is intended to provide you a return over a specified period, subject to a guarantee. The fund may be offered in tranches from time to time and each tranche will be open for subscription for a brief period of time and will terminate on a specified date. We shall guarantee the NAV that will apply at the termination of each tranche. The guaranteed NAV would be specified at the time of launch of each new tranche. On the termination date, you will receive higher of that day's NAV or guaranteed NAV. This amount will be re-allocated into our other funds in the same proportion as your fund portfolio. Kindly contact your nearest branch or our call centre regarding its availability and the applicable guaranteed NAV.

Automatic Transfer Strategy

Under the fixed portfolio strategy, you can opt to avail of the automatic transfer strategy where you can invest your premium as a lump sum amount in our money market fund (Health Preserver) and transfer a chosen amount every month into any one of the following funds: Health Multiplier / Health Flexi Growth. This facility will be available free of charge.

What is NOT covered under ICICI Pru Health Saver

Exclusions for Hospitalisation Cover

The company shall not be liable to make any payments under this policy in respect of any expenses whatsoever incurred by any Insured Person(s) in connection with or in respect of the following:

1. Medical expenses including pre & post hospitalisation expenses not directly related to the specific illness or injury for which hospitalisation or day care procedure took place.
2. Pre & Post Hospitalisation claim arising from an event which was not accepted for hospitalisation or day care procedure.
3. Pre Hospitalisation expenses for more than 30 days prior to the date of Hospitalisation or Day Care procedure and Post Hospitalisation benefits beyond a period of 60 days from the date of discharge.
4. Notwithstanding anything contained herein the benefit under the policy shall not apply to any Medical Expenses incurred by the Insured Person in any place or geographical area other than India.
5. Pre-existing condition unless stated in the proposal form and specifically accepted by the company and endorsed thereon.
6. Permanent exclusions as specifically stated in the Policy Certificate
7. For conditions of diabetes or hypertension or both, if disclosed at inception and accepted for cover, any investigation/treatment for these conditions and any complications arising from these conditions (including but not restricted to Ischemic Heart Disease and Renal Failure) shall be excluded for the first two consecutive Policy Years from the Policy Issuance Date or revival date in case the revival is 60 days after first unpaid premium.
8. Any Expense incurred during the first 2 years from Policy Issuance Date or revival date in case the revival is after 60 days from the date of first unpaid premium shall not be payable for the following Diseases/surgeries & any complications arising out of them.
    - Functional endoscopic sinus surgery / septoplasty for deviated nasal septum / sinusitis
    - Surgery for tonsillitis / adenoiditis
    - Thyroidectomy for nodule / multi nodular goitre
    - Hernia (inguinal / ventral / umbilical / incisional)
    - Hydrocoel / varicocoel / spermatocoel surgery
    - Piles / fissure / fistula / rectal prolapse
    - Trans urtheral resection of prostrate / open prostatectomy for benign enlargement of prostrate.
    - Dilation & curettage for menstrual irregularities.
    - Hysterectomy for fibroids, enorrhagia, dysfunctional uterine bleeding, uterine prolapse
    - Myomectomy for fibroids and menorrhagia
    - Lap / open chole cystectomy for cholecystitis / gall stones
    - Lithotripsy / basketing for renal calculus
    - Traction / discectomy / laminectomy for prolapsed inter vertebral disc.
    - Vitrectomy and retinal detachment surgery for retinopathy
    - Amputation due to diabetes
    - Renal failure due to diabetes
    - Osteoporosis leading to fracture neck of femur or hip
    - Cataract (claim of up to Rs. 20,000 will be covered in any policy year only two years after the later of Policy Issuance Date or revival date, where the revival occurred more than 60 days after the first unpaid premium)
    - Osteoarthrosis leading to total knee replacement or total hip replacement (claim for up to one knee or one hip treatment will be covered in any policy year only two years after the later of Policy Issuance Date or revival date, where the revival occurred more than 60 days after the first unpaid premium).
9. Treatment directly or indirectly arising from or consequent upon war, commando or bomb disposal duties or training, terrorism, invasion, acts of foreign enemies, engagement in hostilities, active military and police duties such as maintenance of civil order whether war be declared or not, civil war, rebellion, active participation in strikes, riots or civil commotion, revolution, insurrection or military or usurped power or travel by military aircraft or waterborne vessel, and full time service in any of the armed forces.
10. Circumcision (unless necessary for treatment of a Disease not excluded hereunder or as may be necessitated due to any Accident), Vaccination, Inoculation.
11. Treatment which results from or is in any way related to sex change or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an Accident or as a part of any Illness.
12. Routine medical, eye and ear examination, Laser or other surgery for correction of refractive errors of sight, cost of spectacles, contact lenses, hearing aids, cost of Cochlear implant(s), issue of medical certificate and examinations as to suitability for employment or travel or any other such purpose.
13. Costs of Donor screening or treatment including surgery to remove organs from a donor in case of transplant surgery.
14. Any dental treatment or surgery which is corrective, cosmetic or of aesthetic in nature, filling of cavity, root canal treatment, and treatment of

wear and tear, any orthodontics or orthographic surgery, or temporo-mandibular joint disorder, except as necessitated by an accidental injury.

15. Convalescence, general debility, "run down" condition or rest cure, congenital external diseases or defects or anomalies, sterility, any fertility, sub-fertility or assisted conception procedure, hormone replacement therapy, intentional self-Injury / suicide, all psychiatric and psychosomatic disorders and diseases / accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction.
16. All expenses arising out of any condition directly or indirectly caused by, or associated with Human T-cell Lymphotropic Virus Type III (HTLD - III) or Lymohadinopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of similar kind commonly referred to as AIDS, HIV and its complications and all sexually transmitted diseases.
17. Expenses incurred at hospital primarily for evaluation / diagnostic purposes, wherein such tests are possible to be carried out on out patient basis and which is not followed by active treatment or intervention during the period of hospitalisation.
18. Expenses on vitamins and tonics unless medically necessary as a part of treatment for injury or disease as certified by the attending physician.
19. Any treatment arising from or traceable to pregnancy childbirth, miscarriage, caesarean section, abortion or complications of any of these including changes in chronic condition as a result of pregnancy, tests and treatment relating to Infertility and in vitro fertilisation. However, the exclusion do not apply to Ectopic Pregnancy proved by ultrasonography / diagnostic means and is certified to be life threatening by the medical practitioner.
20. Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine and related treatment including acupressure, acupuncture, magnetic and such other therapies, ayurvedic, homeopathy, unani, reflexology, bone-setting, herbalist treatment, hypnotism, rolfing, massage therapy, aroma therapy, steam bathing, shirodhara and alike treatment under Ayurvedic treatment or any other treatments other than allopathy /western medicines and any treatment taken at home, health hydro, nature care clinic or similar establishments.
21. Expenses incurred for investigation or treatment irrelevant to the diseases diagnosed during Hospitalisation or primary reasons for admission, private nursing/attendants charges incurred during Pre-hospitalisation period or post-hospitalisation period, referral fee to family doctors, out station consultants / surgeons fees.
22. Genetic disorders and stem cell implantation / surgery.
23. Any treatment related to sleep disorder or sleep apnoea syndrome.
24. External and or durable medical / non medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Infusion vhpump etc., ambulatory devices i.e. walker, crutches, belts, collars, caps, plints, slings, braces, stockings of any kind, diabetic foot wear, glucometer / thermometer and similar related items and also any medical equipment which is subsequently used at home.
25. All non medical expenses including personal comfort and convenience items or services such as telephone, television, special mattresses, personal attendant or barber or beauty services, diet charges, baby food, cosmetics, napkins, toiletry items, guest services and similar incidental expenses or services.
26. Only one coronary angiography is payable in a Policy Year except in case where a coronary intervention has been undergone after the first angiography.
27. Medical or surgical treatment of obesity and any other weight control programme, services or supplies.
28. Any treatment required arising from insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing unless specifically agreed by the Insurance company.
29. Any stay in the hospital or extended period of hospitalisation beyond the customary length of stay for any domestic reason or where no active regular treatment is given by the specialist.
30. Out patient diagnostic / medical or surgical procedures / or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy.
31. Any kind of service charges, surcharges, admission fees / registration charges etc levied by the hospital.
32. Treatment which is continued before hospitalisation and continued even after discharge for a disease / Injury different from the one for which hospitalisation was necessary.
33. Failure to seek or follow reasonable medical advice.
34. Hospitalisation and treatment of any kind not actually performed, necessary or reasonable, or any kind of elective surgery or treatment which is not medically necessary.
35. Domiciliary treatment.
36. Treatments or procedures customarily and usually performed by medical practitioners in out patient department or clinic and casualty setting shall not be payable even if performed as Inpatient or day care procedures.
37. Any treatment for xanthelesema, syringoma, acne and alopecia.

Terms and Conditions

1. Free Look Period: A period of 15 days is available to review the policy from the date of receipt of the policy document by the policyholder. If the terms and conditions of the policy are not acceptable to the policyholder, the policyholder should return the policy. The Company will then return the premiums paid by the Policyholder after deduction of stamp duty and any expenses borne by the Company on the medicals.

2. There is an initial waiting period for payment of the hospitalisation insurance benefits of 30 days from the policy issuance date and from the revival date if the revival takes place after more than 60 days from the date of the first unpaid premium. Only claims in respect of injuries caused by accidents will be payable during this period.
3. No benefit shall become payable for any event which occurs or where the signs or the symptoms of illness and / or condition for the event has occurred within the waiting period.
4. In case of death of the primary insured, the cover will terminate immediately for the entire family and fund value will be refunded to the nominee. The remaining insured members will have to take a new policy for extension of cover. The new policy will be issued without any underwriting with then prevailing terms and conditions including the no claim bonus as for the previous policy if the cover is renewed within 60 days of termination of the existing policy. On death of any Insured person(s) other than the primary insured, the policy shall continue and the applicable insurance charge shall be appropriately reduced by the company.
5. Cashless facility is a service provided by the company and is not a policy feature.
6. The network hospitals which are included in your policy would be available on the company's website.
7. On lapsation of the policy, no hospitalisation insurance benefit is payable.
8. Revival: A policy, which has lapsed for non-payment of premium within the days of grace, may be revived subject to the condition that the application for revival is made within two years from the due date of the first unpaid premium. If the policy is not revived within this period, then the policy shall be foreclosed at the end of the revival period or at the end of three policy years, whichever is later. Revival beyond a period of 60 days from the premium due date will be allowed only after further underwriting/providing satisfactory evidence of health to the company. The evidence required could be a simple health declaration or a medical exam and/or with exclusions and which will be determined on a case to-case basis. The expenses towards the same will have to be borne by the policyholder.
9. The maximum Health Savings Benefit payable will be subject to availability of the funds. If the policyholder claims an amount post payment of which the fund value would fall below 110% of one full year's premium, the policyholder would be given an option before payment of the benefit to reduce the claim amount such that the fund value would not fall below 110% of one full year's premium. If the policyholder does not opt to reduce the claim then, in lieu of the benefit, the policy will be foreclosed.
10. On discontinuation of due premiums after paying at least first five years' premium, the policy will continue subject to all applicable charges and foreclosure condition for a revival period of two years. On non-resumption of payment during this period the policyholder can opt for cover continuance option failing which the policy will be foreclosed.
11. If premiums have been paid for three full policy years and after three policy years have elapsed since inception, if the fund value falls below 110% of one full year's premium, the policy will be foreclosed.
12. On the date of foreclosure, the fund value will be calculated as per prevailing NAV on that date. The amount so calculated can be withdrawn by you within 5 years for health expenses upon producing actual bills or proof of expenses. This withdrawal will be subject to a maximum of 50% per annum of the fund value as on date of foreclosure. This condition will also apply during the cover continuance stage, if opted for. On death of the primary insured during this period, foreclosed fund value minus any Health Savings Benefit paid during this period will be payable to the nominee. The amount paid out on death of the primary insured may be taxable in the hands of the nominee as per the prevailing tax regulations at that time. No other benefits shall be payable.
13. If premium is discontinued in the first three policy years and if the policy is not revived within the period of two years from the due date of the first unpaid premium, then the policy will be terminated. During this period, Hospitalisation Insurance Benefit will cease and the policyholder will only have the benefit of investment in the respective unit funds.
14. In case you have opted for Health RGF, your first premium deposit, post deduction of allocation charges, is to be allocated for purchase of Health RGF units. The policy holder will have the option to invest future premiums into the fund of choice including the return guarantee fund if a tranche is open for subscription.
15. The minimum transfer amount under the Automatic Transfer Strategy is Rs.2,000. To effect it, the required number of units will be withdrawn from Preserver fund at the applicable unit value, and new units will be created in the Health Multiplier / Health Flexi Growth applicable unit value. At inception, you can opt for a transfer date of either 1st or 15th of every month. If the date is not mentioned, the funds will be switched on the 1st day of every month. If the 1st or the 15th of the month is a non-working day then the next working day's NAV would be applicable. Once selected, the Automatic Transfer will be regularly processed for the whole of life or until the company is notified, through a written communication, to discontinue the same. The Automatic Transfer Strategy will not be applicable if the source fund value is less than the nominated transfer amount.
16. Assets are valued daily on a mark to market basis.
17. First premium will be allocated the NAV of the date of issuance of the policy.
18. When appropriation/expropriation price is applied the Net Asset Value (NAV) of a unit- linked life insurance product shall be computed as, market value of investment held by the fund plus or less the expenses

incurred in the purchase or sale of the assets plus the value of any current assets plus any accrued income net of fund management charges less the value of any current liabilities less provisions, if any. This gives the net asset value of the fund. Dividing by the number of outstanding units existing at the valuation date (before any new units are allocated or redeemed), gives the unit price of the fund under consideration.

19. All renewal premiums received in advance will be allocated to units at the NAV prevailing on the date on which such premiums become due.
20. Change in Portfolio Strategy (CIPS) - You can change your chosen portfolio strategy once in 2 years. This benefit is provided free of cost.
21. Transaction requests (including renewal premiums by way of local cheques, demand draft; switches; Health Savings Benefit; etc.) received before the cut-off time will be allocated the same day's NAV and the ones received after the cut-off time will be allocated next day's NAV. The cut-off time will be as per IRDA guidelines from time to time, which is currently 3:00 p.m.
22. To the premium received by outstation cheque, the NAV of the clearance date or due date, whichever is later, will be allocated.
23. No loan will be provided against this policy
24. In accordance to the Section 41 of the Insurance Act, 1938 (4 of 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. Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees'.
25. In accordance to the Section 45 of the Insurance Act,1938, `No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy-holder and that the policy-holder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose. Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal'.
26. Tax benefits are subject to conditions of section 80D of the Income Tax Act 1961. Service tax & Education cess will be charged extra as per applicable rates. Tax laws are subject to amendments from time to time
27. All benefits payable under the policy are subject to the tax laws and other financial enactments as they exist from time to time.
28. Miscellaneous Charge: If there are any policy alterations during policy term, they shall be subject to a one time miscellaneous charge of Rs. 250.
29. For further details, please refer to the policy document and detailed benefit illustration.

Revision of Charges

1. The company reserves the right to revise the charges at any time during the term of the policy. Any revision will be with prospective effect subject to prior approval from Insurance Regulatory & Development Authority (IRDA) and after giving a notice to the policyholders.
2. The following limits apply, in any case, to the charges.
   a. Fund management charge may be increased to a maximum of 2.50% per annum of the net assets for each of the Funds.
   b. Total policy administration charge may be increased to a maximum of Rs. 240/- per month.
   c. Switching charge may be increased to a maximum of Rs. 200 per switch
   d. Miscellaneous charges may be increased to a maximum of Rs. 500 per policy alteration.
3. Premium allocation charges are guaranteed for the term of the Policy.
4. The Health Insurance charges are valid for one year from the date of issuance of the policy thereafter the company reserves the right to change the premium subject to approval from IRDA.

Risks of investment in the Units of the Funds

Proposer/Life Assured should be aware that ICICI Pru Health Saver is a Unit Linked Insurance Policy (ULIP) and is different from traditional insurance products. Investments in ULIPs are subject to market & other risks and the objective of Funds may not be achieved. The Net Asset Value (NAV) of the units may fluctuate based on the performance of Fund and factors influencing the capital & debt markets and the policyholder is responsible for his/her decisions. ICICI Prudential Life Insurance Company Limited, ICICI Pru Health Saver, Health Flexi Growth, Health Multiplier, Health Flexi Balanced, Health Balancer, Health Protector, Health Preserver, Health Return Guarantee Fund are only the names of the company, product and funds respectively and do not in any way indicate the quality of the product/funds or their future prospects or returns. The Funds apart from the Health RGF do not offer a guaranteed or assured return.

What do you do to buy the policy? Easy guide to buying a health policy

- ☑ Discuss the policy benefits, coverage and premium details with your financial planner.
- ☑ Actively seek information on the charges and exclusions under the policy.
- ☑ Fill the application form stating your personal & health profile. Ensure that the information given in the form is complete and accurate.
- ☑ Read the terms & conditions carefully before concluding the purchase.
- ☑ Note the application number on your form. This number will help you to track the status of your application.
- ☑ Hand over the application form and the cheque for the premium amount along with necessary documents to your financial planner.
- ☑ We will process your application. You may be called for a medical check-up on the basis of your age, health declaration and cover opted for.
- ☑ Subsequently, the policy terms (like premium, cover amount, etc.) may be revised to give you an optimal fit for your profile. This will be done with your consent.
- ☑ Next, the final policy document will be sent to you.

Take a step to good health!

Get ready to get healthy - with Health Active - a unique healthcare initiative powered by ICICI Prudential Life Insurance.
Currently available for all ICICI Prudential Life Insurance customers, this personalised wellness programme will guide you to lead a healthy life.

HealthActive benefits at-a-glance

- Assess your current health status and set your **Health Goals**
- Stay healthy through our regular **personalised guidance**
- Get access to **Health Active hotline** for all your health queries
- Get personalised **Diet and Fitness Plans** from leading health consultants
- Avail of **attractive discounts** at select gyms and diagnostic labs
- Win **exciting rewards** for all your efforts!

Join Health Active- members not only become healthier and active, but also stand a chance to win exciting rewards!

About ICICI Prudential Life Insurance Company Limited

ICICI Prudential Life Insurance Company is a joint venture between ICICI Bank, a premier financial powerhouse, and Prudential plc, a leading international financial services group headquartered in the United Kingdom. ICICI Prudential was amongst the first private sector insurance companies to begin operations in December 2000 after receiving approval from Insurance Regulatory Development Authority (IRDA).

ICICI Prudential Life Insurance has maintained its focus on offering a wide range of flexible products that meet the needs of the Indian customer at every step in life

For more information:

Customers calling from any where in India, please dial 1860 266 7766

Do not prefix this number with "+" or "91" or "00" (local charges apply)

Customers calling us from outside India, please dial +91 22 6193 0777

Call Centre Timings: 9.00 am to 9.00 pm

Monday to Saturday, except National Holidays.

To know more, please visit www.iciciprulife.com

Registered Office: ICICI Prudential Life Insurance company Limited, ICICI PruLife Towers, 1089, Appasaheb Marathe Marg, Prabhadevi, Mumbai 400 025.