

ICICI Pru  
**MediAssure** 



Health Insurance with the **AAA Guarantee** for the family

Health

Solutions

 **ICICI PRUDENTIAL**   
L I F E   I N S U R A N C E

Health problems, in most cases, strike us unexpectedly, resulting in a sudden financial burden. It has been observed that 2 out of every 5<sup>\*</sup> individuals hospitalised in urban India end up either borrowing money or selling assets to cover healthcare costs. This situation is set to escalate further, and despite the increasing cost of health care only about 14% of Indians are covered through some form of individual medical insurance<sup>#</sup>.

Keeping this in mind, ICICI Prudential Life Insurance presents **ICICI Pru Medi Assure**, a health insurance policy with the **AAA guarantee** for you and your family. This policy provides you;

- Assured insurability till age 75 years.
- Assured coverage for accepted pre-existing illnesses after 2 years.
- Assured price for 3 years.

Moreover, this policy covers all your hospitalisation needs with the flexibility to choose your location and quality of treatment.

## Key benefits of ICICI Pru MediAssure

- Hospitalisation coverage for you and your family under a single policy.
- Pre-existing illnesses & conditions covered subject to underwriting.
- Guaranteed insurability at renewal up to 75 years of age.
- Coverage for pre & post-hospitalisation expenses.
- Over 125 day care procedures covered.
- No claim bonus of 5% of annual limit for every claim free policy year up to a maximum of 25%.



- Cashless hospitalisation through our extensive network of hospitals categorised as list A & list B hospitals.
- Flexibility in upgrading hospital room facilities with additional co-pay.
- Avail tax benefits on premium paid u/s 80D of the Income Tax Act, 1961<sup>11</sup>.

## What does ICICI Pru MediAssure cover?

The 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:

- Room, boarding and nursing expenses as charged by the hospital where the insured availed medical treatment
- Intensive Care Unit (ICU) charges
- Fees for doctor, surgeon, anaesthetist, medical practitioner, consultant and specialist<sup>1</sup>
- 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<sup>2</sup>
- Pre and post-hospitalisation expenses related to the hospitalisation

<sup>\*</sup>According to NSS – 2004, Report No. 507, 60th Round, New Delhi: NSSO, Govt. of India; 2006.

<sup>#</sup>According to Report by CII- Mckinsey & Company (with support from the Indian Healthcare Federation) October 2002.

## How does my plan work?

### Step 1: Set your annual limit

The annual limit is the maximum benefit payable under the policy towards all the eligible medical expenses described above and incurred during a policy year. You can select between various annual limit options i.e. Rs. 2 Lacs, Rs.3 Lacs, Rs. 5 Lacs, Rs. 7 Lacs or Rs.10 Lacs.

### Step 2: Select your network

You can choose between the Premium and Classic plans. The Premium plan gives you access to all List A and List B hospitals across India<sup>3</sup>. The Classic plan gives you access to all List A hospitals across India along with limited access to List B hospitals as shown in the table below.

	Plan type	
Eligible room type	Premium plan	Classic plan
Up to Single A/C room	List A hospitals all over India	List A hospitals all over India
Up to Twin Share A/C room	All List B hospitals all over India	All List B hospitals all over India except districts of Mumbai, Navi Mumbai and Thane

## Outside network claims

A co-pay<sup>4</sup> of 20% on the eligible medical expenses will be applicable in case you either

- Upgrade to a higher room type in the network hospitals, e.g., a single A/C room at List B hospital, or,
- Access facilities at hospitals not listed in the chosen network, e.g., if you have chosen the Classic plan and access care at a List B Mumbai hospital, or, if you access care at a hospital not given in List A or B.

## What happens in an emergency?

In case of emergency hospitalisation related to cardiac or trauma cases, co-

pay will not be levied even when the hospital is outside your chosen network. However your room eligibility in such a case will be to the extent of twin-share A/C room only.

## Key advantages of ICICI Pru MediAssure

### 1. Family floater:

With the family floater option, you can additionally cover your spouse and up to the first three dependent children to the same annual aggregate limit.

### 2. Day care 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.

### 3. Guaranteed insurability at renewal up to 75 years of age:

You can renew the policy once and within 30 days from the termination date with the same terms and conditions. You can further renew the cover under the then offered ICICI Pru MediAssure product or its nearest substitute within 30 days from the policy termination date. The outstanding waiting period from the current policy (for diseases/surgeries listed in point 6 and 7 of the "What is not covered under ICICI Pru MediAssure" section) will be applied on continuation of cover. Your premium payable on renewal and on subsequent continuation of cover shall be reviewed subject to IRDA approval.

#### 4. Pre-hospitalisation and 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 due to the main hospitalisation event.

#### 5. No claim bonus:

You are entitled to a 5% increase in your annual limit for every claim free year subject to a maximum of 25% increase in the annual limit. In case a claim is made during a policy year; the bonus amount would revert to 0% in the following year.

### ICICI Pru MediAssure at a glance

Term	3 years		
Min/Max age at entry	18 to 65 years for individual policies, 90 days to 65 years for dependents in a family floater, Maximum cover ceasing age for children is 25 years under the family floater <sup>^</sup>		
Annual limits	Rs. 2 lacs, Rs. 3 lacs, Rs. 5 lacs, Rs. 7 lacs, Rs. 10 lacs		
Available premium paying modes	Monthly, half yearly, yearly		
Renewability	Guaranteed insurability (subject to a cover ceasing age of 75 yrs)		
Waiting period	30 days from the policy commencement date*		
Yearly premiums (Male/Female)(Rs.)	<b>Annual limit of Rs. 5 lacs (Rs.)</b>	<b>Classic</b>	<b>Premium</b>
	25	6,179	8,570
	30	6,355	8,833
	35	7,078	9,917
	40	8,660	12,289
	45	10,923	15,390
	50	13,372	19,064
	55	16,713	24,075
	Premiums are shown for an individual option with an annual payment mode and are inclusive of service tax and education cess.		
<b>Premium illustration where age of eldest member is 35 years (Male/Female) (Rs.)</b>	<b>Annual limit of Rs 5 lacs</b>		
		<b>Classic</b>	<b>Premium</b>
	Self	7,078	9,917
	Self + Spouse	12,318	17,641
	Self + Spouse + Child	15,817	22,754
	Self + Spouse + 2 Children	19,317	27,866
	Self + Spouse + 3 Children	22,817	32,979
Premiums are shown for a family with an annual payment mode and are inclusive of service tax and education cess.			

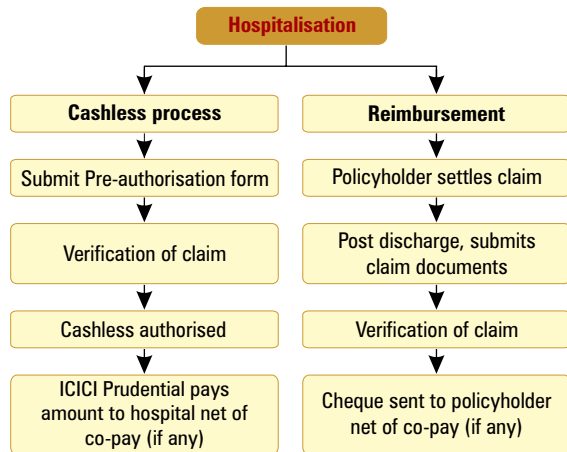
\* Please check exclusion section for waiting period with pre-existing conditions and specific listed conditions.

<sup>^</sup> Family floater means self, spouse & first three dependent children only. Proof of dependency for the child above age 21 must be provided. Please refer to Terms and Conditions section

## Claims process made easy

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 hospital through our hassle free claims process.

The claim process is depicted in the following chart.



## What is not covered under ICICI Pru MediAssure

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 either of the following:

- Any medical expenses not directly related to the specific illness or ailment or injury for which hospitalisation took place, will not be considered as pre or post-hospitalisation expenses.
- Pre and post-hospitalisation benefits are payable to the policyholder only in the event of acceptance of the related hospitalisation or day care procedures claim by the company.
- Notwithstanding anything contained herein this benefit shall not apply to any medical expenses incurred by the insured person in any place or geographical area other than in India.
- Pre-existing condition unless stated in the proposal form and specifically accepted by the company and endorsed thereon.
- Permanent exclusions as specifically stated in the policy certificate.
- For conditions of diabetes or hypertension or both, if disclosed at inception and accepted for cover, any investigation/treatment for these ailments and any complications arising from these ailments (including Ischemic Heart Disease and Renal Failure) shall be excluded for the first two consecutive policy years from the risk commencement date or revival date in case the revival is 60 days after first unpaid premium. Ischemic Heart disease treatment and renal failure treatments will both be considered complications of these ailments.
- Expenses incurred during the first 2 years from risk commencement date or revival date in case the revival is 60 days after first unpaid premium shall not be payable for the following diseases/surgeries:
  - 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/Varicoceol/Spermatocoeol surgery
  - Piles / Fissure / Fistula / Rectal prolapse
  - Trans Urthral Resection of Prostrate/Open Prostatectomy for Benign Enlargement of Prostrate
  - Dilation & Curettage for menstrual irregularities
  - Hysterectomy for Fibroids, Menorrhagia, Dysfunctional Uterine Bleeding, 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
  - Cataract (Claims of up to Rs. 20,000 will be covered in any policy year only two years after the later of Risk Commencement Date or revival date, where the revival occurred more than 60 days after the first unpaid premium)
  - Osteoarthritis leading to Total Knee Replacement or Total Hip

Replacement (Claims for up to one knee or hip treatment will be covered in any policy year only two years after the later of Risk Commencement Date or revival date, where the revival occurred more than 60 days after the first unpaid premium)

8. 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 fulltime service in any of the armed forces.
9. Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident), vaccination, inoculation.
10. 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.
11. 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.
12. Costs of donor screening or treatment including surgery to remove organs from a donor in case of transplant surgery.
13. Any dental treatment or surgery which is corrective, cosmetic or of aesthetic nature, filling of cavity, root canal, and treatment of wear and tear. However, dental treatment carried out as inpatient hospitalisation for ailments arising from disease or injury will be covered.
14. 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.
15. 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 Lymphadenopathy 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 including sexually transmitted diseases.
16. 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 necessitating hospital stay for the ailment during the hospitalised period.
17. Expenses on vitamins and tonics unless medically necessary as a part of treatment for injury or disease as certified by the attending physician.
18. 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 invitro 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.
19. 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 or received outside India.
20. 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.
21. Genetic disorders and stem cell implantation/surgery.
22. Any treatment related to sleep disorder or sleep apnoea syndrome.
23. External and/or durable medical/non medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, infusion pump etc., Ambulatory devices i.e. walker, crutches, belts collars, caps,

- splints, 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.
24. All non medical expenses including personal comfort and convenience items or services such as telephone, television, aya/barber or beauty services, diet charges, baby food, cosmetics, napkins, toiletry items, guest services and similar incidental expenses or services.
  25. Only one Coronary Angiography is payable in a policy year except in case where a Coronary Intervention has been undergone after the first angiography.
  26. Medical or surgical treatment of obesity and any other weight control programme, services or supplies.
  27. 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.
  28. 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.
  29. Out patient diagnostic/medical or surgical procedures/or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy.
  30. Any kind of service charges, surcharges, admission fees/registration charges etc. levied by the hospital.
  31. Treatment which is continued before hospitalisation and continued even after discharge for an ailment/disease/injury different from the one for which hospitalisation was necessary.
  32. Failure to seek or follow reasonable medical advice.
  33. 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.
  34. Domiciliary treatment.
4. Co-pay is that percentage of the total eligible medical expenses that is borne by you while the balance is settled by the Company.
  5. On lapsation or surrender of the policy, no benefit is payable.
  6. 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.
  7. No loan will be provided against this policy.
  8. 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.
  9. Modal loading: There will be an extra loading on the annual premium of 10% in case of half yearly mode of premium payment and 25% in the case of monthly mode of premium payment.
  10. Cashless facility is a service provided by the Company and is not a policy feature.
  11. Tax benefits under the policy are subject to conditions u/s 80D of the Income Tax Act, 1961, including premium payment in any mode other than cash on the health of self, spouse, dependent children and parents out of income chargeable to tax. Service tax and education cess will be charged extra as per applicable rates. The tax laws are subject to amendments from time to time.
  12. 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 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.
  13. In case of death of the primary life assured, the cover will terminate immediately for the entire family and balance premium will not be refunded. Secondary lives will have to take a new policy for extension of

## **Terms and Conditions**

1. Payout for Doctors' fees (including surgeon, anaesthetist) will be limited to 30% of eligible claim amount for inpatient hospitalisation.
2. Payout for artificial limbs would be limited to lower of Rs 25,000 or 10% of the Annual Limit.
3. The hospitals which are included in List A and List B will be available with your policy kit and also on the Company's website.



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 premium shall be appropriately reduced by the company.

14. In accordance to 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 prospectus or tables of the insurer'.

15. In accordance to Section 45 of the Insurance Act, 1938, 'No policy of life insurance 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 of insurance or any report of a medical officer, or a 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 statements were on material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose'.

16. All benefits payable under the policy are subject to the tax laws and other financial enactments as they exist from time to time.

17. For further details, please refer to the policy document and detailed benefit illustration.

## About ICICI Prudential Life Insurance Company

ICICI Prudential Life Insurance Company Limited, a joint venture between ICICI Bank and Prudential plc. was one of the first companies to commence operations when the insurance industry was opened in year 2000. Since inception, it has written over 9 million policies and has a network of over 2098 offices, over 2,59,000 advisors and 10 bank partners. It is also the first life insurer in India to be assigned AAA (India) rating by Fitch rating.



Track your application through our website [www.iciciprulife.com](http://www.iciciprulife.com) or SMS APP <Space> <Application No.> and send it to 56767



Call our customer service Toll Free No. **1800 22-2020** from **9:00 am to 9:00 pm**\*



You can also visit us at [www.iciciprulife.com](http://www.iciciprulife.com)

\* (From your MTNL or BSNL line; Monday to Saturday, except National Holidays)

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