FAQ's
Health Saver

General

What is the Health Saver?

The Health Saver is a comprehensive reimbursement based health insurance plan for your family, it not only covers you against any hospitalisation event (Hospitalisation Insurance Benefit) but also creates a health fund to help meet all other health care expenses (health Savings benefit). Also it is the first health ULIP plan which gives you complete tax benefits on the total premium paid under section 80D.

Why the Health Saver is different from other reimbursement based health insurance plans?

Features	Health Saver	Traditional Health Insurance (Mediclaim)
Term of Hospitalisation Coverage	Guaranteed hospitalisation coverage till 75 years of age with no re-evaluation of health status during term of policy.	Term of only 1 or 2 years which needs to be renewed on a regular basis where there may be a revaluation of your health status at renewal
Coverage for Outpatient and daily medical expenses (Such as dentist fees, regular diagnostics etc)	Covers all health expenses over and above hospitalisation insurance under the Health Savings Benefit	Not covered
Return on invested premiums	Part of your premiums are invested to create a health fund which meets future health expenses and pay for future premiums	No returns offered on premiums
Cover Continuance Option	The CCO option allows you to continue your cover even after stopping your premiums post 5 years of the policy. The future premiums are deducted from your health savings fund	No such option
Tax Benefits	Tax benefits u/s 80 D on the entire premium paid including the premium invested to create the Health Fund	Tax benefits u/s 80D with no premium invested in savings benefit

Why is the Health Saver a better proposition than a mutual fund and mediclaim plan?

The Health Saver definitely offers advantages over the combination of a traditional mediclaim and mutual fund. The entire premium including the part of the premium invested in the health savings plan would be eligible for tax benefits under section 80D hence you can avail the maximum tax benefit of upto Rs. 15000 under this plan. Also the biggest advantage is the convenience of having a complete health insurance plan which not only covers you for any medical emergency but also provides you with a long term savings mechanism meant specifically to meet likely heath expenses that occur during old age or when medical catastrophes occur.

What is covered by the Hospitalisation Insurance Benefit?

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

The benefit also offers the following benefits under the hospitalisation insurance benefit

- Ambulance expenses subject to a maximum of Rs. 1,000 per policy year
- Free medical check-ups 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

What are the annual limit options available under the Hospitalisation Insurance Benefit?

ICICI Pru Health Saver allows you to avail 5 Annual Limit options i.e. Rs 2 Lakhs, Rs 3 Lakhs, Rs 5 Lakhs, Rs 7 Lakhs and Rs 10 Lakhs under the Hospitalisation Insurance Benefit. The Annual Limit is the maximum benefit payable under the policy towards all the eligible medical expenses covered under the policy and incurred during a policy year. The annual limit is renewed every policy year.

For instance, if Mr B had purchased ICICI Pru Health Saver with Annual Limit of Rs 5 Lakhs and incurred an expense of Rs 2 lakhs, the balance annual limit available for the rest of that year would be Rs 3 lakhs. In the subsequent policy year, Mr B's Annual Limit would be renewed to Rs 5 Lakhs and he can avail of the full amount in that year as well.

What is covered under the 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

How is the health fund created under the Health savings Benefit?

Your health savings kitty is built by investing in different financial instruments with a special investment strategy that automatically allocates your premiums in the right mix of debt and equity investments to suit your age, this is known as a lifecycle based portfolio strategy. You also have the option to select your own investment portfolio from a mix of 7 funds which range from equity, debt , money market and a mixture of two or more instruments using the fixed benefit strategy.

How can one protect the health fund created under the Health Savings benefit from market fluctuations?

Inorder to provide a means to counter market fluctuations we offer you two portfolio strategies and a variety of options which help protect you from market fluctuations. In the first portfolio strategy the money is invested in a mix of debt and equity according to your age. The percentage is decided by your age because with age the risk taking ability also gets affected.

If you prefer the fixed portfolio strategy we offer you the option for the Automatic Transfer Plan that allows you to counter market volatilities. The premium is initially invested in a debt fund and a certain percentage from the fund gets transferred to an equity fund every month. This helps in averaging out the NAV fluctuations and you get maximum benefits from a volatile market.

What is the cover continuance option? How does it benefit the policy holder?

In case any time during the term of the policy after the fifth policy year, the policy holder is unable to continue paying his premiums he has the option of opting for the cover continuance option. The option allows the policy holder to continue the coverage and benefits under his plan the charges for the future years will be deducted in the form of units from his remaining fund value.

How does the Health Checkup benefit function under the plan?

The free health checkup will be available to all insured members after the first year once every 2 years. Each member can submit only a single bill in every block of 2 years after the first year. (i.e. once in the 2^{nd} -3^{rd} yr , 4^{th} -5^{th} yr and so on). The bills of any one member cannot be accumulated. The cumulative limit for all the members under the policy would be 1% of the annual limit or Rs 5000 whichever is lower.

Can ICICI Pru Health Saver cover my family members also?

ICICI Pru Health Saver covers the entire family under a single policy in case you have availed of the family floater option. The family can include self, spouse and the first three dependant children. However the cover for children would end on reaching the age of 25 years.

For Ex: Mr A has bought ICICI Pru Health Saver for Rs 3 lacs for himself, his wife and 2 children. The total annual limit available under the hospitalisation insurance benefit for all the family members put together is Rs 3 lakhs. In case Mr A was hospitalised and claimed for Rs 1 lakh, the cover available for the entire family for that policy year would now be reduced to Rs 2 lakhs. Of course, in the next policy year, the cover would be renewed to Rs 3 lakhs.

Can the family floater be issued in a case single parent and children?

Yes, the family floater in MediAssure allows for a single parent to include himself /herself and upto 3 dependant children under the plan.

Can I add a family member to my plan at a later date?

Addition of family members to the policy shall be allowed only in the event of marriage or birth or legal adoption of a child. You should opt for this within 90 days from the date of event or at the next policy anniversary. Such change shall be carried out subject to receipt of the proof of the event by the Company and subject to the fulfilment of the underwriting norms of the

Company in this regard. The change shall be effective for the purpose from the next premium due date which would be the risk commencement date for the new member added. You shall have to pay additional premium on addition of a family member as determined by the Company.

Can I change my annual limit during the term of the plan?

You can increase or decrease your annual limit at every policy anniversary with deduction of appropriate insurance charges based on change in annual limit. Any increase in the annual limit will be subject to underwriting an as per terms and condition set by the company.

Can I change my premium during the term of the plan?

You can increase or decrease your premium at every policy anniversary, any decrease in premium will be subject to the minimum premium grid based on annual limit , age and number of members in the family.

What if I am unable to pay my premiums after the first 3 years?

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.

What if I am unable to pay my premiums after the first five years?

On payment of at least first five years' premium, you have the option of opting for a cover continuance option wherein your further charges would be deducted from your fund until fund value falls below 110% after which the policy would be foreclosed.

What happens if my fund value falls below 110%?

If premiums have been paid for three full policy years and after three policy years have elapsed and fund value falls below 110% of one full year's premium, the policyholder will be given intimation and option to reduce the Health Savings Benefit claim amount so that the fund value does not fall below 110%. If the policyholder does not opt to reduce the Health Savings Benefit claim then, the benefit shall be paid and the policy will be foreclosed.

What happens on foreclosure?

On the date of foreclosure, the fund value will be calculated as per prevailing NAV on that date. The fund value so calculated can be withdrawn by you within 5 years for health expenses upon submission of original bills for expenses incurred. 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.

<u>Claim Queries – Health Savings Benefit</u>

When can I claim from my Health Savings Benefit?

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

4th Yr & 5th Yr	6th Yr to 10th Yr	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. Claim under the Health Savings Benefit can be availed by submitting the actual bills or proof of expenses within 2 years of incurring the expense.

What would happen to the fund value in case of death of the primary insured member?

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

Claim Queries – Hospitalisation Insurance Benefit

Can we cover same procedure or treatment multiple times during the 3 year contract?

As Health Saver is a reimbursement based hospitalisation insurance plan it allows for multiple claims during the entire term of the policy. Hence it is possible to claim for the same condition or procedure multiple times during the policy term provided the same is covered by the policy.

What is defined as a within network claim?

When hospitalisation or listed day care procedure occurs at a hospital defined within the network of listed hospitals it would be defined a "Within Network" claim

Also the claim within a listed network hospital would be treated as a within network claim only if the customer accesses upto a single A/C room with a room rent of capped at 1% of the annual limit else the claim would be treated as a "outside network" claim.

There would be a copay of 20% applicable on a "outside network" claim. Co-pay is that percentage of the eligible medical expenses that is borne by the customer while the balance is settled by the Company.

What happens in an emergency which occurs in a non network hospital?

In case of a trauma (accidents) and acute cardiac related emergencies the customer can access any hospital i.e. both hospitals within the network and outside the network. In both cases the network co-pay would not be applicable, as long as the customer accesses room facilities up to twin share air conditioned rooms. It is also advised that the customer must transfer to a network hospital once his condition is stabilized.

Can I make a claim if I get treated outside India?

No, you are entitled to a claim for treatment undergone in India only.

What does day care cover mean?

Day care procedures/treatments are those in-patient procedures which do not require hospitalization of more than 24 hours. ICICI Pru Health Saver covers 136 listed day care procedures/ treatment for which the customer need not stay in hospital for more than 24 hours. The list is provided in your policy document and also at www.iciciprulife.com.

What is the Health Card? How does it work?

Upon enrolling under the ICICI Pru Health Saver plan each insured member in the policy shall be issued a health card bearing your policy number. The health card acts as an identifier that helps you access cashless facilities in our extensive network of hospitals and also a copy would be required to be attached while claiming reimbursement.

This card also bears other essential data such as –

- The policy number
- Claims helpline toll free number
- Policy duration & expiry dates

Kindly keep this card with you at all times with a view to be prepared in case of any eventuality for emergencies come unannounced.

Uses
The call centre/assistance number allows for immediate support by providing information on the nearest network hospital
The card allows for the use of cashless facility at our network hospitals
A copy of the health card needs to be provided in order to access a reimbursement claim.

What is covered under the pre hospitalisation expenses?

Pre Hospitalisation expenses up to 30 days prior to hospitalisation, which are related to the main hospitalisation event would be payable under ICICI Pru Health Saver. However the expenses would be payable only in the event of the main hospitalisation claim being accepted by the company.

For example: If a patient has undergone investigations for Typhoid fever (eg Complete Blood count, Widal test and urine analysis) within 30 days prior to the date of admission, these medical expenses (original bills with supporting lab reports) shall be considered under Pre hospitilisation expenses.

What is covered under the post hospitalisation expenses?

Post Hospitalisation expenses incurred up to 60 days post discharge from hospital, which are related to the main hospitalisation event would be payable under ICICI Pru Health Saver. However the expenses would be payable only in the event of the main hospitalisation claim being accepted by the company.

For Example: In case a customer was hospitalised for pneumonia, post discharge all medical expenses with supportive prescription related to pneumonia for a period of up to 60 days (from discharge) would be covered.

What is a 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. The no claim bonus would be awarded only in case you have been insured with the company for a continuous period under the same policy. In case a claim is made during a policy year; the bonus amount would revert to 0% from the next policy year.

Claim Queries – The Process

1. **Where can I get a Claim form?**

A claim form can be obtained by getting in touch with either of the below touch points –

- Our Website
- By calling our call center
- Branch

The claim form is also a part of the welcome kit.

2. **Where can I submit a reimbursement claim?**

After completing all formalities you can deposit the documents at any of our nearest branches. You can call on toll free number 1800 22 2020 to locate the nearest ICICI Prudential branch. Or you can fax your claim documents to 1800-103-4778 (toll free)

3. **How do I check on the status of my claim?**

The updated status for processing of the claim can be known by directly calling up on our 24*7 call center no. 1800-103-6363 or contact any of our nearest branches. You would need to cite your policy number for getting this information.

You can sms ICLAIM space <8 Digit Policy Number>to 56767

4. **How can one avail of a cashless benefit at the time of hospitalization?**

Cashless authorization is a service rendered within the network list of hospitals by the company to all its policy holders.

- The policy holder would be required to produce his/her health card at the time of hospitalization within the network list of hospitals.
- The hospital directly puts across an estimate by way of a preauthorization request citing the clinical condition of the patient for the probable bill amount for the patient's hospitalization at the insurer/Dedicated service provider's end.
- Upon adjudication of the claim, an authorization is given for the eligible amount admissible as per the policy terms & conditions at the hospitals end based on which the hospital renders cashless service to the patient.

Kindly note this service is applicable only within the list of network hospitals upon showing the health card. Patients are requested to kindly put in a pre-authorization request at least 4 days prior to admission in case of elective admissions & within 4 hours of admission for all emergency admissions to avail of the cashless benefit.

*Kindly note the patient shall be liable for settling the amounts not admissible under the policy terms & conditions directly to the hospital.

5. How do I lodge a grievance regarding a grievance or any deficiency in service –

For any clarification or assistance, the Policy holder may contact our advisor or call our Customer Service Representative at the telephone numbers listed below during office hours (Call Centre Timings: 9.00 A.M. to 9.00 P.M., Monday to Saturday; excluding national Holidays).

State	Number	State	Number
Andhra Pradesh	9849577766	Maharashtra (Mumbai)	9892577766
Chattisgarh	9893127766	Maharashtra (Rest)	9890447766
Delhi	9818177766	West Bengal (Kolkatta, Howrah)	9831377766
Goa	9890447766	Punjab	9815977766
Gujarat	9898277766	Rajasthan	9829277766
Haryana (Karnal)	9896177766	Tamil Nadu (Chennai)	9840877766
Haryana (Faridabad)	9818177766	Tamil Nadu (Rest)	9894477766
Karnataka	9845577766	Uttar Pradesh (Agra, Bareilly, Meerut, Varanasi)	9897307766
Kerala	9895477766	Uttar Pradesh (Kanpur, Lucknow)	9935277766
Madhya Pradesh	9893127766	Uttaranchal	9897307766
For all other cities, kindly call our Customer Service Toll Free Number 1800-22-2020 from your MTNL or BSNL line.			

Alternatively the Policyholder may communicate with the Company:

By mail at : Customer Service Desk, ICICI Prudential Life Insurance Company Limited, Vinod Silk Mills Compound, Chakravarthy Ashok Nagar, Ashok Road, Kandivali (East), Mumbai- 400 101
Facsimile : 022 67100803 / 805
E-mail : lifeline@iciciprulife.com

The Company Web portal must be checked for updated contact numbers