# Activ Care- Customer Information Sheet

Description is illustrative and not exhaustive

<table>
<thead>
<tr>
<th>SL. NO.</th>
<th>TITLE</th>
<th>DESCRIPTION</th>
<th>POLICY CLAUSE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Product Name</td>
<td>Activ Care</td>
<td></td>
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<tr>
<td>2.</td>
<td>What am I covered for</td>
<td>Basic Benefits</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>a. In-patient hospitalization</td>
<td>– Covers hospitalization expenses for period more than 24 hours up to the limits as specified in the Policy Schedule / Product Benefit Table.</td>
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<td>b. Pre-hospitalization medical expenses</td>
<td>– Medical Expenses incurred up to 30 days period immediately before admission to a hospital, up to the limits as specified in the Policy Schedule / Product Benefit Table.</td>
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<td></td>
<td>c. Post-hospitalization medical expenses</td>
<td>– Medical Expenses incurred up to 60 days immediately post discharge from Hospital, up to the limits as specified in the Policy Schedule / Product Benefit Table.</td>
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<td>d. Day care treatment</td>
<td>– Medical Expenses for listed Day Care Treatments up to the limits as specified in the Policy Schedule / Product Benefit Table, where such procedures are undertaken by an Insured Person as an In-patient in a Hospital/Day Care Centre for a continuous period of less than 24 hours. Any procedure undertaken on an OPD Treatment basis in a Hospital/Day Care Centre will not be covered.</td>
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<td>e. Domiciliary Hospitalization</td>
<td>– Medical Expenses up to the limits as specified in the Policy Schedule / Product Benefit Table for medical treatment taken at home if the treatment continues for an uninterrupted period of 3 days and the condition for which treatment is taken would otherwise have necessitated hospitalization.</td>
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<td>f. Road ambulance cover</td>
<td>– If claim is payable under In-patient hospitalization, We will cover Reasonable Charges for ambulance expenses, up to the limits as specified in the Policy Schedule / Product Benefit Table, incurred to transfer the Insured Person by surface transport following an Emergency.</td>
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<td>g. Organ donor expenses</td>
<td>– Covers Medical expenses incurred for the Organ donor, up to the limits as specified in the Policy Schedule / Product Benefit Table, for harvesting the organ from the donor for organ transplantation wherein the Insured Person is the recipient of the organ so donated.</td>
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<td>h. Reload of Sum Insured</td>
<td>– We shall reload up to the limits as specified in the Policy Schedule / Product Benefit Table, if Sum Insured inclusive of accumulated No Claim Bonus (if any) is insufficient as a result of previous claims in that Policy Year. It shall be available only for subsequent claims and not in relation to any Illness/ Injury (including its complications) for which a claim has been admitted for the Insured Person during that Policy Year.</td>
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<td></td>
<td>i. Ayush (In-patient hospitalization)</td>
<td>– Covers In-patient hospitalization expenses towards Ayush treatment(s) up to the limits as specified in the Policy Schedule / Product Benefit Table.</td>
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<td></td>
<td>j. Sublimit for listed illnesses</td>
<td>– Medical Expenses arising out of an Insured Person’s In-patient Hospitalization for the listed Illness/ conditions and limit as specified in the Policy Schedule / Product Benefit Table</td>
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<td>k. Home Treatment</td>
<td>– We shall cover the treatment expense for insured person’s treatment at home for Illnesses / Injuries on a cashless basis only availed through our Home Treatment Network Provider / Empanelled Service Providers.</td>
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<td>l. No Claim Bonus</td>
<td>– 10% of base sum insured up to a max of 50% of base sum insured.</td>
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<td>m. Domestic Emergency Assistance Services (including Air Ambulance)</td>
<td>– We shall provide Emergency medical assistance domestically like emergency medical evacuation to a nearest hospital and repatriation (transportation) in the event of a medical Emergency.</td>
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<tr>
<td></td>
<td></td>
<td>n. International Emergency Assistance Services (including Air Ambulance)</td>
<td>– We shall provide Emergency medical assistance internationally like emergency medical evacuation to a nearest hospital and repatriation (transportation) in the event of a medical Emergency.</td>
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<td>o. OPD Treatment</td>
<td>– We will cover the Reasonable and Customary Charges incurred for medically required consultations, visit(s) to a doctor and diagnostic tests which are incurred on an out-patient basis up to the limits as specified in the Policy Schedule / Product Benefit Table. Ayush Treatments shall also be covered under this Benefit.</td>
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<td>p. Health Assessment™</td>
<td>– We shall arrange Health Assessment™ as per the list, once every policy year post successful renewal of the Policy for all the Insured persons at our network providers/empanelled service providers on cashless basis only.</td>
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<td></td>
<td>q. Comprehensive Health Check-up</td>
<td>– We shall arrange Comprehensive Health Check-up as per the list, once every Policy Year post successful Renewal of the Policy for all the Insured persons at our Network Providers/Empanelled Service Providers on cashless basis only.</td>
</tr>
</tbody>
</table>
3. What are the major exclusions in the policy:

- Permanent Exclusions
  - Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy or nuclear waste
  - Wilful or deliberate exposure to danger, professional or semi-professional sports
  - Abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol
  - Weight management programs or treatment in relation to the same including vitamins and tonics, treatment of obesity (including morbid obesity)
  - An Insured Person committing or attempting to commit a breach of law with criminal intent, intentional self injury or attempted suicide while sane or insane
  - Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy or nuclear waste
  - Wilful or deliberate exposure to danger, professional or semi-professional sports
  - Abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol
  - Weight management programs or treatment in relation to the same including vitamins and tonics, treatment of obesity (including morbid obesity)

(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)

4. Waiting period

- Initial Waiting Period
  - 30 days for all Illnesses (except Accident) in the first year and is not applicable in subsequent Renewals and policies accepted under Portability

- Two Year Waiting Period
  - 24 months for specific illness/conditions and their complications in the first two years and is not applicable in subsequent Renewals

- Pre-existing diseases
  - Pre-existing Diseases shall be covered after a waiting period specified in the Policy Schedule / Product Benefit Table

5. Payment basis

- Pay-out shall be on the reimbursement of actual expenses incurred either by way of Cashless Facility to the Network Provider when a cashless facility is availed or directly to the Insured Person as a reimbursement against the actual bills

6. Loss Sharing

- Insured Person(s) shall bear a Co-payment per claim as specified in Product Benefit Table / Policy Schedule

7. Renewal Conditions

- This Policy is ordinarily renewable for lifetime on mutual consent, subject to application of Renewal and realization of Renewal premium
- Continuity shall be provided if renewed within 30 days from the date of expiry of previous policy. If there is a break in the policy, any claim occurring within the break in period shall not be covered under the Policy
- Renewals shall not be denied except on grounds of misrepresentation, fraud, non-disclosure or non-co-operation from the Insured
- Alterations in the policy such as Increase/ decrease in Sum Insured or Change in Plan/Product, addition/ deletion of members shall be allowed at the time of Renewal of
8. **Renewal Benefits**

Policy is renewed with Us in accordance with the Renewal Terms under the Policy.

a. **No Claim Bonus** - We shall apply a No Claim Bonus at the rate of 10% on the Sum Insured of the expiring Policy on a cumulative basis, provided that the Insured Person(s) has not made any claim under basic covers in a Policy Year and has successfully Renewed the Policy with Us continuously and without any break. The accumulated No Claim Bonus shall not exceed 50% of the Sum Insured on the Renewed Policy. In the event of a claim impacting the eligibility of No Claim Bonus, the accumulated No Claim Bonus shall be reduced by 10% of the Sum Insured at the commencement of subsequent Policy Year.

b. **Earned HealthReturns** - once accrued in the Policy can be carried forward each month/each Policy Year as long as the Policy is renewed with Us in accordance with the Renewal Terms under the Policy.

Section B.III.(t)

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9. **Cancellation**

a. Cancellations can be intimated to Us by giving 15 days’ notice, we shall refund the premium for the unexpired term on the short period scale as mentioned in the Policy wordings enclosed in the kit. Premium shall only be refunded provided there is no claim under the Policy.

b. This Policy can be cancelled on grounds of misrepresentation, fraud or non-disclosure of material fact by You, without refund of premium. This policy can also be cancelled due to non-cooperation by you.

Section C.M

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10. **Claims**

a. **Cashless Facilities** can be availed only at Our Network Providers. The Authorization letter shall be issued to the Network Provider within 24 hours of receiving the complete information.

(i) In case of Planned Hospitalization please intimate Us at least 3 days prior to the planned date of admission.

(ii) In case of Emergency Hospitalization, please intimate us within 24 hours of such admission but not later than discharge.

The complete list of Network Providers is available on Our website and at Our branches and can also be obtained by contacting Us over the telephone.

b. For Reimbursement claims a written notice of the claim shall be submitted within 48 hours of admission to the Hospital or before discharge from the Hospital.

(i) If the claim is not notified to Us within such time interval, then We shall be provided the reasons for the delay in writing. All required claims documents shall be submitted within 30 days of the Insured Person’s discharge from Hospital.

(ii) We shall settle or repudiate a claim within 30 days of the receipt of the last necessary information.

Section C(I)(d)

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11. **Policy Servicing/ Grievances/ Complaints**

In case of a grievance, the Insured/ Policyholder can contact Us with the details through:

Our website: adityabirlahealth.com/healthinsurance

Email: care.healthinsurance@adityabirlacapital.com

Toll Free: 1800 270 7000

Address: Aditya Birla Health Insurance Company Limited, 9th Floor, Tower 1, One Indiabulls Centre, Jupiter Mills Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013.

For senior citizens, please contact the respective branch office of the Company or call at 1800 270 7000 or may write an e-mail at seniorcitizen.abh@adityabirla.com.

The Insured Person can also walk-in and approach the grievance cell at any of Our branches. In case the Insured Person is not satisfied with the response then they can contact Our Head of Customer Service at the following email headcustomercare.abh@adityabirla.com.

If You are not satisfied with Our redressal, You may use the Integrated Grievance Management Services (IGMS). For registration in IGMS please visit IRDA website www.irdai.gov.in

If You are still not satisfied with Our redressal, You may approach the nearest Insurance Ombudsmen.

Section C.U

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12. **Insured’s Rights**

a. **Free Look period** -

We provide You a period of 15 days (30 days if the Policy is sold through distance marketing) from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You may cancel the Policy stating the reasons for cancellation and provided that no claims have been made under the Policy, We shall refund the premium paid by You after deducting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium for the period on cover. All rights and benefits under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. Free look period shall not be available on Renewals or on portability.

b. **Renewability**

The Policy may be renewed by mutual consent for life, 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. Renewals shall not be denied except on grounds of misrepresentation, moral hazard, fraud, non-disclosure of material facts or non-co-operation by the Insured Person.
### c. Portability

The Insured Person can port their existing health insurance Policy from another company to Us, provided that:

(i) The Insured Person has been covered under an Indian health insurance policy from a non-life insurance company or Health Insurance company registered with IRDAI without any break;

(ii) We should have received the Insured Person’s application for Portability with complete documentation at least 45 days before, but not earlier than 60 days, from the expiry of the Insured Person’s present period of insurance;

In case the Insured Person wants to port their Health Insurance Policy from Aditya Birla Health Insurance to any other Company, then contact Us with the details through:

- E-mail ID: care.healthinsurance@adityabirlacapital.com
- Toll Free: 1800 270 7000
- Address: Any of Our Branch office or Corporate office

### d. Sum insured Enhancement

You may opt for modification of cover(s) at the time of Renewal of Policy. Acceptance for the same shall be subject to Underwriter’s approval. In case of Sum Insured Enhancement, all waiting periods as mentioned in the Policy shall apply afresh for this enhanced limit from the effective date of such enhancement.

The Insured Person must disclose all Pre-Existing Disease/s or condition/s before buying a Policy. Non-disclosure may result in claim not being paid.

During the Policy term any material information changes on occupation and/ or medical conditions shall be communicated to Us in a Change Request form. This form can be downloaded from Our website or collected from Our branch office or can also be obtained by contacting Us over the telephone.

### 13. Insured’s Obligations

The Insured Person must disclose all Pre-Existing Disease/s or condition/s before buying a Policy. Non-disclosure may result in claim not being paid.

During the Policy term any material information changes on occupation and/ or medical conditions shall be communicated to Us in a Change Request form. This form can be downloaded from Our website or collected from Our branch office or can also be obtained by contacting Us over the telephone.

### LEGAL DISCLAIMER NOTE:

The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.