

This document provides key information about your policy. You are also advised to go through your policy document.

	<p>c. Post-hospitalization medical expenses : Medical Expenses incurred up to 60 days immediately post discharge from Hospital.</p> <p>d. Day care treatment : Medical Expenses for listed Day Care Treatments, where such procedures are undertaken by an Insured Person as an In-patient in a Hospital/Day Care Center for a continuous period of less than 24 hours. Any procedure undertaken on an OPD Treatment basis in a Hospital / Day Care Center will not be covered.</p> <p>e. Domiciliary Hospitalization (Home Care) : Medical Expenses 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.</p> <p>f. Road ambulance cover : If claim is payable under In-patient hospitalization, We will cover Reasonable Charges for ambulance expenses, maximum upto the limit as specified in product benefit table, incurred to transfer the Insured Person by surface transport following an Emergency.</p> <p>g. Organ donor expenses : Covers Medical expenses for harvesting the organ from the donor for organ transplantation wherein the insured person is the recipient of the organ so donated by the organ donor.</p> <p>h. Reload of Sum Insured : We shall reload 150% of sum insured subject to a maximum of 50 lacs, if Sum Insured inclusive of Accidental Hospitalisation Booster (if any) / Cancer Hospitalisation Booster (if any), accumulated No Claim Bonus (if any), Super NCB (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.</p> <p>i. Ayush (In-patient hospitalization) : Covers In-patient hospitalization expenses towards Ayush treatment(s) up to opted Sum Insured</p> <p>j. Daily Allowance : We shall pay a fixed amount, for each continuous and completed period of 24 hours of Hospitalization of the Insured Person.</p> <p>k. Vaccination Cover : Covers expenses upto Rs 10000, incurred towards vaccination of the insured person(s) up to 18 years of age as per the list provided. This benefit is applicable for Sum Insured of 1 crore and above.</p> <p>II – Additional Benefits</p> <p>l.a No Claim Bonus : 10% of base sum insured upto a max of 50% of base sum insured.</p> <p>l.b No Claim Discount - We shall apply a No claim discount on the premium of the Insured Persons expiring policy year, provided that the insured person(s) has not made any claim under Section C.I in a policy year, and has successfully renewed the policy with us continuously and without any break on or before the Grace Period. Insured Person can either opt for (No Claim Bonus) or (No Claim Discount) at the time of renewal.</p>	<p>C.I.(c)</p> <p>C.I.(d)</p> <p>C.I.(e)</p> <p>C.I.(f)</p> <p>C.I.(g)</p> <p>C.I.(h)</p> <p>C.I.(i)</p> <p>C.I.(j)</p> <p>C.I.(k)</p> <p>C.II.(l).a</p> <p>C.II.(l).b</p>
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		<p>m. Health check-up program : We shall arrange health check-up as per the list, once every policy year for all the Insured persons at our network providers/empanelled service providers.</p>	C.II.(m)
		<p>n. Second E-opinion on Critical Illnesses : We shall arrange for an E-opinion from Our panel of Medical Practitioners once in a policy year If an Insured Person is diagnosed with any of the 15 covered Critical Illnesses during the Policy Period.</p>	C.II.(n)
		<p>o. Domestic Emergency Assistance Services (including Air Ambulance) : 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.</p>	C.II.(o)
		<p>p. International Emergency Assistance Services (including Air Ambulance) : 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.</p>	C.II.(p)
		<p>III - Value Added Benefits</p>	
		<p>q.1 Health Assessment™ : Health Assessment™ measures MER including BP, BMI, HWR and smoking status, Blood Sugar and Total Cholesterol. Charges for the same shall be borne by Us once in a Policy Year.</p>	C.III.(q.1)
		<p>q.2 HealthReturns™ : An Insured Person can earn HealthReturns™ by looking after his/her health and being physically active on a regular basis. It is earned by way of a percentage of Premium (maximum up to 30%) through Healthy Heart Score™ and Active Dayz™.</p>	C.III.(q.2)
		<p>q.3 Health Coach : Health Coaching for Insured person(s) suffering from Asthma, Hypertension, Hyperlipidemia or Diabetes mellitus. These coaching session shall be provided on telephonic discussion with insured.</p>	C.III.(q.3)
		<p>IV - Optional Covers</p>	
		<p>r. Unlimited Reload of Sum Insured : We shall reload 100% of Sum Insured unlimited times during the Policy Year. This is an extension to Reload of Sum Insured Benefit mentioned above under Section C.I.(h) and hence all the provisions stated under Section C.I.(h) holds good for this section as well.</p>	C.IV.(r)
		<p>s. Super NCB : We shall apply a Super No Claim Bonus at a rate of 50% per policy year 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 Super No Claim Bonus shall not exceed 100% of the Sum Insured on the Renewed Policy. In the event of a claim impacting the eligibility of Super No Claim Bonus, the accumulated Super No Claim Bonus shall be reduced by 50% of the Sum Insured at the commencement of subsequent Policy Year.</p>	C.IV.(s)

		<p>t. Accidental Hospitalization Booster : We shall provide an additional Sum Insured towards Medical Expenses incurred for In-patient hospitalization, up to 100% of Sum Insured, following an emergency caused due to an Accident.</p> <p>u. Cancer Hospitalization Booster : We shall provide an additional Sum Insured towards Medical Expenses incurred for In-patient hospitalization, up to 100% of Sum Insured, following a hospitalisation due to "Cancer of Specified Severity".</p> <p>v. Any Room Upgrade – The eligibility for Any Room in a Hospital is provided</p> <p>w. Preferred Provider Network (PPN) Discount - If this option is selected by the Policyholder, then the Policyholder is entitled for a discount of the percentage specified in Product Benefit Table / Policy Schedule on the premium payable.</p>	<p>C.IV.(t)</p> <p>C.IV.(u)</p> <p>C.IV.(v)</p> <p>C.IV.(w)</p>
06.	Exclusions (What the policy does not cover)	<p>I. Standard Exclusions</p> <p>1. Investigation & Evaluation (Code- Excl04)</p> <p>a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.</p> <p>b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.</p> <p>2. Rest Cure, rehabilitation and respite care (Code- Excl05)</p> <p>a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <p>i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.</p> <p>ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</p> <p>3. Obesity/ Weight Control (Code- Excl06)</p> <p>Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:</p> <p>1) Surgery to be conducted is upon the advice of the Doctor</p> <p>2) The surgery / Procedure conducted should be supported by clinical protocols</p> <p>3) The member has to be 18 years of age or older and</p> <p>4) Body Mass Index (BMI);</p> <p>a) greater than or equal to 40 or</p> <p>b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:</p> <p>i. Obesity-related cardiomyopathy</p> <p>ii. Coronary heart disease</p> <p>iii. Severe Sleep Apnea</p> <p>iv. Uncontrolled Type2 Diabetes</p> <p>4. Change-of-Gender treatments: (Code- Excl07)</p> <p>Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.</p>	<p>D. I.4</p> <p>D. I.5</p> <p>D. I.6</p> <p>D. I.7</p>

		<p>5. Cosmetic or plastic Surgery: (Code- Excl08) Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.</p>	D. I.8
		<p>6. Hazardous or Adventure sports: (Code- Excl09) Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p>	D. I.9
		<p>7. Breach of law: (Code- Excl10) Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</p>	D. I.10
		<p>8. Excluded Providers: (Code- Excl11) Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer as per Annexure III of this policy and as disclosed in website (www.adityabirlahealth.com/healthinsurance) / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.</p>	D. I.11
		<p>9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12).</p>	D. I.12
		<p>10. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)</p>	D. I.13
		<p>11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14)</p>	D. I.14
		<p>12. Refractive Error:(Code- Excl15) : Expenses related to the treatment for correction of eye sight due to refractive error less than 7 .5 dioptres.</p>	D. I.15
		<p>13. Unproven Treatments:(Code- Excl16) : Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</p>	D. I.16

		<p>14. Sterility and Infertility: (Code- Excl17) :</p> <p>Expenses related to sterility and infertility. This includes:</p> <ol style="list-style-type: none"> Any type of contraception, sterilization Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI Gestational Surrogacy Reversal of sterilization <p>15. Maternity Expenses (Code - Excl18):</p> <ol style="list-style-type: none"> Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period. <p>II. Specific Exclusions</p> <ol style="list-style-type: none"> Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defense, rebellion, uprising, revolution, insurrection, military or usurped acts, nuclear weapons / materials, chemical and biological weapons, ionizing radiation, contamination by radioactive material or radiation of any kind, nuclear fuel, nuclear waste. Willful or deliberate exposure to danger, intentional self-Injury, participation or involvement in naval, military or air force operation. Any Illness/injury/accident due to abuse of intoxicants, smoking cessation programs and the treatment of nicotine addiction, unless prescribed by a Medical Practitioner. All routine examinations and preventive health check-ups Circumcisions (unless necessitated by Illness or Injury and forming part of treatment); Non allopathic treatment. Conditions for which treatment could have been done on an outpatient basis without any Hospitalization Investigational treatments, Experimental treatment, or drugs yet under trial, devices and pharmacological regimens. Convalescence, cure, sanatorium treatment, private duty nursing, treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification centre, home for the aged, mentally disturbed remodeling clinic or any treatment taken in an establishment which is not a Hospital. Preventive care, vaccination including inoculation and immunizations (except in case of post-bite treatment); any physical, psychiatric or psychological examinations or testing Admission for nutritional and electrolyte supplements unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim. Hearing aids, spectacles or contact lenses including optometric therapy, multifocal lens Treatment for alopecia, baldness, wigs, or toupees, and all treatment related to the same. 	<p>D. I.17</p> <p>D. I.18</p> <p>Section D.II.19 to 53</p>
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07.	<p>Waiting period</p> <ul style="list-style-type: none"> Time period during which specified diseases / treatments are not covered It is counted from the beginning of the policy coverage 	<p>1. 30-day waiting period (Code- Excl03): 30 days for all illnesses (except accident) in the first year and is not applicable in subsequent renewals and policies accepted under Portability</p> <p>2. Specified disease / procedure waiting period (Code- Excl02): 24 months for specific illness/conditions and their complications in the first two years and is not applicable in subsequent renewals</p>	<p>Section D.I.3</p> <p>D.I.2</p>
	Body System	Illness	Treatment/ Surgery
	1. Eye	Cataract	Cataract Surgery
		Glaucoma	Glaucoma Surgery
		Refractive Error Correction	Correction Surgery
	2. Ear Nose Throat	Sinusitis	Medical & Surgical Treatment
		Rhinitis	Medical & Surgical Treatment
		Tonsillitis & Adenitis	Medical & Surgical Treatment
		Tympanitis & Non Traumatic Perforation	Medical & Surgical Treatment
		Deviated Nasal Septum	Medical & Surgical Treatment
		Otitis Media	Medical & Surgical Treatment
		Adenoiditis	Medical & Surgical Treatment
		Mastoiditis	Medical & Surgical Treatment
		Cholesteatoma	Medical & Surgical Treatment
	3. Gynecology	All Cysts, Mass, Swelling, Lump, Granulomas, Polyps, Fibroids & Benign Tumour of the female genito urinary system	Medical & Surgical treatment
		Polycystic Ovarian Disease	Medical & Surgical treatment
		Uterine Prolapse	Medical & Surgical treatment
		Fibroids (Fibromyoma)	Medical & Surgical treatment
		Breast lumps (excluding Malignant)	Medical & Surgical treatment
		Dysfunctional Uterine Bleeding (DUB)	Medical & Surgical treatment
		Endometriosis	Medical & Surgical treatment
		Menorrhagia	Medical & Surgical treatment
		Pelvic Inflammatory Disease	Medical & Surgical treatment

	4. Orthopedic / Rheumatological	Gout	Medical & Surgical treatment
		Rheumatism, Rheumatoid Arthritis	Medical & Surgical treatment
		Non infective arthritis	Medical & Surgical treatment
		Osteoarthritis	Medical & Surgical treatment
		Osteoporosis	Medical & Surgical treatment
		Prolapse of the intervertebral disc	Medical & Surgical treatment
		Spondilosis, Spondioarthritis, Spondylopathies	Medical & Surgical treatment
		Ankylosing Spondilitis / Spondylopathies	Medical & Surgical treatment
		Psoriatic Arthritis / Arthropathy	Medical & Surgical treatment
		Internal Derangement of Knee / Ligament or Tendon or Meniscus Tear	Medical & Surgical treatment
		Joint Replacement Surgery	Medical & Surgical treatment
		Non Specific Arthritis	Medical & Surgical treatment
	5. Gastroenterology (Alimentary Canal and related Organs)	Stone in Gall Bladder, Bile duct & other parts of Biliary System	Medical & Surgical treatment
		Cholecystitis	Surgical treatment
		Pancreatitis	Surgical treatment
		Fissure, Fistula in ano, hemorrhoids (piles), Pilonidal Sinus, Ano-rectal & Perianal Abscess	Medical & Surgical treatment
		Rectal Prolapse	Medical & Surgical treatment
		Gastric or Duodenal Erosions or Ulcers + Gastritis & Duodenitis & Colitis	Medical & Surgical treatment
		Gastro Esophageal Reflux Disease (GERD)	Medical & Surgical treatment
		Cirrhosis	Medical & Surgical treatment
		Chronic Appendicitis	Surgical treatment
		Appendicular lump, Appendicular abscess	Medical & Surgical treatment
	6. Urogenital (Urinary and Reproductive system)	Stones in Urinary system (Stone in the Kidney, Ureter, Urinary Bladder)	Medical & Surgical treatment
		Benign Hypertrophy / Enlargement of Prostate (BHP / BEP)	Medical & Surgical treatment
		Hernia, Hydrocele	Medical & Surgical treatment
		Varicocoele / Spermatocoele	Medical & Surgical treatment
	7. Skin	Skin tumour (unless malignant)	Medical & Surgical treatment
		All skin diseases	Medical & Surgical treatment
	8. General Surgery	Any swelling, tumour, cyst, nodule, ulcer, polyp Mass , Swelling, Lump, Granulomas, Benign Tumour anywhere in the body (unless malignant)	Medical & Surgical treatment
		Varicose veins, Varicose ulcers	Medical & Surgical treatment
		<p>If any of the Illness/conditions listed above are Pre-Existing Diseases, then they shall be covered only after the completion of the Pre-Existing Disease Waiting Period described above</p> <p>3. Pre-Existing Diseases (Code- Excl01): Pre-existing Diseases shall be covered after a waiting period of 36 months</p>	D.I.1
08.	Financial limits of coverage (i) Sub-limit (It is a pre-defined limit and We will not pay any amount in excess of this limit)	Sub-limit on room rent: 2L, 3L, 4L S.I – 1% of S.I 5L S.I - Single Private A/C Room Sub-limit on ICU charges: 2L, 3L, 4L S.I. – 2% of S.I.	C.I.(a)

	<p>(ii) Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by Insured)</p> <p>(iii) Deductible</p> <p>(iv) Any other limit</p>	<p>A Co-Payment of 20% is applicable for insured if the Age at entry of the Insured Person or eldest Insured Person (in case of a Family Floater Policy) is 61 years or above. All Insured Persons in case of Family Floater Policy shall bear a Co-payment per claim if the age at entry of the eldest member is 61 years or above.</p> <p>Daily Allowance – A deductible of 24 hrs of Hospitalisation</p> <p>NIL</p>	<p>Section E.II.31</p> <p>C.I.(j)</p>
09.	Claims / Claims Procedure	<p>a. Cashless Facilities can be availed only at Our Network Providers. The initial Authorization letter shall be issued to the Network Provider immediately but not more than one hour of receipt of request receiving the complete information</p> <p>(i) In case of Planned Hospitalization please intimate Us at least 3 days prior to the planned date of admission.</p> <p>(ii) In case of Emergency Hospitalization, please intimate us within 48 hours of such admission but not later than discharge.</p> <p>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.</p> <p>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.</p> <p>(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.</p> <p>(ii) We shall settle or repudiate a claim within 30 days of the receipt of the last necessary information.</p> <p>Please refer links mentioned below for</p> <ul style="list-style-type: none"> • Network Hospital details - https://www.adityabirlacapital.com/healthinsurance/locate-care/hospital-listing • Hospital which are blacklisted or from where no claims will be accepted - https://www.adityabirlacapital.com/healthinsurance/downloads • Claim form - https://www.adityabirlacapital.com/healthinsurance/downloads <p>Helpline Number 1800 270 7000</p>	<p>Section F.1.(l)</p> <p>F.1.(l)(b)</p> <p>F.1.(l)(c)</p> <p>F.1.(l)(d)</p>
10.	Policy Servicing	<p>In case of any queries, the Insured/ Policyholder can contact Us with the details through:</p> <p>Our website: adityabirlahealth.com/healthinsurance</p> <p>Toll Free : 1800 270 7000</p> <p>Email: care.healthinsurance@adityabirlacapital.com</p> <p>Address: Aditya Birla Health Insurance Co. Limited Unit no, 1101 & 1104 11th floor, Unit no 1501 & 1502 15th floor, G Corp Tech Park, Kasarwadavali, Ghodbunder Road, Thane West - 400601</p>	E.I.(15)
11.	Grievances / Complaints	<p>In case of any grievance the insured person may contact the Website: https://www.adityabirlacapital.com/healthinsurance/faqs</p> <p>Toll- Free: 1800 270 7000</p> <p>E-mail: care.healthinsurance@adityabirlacapital.com</p> <p>(Senior citizens may write to us at: seniorcitizen.healthinsurance@adityabirlacapital.com)</p>	E.I.(15)

		<p>Write to our HO at below address Unit no 1101 & 1104 11th floor, Unit no 1501 & 1502 15th floor, G Corp Tech Park, Kasarwadavali, Ghodbunder Road, Thane West - 400601</p> <p>In case you are not satisfied with the resolution you may write to Head Customer Care : carehead.healthinsurance@adityabirlacapital.com</p> <p>Insured Person may also approach the grievance cell at any of the company's branches with the details of grievance</p> <p>If Insured Person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at gro.healthinsurance@adityabirlacapital.com.</p> <p>If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area / region for redressal of grievance as per Insurance Ombudsman Rules 2017. The contact details of the Ombudsman offices are provided on Our website and in this Policy at Annexure II</p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://bimabharosa.irdai.gov.in/</p>	
12.	Things to remember	<p>a. Free Look period : The Free Look Period shall be applicable on new individual health insurance policies, except for those policies with tenure of less than a year. Free-Look is not applicable on renewals or at the time of porting / migrating the policy.</p> <p>The Insured Person shall be allowed Free Look Period of thirty days from date of receipt of the policy document, whether received electronically or otherwise, to review the terms and conditions of the policy, and to return the same if not acceptable.</p> <p>b. Policy renewal : 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 (15) fifteen days where premium payment mode is monthly and (30) thirty days in all other cases, 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</p> <p>c. Portability and Migration : When your policy is due for renewal, you may migrate to another Policy with Us or port your policy to another Insurer.</p> <p>Migration : The Insured Person will have the option to migrate the Policy to other health insurance products / plans, offered by the Company, by applying for migration of the policy at least 30 days before the policy renewal date. If such person is presently covered and has been continuously covered without any lapses under any health insurance product / plan offered by the Company, the Insured Person will get the accrued continuity</p>	<p>E.I.(14)</p> <p>E.I.(9)</p> <p>E.I.(7)</p>

		<p>benefits to the extent of the Sum Insured, No Claim Bonus if any, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period, provided the policy was renewed continuously without break.</p> <p>Portability :</p> <p>The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured Person will get the accrued continuity benefits to the extent of the Sum Insured, Cumulative Bonus, if any, specific waiting periods, waiting period for pre-existing disease, Moratorium period, provided the policy was renewed continuously without break.</p> <p>In case the Insured Person wants to port their Health Insurance Policy from Aditya Birla Health Insurance to any other Company or for migration, then contact Us with the details through: E-mail ID: customercare.abh@adityabirla.com Toll Free : 1800 270 7000 Address: Any of Our Branch office or Corporate office</p> <p>d. Change in Sum insured :</p> <p>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.</p> <p>e. Moratorium Period :</p> <p>After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first Policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.</p>	<p>E.I.(8)</p> <p>E.II.(21)(VII)</p> <p>E.I.11</p>
13.	Insured's Obligations	<p>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.</p>	E.I.1

Benefits and exclusion are applicable as per the plan chosen. Please refer Policy Schedule for the applicable benefits

Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policy Holder)

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.

Please refer below link for Product related documents

[Aditya Birla Health Insurance Download Center \(adityabirlacapital.com\)](http://adityabirlahealthinsurance.com)

Aditya Birla Health Insurance Co. Limited

Product Name: Activ Assure, Product UIN: ADIHLIP24175V052324
1800 270 7000 | care.healthinsurance@adityabirlacapital.com | www.adityabirlahealthinsurance.com
Trademark/Logo Aditya Birla Capital is owned by Aditya Birla Management Corporation Private Limited and
Trademark/Logo HealthReturns, Healthy Heart Score and Active Day are owned by Momentum Metropolitan Life Limited
(Formerly known as MMI Group Limited). These trademark/Logos are being used by Aditya Birla Health Insurance Co. Limited
under licensed user agreement(s).

Registered Office:

9th Floor, Tower1, One World Centre, Jupiter Mills Compound,
841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013.
CIN:U66000MH2015PLC263677
IRDA Registration No. 153