

Activ Health

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

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

Sl. No.	TITLE	DESCRIPTION	POLICY CLAUSE NUMBER										
01.	Name of Insurance Product/Policy	Activ Health											
02.	Policy number	<< Dynamic field to be derived from system>>											
03.	Type of Insurance Product/Policy	Both Indemnity and Benefit											
04.	Sum Insured (Basis) (Along with amount)	<< Dynamic field to be derived from system>> <Individual Sum insured – Each member has separate sum Insured under the policy> <Floater Sum Insured – where all member under the policy have a single sum insured limit which may be utilized by any or all members> <table><tr><td>Insured Person</td><td>Individual Sum Insured</td><td>Family Floater Sum Insured</td></tr><tr><td>X</td><td>RS. XXXXXX</td><td rowspan="3">RS. XXXXXX</td></tr><tr><td>Y</td><td>RS. XXXXXX</td></tr><tr><td>Z</td><td>RS. XXXXXX</td></tr></table>	Insured Person	Individual Sum Insured	Family Floater Sum Insured	X	RS. XXXXXX	RS. XXXXXX	Y	RS. XXXXXX	Z	RS. XXXXXX	
Insured Person	Individual Sum Insured	Family Floater Sum Insured											
X	RS. XXXXXX	RS. XXXXXX											
Y	RS. XXXXXX												
Z	RS. XXXXXX												
05.	Policy Coverage (What the policy covers?)	I. Basic Covers: (1) In-patient hospitalization: Covers Medical Expenses arising out of hospitalization for period more than 24 hours, up to the limits specified in the Policy Schedule / Product Benefit Table. (2) Pre-hospitalization medical expenses: Covers Medical Expenses incurred up to the number of days specified in the Policy Schedule / Product Benefit Table immediately before admission to a Hospital or Day Care Centre. (3) Post-hospitalization medical expenses: Covers Medical Expenses incurred up to the number of days specified in the Policy Schedule / Product Benefit Table immediately post discharge from Hospital or Day Care Centre (4) Day care treatment: Covers Medical Expenses for listed Day Care Treatments, up to the limits 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. (5) Domiciliary Hospitalization: Covers Medical Expenses, up to the limits specified in the Policy Schedule/Product Benefit Table, for Medically Necessary 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.	Section C. I. (1) C. I. (2) C. I. (3) C. I. (4) C. I. (5)										

	<p>(6) Road Ambulance Cover: If claim is payable under In-patient hospitalization, and it is medically necessary to transport the Insured Person following an Emergency to the nearest Hospital, covers the ambulance expenses, up to the limit specified in Policy Schedule / Product Benefit Table.</p>	C.I. (6)
	<p>(7) Organ Donor Expenses: Covers Medical Expenses, up to the limits specified in the Policy Schedule / Product Benefit Table towards the organ donor, incurred towards harvesting the organ from such donor for organ transplantation wherein the Insured Person is the recipient of the organ.</p>	C.I. (7)
	<p>(8) Reload of Sum Insured: We shall reload sum insured, up to the limits as specified in the Policy Schedule / Product Benefit Table, if Sum Insured inclusive of accumulated Cumulative 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.</p>	C.I. (8)
	<p>(9) Super Reload: We shall provide for a Reload of the Sum Insured, unlimited times during the Policy Year up to the limits as specified in the Policy Schedule / Product Benefit Table of this Policy, in case the available Sum Insured which shall be considered to be inclusive of, accumulated Cumulative Bonus (if any), is insufficient for covering a claim under the Policy as a result of previous claims in that Policy Year. The Super Reload of Sum Insured shall apply to the first claim in the Policy Year and shall be available for all subsequent claims also and to any Illness / Injury (including its complications) for which a claim has been admitted for the Insured Person during that Policy Year.</p>	C. I. (9)
	<p>(10) Ayush Cover: Covers In-patient hospitalization expenses towards Ayush treatment(s) of the Insured Person, up to the limits specified in the Policy Schedule / Product Benefit Table.</p>	C. I. (10)
	<p>(11) Mental Illness Hospitalization: We shall cover Mental Illness as per the provisions of Mental Healthcare Act, 2017 upto the limit specified in the Policy Schedule / Product Benefit Table of this Policy, if the Insured Person is hospitalized under Section (In- patient Hospitalization) for a Mental Illness.</p>	C. I. (11)
	<p>(12) Obesity Treatment: We shall cover the related Medical Expenses as specified in the Policy Schedule / Product Benefit Table of this Policy if the Insured Person is hospitalized for a Bariatric Surgery which is medically necessary, on the written advice of a Medical Practitioner.</p>	C. I. (12)
	<p>(13) Home Treatment: Covers the Medical Expenses for the Insured Person's treatment at home for Illnesses / Injuries availed through our Network Provider / Empanelled Service Providers, only on a cashless basis, up to the limits as specified in the Policy Schedule / Product Benefit Table.</p>	C. I. (13)

	<p>(14) Modern Treatment Methods and Advancement in Technologies:</p> <p>The following procedures in respect of the Insured Person will be covered (wherever medically indicated) either as In- patient Hospitalization or as part of Day Care Treatment in a Hospital up to Sum Insured, as specified in the Policy Schedule / Product Benefit Table of this Policy, during the Policy Period:</p> <p>A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)</p> <p>B. Balloon Sinuplasty</p> <p>C. Deep Brain stimulation</p> <p>D. Oral chemotherapy</p> <p>E. Immunotherapy- Monoclonal Antibody to be given as injection</p> <p>F. Intra vitreal injections</p> <p>G. Robotic surgeries</p> <p>H. Stereotactic radio surgeries</p> <p>I. Bronchical Thermoplasty</p> <p>J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)</p> <p>K. IONM - (Intra Operative Neuro Monitoring)</p> <p>L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.</p>	C. I. (14)
	<p>(15) Domestic Emergency Assistance Services (including Air Ambulance):</p> <p>Covers medical assistance in case of an Emergency occurring in India such as an emergency medical evacuation to a nearest Hospital and transportation of the Insured Person to his / her residential address in the event he / she is medically cleared for travel via a commercial carrier.</p>	C. I. (15)
	<p>(16) International Emergency Assistance Services (including Air Ambulance):</p> <p>Covers medical assistance in case of an Emergency occurring outside India such as an emergency medical evacuation to a nearest Hospital and transportation of the Insured Person to his / her residential address in the event he/she is medically cleared for travel via a commercial carrier.</p>	C. I. (16)
	<p>(17) OPD Cover:</p> <p>We will cover costs incurred for medically necessary consultations, diagnostic tests and pharmacy expenses on an out-patient basis upto the amount specified in the Table of Benefits and Policy Schedule. Appointments can be scheduled through Our website or the mobile application; You can also call Our contact center toll free number specified in the Policy Schedule for scheduling an appointment.</p>	C. I. (17)
	<p>(18) Post-hospitalisation Physiotherapy cover:</p> <p>We will cover on a reimbursement basis, in accordance with the limits specified in the Policy Schedule / Product Benefit Table of this Policy, the Insured Person's Post-hospitalization Medical Expenses incurred on physiotherapy provided that such physiotherapy is prescribed in writing by the treating Medical Practitioner as Medically Necessary Treatment following an Illness or Injury that occurs during the Policy Period and is directly related to the same condition that led to Hospitalization.</p>	C. I. (18)

		<p>(19) Premium Waiver: If the Policyholder (who should also be an Insured Person) dies or is diagnosed or undergoes treatment for the first time, with any of the Specified Illness listed during the Policy Period, the cover under the Policy shall be automatically extended for a tenure of 1 Policy Year starting from the end of that Policy Period.</p> <p>(20) Co-payment for treatment in a Higher Zone: In case of treatment taken in a city, in a Zone higher than the eligible Zone for the Insured Person, the Co-payment percentages as specified in Policy Schedule / Product Benefit shall apply.</p> <p>(21) Mandatory-Co-payment: A mandatory Co-payment as specified in the Policy Schedule shall apply to all payable claims amount in respect of an Insured Person.</p>	<p>C. I. (19)</p> <p>C. I. (20)</p> <p>C. I. (21)</p>
		<p>II – Additional Benefits:</p> <p>(22.a)Cumulative Bonus: We shall apply a Cumulative Bonus in the form of No Claim Bonus at such rates as specified in the Policy Schedule / Product Benefit Table of this Policy on the Sum Insured of the expiring Policy as specified for Section C.I in the Policy Schedule on a cumulative basis, 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. The accumulated Cumulative Bonus shall not exceed 100% of the Sum Insured on the Renewed Policy as specified in the Policy Schedule / Product Benefit Table of this Policy.</p> <p>(22.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 (Cumulative Bonus) or (No Claim Discount) at the time of renewal.</p> <p>(23) Dental Consultation & Investigations: We will provide Comprehensive Oral Evaluation (Consultations), Oral Prophylaxis (Cleaning), x-ray (IOPA) once in a policy Year at Our Network Providers and / or Empanelled Service Providers listed on Our website, on a cashless basis only.</p> <p>(24) Health check-up program: We shall arrange health check-up as per the list, once every policy year for all the Insured persons aged 18 years and above on the Start date of the Policy at our network providers / empanelled service providers.</p> <p>(25) Second E-opinion for Major 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> <p>(26) Recovery-Benefit: If the Insured Person is Hospitalized during the Policy Period for treatment of an Injury suffered due to an Accident where Hospitalisation continues for at least 10 consecutive days, then We will pay the lump sum amount specified in the Policy Schedule. This Benefit amount will not reduce the Sum Insured. This benefit is over and above the Sum Insured and is available only once per Insured Person, per Policy Year irrespective of Individual Policy or Family Floater Policy.</p>	<p>C. II. (22).a</p> <p>C. II. (22).b</p> <p>C. II. (23)</p> <p>C. II. (24)</p> <p>C. II. (25)</p> <p>C.II. (26)</p>

		<p>III - Value Added Benefits:</p> <p>(27) Chronic Management Program (OPD): Under the Chronic Management Program, the Insured Person Aged 18 years and above will be entitled to manage Medical Expenses for out-patient treatment of Diabetes, Hypertension, Hyperlipidemia, Asthma, High BMI and COPD as specified in the Policy Schedule. These services can be availed at Our Network Providers and / empanelled service providers (such as Outpatient clinics or Physicians / Diagnostic centres)) for chronic conditions listed above, on a Cashless basis.</p> <p>(28) 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> <p>(29) 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 through Healthy Heart Score™ and Active Dayz™ up to the limits specified in the Policy Schedule / Product Benefit Table.</p> <p>(30) Expert Health Coach:</p> <ol style="list-style-type: none"> Health Coach Insured Person(s), are eligible for a health coaching session with Our Health Coach. Our Health Coach shall be coaching the Insured Person on Medical Counselling and General Wellness and lifestyle. Nutrition Coach: Insured Person(s), are eligible for a nutrition coaching session with our Nutrition Coach, provided the same is specified in the Policy Schedule / Product Benefit Table of this Policy. Our Nutrition Coach shall be coaching the Insured Person on General nutritional and diet counselling. Mental Health Coaching: Insured Person(s), are eligible for activ mind assessment followed by support. We shall support the Insured Person(s) for the following <ol style="list-style-type: none"> Guidance on knowing your mental health status Guidance on Improving your mental health (Available only for Platinum – Enhanced and Platinum Premiere plan) Tele/online support Teleconsultation with Homeopathy Doctor (Available only for Platinum Enhanced plan and Platinum Premiere Plan) Upon the Insured Person's request, We shall also provide access to a Homeopathy Medical Practitioner(s), for consultation via tele-medicine, followed up with a prescription as may be applicable. 	<p>C. III. (27)</p> <p>C. III. (28)</p> <p>C. III. (29)</p> <p>C. III. (30)</p>
		<p>IV - Inbuilt Premiere Benefit (Applicable only to Platinum – Premiere Plan): Sum Insured under this cover is available on Individual Basis only for both Individual and Family Floater Policy. The Sum Insured under these benefits are independent and over and above the base sum insured.</p>	

		<p>(31) International Coverage for major illnesses:</p> <p>We will indemnify the Reasonable and Customary Charges incurred towards medical treatment taken by the Insured Person during the Policy Period for an Illness, Injury or conditions described in the Benefits below if it is contracted or sustained by an Insured Person during the Policy Period. This Policy covers only treatment which is planned and scheduled in advance and taken outside India and does not cover any Emergencies occurring or Emergency Care required while the Insured Person is overseas or in India.</p> <p>(32) Personal Accident Cover (AD,PTD):</p> <p>Covers Accidental Death Cover (AD) and Permanent Total Disablement (PTD) up to the limits specified in the Policy Schedule / Product Benefit Table.</p> <p>(33) Critical Illness Cover:</p> <p>If the Insured Person suffers from a Critical Illness of the nature as specified below during the Policy Period and while the Policy is in force, then We shall pay the Sum Insured as set out for that Critical Illness provided that the Critical Illness is first diagnosed or first manifests itself during the Policy Period as a first incidence.</p>	<p>C. IV. (31)</p> <p>C.IV. (32)</p> <p>C.IV. (33)</p>
		<p>V - Optional Covers:</p> <p>The Benefits listed below are optional additional benefits and shall be available to the Insured Person only if the additional premium has been received and the Benefit is specified to be in force for that Insured Person in the Policy Schedule. In case of Individual Policy, each individual Insured Person can opt for any of the below optional covers as per their requirements. In case of Family Floater Policy, once selected, the optional covers shall apply to all Insured Persons (on individual basis) without any individual selection except for in case of Personal Accident cover, Critical Illness Cover, International coverage for major illnesses.</p> <p>The Sum Insured under these benefits are independent and over and above the base sum insured.</p> <p>(34) Personal Accident Cover (AD, PTD):</p> <p>Covers Accidental Death Cover (AD) and Permanent Total Disablement (PTD) up to the limits specified in the Policy Schedule / Product Benefit Table.</p> <p>(35) Critical Illness Cover:</p> <p>If the Insured Person suffers from a Critical Illness of the nature as specified below during the Policy Period and while the Policy is in force, then We shall pay the Sum Insured as set out for that Critical Illness provided that the Critical Illness is first diagnosed or first manifests itself during the Policy Period as a first incidence.</p> <p>(36) International Coverage for Major Illnesses:</p> <p>We will indemnify the Reasonable and Customary Charges incurred towards medical treatment taken by the Insured Person during the Policy Period for an Illness, Injury or conditions described in the Benefits below if it is contracted or sustained by an Insured Person during the Policy Period. This Policy covers only treatment which is planned and scheduled in advance and taken outside India and does not cover any Emergencies occurring or Emergency Care required while the Insured Person is overseas or in India.</p>	<p>C.V.(34)</p> <p>C.V.(35)</p> <p>C.V.(36)</p>

		<p>(37) Preferred Provider Network (PPN) Discount: If the Insured Person takes Inpatient hospitalization treatment as applicable under section C.I.(1) in a Hospital other than those listed as "Preferred Provider Network", then the Policyholder / Insured Person, is entitled for a discount of 10% on the premium.</p> <p>(38) Waiver of Mandatory - Co-payment: If this Benefit is in force, the applicable Mandatory Co-payment shall not apply on payable claims under the Policy as specified in the Policy Schedule / Product Benefit Table.</p> <p>(39) Maternity Expenses: We will cover Maternity Expenses up to the Maternity Sum Insured specified in the Policy Schedule after a waiting period of 48 months from the inception of the 1st Policy where Maternity Expenses option is selected, if Renewed with Us continuously without any break and Maternity Expenses has been opted continuously as an Optional Cover under this Policy, for the delivery of a child and / or Maternity Expenses related to a Medically Necessary Treatment and lawful medical termination of pregnancy up to a maximum of 2 events including (a) 2 deliveries (including twins) or (b) 2 terminations or (c) 1 delivery (including twins) and 1 termination during the lifetime of an Insured Person between the Ages of 18 years to 45 years where the mother is the Insured Person.</p> <p>(40) OPD Expenses: We will cover costs incurred for medically necessary consultations, diagnostic tests and pharmacy expenses on an out-patient basis upto the amount specified in the Product Benefit Table and Policy Schedule. Appointments can be scheduled through Our website or the mobile application; You can also call Our contact center toll free number specified in the Policy Schedule for scheduling an appointment.</p> <p>(41) Hospital Cash Benefit: We will pay the Hospital Cash Benefit specified in the Policy Schedule, for each continuous and completed period of 24 hours of Hospitalisation, during the Policy Period for treatment of an Illness or Injury. This Benefit shall be payable for a maximum limit of 30 days in a Policy Year and 10 days for each claim.</p> <p>(42) (1) Complications of Altruistic Surrogacy Pregnancy and Post-Partum Delivery: Covers hospitalisation expenses for complications arising within a period of 36 months, which directly arise out of pregnancy during Surrogacy and post-partum delivery for the Surrogate Mother, following Altruistic Surrogacy.</p> <p>(2) Complications of oocyte retrieval: Covers complications arising due to Oocyte retrieval with respect to the Oocyte donor.</p>	<p>C.V.(37)</p> <p>C.V.(38)</p> <p>C.V.(39)</p> <p>C.V.(40)</p> <p>C.V.(41)</p> <p>C. V. (42.1)</p> <p>C. V. (42.2)</p>
06.	Exclusions (What the policy does not cover)	<p>Standard Exclusion:</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>	D.I.4 to D.I.18

		<p>2. Rest Cure, rehabilitation and respite care (Code- Excl05) a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <ul style="list-style-type: none"> 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. ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs. <p>3. Obesity / Weight Control (Code- Excl06) Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:</p> <ul style="list-style-type: none"> 1) Surgery to be conducted is upon the advice of the Doctor 2) The surgery/Procedure conducted should be supported by clinical protocols 3) The member has to be 18 years of age or older and 4) Body Mass Index (BMI); <ul style="list-style-type: none"> a) greater than or equal to 40 or 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: <ul style="list-style-type: none"> i. Obesity-related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnea iv. Uncontrolled Type2 Diabetes <p>4. Change-of-Gender treatments: (Code- Excl07) Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.</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> <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> <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> <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 IV 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>	
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		<p><u>Specific Exclusions:</u></p> <p>1. 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.</p> <p>2. Willful or deliberate exposure to danger, intentional self Injury, participation or involvement in naval, military or air force operation.</p> <p>3. Any Illness/Injury/Accident due to abuse of intoxicants, smoking cessation programs and the treatment of nicotine addiction, unless prescribed by a Medical Practitioner</p> <p>4. All routine examinations and preventive health check-ups.</p> <p>5. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment);</p>	D.II. 22 to 56

		<ol style="list-style-type: none"> 6. Non allopathic treatment. 7. Conditions for which treatment could have been done on an outpatient basis without any Hospitalization 8. Experimental, investigational or devices and pharmacological regimens. 9. Convalescence, cure, sanatorium treatment, private duty nursing, long-term nursing care or custodial care. 10. Preventive care, vaccination including inoculation and immunizations (except in case of post-bite treatment); any physical, psychiatric or psychological examinations or testing. 11. 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. 12. Hearing aids, spectacles or contact lenses including optometric therapy, multifocal lens 13. Treatment for alopecia, baldness, wigs, or toupees, and all treatment related to the same. 14. Medical supplies including elastic stockings, diabetic test strips, and similar products. 15. Any expenses incurred on prosthesis, corrective devices external durable medical equipment of any kind, like wheelchairs crutches, instruments used in treatment of sleep apnea syndrome or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for bronchial asthmatic condition, cost of cochlear implant(s) unless necessitated by an Accident. Cost of artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment. 16. Parkinson and Alzheimer's disease, general debility or exhaustion ("rundown condition"), sleep-apnea, stress. 17. External Congenital Anamolies or diseases or defects. 18. Stem cell therapy (except Hematopoietic stem cells for bone marrow transplant for haematological conditions) or related Surgery, or growth hormone therapy. 19. Venereal disease, all sexually transmitted disease other than HIV/ AIDS or Illness including but not limited to HPV, Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis 20. Expenses for organ donor screening, or save as and to the extent provided for in the treatment of the donor (including Surgery to remove organs from a donor in the case of transplant Surgery). 21. Admission for Organ Transplant but not compliant under the Transplantation of Human Organs Act, 1994 (amended) 22. Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities. 23. Dentures and artificial teeth, Dental Treatment and Surgery of any kind, unless requiring Hospitalization due to an Accident. 24. Cost incurred for any health check-up or for the purpose of issuance of medical certificates and examinations required for employment or travel or any other such purpose. 25. Treatment for Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy, KTP Laser Surgeries, cyber knife treatment, Femto laser surgeries, bioabsorbable stents, bioabsorbable valves, bioabsorbable implants. 	
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		<p>26. Expenses which are medically not necessary such as items of personal comfort and convenience including but not limited to television (if specifically charged), charges for access to telephone and telephone calls (if specifically charged), food stuffs (save for patient's diet), cosmetics, hygiene articles, body care products and bath additives, barber expenses, beauty service, guest service as well as similar incidental services and supplies, vitamins and tonics unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim</p> <p>27. Treatment taken from a person not falling within the scope of definition of Medical Practitioner with any state medical council / medical council of India.</p> <p>28. Treatment charges or fees charged by any Medical Practitioner acting outside the scope of license or registration granted to him by any medical council.</p> <p>29. Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, except if pre-approved by Us.</p> <p>30. Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary; drugs or treatments which are not supported by a prescription.</p> <p>31. Administrative Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing, including MRD charges (medical records department charges).</p> <p>32. Non-Medical Expenses including but not limited to RMO charges, surcharges, night charges, service charges levied by the Hospital under any head and as specified in the Annexure I of Policy wordings for Non- Medical Expenses.</p> <p>33. Treatment taken outside India except for the Benefit – International Coverage for Major Illnesses)</p> <p>34. Use of Radio Frequency (RF) probe for ablation or other procedure unless specifically approved by Us in writing in advance.</p> <p>35. In respect of the existing diseases, disclosed by the Insured Person and mentioned in the Policy Schedule (based on Insured Person's consent), Policyholder is not entitled to get the coverage for specified ICD codes.</p> <p>Additional exclusion for Section (International Coverage for Major Illnesses)</p> <p>1. Any treatment taken inside India.</p>	
		<p>Specific Exclusion to (Personal Accident Cover), if opted: We shall not be liable to make any payment for any claim under any Benefit under Section Personal Accident in respect of any Insured Person, directly or indirectly for, caused by or arising from or in any way attributable to any of the following or as specified in the Policy Schedule:</p> <ol style="list-style-type: none"> Any Pre- Existing Disease or Injury or disability arising out of a Pre- Existing Disease or any complication arising therefrom. Any payment in case of more than one claim under the Policy during any one Policy Period by which Our total, cumulative and maximum liability in that period would exceed the Sum Insured. Suicide or attempted suicide, intentional self-inflicted Injury, acts of self-destruction whether the Insured Person is medically sane or insane. 	D.II.57

		<ol style="list-style-type: none"> 4. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's family. 5. Any event arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power. 6. External Congenital Anomaly, diseases, defects in consequence thereof. 7. Bacterial infections (except pyogenic infection which occurs through a cut or wound due to Accident). 8. Medical or Surgical Procedure except as necessarily required, solely and directly as a result of an Accident. 9. Any event arising out of or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent. 10. Any event arising from or caused due to use, abuse or a consequence or influence of abuse of any substance, intoxicant, drug, alcohol or hallucinogen. 11. Any event resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy or a consequence thereof including ectopic pregnancy unless specifically arising due to an Accident. 12. Any event caused by participation of the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized civil airline on regular routes and on a scheduled timetable. 13. Engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports. 14. Involvement in naval, military or air force operations. 15. Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities. 16. Any event arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack: <ol style="list-style-type: none"> a. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death. b. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death. 	
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		<p>Specific exclusion to Critical Illness Cover, if opted</p> <p>We shall not be liable to make any payment under Section xxxii of this Policy towards a covered Critical Illness, directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following or as specified in the Policy Schedule:</p> <ol style="list-style-type: none"> 1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy. 2. Any condition directly or indirectly caused due to intentional self-Injury, suicide or attempted suicide; whether the Insured Person is medically sane or insane. 3. Any condition directly or indirectly, caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power. 4. Any condition caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack. 5. Working in underground mines, tunneling or involving electrical installations with high tension supply, or as jockeys or circus personnel. 6. External Congenital Anamolies or diseases or defects 7. 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. 8. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for or is not Medically Necessary Treatment or any kind of self-medication and its complications. 9. 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. 10. 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. 	D.II.58

		<p>11. Change-of-Gender treatments: (Code- Excl07) Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.</p> <p>12. Obesity/ Weight Control (Code- Excl06) Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:</p> <ol style="list-style-type: none"> 1) Surgery to be conducted is upon the advice of the Doctor 2) The surgery/Procedure conducted should be supported by clinical protocols 3) The member has to be 18 years of age or older and 4) Body Mass Index (BMI); <ol style="list-style-type: none"> a. greater than or equal to 40 or 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: <ol style="list-style-type: none"> i. Obesity-related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnea iv. Uncontrolled Type2 Diabetes <p>13. 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> <p>14. In the event of the death of the Insured Person within the stipulated survival period as set out above.</p> <p>15. Hormone replacement therapy.</p>	
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>(i) Pre-Existing Diseases (Code- Excl01): Pre-existing Diseases shall be covered after a waiting period of 36 months as specified in Product Benefit Table / Policy Schedule</p> <p>(ii) Specified disease / procedure waiting period (Code- Excl02): (Not applicable for Personal Accident Cover (AD,PTD) and Critical Illness Cover) 24 months for specific illness/conditions and their complications in the first two years and is not applicable in subsequent renewals</p>	<p>D.I.1</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	Surgical treatment
		Cholecystitis	Surgical treatment
		Pancreatitis	Medical & 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	
	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
		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>(iii) 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>(iv) Initial waiting period (Applicable for Personal Accident Cover (AD,PTD) and Critical Illness Cover) For Personal Accident Cover (AD,PTD), no initial waiting period applicable.</p>	<p>D.I.3</p> <p>D.II.19</p>

		<p>For Critical Illness Cover, We shall not be liable to make any payment in respect of any Critical Illness whose signs or symptoms first occur within 90 days from the Inception Date of cover.</p> <p>(v) Chronic Management Program Waiting Period</p> <p>a. Where the Insured Person has under gone a Health Assessment™ (undergone within 3 months from the Policy Start date) and the results of the Health Assessment™ indicate that the Insured Person is suffering from a chronic condition, then a waiting Period of 24 months shall be applicable from the Start date of the Policy in respect of the Insured Person for Chronic Management Program. However Hospitalization related to these conditions will be covered after an 30 days Initial Waiting Period</p> <p>b. If the results of the Health Assessment™ indicate that the Insured Person does not have any of the aforementioned conditions, then the Insured Person will be entitled to avail the benefits under Chronic Management Program, if the Insured Person develops any such conditions later in life, without any waiting period. However Hospitalization related to these conditions will be covered after an 30 days Initial Waiting Period</p> <p>c. In case the Insured Person doesn't undergo a Health Assessment™ within 3 months from the Policy Start date, then a Waiting Period as applicable under the Plan in force is applicable in respect of the Insured Person for Chronic Management Program. However Hospitalization related to these conditions will be covered after an 30 days Initial Waiting Period</p> <p>d. Where the Insured Person has undergone a pre-Policy medical examination and is found to be suffering from a covered chronic condition under the policy, Chronic Management Program shall be available from day 1 for such condition(s). However Hospitalization related to these conditions will be covered after a Waiting Period of 30 days.</p> <p>(vi) Maternity Waiting Period: A 48 months of waiting period will be applicable for Maternity Expenses (if specified in the Policy Schedule)</p>	<p>D.II.20</p> <p>D.II.21</p>																												
08.	<p>Financial limits of coverage</p> <p>(i) Sub-limit (It is a pre-defined limit and We will not pay any amount in excess of this limit)</p> <p>(ii) Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by Insured)</p>	<p>(i) In-patient Hospitalization: Sub-limits on Disease categories shall be applied under Platinum - Essential Plan</p> <table border="1"> <thead> <tr> <th>Disease Category</th><th>Zone I</th><th>Zone II</th><th>Zone III</th></tr> </thead> <tbody> <tr> <td>Cataract (including cost of lens) per eye</td><td>RS 40,000</td><td>RS 30,000</td><td>RS 20,000</td></tr> <tr> <td>Angioplasty (including cost of stent)</td><td>RS 3,00,000</td><td>RS 25,0000</td><td>RS 2,00,000</td></tr> <tr> <td>Knee replacement (including revision Surgery)</td><td>RS 3,00,000</td><td>RS 25,0000</td><td>RS 2,00,000</td></tr> <tr> <td>Hip replacement (including revision Surgery)</td><td>RS 3,00,000</td><td>RS 25,0000</td><td>RS 2,00,000</td></tr> <tr> <td>Cholecystectomy (open or lap)</td><td>RS 60,000</td><td>RS 45,000</td><td>RS 35,000</td></tr> <tr> <td>Lap / open / vaginal hysterectomy (with / without Salpigo-oophorectomy)</td><td>RS 60,000</td><td>RS 45,000</td><td>RS 35,000</td></tr> </tbody> </table> <p>(ii) Modern Treatment Methods and Advancement in Technologies: Co-Payment of 50% for Robotic surgeries (Applicable only for Gold – Enhanced and Platinum – Essential)</p> <p>(iii) Mandatory Co-payment: 20% for all SI options (Only applicable for Platinum Essential)</p>	Disease Category	Zone I	Zone II	Zone III	Cataract (including cost of lens) per eye	RS 40,000	RS 30,000	RS 20,000	Angioplasty (including cost of stent)	RS 3,00,000	RS 25,0000	RS 2,00,000	Knee replacement (including revision Surgery)	RS 3,00,000	RS 25,0000	RS 2,00,000	Hip replacement (including revision Surgery)	RS 3,00,000	RS 25,0000	RS 2,00,000	Cholecystectomy (open or lap)	RS 60,000	RS 45,000	RS 35,000	Lap / open / vaginal hysterectomy (with / without Salpigo-oophorectomy)	RS 60,000	RS 45,000	RS 35,000	<p>Section C.I.(1)</p> <p>C. I. (14)</p> <p>C. I. (21)</p>
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		<p>(iv) Co-payment for treatment in a Higher Zone Zone II to Zone I: 10% Zone III to Zone II: 15% Zone III to Zone I: 25% Applicable for Gold Enhanced Plan – All SI options and for SI 3 Lac and below for Platinum Essential and Enhanced Sum Insured</p>	C. I. (20)
	(iii) Deductible	Hospital Cash Benefit – A deductible of 24 hrs hospitalisation	C.V.(41)
	(iv) Any other limit	NIL	
09.	Claims / Claims Procedure	<p>a. Cashless Facilities can be availed only at Our Network Providers. The 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>c. For Personal Accident: We shall be given an intimation of the claim along with the following details within 7 days from the date of Accident.</p> <p>d. For Critical Illness: We shall be given intimation of the claim along with the following details within 7 days of the diagnosis of the Critical Illness.</p> <p>Please refer link https://www.adityabirlacapital.com/healthinsurance/downloads for</p> <ul style="list-style-type: none"> • Network Hospital details • Hospital which are blacklisted or from where no claims will be accepted • Claim form <p>Helpline Number 1800 270 7000</p>	<p>Section F (1) (I) (b)</p> <p>F (1) (I) (d)</p> <p>F (1) (II) (a)</p>
10.	Policy Servicing	<p>In case of any queries, the Insured/ Policyholder can contact Us with the details through: Our website: https://www.adityabirlacapital.com/healthinsurance Email: care.healthinsurance@adityabirlacapital.com Toll Free : 1800 270 7000 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>	

11.	Grievances / Complaints	<p>In case of any grievance the insured person may contact the Website: https://www.adityabirlacapital.com/healthinsurance/faqs Toll- Free: 1800 270 7000 E-mail: care.healthinsurance@adityabirlacapital.com (Senior citizens may write to us at: seniorcitizen.healthinsurance@adityabirlacapital.com) 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 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 III</p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://bimabharosa.irdai.gov.in/</p>	Section E.I.15
12.	Things to remember	<p>a. Free Look Cancellation: 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>Section E.I.14</p> <p>Section E.I.9</p>

		<p>Migration:</p> <p>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 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>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>Section E.I.7</p> <p>Section E.I.8</p> <p>Section E.II.21(viii)</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.</p> <p>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>	<p>Section E.I.1</p>

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://adityabirlacapital.com)