

Arogya Sanjeevani Policy CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

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

SR. No.	TITLE	DESCRIPTION	POLICY CLAUSE NUMBER										
01.	Name of Insurance Product/Policy	Arogya Sanjeevani Policy, Aditya Birla Health Insurance Co. Limited											
02.	Policy number	<< Dynamic field to be derived from system>>											
03.	Type of Insurance Product /Policy	Indemnity											
04.	Sum Insured (Basis) (Along with amount)	<<Dynamic field to be derived from systems>> <Individual Sum insured – Each member has separate sum Insured under the policy> or <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?)	<div>a. Hospitalization expenses: Covers hospitalisation expenses for period more than 24 hrs up to the limits as specified in the Policy Schedule</div> <div>b. Expenses incurred on dental treatment and Plastic Surgery necessitated due to disease or injury up to the limits as specified in the Policy Schedule</div> <div>c. Ambulance Charges: Expenses on road Ambulance subject to a maximum of Rs.2000/- per hospitalization.</div> <div>d. Day Care Procedures : Medical Expenses for listed Day Care Treatments up to the limits as specified in the Policy Schedule, 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.</div> <div>e. AYUSH Coverage : Covers In-patient hospitalization expenses towards Ayush treatment(s) up to the limits as specified in the Policy Schedule.</div> <div>f. Cataract Treatment : Expenses incurred on treatment of cataract, subject to a limit of 25% of Sum Insured or Rs.40,000/-, whichever is lower, per each eye in one policy year. as specified in the Policy Schedule.</div> <div>g. Pre-Hospitalisation : Medical expenses incurred in 30 days prior hospitalisation up to the limits, as specified in the Policy Schedule</div>	<div>3.I.1</div> <div>3.I.1.1.(ii) and (iii)</div> <div>3.I.1.1.(v)</div> <div>3.I.1.1.(iv)</div> <div>3.I.2</div> <div>3.I.3</div> <div>3.I.4</div>										

		<p>h. Post-Hospitalisation: Medical expenses incurred in 60 days from the date of discharge from the hospital, up to the limits as specified in the Policy Schedule.</p> <p>i. List Modern Treatment methods : Covered upto 50% of Sum Insured</p> <p>J.a Cumulative bonus:</p> <ol style="list-style-type: none"> Increase in the sum insured by 5% in respect of each claim free year subject to a maximum of 50% of SI. In the event of claim the cumulative bonus shall be reduced at the same rate. <p>J.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 3.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>3.I.5</p> <p>3.I.6</p> <p>3.II.a</p> <p>3.II.b</p>
06.	Exclusions (what the policy does not cover)	<p>Standard Exclusion :</p> <ol style="list-style-type: none"> Investigation & Evaluation (Code- Excl04) <ol style="list-style-type: none"> Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded. Rest Cure, rehabilitation and respite care (Code- Excl05) <ol style="list-style-type: none"> Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: <ol style="list-style-type: none"> 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. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs. Obesity / Weight Control (Code- Excl06) Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions: <ol style="list-style-type: none"> Surgery to be conducted is upon the advice of the Doctor The surgery/Procedure conducted should be supported by clinical protocols The member has to be 18 years of age or older and Body Mass Index (BMI); <ol style="list-style-type: none"> greater than or equal to 40 or 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"> Obesity-related cardiomyopathy Coronary heart disease Severe Sleep Apnea Uncontrolled Type2 Diabetes 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>4.I.4</p> <p>4.I.5</p> <p>4.I.6</p> <p>4.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>	4.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>	4.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>	4.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 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>	4.I.11
		<p>9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12).</p>	4.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>	4.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>	4.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 dioptries.</p>	4.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>	4.I.16
		<p>14. Sterility and Infertility: (Code- Excl17) Expenses related to sterility and infertility. This includes: i. Any type of contraception, sterilization</p>	4.I.17

		<ul style="list-style-type: none"> ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI iii. Gestational Surrogacy iv. Reversal of sterilization <p>15. Maternity Expenses (Code - Excl18):</p> <ul style="list-style-type: none"> i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period. <p>II. Specific Exclusions</p> <ul style="list-style-type: none"> 1. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds. 2. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion: <ul style="list-style-type: none"> a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile / fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death. b) 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. c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death. 3. Any expenses incurred on Domiciliary Hospitalization and OPD treatment 4. Treatment taken outside the geographical limits of India 5. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes 	<p>4.I.18</p> <p>4.II.19</p> <p>4.II.20</p> <p>4.II.21</p> <p>4.II.22</p> <p>4.II.23</p>
07.	Waiting period •Time period during which specified diseases / treatments are not covered	a. Pre-Existing Diseases will be covered after a waiting period of Thirty six (36) months of continuous coverage	4.I.1
		b. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident	4.I.2

	<p>• It is counted from the beginning of the policy coverage</p>	<p>c. Specified surgeries/treatments/diseases are covered after specific waiting period of 24 months</p> <ol style="list-style-type: none"> Benign ENT disorders Tonsillectomy Adenoidectomy Mastoidectomy Tympanoplasty Hysterectomy All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps Benign prostate hypertrophy Cataract and age related eye ailments Gastric/ Duodenal Ulcer Gout and Rheumatism Hernia of all types Hydrocele Non Infective Arthritis Piles, Fissures and Fistula in anus Pilonidal sinus, Sinusitis and related disorders Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy. Varicose Veins and Varicose Ulcers Internal Congenital Anomalies 	4.1.3.(i)
		<p>d. Specified surgeries/treatments/diseases are covered after specific waiting period of 36 months</p> <ol style="list-style-type: none"> Treatment for joint replacement unless arising from accident Age-related Osteoarthritis & Osteoporosis 	4.1.3.(iii)
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>(iii) Deductible</p> <p>(iv) Any other limit</p>	<p>In case of a claim, this policy requires you to share the following costs:</p> <ol style="list-style-type: none"> Expenses exceeding the following Sub-limits: <ol style="list-style-type: none"> Room Charges(Hospitalization): <ol style="list-style-type: none"> Room Rent - Up to 2% of SI, subject to max of INR 5,000 per day. ICU charges - Up to 5% of SI subject to max of INR 10,000 per day. In case Room/ICU / ICCU rent exceeds the limits specified the claim shall be subject to the proportionate deduction. Cataract - Up to 25% of Sum Insured or Rs.40,000/- whichever is lower, per eye, under one policy year. Modern treatment methods and Advancements in technology: Up to 50% of the Sum insured. <p>Each and every claim under the Policy shall be subject to a Co-payment of 5% applicable to claim amount admissible and payable as per the terms and conditions of the Policy</p> <p>NIL</p> <p>NIL</p>	<p>3.1.1.(i) & (ii)</p> <p>3.1.3</p> <p>3.1.6</p> <p>6.4</p>

09.	Claims / Claims Procedure	<p>a. For Cashless Service:</p> <p>(i) Treatment may be taken in a network provider and is subject to pre authorization by the Company or its authorized TPA.</p> <p>(ii) Cashless request form available with the network provider and TPA shall be completed and sent to the Company / TPA for authorization.</p> <p>(iii) The Company/ TPA upon getting cashless request form and related medical information from the insured person / network provider will issue pre-authorization letter to the hospital after verification.</p> <p>(iv) At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.</p> <p>(v) The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.</p> <p>(vi) In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement.</p> <p>The details of Hospital Network can be obtained from https://www.adityabirlacapital.com/healthinsurance/locate-care/hospital-listing</p> <p>b. For Reimbursement of Claim:</p> <p>For reimbursement of claims the insured person may submit the necessary documents to TPA/Company within the prescribed time limit as specified hereunder.</p> <table><tr><th>Sl No</th><th>Type of Claim</th><th>Prescribed Time limit</th></tr><tr><td>1.</td><td>Reimbursement of hospitalization, day care and pre hospitalization expenses</td><td>Within thirty days of date of discharge from hospital</td></tr><tr><td>2.</td><td>Reimbursement of post hospitalization expenses</td><td>Within fifteen days from completion of post hospitalization treatment</td></tr></table> <p>For details on claim procedure please refer the policy document.</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>	Sl No	Type of Claim	Prescribed Time limit	1.	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within thirty days of date of discharge from hospital	2.	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment	<p>6.1.1</p> <p>6.1.2</p>
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1.	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within thirty days of date of discharge from hospital										
2.	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment										
10.	Policy Servicing	<p>In case of any queries, the Insured / Policyholder can contact Us with the details through:</p> <p>Our website: https://www.adityabirlacapital.com/healthinsurance</p> <p>Email: care.healthinsurance@adityabirlacapital.com</p> <p>Toll Free : 1800 270 7000</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>										

11.	Grievances / Complaints	<p>a) Details of Grievance redressal officer: For details of grievance officer, kindly refer the link gro.healthinsurance@adityabirlacapital.com</p> <p>b) IRDAI Integrated Grievance Management System – https://bimabharosa.irdai.gov.in/</p> <p>c) Insurance Ombudsman -The insured person may also approach the office of Insurance Ombudsman of the respective area / region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document.</p>	5.I.15
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 (except on certain specific grounds) : The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.</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 benefits to the extent of the Sum Insured, Cumulative Bonus if any, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period, provided the policy was renewed continuously without break. (In case the Insured Person wants to migrate their Health Insurance Policy, then contact Us with the details through: E-mail ID: customercare.abh@adityabirla.com Toll Free : 1800 103 1033 Address: Any of Our Branch office or Corporate office</p> <p>Portability : 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</p>	<p>5.I.12</p> <p>5.I.9</p> <p>5.I.7</p> <p>5.I.8</p>

		<p>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. (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: customercare.abh@adityabirla.com Toll Free : 1800 103 1033 Address: Any of Our Branch office or Corporate office</p> <p>a. Change of Sum Insured : Sum insured can be changed (increased/ decreased) only at the time of renewal or at any time, subject to underwriting by the Company. For any increase in Sum Insured, the waiting period shall start afresh only for the enhanced portion of the sum insured.</p> <p>b. Moratorium Period : 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>5.II.25</p> <p>5.I.14</p>
12.	Insured's Obligations	The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact	5.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: Arogya Sanjeevani Policy, Aditya Birla Health Insurance Co. Limited, Product UIN: ADIHLIP20170V011920
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).

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