

Activ Care
**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	Activ Care											
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: a. In-patient hospitalization : Covers hospitalization expenses for period more than 24 hours up to the limits as specified in the Policy Schedule / Product Benefit Table. b. Pre-hospitalization medical expenses : Medical Expenses incurred up to 30 days period immediately before admission to a hospital, up to the limits as specified in the Policy Schedule / Product Benefit Table. c. Post-hospitalization medical expenses : Medical Expenses incurred up to 60 days immediately post discharge from Hospital, up to the limits as specified in the Policy Schedule / Product Benefit Table. d. Day care treatment: Medical Expenses for listed Day Care Treatments up to the limits as specified in the Policy Schedule / Product Benefit Table, where such procedures are undertaken by an Insured Person as an In-patient in a Hospital/Day Care Centre for a continuous period of less than 24 hours. Any procedure undertaken on an OPD Treatment basis in a Hospital / Day Care Centre will not be covered. e. Domiciliary Hospitalization : Medical Expenses up to the limits as specified in the Policy Schedule / Product Benefit Table for medical treatment taken at home if the treatment continues for an uninterrupted period of 3 days and the condition for which treatment is taken would otherwise have necessitated hospitalization. f. Road ambulance cover : If claim is payable under In-patient hospitalization, We will cover Reasonable Charges for ambulance expenses, up to the limits as specified in the Policy Schedule / Product Benefit Table, incurred to transfer the Insured Person by surface transport following an Emergency.	Section C.I.(a) C.I.(b) C.I.(c) C.I.(d) C.I.(e) C.I.(f)										

		<p>g. Organ donor expenses : Covers Medical expenses incurred for the Organ donor, up to the limits as specified in the Policy Schedule / Product Benefit Table, for harvesting the organ from the donor for organ transplantation wherein the Insured Person is the recipient of the organ so donated.</p> <p>h. Reload of Sum Insured : We shall reload up to the limits as specified in the Policy Schedule / Product Benefit Table, if Sum Insured inclusive of accumulated No Claim Bonus (if any) is insufficient as a result of previous claims in that Policy Year. It shall be available only for subsequent claims and not in relation to any Illness / Injury (including its complications) for which a claim has been admitted for the Insured Person during that Policy Year.</p> <p>i. Ayush (In-patient hospitalization) : Covers In-patient hospitalization expenses towards Ayush treatment(s) up to the limits as specified in the Policy Schedule / Product Benefit Table.</p> <p>j. Sublimit for listed illnesses : Medical Expenses arising out of an Insured Person's in-patient Hospitalization for the listed Illness / conditions and limit as specified in the Policy Schedule / Product Benefit Table</p> <p>k. Home Treatment : We shall cover the treatment expense for Insured person's treatment at home for Illnesses / Injuries on a cashless basis only availed through our Home Treatment Network Provider / Empanelled Service Providers.</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>m. 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> <p>n. 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> <p>o. OPD Treatment : We will cover the Reasonable and Customary Charges incurred for medically required consultations, visit(s) to a doctor and diagnostic tests which are incurred on an out-patient basis up to the limits as specified in the Policy Schedule / Product Benefit Table. Ayush Treatments shall also be covered under this Benefit.</p> <p>III. Care Benefits</p> <p>p. Health Assessment™ : We shall arrange Health Assessment™ as per the list, once every policy year post successful renewal of the Policy for all the Insured persons at our network providers / empanelled service providers on cashless basis only.</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> <p>C.II.(m)</p> <p>C.II.(n)</p> <p>C.II.(o)</p> <p>C.III.(p)</p>
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		<p>q. Comprehensive Health Check-up : We shall arrange Comprehensive Health Check-up as per the list, once every Policy Year post successful Renewal of the Policy for all the Insured persons at our Network Providers / Empanelled Service Providers on cashless basis only.</p>	C.III.(q)
		<p>r. Health Coach : Health Coaching for Insured Person(s) suffering from Asthma, Hypertension, Hyperlipidemia or Diabetes mellitus up to the limits as specified in the Policy Schedule / Product Benefit Table of this Policy. These coaching session shall be provided on telephonic discussion with Insured Person.</p>	C.III. (r)
		<p>s. Personal Health Coach : Advance Health Coaching for Insured person(s) up to the limits as specified in the Policy Schedule / Product Benefit Table of this Policy. These coaching session shall be provided on telephonic discussion with Insured Person.</p>	C.III.(s)
		<p>t. 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 21% (20% through Healthy Heart Score™ and Active Dayz™ and additional 1% through Health Assessment™ or Comprehensive Health Checkup along with first successful interaction in a Policy Year with Health Coach / Advance Health Coach as specified in Product Benefit Table/ Policy Schedule.</p>	C.III.(t)
		<p>u. Second E-opinion on 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 major Illness during the Policy Period.</p>	C.III.(u)
		<p>v. Health and Wellness discount : The Insured Person(s) may avail discounts primarily on the OPD consultations, Diagnostics and Pharmacy offered through our network service providers and / or Empanelled Service Providers (which are listed on Our website).</p>	C.III. (v)
		IV. Optional Care Benefits	
		<p>w. Nursing at Home : We shall pay the daily payable benefit amount specified in the Product Benefit Table / Policy Schedule for each continuous and completed day of attendance by the Qualified Nurse at the Insured Person's home.</p>	C.IV.(w)
		<p>x. Lifestyle support equipment : Covers expenses upto the limits as specified in Product Benefit table / Policy Schedule in case the Insured Person necessarily incurs cost on the Lifestyle support equipment as specified in Product Benefit table / policy Schedule.</p>	C.IV.(x)
		<p>y. Portable medical equipment : Covers expenses upto the limits as specified in Product Benefit table / Policy Schedule in case the Insured Person necessarily incurs cost on the Portable medical equipment as specified in Product Benefit table / policy Schedule.</p>	C.IV(y)
		<p>z. Advance Health check-up : We shall arrange Advance Health Check-up as per the list, once every policy year, for all the Insured persons at our network providers / empanelled service providers on cashless basis only.</p>	C.IV.(z)
		V. Optional Covers	
		<p>aa. Room Upgrade : The eligibility for upgradation of Room type in a Hospital up to the limits as specified in the Policy Schedule / Product Benefit Table of this Policy is provided</p>	C.V.(aa)
		<p>bb. 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>	C.V.(bb)

06.	Exclusions (What the policy does not cover)	<p>I. Standard Exclusions</p> <p>1. Investigation & Evaluation (Code- Excl04)</p> <ul style="list-style-type: none"> a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded. <p>2. Rest Cure, rehabilitation and respite care (Code- Excl05)</p> <ul style="list-style-type: none"> a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: <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)</p> <p>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)</p> <p>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)</p> <p>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>Section D. I.4</p> <p>D. I.5</p> <p>D. I.6</p> <p>D. I.7</p> <p>D. I.8</p> <p>D. I.9</p>
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		<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>	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 dioptries.</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) 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 	D. I.17
		<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. 	D. I.18

II. Specific Exclusions

D.II

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.
2. Willful or deliberate exposure to danger, intentional self-Injury, participation or involvement in naval, military or air force operation.
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.
4. All routine examinations and preventive health check-ups, except where expressly stated to be covered under the Policy.
5. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment);
6. Non allopathic treatment, except where expressly stated to be covered under the Policy.
7. Conditions for which treatment could have been done on an outpatient basis without any Hospitalization
8. Investigational treatments, Experimental treatment, or drugs yet under trial, devices and pharmacological regimens.
9. 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.
10. Preventive care, vaccination including inoculation and immunizations (except in case of post-bite treatment); any 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.), devices used for ambulatory monitoring of blood pressure, blood sugar, glucometers, nebulizers and oxygen concentrator for bronchial asthma/ COPD conditions, 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. Sleep-apnea and other sleep disorders.
16. Parkinson disease.
17. External Congenital Anomalies or diseases or defects.

18. Stem cell therapy (except Hematopoietic stem cells for bone marrow transplant for haematological conditions) or Surgery, or growth hormone therapy or Hormone Replacement 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, and to the extent provided for 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 as amended from time to time.
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, implants 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 all kind of magnetic therapy, 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, SMILE surgery for vision correction, bioabsorbable stents, bioabsorbable valves, bioabsorbable implants, chondrocyte implantation, intra vitreal implants, chelation therapy.
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 Non-Medical Expenses including but not limited to RMO, CMO, DMO charges, surcharges, night charges, service charges levied by the Hospital under any head as specified in the Annexure I for Non- Medical Expenses and on Our website: www.adityabirlahealth.com/healthinsurance .
27. Treatment taken from a person not falling within the scope of definition of registered Medical Practitioner with any state medical council / medical council of India.
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.
29. Treatments rendered by a Medical Practitioner who is a member of the Insured Person's immediate family or stays with him in the same residence, except if pre-approved by Us.
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>29. Administrative charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, bio-medical, linen, documentation and filing, including MRD charges (medical records department charges).</p> <p>30. Treatment taken outside India.</p> <p>31. Use of Radio Frequency (RF) probe for ablation or other procedure unless specifically approved by Us in writing in advance.</p> <p>32. General debility or exhaustion ("rundown condition").</p> <p>33. 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>	
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 (36 months waiting period for Standard Plan)	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																																	
		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																												
			3. Pre-Existing Diseases (Code- Excl01): Pre-existing Diseases shall be covered after a waiting period specified in the Policy Schedule / Product Benefit Table				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)	<table><tr><td></td><td>Sublimit for listed illnesses at policy level</td><td>Standard</td><td>Classic</td><td>Premier</td></tr><tr><td>1</td><td>Alzheimer's disease</td><td rowspan="11">Rs 3000</td><td rowspan="11">Rs 5000</td><td rowspan="11">Rs 25000</td></tr><tr><td>2</td><td>Anterograde amnesia</td></tr><tr><td>3</td><td>Anxiety disorder</td></tr><tr><td>4</td><td>Bipolar disorder</td></tr><tr><td>5</td><td>Huntington's disease</td></tr><tr><td>6</td><td>Obsessive-compulsive disorder (OCD)</td></tr><tr><td>7</td><td>Panic disorder</td></tr><tr><td>8</td><td>Psychosis</td></tr><tr><td>9</td><td>Retrograde amnesia</td></tr><tr><td>10</td><td>Schizophrenia</td></tr><tr><td>11</td><td>Other Mental Illnesses</td></tr></table>		Sublimit for listed illnesses at policy level	Standard	Classic	Premier	1	Alzheimer's disease	Rs 3000	Rs 5000	Rs 25000	2	Anterograde amnesia	3	Anxiety disorder	4	Bipolar disorder	5	Huntington's disease	6	Obsessive-compulsive disorder (OCD)	7	Panic disorder	8	Psychosis	9	Retrograde amnesia	10	Schizophrenia	11	Other Mental Illnesses	C.I.(j)	
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	(ii)Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by Insured)	<table><tr><td></td><td>Disease specific policy year co payment for hospitalisation</td><td>Premier Plan</td></tr><tr><td>a</td><td>Cataract/ glaucoma (per eye)</td><td rowspan="14">20% co-payment with no additional policy level co pay</td></tr><tr><td>b</td><td>Cerebrovascular accident</td></tr><tr><td>c</td><td>cardiovascular disease</td></tr><tr><td>d</td><td>Cancer</td></tr><tr><td>e</td><td>Treatment for Breakage of Bones</td></tr><tr><td>f</td><td>Acute/Chronic renal failure</td></tr><tr><td>g</td><td>All other major surgeries (as listed below)</td></tr><tr><td>g.i</td><td>Intestinal Obstruction – Acute / Sub Acute / Chronic</td></tr><tr><td>g.ii</td><td>Hepatobiliary Pancreatic Surgery</td></tr><tr><td>g.iii</td><td>Gastro Intestinal Surgeries (Excluding cancer)</td></tr><tr><td>g.iv</td><td>All Joint Replacement Surgery</td></tr><tr><td>g.v</td><td>Hemi Ortho Plasty Surgeries</td></tr><tr><td>g.vi</td><td>Surgery Related to Genito Urinary tract (Excluding cancer)</td></tr><tr><td>g.vii</td><td>Surgery Related to Reproductive Tract (Excluding cancer)</td></tr></table>		Disease specific policy year co payment for hospitalisation	Premier Plan	a	Cataract/ glaucoma (per eye)	20% co-payment with no additional policy level co pay	b	Cerebrovascular accident	c	cardiovascular disease	d	Cancer	e	Treatment for Breakage of Bones	f	Acute/Chronic renal failure	g	All other major surgeries (as listed below)	g.i	Intestinal Obstruction – Acute / Sub Acute / Chronic	g.ii	Hepatobiliary Pancreatic Surgery	g.iii	Gastro Intestinal Surgeries (Excluding cancer)	g.iv	All Joint Replacement Surgery	g.v	Hemi Ortho Plasty Surgeries	g.vi	Surgery Related to Genito Urinary tract (Excluding cancer)	g.vii	Surgery Related to Reproductive Tract (Excluding cancer)	
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g.i	Intestinal Obstruction – Acute / Sub Acute / Chronic																																		
g.ii	Hepatobiliary Pancreatic Surgery																																		
g.iii	Gastro Intestinal Surgeries (Excluding cancer)																																		
g.iv	All Joint Replacement Surgery																																		
g.v	Hemi Ortho Plasty Surgeries																																		
g.vi	Surgery Related to Genito Urinary tract (Excluding cancer)																																		
g.vii	Surgery Related to Reproductive Tract (Excluding cancer)																																		

		<p>Co-payment: Standard and Classic : 20% co pay for all Inpatient Hospitalisation, Domiciliary, Ayush, Home Treatment and Day care claims Premier : 10% co pay for all Inpatient Hospitalisation, Domiciliary, Ayush, Home Treatment and Day care claims</p>	E.II.32
	(iii) Deductible	NIL	
	(iv) Any other limit	NIL	
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. (ii) In case of Emergency Hospitalization, please intimate us within 24 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. (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.I.a,b,c</p> <p>F.1.I.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 Toll Free : 1800 270 7000 Email: care.healthinsurance@adityabirlacapital.com 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)</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 III</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 shall not be 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 30 days (for Quarterly, Half yearly and annual instalments) & 15 days for Monthly policies 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 benefits to the extent of the Sum Insured, No Claim Bonus if any,</p>	<p>E.I.(14)</p> <p>E.I.(9)</p> <p>E.I.(7)</p>

		<p>Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period, provided the policy was renewed continuously without break.</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 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 : 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 : 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: Care, Product UIN: ADIHLIP21062V022021.

1800 270 7000 | care.healthinsurance@adityabirlacapital.com | www.adityabirlahealthinsurance.com

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Registered Office:

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