

**Activ Fit**
**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 Fit (Young Adult Product)											
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. a.1 Modern Treatment coverage : Modern treatment procedures will be covered either as inpatient or as part of day care treatment in a hospital up to the Sum Insured. a.2 HIV / AIDS and STD Cover : Covers medical expenses incurred towards treatment taken during In-patient Hospitalisation of the insured person arising out of condition caused by or associated to HIV or HIV related illnesses, including AIDS or AIDS related Complex (ARC) and /or any mutant derivative or variations there of or sexually transmitted diseases (STD) up to the Sum Insured. a.3 Mental Care Cover : Cover the medical expenses incurred towards treatment taken during In-patient hospitalisation of the insured person arising out of a condition caused by or associated to a medical illness, stress, anxiety, depression or a medical condition impacting mental health.  b. Daily Cash Benefit (Shared Accommodation) : Daily cash amount will be payable per day as specified in the Policy Schedule / Product Benefit Table if the Insured Person get hospitalised in shared accommodation for Each continuous and completed period of 24 hours of hospitalisation, during the Policy Period for treatment of an Illness/Injury. Daily Cash Benefit will not be payable for time spent by the Insured Person in an intensive care unit  c. Day care treatment : Covers Medical Expenses for Care Treatments, 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.	Section  C.I.(a)  C.I.(a.1)  C.I.(a.2)  C.I.(a.3)  C.I.(b)  C.I.(c)										

		Any procedure undertaken on an OPD Treatment basis in a Hospital / Day Care Centre will not be covered.	
		d. <b>Pre-hospitalization medical expenses</b> : Covers Medical Expenses incurred up to 90 days' period immediately before admission to a hospital.	C.I.(d)
		e. <b>Post-hospitalization medical expenses</b> : Covers Medical Expenses incurred up to 180 days immediately post discharge from Hospital.	C.I.(e)
		f.a. <b>Domiciliary Treatment</b> : Covers Medical Expenses for medical treatment taken at home if the treatment continues for an uninterrupted period of 3 days and the condition for which treatment is taken would otherwise have necessitated hospitalization.	C.I.(f.a.)
		f.b <b>Home Treatment</b> : Covers the Medical Expenses for the Insured Person's treatment at home for Illnesses / Injuries availed through our Empanelled Service Providers, only on a cashless basis, up to the limits as specified in the Policy Schedule / Product Benefit Table.	C.I.(f.b.)
		g. <b>Road ambulance cover</b> : If claim is payable under In-patient hospitalization and or Day Care Treatment, we will cover Reasonable Charges for ambulance expenses, maximum up to the limit as specified in product benefit table, incurred to transfer the Insured Person by surface transport following an Emergency.	C.I.(g)
		h. <b>Organ donor expenses</b> : Covers Medical expenses for harvesting the organ from the donor for organ transplantation wherein the insured person is the recipient of the organ.	C.I.(h)
		i. <b>AYUSH (In-patient hospitalization)</b> : Covers In-patient hospitalization expenses towards AYUSH treatment(s) up to the limit as per opted Sum Insured.	C.I.(i)
		j. <b>Binge Refill</b> : We shall provide for a Refill 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), Super No Claim Bonus (if any) is completely exhausted / insufficient for covering a claim under the Policy as a result of previous claims in that Policy Year. The Refill 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.	C.I.(j)
		k. <b>Maternity Expense</b> : We will cover Maternity Expenses up to the Maternity Sum Insured specified in the Policy Schedule after a waiting period of 36 months from the inception of the 1st Policy where Maternity Expenses is available & renewed without any break. (continuity benefit in respect of the "Waiting Periods" shall not be available for maternity cover in case of portability / migration if the erstwhile policy did not provide maternity coverage).	C.I.(k)
		The coverage under this benefit will be over and above the base policy Sum Insured and it shall include	

		<p>(i) Medical Expenses for a delivery of a child (including caesarean section) or lawful medical termination of pregnancy up to a maximum of 2 events in the lifetime of the insured person.</p> <p>(ii) Pre or Post - Natal Maternity Expenses.</p> <p>Note:</p> <p>(a) Any claim under this benefit shall not impact the Opted Sum Insured, No Claim Bonus &amp; Super No Claim Bonus (if opted).</p> <p>(b) This benefit is available for You or Your spouse provided You and Your spouse, both are covered under the same Policy for a continues period of 36 months.</p> <p>(c) Minimum Age at entry of the female insured is 18 to 45 Years, however claims can be made at any age even after 45 Years.</p> <p>(d) New Born Baby Expenses, Vaccination Expenses &amp; Stem Cell Preservation is covered within the limit of Maternity Sum Insured.</p> <p>(e) Any Refill of Sum Insured (Binge Refill Section C.I.j ) will not be available for coverage under this Benefit</p> <p><b>II. Additional Benefits</b></p> <p><b>l.a No Claim Bonus</b> – 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 No Claim 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><b>l.b No Claim Discount</b> - 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><b>m. Health Check Up Program</b> - We shall arrange health check-up as per the defined list, once every Policy Year for all the Insured Persons aged 18 years and above at the Start date of the Policy at our Network Providers/Empanelled Service</p> <p><b>n. Domestic Emergency Assistance Service</b> - We shall provide emergency medical assistance domestically like emergency medical evacuation via air ambulance to a nearest hospital and repatriation (transportation) in the event of a medical emergency.</p> <p><b>III. Value Added Benefits.</b></p> <p><b>o. Health Assessment™</b> - It 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>C.II.(l).a</p> <p>C.II.(l).b</p> <p>C.II.(m)</p> <p>C.II.(n)</p> <p>C.III.(o)</p>
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		<p><b>IV. Optional Cover</b></p> <p>s. <b>Super NCB</b> - We shall apply a Super No Claim Bonus (over and above) No Claim Bonus at a rate of 50% per Policy Year on the Sum Insured of the expiring Policy on a cumulative basis, provided that the Insured Person(s) has not made any claim under basic covers in a Policy Year and has successfully Renewed the Policy with Us continuously and without any break. The accumulated Super No Claim Bonus shall not exceed 100% of the Sum Insured on the Renewed Policy. In the event of a claim impacting the eligibility of Super No Claim Bonus, the accumulated Super No Claim Bonus shall be reduced by 50% of the Sum Insured at the commencement of subsequent Policy Year</p> <p>t. <b>Travel Protect</b> – For all 5 benefits cover is available within the territory of India and each benefit under this optional cover will be paid up to the limit defined in the policy schedule / product benefit table only once in a policy year. This optional cover will be applied on individual basis for Individual, Multi Individual &amp; Family Floater policy</p> <p>t.1 <b>Total Loss of Checked-in Baggage Benefit</b> - We shall pay the benefit amount specified towards the total and complete loss of Checked- in Baggage whilst on a Trip and it is in the custody of the Common Carrier and a receipt is obtained for the same.</p> <p>t.2 <b>Delay of Checked-in Baggage</b> - We shall pay the benefit amount specified if the delivery of the Insured Person's Checked-In Baggage which has been entrusted to the Common Carrier is delayed by a period equal to Or exceeding the first period specified in the policy schedule / product benefit table from the Insured Person's arrival at the Place of Destination specified on his valid ticket during the Period of Insurance.</p>	<p>C.IV.(s)</p> <p>C.IV .(t)</p>

		<p>t.3 <b>Trip Cancellation &amp; Interruption</b> - If the Insured Person's outward trip as a fare paying passenger from the City of Residence to a Place of Destination on a Common Carrier is unavoidably cancelled before the commencement of the Period of Insurance OR If the Insured Person's stay is unavoidably curtailed after the commencement of the Period of Insurance solely and directly due to one of the reasons defined in the policy wording, then We shall pay the benefit amount specified in the Policy Schedule / Product Benefit Table.</p> <p>t.4 <b>Trip Delay</b> - If the departure of a Common Carrier in which the Insured Person is scheduled to travel on a valid ticket during the Period of Insurance is delayed from place of residence from the schedule departure time for more than the number of consecutive and completed hours as specified in the policy schedule / product benefit table from the later of the declared time of departure or expected time of departure solely and directly due to reason defined then we shall pay the benefit amount specified in the policy schedule/product benefit table.</p> <p>t.5 <b>Missed Flight Connection</b> - If the Insured Person misses the connecting flight during the Period of Insurance solely and directly due to the delayed arrival of the Common Carrier in which the Insured Person was traveling on a valid ticket, We pay the benefit amount specified in the Policy Schedule / Product Benefit Table for the costs incurred by the Insured Person to continue the journey to the scheduled Place of Destination provided that the time gap between the scheduled arrival of the Common Carrier and the connecting flight is more than the number of consecutive hours specified in the Policy Schedule/ Product Benefit.</p> <p>u. <b>Premium Waiver</b> - If an Insured Person is diagnosed for the first time with or for any of the listed Critical Illnesses OR suffers an Injury due to an Accident resulting in the Permanent Total Disablement of the Insured Person within 365 days from the date of the Accident 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 year with the following conditions.</p> <p>(i) The symptoms of the listed Critical Illness first diagnosed or manifest itself during the Policy Period and after completion of 90 days from the inception of the First Policy with Us.</p> <p>(ii) This Benefit is available once in the lifetime in the Policy regardless of the number of years the Policy has served with Us.</p> <p>(iii) Waiver of premium for 1 year shall be excluding optional covers opted.</p> <p>(iv) This optional cover be opted only at Inception of the policy. Not applicable for renewal/Portability &amp; Migration cases.</p> <p>v. <b>EMI Protection</b> - We shall pay 3 EMI's for the monthly limit specified for this Benefit in the Policy Schedule / Product Benefit Table of this policy towards the existing loan account if the insured person is hospitalized as an inpatient due to any illness / injury in excess of 6 consecutive days during the policy period while the policy is in force.</p>	<p>C.IV .(u)</p> <p>C.IV .(v)</p>
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		<p>This benefit will be payable as a lump sum amount post discharge from the hospital and available once in the lifetime of the Policy regardless of the number of years the Policy has served with Us.</p> <p>w. <b>Non-Medical Expense Waiver:</b> We shall cover cost of Non-Medical Items, listed under Annexure I of this Policy, which are necessarily incurred towards Hospitalization of the Insured Person, arising out of Illness or Injury contracted or sustained during the Policy Period. The Benefit is available subject to claim being admissible under the In-patient Hospitalization Benefit and / or Day Care Treatment Benefit and availability of Sum Insured under the Base Policy.</p> <p>x. <b>Reduction in Maternity Waiting Period</b> We will provide for a waiver of waiting period for Maternity Expenses from 36 months to 24 months from the date of inception of first Policy with Us. New Born Baby Expense, Vaccination Expense &amp; Stem Cell Preservation will follow reduction in waiting period under Maternity Expenses Cover.</p> <p>y. <b>OPD Expenses</b> We shall cover medical expenses incurred during the policy period for outpatient consultation (Physical &amp; Tele) given by a General Medical Practitioner or a AYUSH Medical Practitioner unlimited times as specified in the policy schedule / Product Benefit table of the policy in relation to any illness / injury diagnosed during the policy period. These services can be availed via our application or through toll free number of empanelled service provider specified in the Policy Schedule on cashless basis in selected cities.</p>	<p>C.IV.(w)</p> <p>C.IV.(x)</p> <p>C.IV.(y)</p>
06.	<b>Exclusions (What the policy does not cover)</b>	<p><b>I. Standard Exclusions</b></p> <p>1. <b>Investigation &amp; Evaluation (Code- Excl04)</b></p> <p>a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.</p> <p>b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.</p> <p>2. <b>Rest Cure, rehabilitation and respite care (Code- Excl05)</b></p> <p>a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <p>i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.</p> <p>ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</p> <p>3. <b>Obesity / Weight Control (Code- Excl06)</b> Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:</p> <p>1) Surgery to be conducted is upon the advice of the Doctor</p> <p>2) The surgery/Procedure conducted should be supported by clinical protocols</p> <p>3) The member has to be 18 years of age or older and</p> <p>4) Body Mass Index (BMI);</p> <p>a) greater than or equal to 40 or</p>	<p>D. I.4</p> <p>D. I.5</p> <p>D. I.6</p>

		<p>b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities</p> <p>following failure of less invasive methods of weight loss:</p> <ol style="list-style-type: none"> <li>Obesity-related cardiomyopathy</li> <li>Coronary heart disease</li> <li>Severe Sleep Apnea</li> <li>Uncontrolled Type2 Diabetes</li> </ol>	
		<p>4. <b>Change-of-Gender treatments: (Code- Excl07)</b></p> <p>Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.</p>	D. I.7
		<p>5. <b>Cosmetic or plastic Surgery: (Code- Excl08)</b></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>	D. I.8
		<p>6. <b>Hazardous or Adventure sports: (Code- Excl09)</b></p> <p>Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p>	D. I.9
		<p>7. <b>Breach of law: (Code- Excl10)</b></p> <p>Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</p>	D. I.10
		<p>8. <b>Excluded Providers: (Code- Excl11)</b></p> <p>Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer as per Annexure III of this policy and as disclosed in website (<a href="http://www.adityabirlahealth.com/healthinsurance">www.adityabirlahealth.com/healthinsurance</a>) / 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. <b>Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12).</b></p>	D. I.12
		<p>10. <b>Treatments received in heath hydros, nature cure clinics, spas or similar establishments</b> or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. <b>(Code- Excl13)</b></p>	D. I.13
		<p>11. <b>Dietary supplements and substances that can be purchased without prescription</b>, 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 <b>(Code- Excl14)</b></p>	D. I.14
		<p>12. <b>Refractive Error:(Code- Excl15)</b> - Expenses related to the treatment for correction of eye sight due to refractive error less than 7 .5 dioptries.</p>	D. I.15

		<p><b>13. Unproven Treatments:(Code- Excl16)</b> 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><b>14. Sterility and Infertility: (Code- Excl17)</b> Expenses related to sterility and infertility. This includes:</p> <ul style="list-style-type: none"> <li>i. Any type of contraception, sterilization</li> <li>ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI</li> <li>iii. Gestational Surrogacy</li> <li>iv. Reversal of sterilization</li> </ul>	D. I.17
		<p><b>15. Maternity Expenses (Code - Excl18):</b></p> <ul style="list-style-type: none"> <li>i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;</li> <li>ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.</li> </ul>	D. I.18
		<p><b>II. Specific Exclusions</b></p>	Section D. II
		<p><b>16. Circumstantial Exclusion</b></p> <ul style="list-style-type: none"> <li>a. Treatment 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 defence, rebellion, uprising, revolution, insurrection, military participation or involvement in naval, military or air force operation</li> <li>b. Usurped acts, nuclear weapons / materials, chemical and biological weapons, ionizing radiation, contamination by radioactive material or radiation of any kind, nuclear fuel, nuclear waste.</li> <li>c. The Insured Person's direct participation in terrorist acts;</li> </ul>	D. II.19
		<p><b>17. Behavioural Exclusions</b></p> <ul style="list-style-type: none"> <li>a. Suicide or attempted suicide, wilfully self-inflicted injury;</li> <li>b. Illegal act of the Insured Persons</li> <li>c. Any treatment for Injury resulting from the consumption of alcohol or any intoxicating substance, its intake or abuse thereof</li> <li>d. the use of drugs (other than drugs taken under treatment prescribed and directed by a Medical Practitioner but not for the treatment of drug addiction);</li> </ul>	D. II.20
		<p><b>18. Medical Exclusions</b></p> <ul style="list-style-type: none"> <li>a. All routine examinations and preventive health check-ups</li> <li>b. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment);</li> <li>c. Conditions for which treatment could have been done on an outpatient basis without any Hospitalization</li> <li>d. Preventive care, vaccination including inoculation and immunizations (except in case of post-bite treatment); any physical, psychiatric or psychological examinations or testing</li> </ul>	D. II.21



		<p>e. 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.</p> <p>f. External Congenital Anomalies or diseases or defects.</p> <p>g. Stem cell therapy except Hematopoietic stem cells for bone marrow transplant for haematological conditions) or Surgery, or growth hormone therapy or Hormone Replacement Therapy.</p> <p>h. Dentures, implants and artificial teeth</p> <p><b>19. Prosthesis and Devices</b></p> <p>a. Hearing aids, spectacles or contact lenses including optometric therapy, multifocal lens</p> <p>b. Wigs, or toupees, and related expenses.</p> <p>c. Any expenses incurred on prosthesis, corrective devices external durable medical equipments, 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.</p> <p><b>20. Non-Medical expenses</b></p> <p>As mentioned under Annexure (I) List II, III &amp; IV will be excluded unless forms a part of In-patient hospitalization.</p> <p><b>21. Specific treatment Exclusion</b></p> <p>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, Use of Radio Frequency (RF) probe for ablation</p> <p><b>22. Activities and Profession Exclusions</b></p> <p>a. 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.</p> <p>b. 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>c. 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.</p> <p><b>23. Geographical Exclusion</b></p> <p>Treatment taken outside India</p>	<p>D. II.22</p> <p>D.II.23</p> <p>D. II.24</p> <p>D. II.25</p> <p>D. II.26</p>
07.	<p><b>Waiting period</b></p> <p>• Time period during which specified diseases / treatments are not covered</p>	<p>All waiting periods shall apply individually for each Insured Person and claims shall be assessed accordingly.</p> <p><b>1. Pre-Existing Diseases (Code- Excl01):</b></p> <p>Pre-existing Diseases shall be covered after a waiting period of 36 months</p>	<p>Section</p> <p>D.I.1</p>

	<ul style="list-style-type: none"> <li>It is counted from the beginning of the policy coverage</li> </ul>	<b>2. Specified disease / procedure waiting period (Code- Excl02):</b> 24 months for specific illness/conditions and their complications in the first two years and is not applicable in subsequent renewals	D.I.2
	Body System	Illness	Treatment/ Surgery
	1. Eye	Cataract	Cataract Surgery
		Glaucoma	Glaucoma Surgery
		Refractive	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	Medical & Surgical treatment
		Joint Replacement Surgery	Medical & Surgical treatment
	5. Gastroenterology (Alimentary Canal and related Organs)	Non Specific Arthritis	Medical & Surgical treatment
		Stone in Gall Bladder, Bile duct & other parts of Biliary System	Medical & Surgical treatment
		Cholecystitis	Surgical treatment
		Pancreatitis	Surgical treatment
		Fissure, Fistula in ano, hemorrhoids (piles), Pilonidal Sinus, Ano-rectal & Perianal Abscess	Medical & Surgical treatment
		Rectal Prolapse	Medical & Surgical treatment
		Gastric or Duodenal Erosions or Ulcers + Gastritis & Duodenitis & Colitis	Medical & Surgical treatment
		Gastro Esophageal Reflux Disease (GERD)	Medical & Surgical treatment
		Cirrhosis	Medical & Surgical treatment
		Chronic Appendicitis	Surgical treatment
		Appendicular lump, Appendicular abscess	Medical & Surgical treatment
	6. Urogenital (Urinary and Reproductive system)	Stones in Urinary system (Stone in the Kidney, Ureter, Urinary Bladder)	Medical & Surgical treatment
		Benign Hypertrophy / Enlargement of Prostate (BHP / BEP)	Medical & Surgical treatment
		Hernia, Hydrocele	Medical & Surgical treatment
		Varicocoele / Spermatocoele	Medical & Surgical treatment
	7. Skin	Skin tumour (unless malignant)	Medical & Surgical treatment
		All skin diseases	Medical & Surgical treatment

	8. General Surgery	Any swelling, tumour, cyst, nodule, ulcer, polyp Mass , Swelling, Lump, Granulomas, Benign Tumour anywhere in the body (unless malignant)	Medical & Surgical treatment
		Varicose veins, Varicose ulcers	Medical & Surgical treatment
		<p>3. <b>30-day waiting period (Code- Excl03):</b> 30 days for all illnesses (except accident) in the first year and is not applicable in subsequent renewals and policies accepted under Portability</p>	D.I.3
8.	<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> <p>Expenses exceeding the following Sub-limits:</p> <p>i. Room Charges (Hospitalization): Room Rent Limit - SI 1 &amp; 2 Lac - 2% of SI for normal room rent, 4% for ICU</p> <p>NIL</p> <p>Daily Cash Benefit (Shared Accommodation) - 24 hrs deductible applicable</p> <p>NIL</p>	<p>Section C.I.(a)</p> <p>Section C.I.(b)</p>
9.	<b>Claims / Claims Procedure</b>	<p>a. Cashless Facilities can be availed only at Our Network Providers. The initial Authorization letter shall be issued to the Network Provider immediately but not more than one hour of receipt of request receiving the complete information</p> <p>(i) In case of Planned Hospitalization please intimate Us at least 3 days prior to the planned date of admission.</p> <p>(ii) In case of Emergency Hospitalization, please intimate us within 48 hours of such admission but not later than discharge.</p> <p>The complete list of Network Providers is available on Our website and at Our branches and can also be obtained by contacting Us over the telephone.</p> <p>b. For Reimbursement claims a written notice of the claim shall be submitted within 48 hours of admission to the Hospital or before discharge from the Hospital.</p> <p>(i) If the claim is not notified to Us within such time interval, then We shall be provided the reasons for the delay in writing. All required claims documents shall be submitted within 30 days of the Insured Person's discharge from Hospital.</p>	Section F.1.I

		<p>(ii) We shall settle or repudiate a claim within 30 days of the receipt of the last necessary information.</p> <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"> <li>• Network Hospital details - <a href="https://www.adityabirlacapital.com/healthinsurance/locate-care/hospital-listing">https://www.adityabirlacapital.com/healthinsurance/locate-care/hospital-listing</a></li> <li>• Hospital which are blacklisted or from where no claims will be accepted - <a href="https://www.adityabirlacapital.com/healthinsurance/downloads">https://www.adityabirlacapital.com/healthinsurance/downloads</a></li> <li>• Claim form - <a href="https://www.adityabirlacapital.com/healthinsurance/downloads">https://www.adityabirlacapital.com/healthinsurance/downloads</a></li> </ul> <p>Helpline Number 1800 270 7000</p>	
10.	<b>Policy Servicing</b>	<p>In case of any queries, the Insured/ Policyholder can contact Us with the details through:</p> <p>Our website: <a href="https://www.adityabirlacapital.com/healthinsurance">https://www.adityabirlacapital.com/healthinsurance</a></p> <p>Email: <a href="mailto:care.healthinsurance@adityabirlacapital.com">care.healthinsurance@adityabirlacapital.com</a></p> <p>Toll Free : 1800 270 7000</p> <p>Address: Aditya Birla Health Insurance Co. Limited Unit no, 1101 &amp; 1104 11th floor, Unit no 1501 &amp; 1502 15th floor, G Corp Tech Park, Kasarwadavali, Ghodbunder Road, Thane West - 400601</p>	
11.	<b>Grievances/ Complaints</b>	<p>In case of any grievance the insured person may contact the Website: <a href="https://www.adityabirlacapital.com/healthinsurance/faqs">https://www.adityabirlacapital.com/healthinsurance/faqs</a></p> <p>Toll- Free: 1800 270 7000</p> <p>E-mail: <a href="mailto:care.healthinsurance@adityabirlacapital.com">care.healthinsurance@adityabirlacapital.com</a></p> <p>(Senior citizens may write to us at: <a href="mailto:seniorcitizen.healthinsurance@adityabirlacapital.com">seniorcitizen.healthinsurance@adityabirlacapital.com</a>)</p> <p>Write to our HO at below address</p> <p>Unit no 1101 &amp; 1104 11th floor, Unit no 1501 &amp; 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 : <a href="mailto:carehead.healthinsurance@adityabirlacapital.com">carehead.healthinsurance@adityabirlacapital.com</a></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 <a href="mailto:gro.healthinsurance@adityabirlacapital.com">gro.healthinsurance@adityabirlacapital.com</a>.</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 - <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a></p>	E.I.15

12.	Things to remember	<p>a. <b>Free Look Cancellation</b></p> <p>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. <b>Policy Renewal</b></p> <p>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. <b>Portability and Migration:</b></p> <p>When your policy is due for renewal, you may migrate to another Policy with Us or port your policy to another Insurer.</p> <p><b>Migration:</b></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, Cumulative Bonus if any, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period, provided the policy was renewed continuously without break.</p> <p><b>Portability:</b></p> <p>The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured Person will get the accrued continuity benefits to the extent of the Sum Insured, Cumulative Bonus, if any, specific waiting periods, waiting period for pre-existing disease, Moratorium period, provided the policy was renewed continuously without break.</p> <p>In case the Insured Person wants to port their Health Insurance Policy from Aditya Birla Health Insurance to any other Company or for migration, then contact Us with the details through: E-mail ID: <a href="mailto:customercare.abh@adityabirla.com">customercare.abh@adityabirla.com</a> Toll Free : 1800 270 7000 Address: Any of Our Branch office or Corporate office</p> <p>d. <b>Change of Sum Insured:</b></p> <p>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,</p>	<p>Section E.I.14</p> <p>Section E.I.9</p> <p>Section E.I.7</p> <p>Section E.I.8</p> <p>Section E.II.21(vii)</p>
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		<p>the waiting period shall start afresh only for the enhanced portion of the sum insured.</p> <p>e. <b>Moratorium Period</b> 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.11</p>
13.	<b>Insured's Obligations</b>	<p>The Insured Person must disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid. During the Policy term any material information changes on occupation and/ or medical conditions shall be communicated to Us in a Change Request form. This form can be downloaded from Our website or collected from Our branch office or can also be obtained by contacting Us over the telephone.</p>	E.I.1

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

**Declaration by the Policy Holder:**

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

**Place:**

**Date:**

**(Signature of the Policy Holder)**

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

Please refer below link for Product related documents

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

**Aditya Birla Health Insurance Co. Limited**

Product Name: Activ Fit (Young Adult Product), Product UIN: ADIHLIP22008V012223.  
1800 270 7000 | care.healthinsurance@adityabirlacapital.com | www.adityabirlahealthinsurance.com  
Trademark/Logo Aditya Birla Capital is owned by Aditya Birla Management Corporation Private Limited and  
Trademark/Logo HealthReturns, Healthy Heart Score and Active Day are owned by Momentum Metropolitan Life Limited  
(Formerly known as MMI Group Limited). These trademark/Logos are being used by Aditya Birla Health Insurance Co. Limited  
under licensed user agreement(s).

**Registered Office:**

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