ADITYA BIRLA CAPITAL
HEALTH INSURANCE

Activ One MAX+
CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

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

<table>
<tr><th>SR. No.</th><th>TITLE</th><th>DESCRIPTION (Please refer to applicable Policy Clause Number in next column)</th><th>POLICY CLAUSE NUMBER</th></tr>
<tr><td>01.</td><td>Name of Insurance Product/Policy</td><td>Activ One - MAX+</td><td></td></tr>
<tr><td>02.</td><td>Policy number</td><td></td><td></td></tr>
<tr><td>03.</td><td>Type of Insurance Product / Policy</td><td>Both Indemnity and Benefit</td><td></td></tr>
<tr><td>04.</td><td>Sum Insured (Basis) (Along with Amount)</td><td>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><th>Insured Person</th><th>Individual Sum Insured</th><th>Family Floater Sum Insured</th></tr>
<tr><td>X</td><td>INR. XXXXXX</td><td rowspan="3">INR. XXXXXX</td></tr>
<tr><td>Y</td><td>INR. XXXXXX</td></tr>
<tr><td>Z</td><td>INR. XXXXXX</td></tr>
</table></td><td></td></tr>
<tr><td rowspan="21">05.</td><td rowspan="21">Sum Insured (Basis) (Along with Amount)</td><td>I. Basic covers</td><td></td></tr>
<tr><td>1. Hospitalization Treatment</td><td>C.1</td></tr>
<tr><td>2. Pre-Hospitalization Expenses</td><td>C.2</td></tr>
<tr><td>3. Post-Hospitalization Expenses</td><td>C.3</td></tr>
<tr><td>4. Claim Protect (Non-Medical Expense Waiver)</td><td>C.4</td></tr>
<tr><td>5. Domiciliary Hospitalization</td><td>C.5</td></tr>
<tr><td>6. Home Health Care</td><td>C.6</td></tr>
<tr><td>7. AYUSH Treatment</td><td>C.7</td></tr>
<tr><td>8. Organ Donor Expenses</td><td>C.8</td></tr>
<tr><td>9. Annual Health Check-up</td><td>C.9</td></tr>
<tr><td>10. Super Reload</td><td>C.10</td></tr>
<tr><td>11. Super Credit</td><td>C.11</td></tr>
<tr><td>12 Durable Medical Equipment Cover</td><td>C. 12</td></tr>
<tr><td>13. Advanced Health Check-up</td><td>C. 13</td></tr>
<tr><td>14. Health Management Program</td><td>C. 14</td></tr>
<tr><td>II. Optional Covers: (Available if opted by paying additional premium)</td><td>C.15</td></tr>
<tr><td>15. Reduction in Specific Disease waiting period</td><td>C.15.1</td></tr>
<tr><td>16. Reduction in Pre-Existing Disease waiting period</td><td>C.15.2</td></tr>
<tr><td>17. Room Rent Type Options</td><td>C.15.3</td></tr>
</table>

		18. Per Claim Deductible	C.15.4
		19. Preferred Provider Network (PPN) Discount	C.15.5
		20. Critical Illness cover	C.15.6
		21. Personal Accident Cover (AD+PTD+PPD)	C.15.7
		22. Chronic Care (Day 1 In-patient Hospitalization)	C.15.8
		23. Chronic Management Program (OPD)	C.15.9
		24. Cancer Booster	C.15.10
		25. Compassionate Visit	C.15.11
		26. Second Medical Opinion for listed Major Illness	C.15.12
		27. Annual Screening Package for Cancer Diagnosed Patients	C.15.13
		III. Optional Add-ons: (Available if opted by paying additional premium) – Please refer to Policy Schedule	
06.	**Exclusions (What the policy does not cover)**	**Standard Exclusion:** 1. Investigation & Evaluation (Code- Excl04) 2. Rest Cure, rehabilitation and respite care (Code- Excl05) 3. Obesity/ Weight Control (Code- Excl06) 4. Change-of-Gender treatments: (Code- Excl07) 5. Cosmetic or plastic Surgery: (Code- Excl08) 6. Hazardous or Adventure sports: (Code- Excl09) -. 7. Breach of law: (Code- Excl10) 8. Excluded Providers: (Code- Excl11) 9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12). 10. Treatments received in heath hydros, 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) 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) 12. Refractive Error:(Code- Excl15) 13. Unproven Treatments:(Code- Excl16) 14. Sterility and Infertility: (Code- Excl17) 15. Maternity Expenses (Code - Excl18)	D.1.4 to D.1.18
		Specific Exclusions: 1. Circumstantial Exclusion 2. Behavioural Exclusions 3. Medical Exclusions 4. Prosthesis and Devices 5. Non-Medical expenses 6. Specific treatment Exclusion 7. Activities and Profession Exclusions 8. Geographical Exclusion	D.2.1 to D.2.8

07.	**Waiting period** • Time period during which specified disease / treatment is not covered • It is counted from the beginning of the policy coverage	• **Initial waiting Period:** 30 days for all illnesses (except accident) in the first year and is not applicable in subsequent renewals and policies accepted under Portability • For Personal Accident Cover (AD,PTD), no initial waiting period applicable. • For Critical Illness Cover, We shall not be liable to make any payment in respect of any Critical Illness whose signs or symptoms first occur within 60 days from the Inception Date of cover. • **Specific Waiting periods** (Not applicable for claims arising due to an accident): 24 months for listed diseases/procedures • **Pre-Existing Diseases:** Covered after 36 months Note: Waiting Periods in force for Insured Persons shall be as per the plan opted or option selected	D.1.3 C.15.6 D.1.2 D.1.1
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) ii) **Co-payment** (It is a specified amount / percentage of the admissible claim amount to be paid by Insured) iii) **Deductible** (It is a specified amount: - up to which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount) iv) **Any other limit**	Nil Nil Nil Nil	

<table>
<tr>
<td>09.</td>
<td>Claims /
Claims Procedure</td>
<td>
a. For Cashless Service:
Kindly contact us 48 hrs prior for planned hospitalisation or within 24 hours of hospitalisation in case of emergency hospitalisation.

Link for Hospital Network details:
https://www.adityabirlacapital.com/healthinsurance/locate-care/hospital-listing

b. For Reimbursement of Claim:
<table>
<tr><th>Type of claim</th><th>Prescribed Time Limit</th></tr>
<tr><td>Reimbursement of Hospitalization, Day Care Treatment or Pre Hospitalization Expenses</td><td>Within 30 days of date of discharge from Hospital.</td></tr>
<tr><td>Reimbursement of Post Hospitalization Expenses</td><td>Within 15 days from completion of post Hospitalization treatment.</td></tr>
</table>
c. For Personal Accident and Critical Illness benefits We shall be given an intimation of the claim within 7 days from the date of Accident or diagnosis of the critical illness or admission in the Hospital.
The claims documents must be provided to Us within 30 days of occurrence of the event.
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<td>E.2.7

E.2.7

E.2.7.2</td>
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<td>10.</td>
<td>Policy Servicing</td>
<td>
In case of any Policy Services 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)
• In case you are not satisfied with the resolution you may write to Head – Customer Care : carehead.healthinsurance@adityabirlacapital.com
• Courier: Write to Us 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
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<tr>
<td>11.</td>
<td>Grievances /
Complaints</td>
<td>
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)
• In case you are not satisfied with the resolution you may write to Head – Customer Care : carehead.healthinsurance@adityabirlacapital.com
• Courier: Write to Us at below address
• Unit no 1101 & 1104 11th floor, Unit no 1501 & 1502 15th floor, G Corp Tech Park, Kasarwadavali, Ghodbunder
</td>
<td>E.1.8</td>
</tr>
</table>

		Road,Thane West – 400601 Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. 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 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 (at the addresses given in Annexure II of Policy terms and conditions) Grievance may also be lodged at IRDAI Integrated Grievance Management System-https://bimabharosa.irdai.gov.in/	
12.	**Things to Remember**	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. 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. A request received by insurer for cancellation of the policy during free look period shall be processed and premium shall be refunded within 7 days of receipt of such request. b. **Policy Renewal:** 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. c. **Migration and Portability:** The Insured Person will have the option to migrate the Policy to other health insurance products / plans, offered by the Company or to port the Policy to other insurers **Process for 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 atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration.	E.1.1 E.1.3 E.1.12 and 13

		Process for 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 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability In case the Insured Person wants to migrate or Port their Health Insurance Policy, then contact Us with the details through: E-mail ID: care.healthinsurance@adityabirlacapital.com Toll Free: 1800 270 7000 Address: Any of Our Branch office or Corporate office d. **Changes to Sum Insured on Renewal:** You may opt for enhancement of Sum Insured at the time of Renewal, subject to underwriting. All Waiting Periods as defined in the Policy shall apply afresh for this enhanced limit from the effective date of such enhancement. 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.	E.2.5.C E.1.10
13.	**Insured's Obligations**	a. 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 by the policyholder. b. 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.	E.1.14

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)

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