



31-24-0067015-01

CHANDRAGIRI SHANTHA  
W/O:CHANDRAGIRISOMIAIAH,D.NO:6-2-695/1  
HYDERABADROAD,SRINAGARCOLONY  
null  
Nalgonda  
TELANGANA  
INDIA  
508001  
7569534188  
15/07/2025

Dear CHANDRAGIRI SHANTHA,

Thank you for choosing us. In our journey together, we promise to offer you the best insurance and assurance of good health.

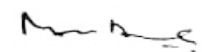
Together, we will achieve our goals by making every small step count. Every ladder you climb, every calorie you burn, every lap you swim, every song you dance on - every little act will move the needle towards a healthier you.

Excited? So are we! Get ready to make the most out of your new insurance plan

**Activ One - MAX**

Thank you once again for partnering with us. With our purpose of Empowering You To Lead A Healthier Life, we ensure you a fruitful and healthful journey.

Warm regards,



Mayank Bathwal  
Chief Executive Officer  
Aditya Birla Health Insurance Co. Limited.



**Empowering people to  
lead healthier lives**



Up to **100%** of your  
Premium as Health  
Returns™



**90 days pre and  
180 days post  
Hospitalization Coverage**



**Any Room** of your  
Choice up to  
Base Sum Insured



**Claims Protect:** Avail  
Claim coverage for listed  
Non-Medical expenses




**Super Reload:** Unlimited  
refil up to 100% Sum  
Insured from 2nd claim  
Onwards

Introducing The Activ Health App



**Your health and your  
policy, all in one place**

**Aditya Birla Health  
Insurance Co. Ltd.**


**POLICY NUMBER:** 31-24-0067015-01

Name	Membership No	DOB
CHANDRAGIRI SHANTHA	PT08846417	16/Aug/1976

Aditya Birla Health Insurance Co. Limited. Aditya Birla Capital is a member of Aditya Birla Management Corporation Private Limited and is licensed by Aditya Birla Health Insurance Co. Limited under license agreement.

For assistance, connect with us via the following channels:



On WhatsApp send  
'Hi' to +91 8828800035



Dial 1800-270-7000  
to speak to an executive



care.healthinsurance@adityabirlacapital.com

Follow us on:



Product Name: Activ One, Product UIN: ADIHLIP24097V012324

## Activ One MAX Policy Schedule

This document will serve as a quick guide for you to understand important information regarding your health insurance policy including its key features, coverage limits, premium details and nominee details, among others.

Policy Issuing Office	Unit no 1101 & 1104 11th floor, Unit no 1501& 1502, 15th floor, G Corp Tech Park, Kasarwadavali, Ghodbunder Road, Thane West-400615	Policy Servicing Office	H.No.6-6-475, 6-6-476,sy.no 1484,1260 , ward no 6block no 6,D V Plaza,y Nalgonda TELANGANA 508001
Intermediary Name	Shivani Chappidi .	Intermediary Code	ABH11101035
Intermediary Contact Details	9533432395	Intermediary E-mail ID	shivanimamilla171@gmail.com
Toll Free Number	18002707000		

### I. Details of Policyholder

Policyholder Name	CHANDRAGIRI SHANTHA
Policyholder Address	W/O:CHANDRAGIRISOMAIAH,D.NO:6-2-695/1 HYDERABADROAD,SRINAGARCOLONY Nalgonda, 508001, Nalgonda, TELANGANA
Contact Number	7569534188
Email Id	suXXXXXXXXXX99@gmail.com
GSTIN	NA

### II. Policy Details

Product Name	<b>Activ One</b>		
Plan	MAX		
Policy Number	31-24-0067015-01		
First Policy Start date	15/07/2024		
Start Date of Policy & Time	00:00 hrs on 15/07/2025	Expiry Date & Time of Policy	23:59 hrs on 14/07/2026
Policy Type	Individual	Policy Tenure	1 Year
Policy Category	Renewal	Enrollment for Automatic renewal premium payment facility	NO
Mode of Premium payment	Single		
Portability/Migration	No	Previous Policy Number	31-24-0067015-00
GSTIN	NA	GSTIN Account Type	Consumers

### III. Insured Person's Details

Name of Insured person	Start date of Policy of Insured Person (only in case of new member additions mid term)	Relationship with Proposer	Member ID	Age (completed birthday)	Gender	DOB (DD-MM-YYYY)	Pre-Existing Diseases (PED) (if applicable)	Start date of first policy with us(applicable at policy renewal)
CHANDRAGIRI SHANTHA	NA	Self	PT08846417	48	Female	16/08/1976	NA	15/07/2024

Continued and to be read in conjunction of the table above

Base Sum Insured	Initial Waiting Period	Specific disease Waiting period	Pre-Existing Disease Waiting Period	Super Credit Amount	Super Credit %
1000000	30 Days	2 Years	3 Years	1000000	100

Continued and to be read in conjunction of the table above optional cover opted.

Note : The waiting periods mentioned in above table are as on inception date of first policy of the Insured member with us.



#### IIIB. Chronic Care Details

Name of the Insured Person	Chronic Condition	Waiting Period from Start Date of First Policy	Start Date of Coverage	Chronic Management Program Applicability
CHANDRAGIRI SHANTHA	No	NA	NA	No

Name of the Insured Person	Special Condition (if applicable)
CHANDRAGIRI SHANTHA	No

Name of the Insured Person	Pre-Existing Disease Details (if applicable)
CHANDRAGIRI SHANTHA	NA

HealthReturns™ (Applicable for Renewal Policy)		
Name of the Insured Person	HealthReturns™ carried forward from Previous Year	Total HealthReturns™ available for utilization
CHANDRAGIRI SHANTHA	NA	0

Trademarks - HealthReturns™, Healthy Heart Score and Active Dayz are owned by MMI Group Limited and used under license by Aditya Birla Health Insurance Co. Limited.



#### IV. Nominee Details

Nominee Name	Nominee Relationship with Policyholder	Nominee Contact Number
SUMANTHKUMAR CHANDRAGIRI	Son	7382000290

Appointee Details: (Required only if Nominee is a Minor)

Appointee Name	Relationship with Nominee
NA	NA

Note - A Minor should not be declared as Appointee.

## VI. Product Benefit Table

	Product Name		<b>Activ One</b>
	Plan Variant		<b>MAX</b>
	Base Sum Insured		Refer Base Sum Insured column under Insured Person's details above
Basic Covers	Hospitalization Treatment	Room Rent	Any Room - Actuals up to Sum Insured
		ICU Charges	Actuals up to Sum Insured
		Road Ambulance Cover (per hospitalization)	Actuals up to Sum Insured
		Day Care Treatments	Actuals up to Sum Insured
		Modern Procedures / Treatments	Actuals up to Sum Insured for listed procedures
		HIV / AIDS and STD Cover	Actuals up to Sum Insured
		Mental Illness Hospitalization	Actuals up to Sum Insured
		Obesity Treatment	Actuals up to Sum Insured
	Pre-Hospitalization Expenses (up to Sum Insured)		90 Days
	Post-Hospitalization Expenses (up to Sum Insured)		180 Days
	Claim Protect (Non-Medical Expense Waiver)		Waiver of Non-Medical Expense Exclusion of Base Policy List as per Annexure 1 (all 4 lists)
	Domiciliary Hospitalization		Actuals up to Sum Insured
	Home Health Care		Actuals up to Sum Insured
	AYUSH Treatment		Actuals up to Sum Insured
	Organ Donor Expenses		Actuals up to Sum Insured
	Annual Health Check up (Listed & Cashless)		Covered
	Super Reload	Unlimited Refill [2nd Claim onwards - Unlimited Times (upto Base Sum Insured)]	Covered
	Super Credit (increases irrespective of claim)		100% of SI per year, up to 500% of Base Sum Insured (up to Max of 3 Cr under this benefit)
	Health Management Program	Health Assessment <sup>TM</sup>	Available once in a policy year undertaken at our Network Providers / Empaneled Service Providers on a cashless basis only / on digital basis
		HealthReturns <sup>TM</sup>	Available up to 100% of the Premium

## VII. Premium Details (INR)

Premium for Base and Related Covers	Premium for Other Optional Covers (If Opted)	Loading (if applicable)	Discounts (if applicable)	CGST (9%)	SGST/UTGST (9%)	IGST (18%)	Other taxes/Cess (1%)	Total Premium
13669.38	0.00	0	0	1230.24	1230.24	NA	NA	16130.00

GST Registration No: 36AANCA4062G1Z0 PAN Number :AANCA4062G Category: General Insurance SAC Code: 997133

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Consolidated Stamp Duty paid vide E-challan GRN no. MH001265008202526E & 25/04/2025

For and on behalf of Aditya Birla Health Insurance Co. Ltd

Date : 15/07/2025

Location : Mumbai



Authorized Signatory

### Aditya Birla Health Insurance Co. Limited

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

## Premium Certificate

We confirm the receipt of premium amount of INR 16130.00 as per below details paid by Mrs. CHANDRAGIRI SHANTHA for Self and/or Family and/or Parents:

Policy Number:	31-24-0067015-01	Plan Name:	MAX
Type of Plan:	Individual	Proposer Name:	CHANDRAGIRI SHANTHA
Policy Start Date:	00:00 hrs on 15/07/2025	Policy End Date:	23:59 hrs on 14/07/2026

### Premium Details:

Premium Date	Net Premium Amount	CGST	SGST	IGST	Total Premium (incl. of taxes)	Total Premium Paid
13-07-2025	13669.38	1230.24	1230.24	0.00	16130.00	16130

Mode of Premium payment	Single
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Year wise breakup of premium for the purpose of claiming Income Tax deduction u/s 80D (subject provisions of Income Tax Act) is provided as under:

Financial Year	Year wise proportionate Premium amount*
2025-26	16,130.00

• Premium paid in cash(Rs. 0), premium paid using HealthReturns™, and premium paid towards Personal Accident, Wellness Coach do not qualify for deduction u/s 80D. Further premium paid for person other than family member & parents (as defined under Income Tax Act) also don't qualify for deduction under section 80D.

Amount is rounded off to nearest rupee and is inclusive of all taxes and cesses as applicable. For exact premium, please refer to Section VII of Policy schedule

### Note:

1. The year wise deductions as mentioned above are as per provision of Section 80D and this would be subjected to the specified annual limits and other provisions as applicable for respective years as per applicable provisions of Income Tax Act.
2. Deduction under section 80D of the Act is allowed to the person who pays premium out of his/her income chargeable to tax.
3. Deduction under section 80D of the Act is available on realization of premium paid by Policyholder.
4. Tax laws are subject to change and any such change could have a retrospective effect. This letter should not be construed as tax, legal or investment opinion from us. For specific suitability, you are requested to consult your tax advisor.
5. This receipt must be surrendered to the company, in case of cancellation of this policy. In event of incorrect representation of this declaration the liability shall be upon the policy holder.

For and on behalf of Aditya Birla Health Insurance Co. Ltd

Date : 15/07/2025

Location: Mumbai



Authorized Signatory

### Aditya Birla Health Insurance Co. Limited

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CIN:U66000MH2015PLC263677  
IRDA Registration No. 153

**Aditya Birla Health  
Insurance Co. Ltd.**



**HEALTH INSURANCE**

Toll Free No. : 1800 270 7000  
Website : [adityabirlahealthinsurance.com](http://adityabirlahealthinsurance.com)  
Email : [care.healthinsurance@adityabirlacapital.com](mailto:care.healthinsurance@adityabirlacapital.com)

**Aditya Birla Health  
Insurance Co. Ltd.**



**HEALTH INSURANCE**

**POLICY NO. 31-24-0067015-01**

Name	Membership No.	DOB
CHANDRAGIRI SHANTHA	PT08846417	16/Aug/1976

Aditya Birla Health Insurance Co. Limited, Regd. No. 153, CIP No. 153/00014/2015-16, 2015-17, Website : [www.adityabirlahealthinsurance.com](http://www.adityabirlahealthinsurance.com)  
Fax: 022-6225 7700 Disclaimer: Trademark/Logo Aditya Birla Capital is owned by Aditya Birla Management Corporation Private Limited and is used by Aditya Birla Health Insurance Co. Limited under licensed user agreement(s).

## 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.

SR. No.	TITLE	DESCRIPTION	POLICY CLAUSE NUMBER				
01.	Product Name	Activ One MAX					
02.	Policy Number	31-24-0067015-01					
03.	Type of Insurance Product/Policy	Indemnity basis: 1. Hospitalization Treatment 2. Pre-Hospitalization Expenses 3. Post-Hospitalization Expenses 4. Claim Protect (Non-Medical Expense Waiver) 5. Domiciliary Hospitalization 6. Home Health Care 7. AYUSH Treatment 8. Organ Donor Expenses 9. Annual Health Check-up 10. Super Reload 11. Super Credit 12. Health Assessment™ 13. Health Returns™ 14. Reduction in Specific Disease Waiting Period 15. Reduction in Pre-Existing Disease Waiting Period 16. Room Rent Type Options 17. Per Claim Deductible 18. Preferred Provider Network (PPN) Discount 19. Chronic Care (Day 1 In-patient Hospitalization) 20. Chronic Management Program (OPD) 21. Cancer Booster 22. Durable Medical Equipment Cover 23. Compassionate Visit 24. Second Medical Opinion for listed Major Illness 25. Annual Screening Package for Cancer Diagnosed Patients Fixed Benefit basis for all claims under: 1. Critical Illness cover 2. Personal Accident Cover					
04.	Sum Insured (Basis) (Along with amount)	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></tr><tr><td>CHANDRAGIRI SHANTHA</td><td>1000000</td></tr></table>	Insured Person	Individual Sum Insured	CHANDRAGIRI SHANTHA	1000000	
Insured Person	Individual Sum Insured						
CHANDRAGIRI SHANTHA	1000000						

05.	<b>Policy Coverage</b> <b>(What the policy covers?)</b>	<b>I. Basic covers</b> <ol style="list-style-type: none"> <li>Hospitalization Treatment               <ol style="list-style-type: none"> <li>In-Patient Treatment</li> <li>Other expenses covered                   <ol style="list-style-type: none"> <li>Road Ambulance (domestic only)</li> <li>Dental Treatment</li> <li>Plastic Surgery</li> <li>All Day Care Treatments</li> <li>Modern Procedures/Treatments</li> <li>HIV / AIDS and STD Cover</li> <li>Mental Illness Hospitalization</li> <li>Obesity Treatment</li> </ol> </li> </ol> </li> <li>Pre-Hospitalization Expenses</li> <li>Post-Hospitalization Expenses</li> <li>Claim Protect (Non-Medical Expense Waiver)</li> <li>Domiciliary Hospitalization</li> <li>Home Health Care</li> <li>AYUSH Treatment</li> <li>Organ Donor Expenses</li> <li>Annual Health Check-up</li> <li>Super Reload</li> <li>Super Credit</li> <li>Health Management Program                   <ol style="list-style-type: none"> <li>Health Assessment™</li> <li>HealthReturns™</li> </ol> </li> </ol>	C.1 C.1.1 C.1.1.1 C.1.1.1.a C.1.1.1.b C.1.1.1.c C.1.1.1.d C.1.1.1.e C.1.1.1.f C.1.1.1.g C.1.1.1.h C.2 C.3 C.4 C.5 C.6 C.7 C.8 C.9 C.10 C.11 C. 12 C.12.1 C.12.2
		<b>II. Optional Covers: (Available if opted by paying additional premium)</b> <ol style="list-style-type: none"> <li>Reduction in Specific Disease waiting period</li> <li>Reduction in Pre-Existing Disease waiting period</li> <li>Room Rent Type Options</li> <li>Per Claim Deductible</li> <li>Preferred Provider Network (PPN) Discount</li> <li>Critical Illness cover</li> <li>Personal Accident Cover (AD+PTD+PPD)</li> <li>Chronic Care (Day 1 In-patient Hospitalization)</li> <li>Chronic Management Program (OPD)</li> <li>Cancer Booster</li> <li>Durable Medical Equipment Cover</li> <li>Compassionate Visit</li> <li>Second Medical Opinion for listed Major Illness</li> <li>Annual Screening Package for Cancer Diagnosed Patients</li> </ol>	C.13 C.13.1 C.13.2 C.13.3 C.13.4 C.13.5 C.13.6 C.13.7 C.13.8 C.13.9 C.13.10 C.13.11 C.13.12 C.13.13 C.13.14
06.	<b>Exclusions</b> <b>(What the policy does not cover)</b>	<b>Standard Exclusion:</b> <ol style="list-style-type: none"> <li><b>Investigation &amp; Evaluation (Code- Excl04)</b> <ol style="list-style-type: none"> <li>Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.</li> </ol> </li> </ol>	D.1.4



		<p>b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.</p>	
		<p><b>2. 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> <ul style="list-style-type: none"> <li>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.</li> <li>ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</li> </ul>	D.1.5
		<p><b>3. Obesity/ Weight Control (Code- Excl06)</b></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"> <li>1) Surgery to be conducted is upon the advice of the Doctor</li> <li>2) The surgery/Procedure conducted should be supported by clinical protocols</li> <li>3) The member has to be 18 years of age or older and</li> <li>4) Body Mass Index (BMI); <ul style="list-style-type: none"> <li>a) greater than or equal to 40 or</li> <li>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"> <li>i. Obesity-related cardiomyopathy</li> <li>ii. Coronary heart disease</li> <li>iii. Severe Sleep Apnea</li> <li>iv. Uncontrolled Type2 Diabetes</li> </ul> </li> </ul> </li> </ul>	D.1.6
		<p><b>4. 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.1.7
		<p><b>5. 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.1.8
		<p><b>6. Hazardous or Adventure sports: (Code- Excl09) - Expenses</b></p> <p>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.1.9

	<p><b>7. Breach of law: (Code- Excl10)</b> - 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.1.10
	<p><b>8. Excluded Providers: (Code- Excl11)</b> 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 (<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.1.11
	<p>9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. <b>(Code- Excl12).</b></p>	D.1.12
	<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. <b>(Code- Excl13)</b></p>	D.1.13
	<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 <b>(Code- Excl14)</b></p>	D.1.14
	<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.1.15
	<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.1.16
	<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.1.17

		<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.1.18
		<p><b>Specific Exclusions</b></p> <p><b>1. Circumstantial Exclusion</b></p> <ul style="list-style-type: none"> <li>a) Treatment resulting from war, invasion, civil war, revolt, or military involvement: Medical treatment that arises from or is related to acts of war, military operations, or involvement in armed forces activities</li> <li>b) Exclusion of certain acts and substances: Treatment or consequences related to unlawful acts, nuclear weapons / materials, chemical and biological weapons, radiation exposure, or contamination by radioactive materials or substances.</li> <li>c) The Insured Person's direct participation in terrorist acts;</li> </ul> <p><b>2. Behavioural Exclusions</b></p> <ul style="list-style-type: none"> <li>a) Suicide or attempted suicide, intentionally hurting oneself on purpose;</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> <p><b>3. Medical Exclusions</b></p> <ul style="list-style-type: none"> <li>a) All routine examinations and Health Check-ups except as per terms and conditions mentioned under Section C.9 – Annual Health Check-up</li> <li>b) Circumcisions (unless required for medical reasons or as part of a treatment plan for an illness or injury);</li> <li>c) Conditions for which treatment could have been done on an outpatient basis without any Hospitalization</li> <li>d) Preventive care, vaccinations and immunizations (except in case of post-bite treatment); any physical, psychiatric or psychological examinations or testing</li> <li>e) Admission for nutritional and electrolyte supplements unless certified by the attending medical practitioner that they are necessary as a direct result of a covered claim</li> <li>f) Any conditions or abnormalities that are present at birth and are visible on the outside of the body, as well as any related diseases or defects,</li> </ul>	<p>D.2.1</p> <p>D.2.2</p> <p>D.2.3</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) Dental/oral treatment: Treatment, procedures and preventive, diagnostic, restorative, cosmetic services related to disease, disorder and conditions related to natural teeth and gingiva except if required by an Insured Person while Hospitalized due to an Accident</p> <p>i) AYUSH Treatment Any form of AYUSH Treatments, except as mentioned under Section C.7</p>	
		<p><b>4. 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) Expenses for prosthesis (artificial body parts), corrective devices, external durable medical equipment, wheelchairs, crutches, or instruments used in the diagnosis / treatment of sleep apnea syndrome and other sleep disorders 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.</p>	D.2.4
		<p><b>5. Non-Medical expenses</b></p> <p>As mentioned under Annexure (I), items in List I II, III &amp; IV will be excluded unless forms a part of In-patient hospitalization.</p>	D.2.5
		<p><b>6. Specific treatment Exclusion</b></p> <p>Treatment involving 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. Treatments provided by a Medical Practitioner who is a family member of the Insured Person or resides in the same household, unless pre-approval is obtained from Us.</p>	D.2.6
		<p><b>7. Activities and Profession Exclusions</b></p> <p>a) Treatment received from a person who is not recognized as a registered Medical Practitioner by any state medical council or the medical council of India.</p> <p>b) Medical or treatment fees charged by unlicensed and unauthorized practitioners are not covered</p>	D.2.7

		<b>8. Geographical Exclusion</b> Treatment taken outside India, unless specified to be covered in the Policy Schedule.	D.2.8
07.	<b>Waiting period</b> • Time period during which specified disease / treatment is not covered  • It is counted from the beginning of the policy coverage	<b>1. Pre-Existing Diseases (Code- Excl01):</b> Pre-existing Diseases shall be covered after a waiting period of 36 months as specified in Product Benefit Table / Policy Schedule	D.1.1
		<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.1.2
	<b>Body System</b>	<b>Illness</b>	<b>Treatment/ Surgery</b>
	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 &	Medical & Surgical treatment
		Benign Tumour of the female genito urinary system	
		Polycystic Ovarian Disease	Medical & Surgical treatment
		Uterine Prolapse	Medical & Surgical treatment
		Fibroids (Fibromyoma)	Medical & Surgical treatment
		Breast lumps (excluding Malignant)	Medical & Surgical treatment
		Dysfunctional Uterine Bleeding (DUB)	Medical & Surgical treatment
		Endometriosis	Medical & Surgical treatment
		Menorrhagia	Medical & Surgical treatment
		Pelvic Inflammatory Disease	Medical & Surgical treatment
	4. Orthopedic / Rheumatological	Gout	Medical & Surgical treatment
		Rheumatism, Rheumatoid Arthritis	Medical & Surgical treatment
		Non infective arthritis	Medical & Surgical treatment
		Osteoarthritis	Medical & Surgical treatment
		Osteoporosis	Medical & Surgical treatment
		Prolapse of the intervertebral disc	Medical & Surgical treatment
		Spondilosis, Spondioarthritis, Spondylopathies	Medical & Surgical treatment
		Ankylosing Spondilitis / Spondylopathies	Medical & Surgical treatment
		Psoriatic Arthritis / Arthropathy	Medical & Surgical treatment
		Internal Derangement of Knee / Ligament or Tendon or Meniscus Tear	Medical & Surgical treatment
		Joint Replacement Surgery	Medical & Surgical treatment
		Non Specific Arthritis	Medical & Surgical treatment

	5. Gastroenterology (Alimentary Canal and related Organs)	Stone in Gall Bladder, Bile duct & other parts of Biliary System	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
		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	D.1.3
		4. <b>Initial waiting period (Applicable for Critical Illness Cover)</b> <ul style="list-style-type: none"> <li>For Personal Accident Cover (AD,PTD), no initial waiting period applicable.</li> <li>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.</li> </ul>	C.13.6
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  (iv) Any other limit	Nil  Nil  Nil  Nil	

09.	Claims / Claims Procedure	<p>a. For Cashless Service:</p> <p>Kindly contact us 48 hrs prior for planned hospitalisation or within 24 hours of hospitalisation in case of emergency hospitalisation.</p> <p>Link for Hospital Network details:</p> <p><a href="https://www.adityabirlacapital.com/healthinsurance/locate-care/hospital-listing">https://www.adityabirlacapital.com/healthinsurance/locate-care/hospital-listing</a></p> <p>b. For Reimbursement of Claim:</p> <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> <p>c. For Personal Accident: We shall be given an intimation of the claim along with the following details within 7 days from the date of Accident.</p> <p>d. For Critical Illness: We shall be given intimation of the claim along with the following details within 30 days of the diagnosis of the Critical Illness.</p>	Type of claim	Prescribed Time Limit	Reimbursement of Hospitalization, Day Care Treatment or Pre Hospitalization Expenses	Within 30 days of date of discharge from Hospital.	Reimbursement of Post Hospitalization Expenses	Within 15 days from completion of post Hospitalization treatment.	<p>E.2.7.1.a</p> <p>E.2.7</p> <p>E.2.7.2</p> <p>E.2.7.2</p>
Type of claim	Prescribed Time Limit								
Reimbursement of Hospitalization, Day Care Treatment or Pre Hospitalization Expenses	Within 30 days of date of discharge from Hospital.								
Reimbursement of Post Hospitalization Expenses	Within 15 days from completion of post Hospitalization treatment.								
10.	Policy Servicing	<p>In case of any Policy services 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>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>Courier:</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>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 (at the addresses given in Annexure II)</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>							

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>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>Courier:</p> <p>Write to our HO at below address</p> <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>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>Courier:</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>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 (at the addresses given in Annexure II)</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.1.8
12.	<b>Things to remember</b>	<p>a. <b>Free Look period:</b> 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</p>	E.1.1



		<p>electronically or otherwise, to review the terms and conditions of the policy, and to return the same if not acceptable.</p> <p>If the insured has not made any claim during the Free Look Period, the Insured shall be entitled to:</p> <p>i. A refund of the premium paid, less any expenses incurred by the Company on medical examination of the Insured Person and stamp duty charges, where the risk has not commenced or</p> <p>ii. Where the risk has already commenced and the option of return of the policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover, expenses, if any incurred by the Company on medical examination of the Insured Person and stamp duty charges or</p> <p>iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance \ coverage during such period, expenses, if any incurred by the Company on medical examination of the Insured Person and stamp duty charges.</p> <p>A request received by insurer for cancellation of the policy during free look period shall be processed and premium shall be refunded</p>	
		<p>b. <b>Policy Renewal:</b> 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>	E.1.3
		<p>c. <b>Migration:</b> The Insured Person will have the option to migrate the Policy to other health insurance products / plans, offered by the Company, by applying for migration of the policy at least 30 days before the policy renewal date. If such person is presently covered and has been continuously covered without any lapses under any health insurance product / plan offered by the Company, the Insured Person will get the accrued continuity benefits to the extent of the Sum Insured, No Claim Bonus if any, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period, provided the policy was renewed continuously without break.</p> <p>In case the Insured Person wants to migrate 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</p>	E.1.12
		<p>d. <b>Portability:</b> 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</p>	E.1.13

		<p>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, then contact Us with the details through:  E-mail ID: <a href="mailto:care.healthinsurance@adityabirlacapital.com">care.healthinsurance@adityabirlacapital.com</a>  Toll Free: 1800 270 7000  Address: Any of Our Branch office or Corporate office</p> <p>e. <b>Changes to Sum Insured on Renewal:</b> 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.</p> <p>f. <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>E.2.5.C</p> <p>E.1.10</p>
13.	<b>Insured's Obligations</b>	<p>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.</p> <p>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.</p>	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 : Nalgonda

Date :15-JUL-25

I declare that I have accepted and read the CIS in relation to my policy-31-24-0067015-01

(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 \(adityabirlacapital.com\)](https://adityabirlacapital.com)

**Aditya Birla Health Insurance Co. Limited**

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

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**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



# NOW ANY HOSPITAL IS A CASHLESS HOSPITAL

Dear Customer,

We thank you for choosing ABHI as your trusted partner in your health and healthcare journey.

Keeping up with our commitment to seamlessly serve you, you can now avail the benefit of **Cashless Anywhere** as part of your ABHI policy. This means you can avail of **Cashless Claims at any hospital of your choice**, even if the hospital does not belong to ABHI's network (excluding blacklisted and de-panelled hospitals).

All you have to do is, **choose any one** of the below three ways to **intimate us of your Cashless Claim** (please note that the customer has to raise this request):

## How to avail Cashless Claim Facility:



**Call our Customer Care  
1800-270-7000**

**OR**



**Download our  
Activ Health App**

**OR**



**Raise a Claim on  
ABHI's website**

(My Policy > Raise a Claim >  
Cashless Anywhere)



**Or Click Here**



**Or Click Here**

And that's it. Let us now do the work by reviewing your submitted details as per the necessary Terms & Conditions. Once we receive authorization, we will promptly inform you and start processing your claim with the hospital.

## Claim intimation requirement to avail the facility:



**Planned Hospitalization - At least  
48 hours before hospitalization**



**For Emergency Hospitalization - Within  
48 hours of hospitalization**