



31-25-0000118-00

Khushbu Pannalal Kushvaha
D/O Pannalal Kushvaha,, India, Mumbai, R.C.MARG,
OPP.NAVJIVAN SOCIETY., VIJAY NAGAR, MAHUL ROAD.,
400074, Maharashtra, CHEMBUR
VIJAY NAGAR, MAHUL ROAD.
Mumbai
MAHARASHTRA
INDIA
400074
9076015405

31/03/2025

Dear Khushbu Pannalal Kushvaha,

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,

Ann. N.Y. Acad. Sci.

Mayank Bathwal
Chief Executive Officer

Aditya Birla Health Insurance Co. Limited.



Empowering people



**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

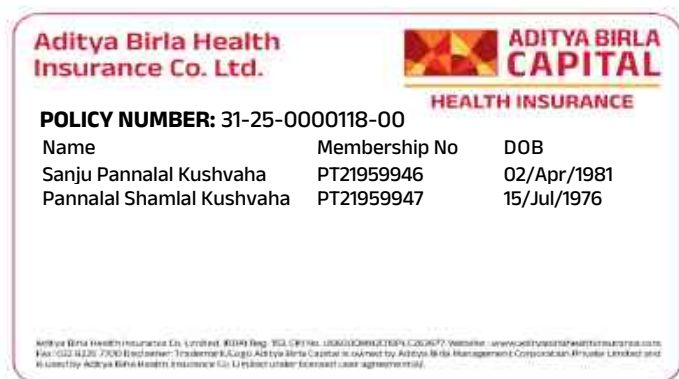


**Super Reload: Unlimited
refill up to 100% Sum
Insured from 2nd claim
Onwards**

Introducing The Activ Health



Your health and your policy, all in one place



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	Unit no 1101 & 1104 11th floor, Unit no 1501 & 1502, 15th floor, G Corp Tech Park Kasarvadavali Mumbai MAHARASHTRA 400001
Intermediary Name	TACTERIAL CONSULTING PRIVATE LIMITED	Intermediary Code	5110333
Intermediary Contact Details	08048816818	Intermediary E-mail ID	help@joinditto.in
Toll Free Number	18002707000		

I. Details of Policyholder

Policyholder Name	Khushbu Pannalal Kushvaha
Policyholder Address	D/O Pannalal Kushvaha,, India, Mumbai, R.C.MARG, OPP.NAVJIVAN SOCIETY., VIJAY NAGAR, MAHUL ROAD., 400074, Maharashtra, CHEMBUR VIJAY NAGAR, MAHUL ROAD. Mumbai, 400074, Mumbai, MAHARASHTRA
Contact Number	9076015405
Email Id	khXXXXXXXXX01@gmail.com
GSTIN	NA

II. Policy Details

Product Name	Activ One		
Plan	MAX		
Policy Number	31-25-0000118-00		
First Policy Start date	31/03/2025		
Start Date of Policy & Time	00:00 hrs on 31/03/2025	Expiry Date & Time of Policy	23:59 hrs on 30/03/2026
Policy Type	Family Floater	Policy Tenure	1 Year
Policy Category	New Business	Enrollment for Automatic renewal premium payment facility	NO
Mode of Premium payment	Single		
Portability/Migration	No	Previous Policy Number	NA
GSTIN	NA	GSTIN Account Type	NA

III. Insured Person's Details

Name of Insured person	Start date of Policy of Insured Person (only in case of new member)	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)
Pannalal Shamlal Kushvaha	NA	Father	PT21959947	48	Male	15/07/1976	Hypertension (High Blood Pressure) - I10 - 0 ,chest pain - R07 - ,Cervical spine disorder - M50 -	31/03/2025
Sanju Pannalal Kushvaha	NA	Mother	PT21959946	43	Female	02/04/1981	Cervical spine disorder - M50 -	31/03/2025

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	1 Year	NA	NA

Base Sum Insured	Initial Waiting Period	Specific disease Waiting period	Pre-Existing Disease Waiting Period	Super Credit Amount	Super Credit %
	30 Days	2 Years	1 Year	NA	NA

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

IIIA. Optional Covers

Name of Insured Person	Reduction in PED Waiting Period
Pannalal Shamlal Kushvaha	3 Years to 1 Year
Sanju Pannalal Kushvaha	3 Years to 1 Year

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
Pannalal Shamlal Kushvaha	No	NA	NA	No
Sanju Pannalal Kushvaha	No	NA	NA	No

Name of the Insured Person	Special Condition (if applicable)
Pannalal Shamlal Kushvaha	No
Sanju Pannalal Kushvaha	No

Name of the Insured Person	Pre-Existing Disease Details (if applicable)
Pannalal Shamlal Kushvaha	Hypertension (High Blood Pressure) - I10 - 0 ,chest pain - R07 - ,Cervical spine disorder - M50 -
Sanju Pannalal Kushvaha	Cervical spine disorder - M50 -

HealthReturns™ (Applicable for Renewal Policy)		
Name of the Insured Person	HealthReturns™ carried forward from Previous Year	Total HealthReturns™ available for utilization
Pannalal Shamlal Kushvaha	NA	0
Sanju Pannalal Kushvaha	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
Dhruv Kushvaha	Brother	NA

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		Activ One
	Plan Variant		MAX
	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 TM	Available once in a policy year undertaken at our Network Providers / Empaneled Service Providers on a cashless basis only / on digital basis
		HealthReturns TM	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
24123.1	0	0	2412.3	1953.97	1953.97	NA	NA	25619.00

GST Registration No: 27AANCA4062G1ZN 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. MH007197522202425E & 23/08/2024

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

Date : 31/03/2025

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, Tower 1, One World Centre, Jupiter Mills Compound,
 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013.
 CIN:U66000MH2015PLC263677
 IRDA Registration No. 153

Product Name: Activ One, Product UIN: ADIHLIP24097V012324

Premium Certificate

We confirm the receipt of premium amount of INR 25619.00 as per below details paid by Miss. Khushbu Pannalal Kushvaha for Self and/or Family and/or Parents:

Policy Number:	31-25-0000118-00	Plan Name:	MAX
Type of Plan:	Family Floater	Proposer Name:	Khushbu Pannalal Kushvaha
Policy Start Date:	00:00 hrs on 31/03/2025	Policy End Date:	23:59 hrs on 30/03/2026

Premium Details:

Premium Date	Net Premium Amount	CGST	SGST	IGST	Total Premium (incl. of taxes)	Total Premium Paid
30-03-2025	21710.8	1953.97	1953.97	0.00	25619.00	25619

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*
2024-25	25,619.00

• 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:

- 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.
- Deduction under section 80D of the Act is allowed to the person who pays premium out of his/her income chargeable to tax.
- Deduction under section 80D of the Act is available on realization of premium paid by Policyholder.
- 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.
- 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. Limited



Date : 31/03/2025

Place : Mumbai

Authorized Signatory

Aditya Birla Health Insurance Co. Limited

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

Aditya Birla Health
Insurance Co. Ltd.



HEALTH INSURANCE

Toll Free No. : 1800 270 7000
Website : adityabirlahealthinsurance.com
Email : care.healthinsurance@adityabirlacapital.com

Aditya Birla Health
Insurance Co. Ltd.



HEALTH INSURANCE

POLICY NO. 31-25-0000118-00

Name	Membership No.	DOB
Sanju Pannalal Kushvaha	PT21959946	02/Apr/1981
Pannalal Shamlal Kushvaha	PT21959947	15/Jul/1976

Aditya Birla Health Insurance Co. Limited, Regd. No. 153, CIN No. L15100MH2015PLC263577, Website : www.adityabirlahealthinsurance.com
Fax: 022-6225 1700 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 agreements.

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	31-25-0000118-00						
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 TM 13. Health Returns TM 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) Discoun 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:						
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>Family Floater Sum Insured</td></tr><tr><td>Pannalal Shamlal Kushvaha</td><td rowspan="2">1000000</td></tr><tr><td>Sanju Pannalal Kushvaha</td></tr></table>	Insured Person	Family Floater Sum Insured	Pannalal Shamlal Kushvaha	1000000	Sanju Pannalal Kushvaha	
Insured Person	Family Floater Sum Insured							
Pannalal Shamlal Kushvaha	1000000							
Sanju Pannalal Kushvaha								

05.	Policy Coverage (What the policy covers?)	I. Basic covers <ol style="list-style-type: none"> Hospitalization Treatment <ol style="list-style-type: none"> In-Patient Treatment Other expenses covered <ol style="list-style-type: none"> Road Ambulance (domestic only) Dental Treatment Plastic Surgery All Day Care Treatments Modern Procedures/Treatments HIV / AIDS and STD Cover Mental Illness Hospitalization Obesity Treatment Pre-Hospitalization Expenses Post-Hospitalization Expenses Claim Protect (Non-Medical Expense Waiver) Domiciliary Hospitalization Home Health Care AYUSH Treatment Organ Donor Expenses Annual Health Check-up Super Reload Super Credit Health Management Program <ol style="list-style-type: none"> Health Assessment™ HealthReturns™ 	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
		II. Optional Covers: (Available if opted by paying additional premium) <ol style="list-style-type: none"> Reduction in Specific Disease waiting period Reduction in Pre-Existing Disease waiting period Room Rent Type Options Per Claim Deductible Preferred Provider Network (PPN) Discount Critical Illness cover Personal Accident Cover (AD+PTD+PPD) Chronic Care (Day 1 In-patient Hospitalization) Chronic Management Program (OPD) Cancer Booster Durable Medical Equipment Cover Compassionate Visit Second Medical Opinion for listed Major Illness Annual Screening Package for Cancer Diagnosed Patients 	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.	Exclusions (What the policy does not cover)	Standard Exclusion: <ol style="list-style-type: none"> Investigation & Evaluation (Code- Excl04) <ol style="list-style-type: none"> Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. 	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>2. Rest Cure, rehabilitation and respite care (Code- Excl05)</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"> i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs. 	D.1.5
		<p>3. Obesity/ Weight Control (Code- Excl06)</p> <p>Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:</p> <ul style="list-style-type: none"> 1) Surgery to be conducted is upon the advice of the Doctor 2) The surgery/Procedure conducted should be supported by clinical protocols 3) The member has to be 18 years of age or older and 4) Body Mass Index (BMI); <ul style="list-style-type: none"> a) greater than or equal to 40 or b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: <ul style="list-style-type: none"> i. Obesity-related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnea iv. Uncontrolled Type2 Diabetes 	D.1.6
		<p>4. Change-of-Gender treatments: (Code- Excl07)</p> <p>Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.</p>	D.1.7
		<p>5. Cosmetic or plastic Surgery: (Code- Excl08)</p> <p>Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.</p>	D.1.8
		<p>6. Hazardous or Adventure sports: (Code- Excl09) - Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p>	D.1.9

	<p>7. Breach of law: (Code- Excl10) - Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</p>	D.1.10
	<p>8. Excluded Providers: (Code- Excl11) Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer as per Annexure IV of this policy and as disclosed in website (www.adityabirlahealth.com/healthinsurance) / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.</p>	D.1.11
	<p>9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12).</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. (Code- Excl13)</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 (Code- Excl14)</p>	D.1.14
	<p>12. Refractive Error:(Code- Excl15) - Expenses related to the treatment for correction of eye sight due to refractive error less than 7 .5 dioptries.</p>	D.1.15
	<p>13. Unproven Treatments:(Code- Excl16) Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</p>	D.1.16
	<p>14. Sterility and Infertility: (Code- Excl17) Expenses related to sterility and infertility. This includes:</p> <ul style="list-style-type: none"> i. Any type of contraception, sterilization ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI iii. Gestational Surrogacy iv. Reversal of sterilization 	D.1.17

		<p>15. Maternity Expenses (Code - Excl18):</p> <ul style="list-style-type: none"> i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period. 	D.1.18
		<p>Specific Exclusions</p> <p>1. Circumstantial Exclusion</p> <ul style="list-style-type: none"> 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 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. c) The Insured Person's direct participation in terrorist acts; <p>2. Behavioural Exclusions</p> <ul style="list-style-type: none"> a) Suicide or attempted suicide, intentionally hurting oneself on purpose; b) Illegal act of the Insured Persons c) Any treatment for Injury resulting from the consumption of alcohol or any intoxicating substance, its intake or abuse thereof 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); <p>3. Medical Exclusions</p> <ul style="list-style-type: none"> a) All routine examinations and Health Check-ups except as per terms and conditions mentioned under Section C.9 – Annual Health Check-up b) Circumcisions (unless required for medical reasons or as part of a treatment plan for an illness or injury); c) Conditions for which treatment could have been done on an outpatient basis without any Hospitalization d) Preventive care, vaccinations and immunizations (except in case of post-bite treatment); any physical, psychiatric or psychological examinations or testing 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 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, 	<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>4. Prosthesis and Devices</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>5. Non-Medical expenses</p> <p>As mentioned under Annexure (I), items in List I II, III & IV will be excluded unless forms a part of In-patient hospitalization.</p>	D.2.5
		<p>6. Specific treatment Exclusion</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>7. Activities and Profession Exclusions</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

		8. Geographical Exclusion Treatment taken outside India, unless specified to be covered in the Policy Schedule.	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	1. Pre-Existing Diseases (Code- Excl01): Pre-existing Diseases shall be covered after a waiting period of 36 months as specified in Product Benefit Table / Policy Schedule	D.1.1
		2. Specified disease / procedure waiting period (Code- Excl02): 24 months for specific illness/conditions and their complications in the first two years and is not applicable in subsequent renewals	D.1.2
	Body System	Illness	Treatment/ Surgery
	1. Eye	Cataract	Cataract Surgery
		Glaucoma	Glaucoma Surgery
		Refractive Error Correction	Correction Surgery
	2. Ear Nose Throat	Sinusitis	Medical & Surgical Treatment
		Rhinitis	Medical & Surgical Treatment
		Tonsillitis & Adenitis	Medical & Surgical Treatment
		Tympanitis & Non Traumatic Perforation	Medical & Surgical Treatment
		Deviated Nasal Septum	Medical & Surgical Treatment
		Otitis Media	Medical & Surgical Treatment
		Adenoiditis	Medical & Surgical Treatment
		Mastoiditis	Medical & Surgical Treatment
		Cholesteatoma	Medical & Surgical Treatment
	3. Gynecology	All Cysts, Mass, Swelling, Lump, Granulomas, Polyps, Fibroids &	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
		<p>3. 30-day waiting period (Code- Excl03): 30 days for all illnesses (except accident) in the first year and is not applicable in subsequent renewals and policies accepted under Portability</p> <p>4. Initial waiting period (Applicable for Critical Illness Cover)</p> <ul style="list-style-type: none"> 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. 	<p>D.1.3</p> <p>C.13.6</p>
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	<p>Nil</p> <p>Nil</p> <p>Nil</p> <p>Nil</p>	

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>https://www.adityabirlacapital.com/healthinsurance/locate-care/hospital-listing</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: 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 our HO at below address Unit no 1101 & 1104 11th floor, Unit no 1501 & 1502 15th floor, G Corp Tech Park, Kasarwadavali, Ghodbunder Road,Thane West - 400601 Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.</p> <p>If Insured person is not satisfied with the Redressal of grievance through one of the above methods, insured person may contact the grievance officer at: gro.healthinsurance@adityabirlacapital.com 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-https://bimabharosa.irdai.gov.in/</p>							

11.	Grievances / Complaints	<p>In case of any grievance the insured person may contact the Website: https://www.adityabirlacapital.com/healthinsurance/faqs</p> <p>Toll- Free: 1800 270 7000</p> <p>E-mail: care.healthinsurance@adityabirlacapital.com</p> <p>(Senior citizens may write to us at: seniorcitizen.healthinsurance@adityabirlacapital.com)</p> <p>In case you are not satisfied with the resolution you may write to Head – Customer Care : carehead.healthinsurance@adityabirlacapital.com</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: https://www.adityabirlacapital.com/healthinsurance/faqs</p> <p>Toll- Free: 1800 270 7000</p> <p>E-mail: care.healthinsurance@adityabirlacapital.com</p> <p>(Senior citizens may write to us at: seniorcitizen.healthinsurance@adityabirlacapital.com)</p> <p>In case you are not satisfied with the resolution you may write to Head – Customer Care : carehead.healthinsurance@adityabirlacapital.com</p> <p>Courier:</p> <p>Write to our HO at below address</p> <p>Unit no 1101 & 1104 11th floor, Unit no 1501 & 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: gro.healthinsurance@adityabirlacapital.com</p> <p>If Insured Person is not satisfied with the Redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for Redressal of grievance as per Insurance Ombudsman Rules 2017 (at the addresses given in Annexure II)</p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System-https://bimabharosa.irdai.gov.in/</p>	E.1.8
12.	Things to remember	<p>a. Free Look period: The Free Look Period shall be applicable on new individual health insurance policies, except for those policies with tenure of less than a year. Free-look shall not be applicable on renewals or at the time of porting / migrating the policy.</p> <p>The Insured Person shall be allowed Free Look Period of thirty days from date of receipt of the policy document, whether received</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 within 7 days of receipt of such requests.</p> <p>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.</p> <p>c. Migration: The Insured Person will have the option to migrate the Policy to other health insurance products / plans, offered by the Company, by applying for migration of the policy at least 30 days before the policy renewal date. If such person is presently covered and has been continuously covered without any lapses under any health insurance product / plan offered by the Company, the Insured Person will get the accrued continuity benefits to the extent of the Sum Insured, No Claim Bonus if any, 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> <p>d. Portability: The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date. If such person is presently covered and has been</p>	<p>E.1.3</p> <p>E.1.12</p> <p>E.1.13</p>
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		<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: care.healthinsurance@adityabirlacapital.com Toll Free: 1800 270 7000 Address: Any of Our Branch office or Corporate office</p> <p>e. 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.</p> <p>f. Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first Policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.</p>	<p>E.2.5.C</p> <p>E.1.10</p>
13.	Insured's Obligations	<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 : Mumbai

Date :31-MAR-25

Khushbu Pannalal Kushvaha authenticated via OTP for
QE0108418422503

On null at 00:00:01

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

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 MMF 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



NOW ANY HOSPITAL IS A CASHLESS HOSPITAL

Dear Customer,

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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**

(My Policy > Raise a Claim >
Cashless Anywhere)

OR



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



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**