

ADITYA BIRLA HEALTH INSURANCE CO. LIMITED

Group Activ Health

Policy Wording

This detailed document, read with the Policy Schedule, outlines the full terms and conditions of the coverage offered under your health insurance policy, including available coverage, benefits, claim and grievance redressal procedures, exclusions, and other related terms and conditions. It serves as a legal contract between You (Policyholder) and Us (Aditya Birla Health insurance Co Ltd) which mentions rights, responsibilities, coverage details, and exclusions in clear terms.

A. Base Covers

The Benefits listed below shall be available to all Insured Persons as specified in the Policy Schedule or Certificate of Insurance.

We will indemnify the Reasonable and Customary Charges incurred towards Necessary Medical Treatment taken by the Insured Person during the Policy Period for an Illness, Injury or the conditions described in the Benefits below if it is contracted or sustained by an Insured Person during the Policy Period.

The Benefits applicable, the Sum Insured limits, Deductibles, Co-Payment, and Exclusions (including Waiting Periods) are as opted and as specified to be in-force for the Insured Person(s) in the Policy Schedule or Certificate of Insurance. All the Benefits under this section might not be applicable to the Insured Person(s), please refer to the Policy Schedule or Certificate of Insurance for the list of applicable Benefits.

All claims must be made in accordance with the procedure set out in Section VI.1.

1. In-patient Hospitalization Treatment

1.1 In-patient Hospitalization

We will cover the Medical Expenses incurred towards one or more of the following arising out of an Insured Person's Hospitalization during the Policy Period following an Illness or Injury that occurs during the Policy Period provided that:

- (i) The Hospitalization is for Medically Necessary Treatment and follows written Medical Advice;
- (ii) The Medical Expenses incurred are Reasonable and Customary Charges for one or more of the following:
 - 1. Room Rent and other boarding charges;
 - 2. Intensive Care Unit (ICU) Charges;
 - 3. Operation theatre expenses;
 - 4. Fees of any Medical Practitioner, surgeon, anesthetist, consultants, or specialist incurred during Hospitalization and forming part of the Hospital bill.
 - 5. Qualified Nurses' charges;
 - 6. Medicines, drugs and other allowable consumables prescribed by the treating Medical Practitioner;
 - 7. Investigative tests or diagnostic procedures directly related to the Injury/Illness for which the Insured Person is Hospitalized and conducted within the same Hospital where the Insured Person is admitted;

8. Anaesthesia, blood, oxygen and blood transfusion charges;
 9. Surgical appliances and prosthetic devices recommended by the attending Medical Practitioner that are used intra operatively during a Surgical Procedure.
- (iii) If the Insured Person is admitted in the Hospital in a room category/Room Rent higher than the eligibility as specified in the Policy Schedule/Certificate of Insurance, then We shall be liable to pay only a pro-rated proportion of the total Associated Medical Expenses (including surcharge or taxes thereon) in the proportion of the difference between the Room Rent actually incurred and the entitled room category/eligible Room Rent to the Room Rent actually incurred.
1. Proportionate deductions are not applicable for ICU charges and
 2. Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category.

Domiciliary Hospitalization

We will cover Medical Expenses incurred for the Insured Person's Domiciliary Hospitalization during the Policy Period following an Illness or Injury that occurs during the Policy Period provided that:

- (i) The Domiciliary Hospitalisation continues for at least 3 consecutive days in which case We will make payment under this Benefit in respect of Medical Expenses incurred from the first day of Domiciliary Hospitalisation;
- (ii) The treating Medical Practitioner confirms in writing that Domiciliary Hospitalization was medically required and the Insured Person's condition was such that the Insured Person could not be transferred to a Hospital or the the Medically Necessary Treatment is taken at home on account of non-availability of room in a Hospital of home city;
- (iii) If a claim is accepted under this Benefit, then We shall pay for Post-Hospitalization Medical Expenses and Pre-Hospitalization Medical Expenses subject to the terms and conditions of Section <<III.A.1.4.>>and <III.A.1.5>> below;
- (iv) We shall not be liable to pay for any claim in connection with:
 1. Asthma, bronchitis, tonsillitis and upper respiratory tract infection including laryngitis and pharyngitis, cough and cold, influenza;
 2. Arthritis, gout and rheumatism;
 3. Chronic nephritis and nephritic syndrome;
 4. Diarrhea and all type of dysenteries, including gastroenteritis;
 5. Diabetes mellitus and insipidus;
 6. Epilepsy;
 7. Hypertension;
 8. Pyrexia of unknown origin.

1.4 Pre – Hospitalization Medical Expenses

We will cover, on a reimbursement basis, the Insured Person's Pre-Hospitalization Medical Expenses incurred in respect of an Illness or Injury that occurs during the Policy Period upto the number of days as specified in the Policy Schedule or Certificate of Insurance, provided that:

- (i) We have accepted a claim for In-patient Hospitalization under Section (In-patient Hospitalisation) III.A.1.1 or Day Care Treatment under Section (III.A.1.2) or Domiciliary Hospitalisation under Section (III.A.1.3) above;
- (ii) The date of admission to the Hospital for the purpose of this Benefit shall be the date of the Insured Person's first admission to the Hospital in relation to the same

Illness for which We have accepted an In-patient Hospitalization claim under Section (In-patient Hospitalisation) III.A.1.1 above.

1.5 Post – Hospitalization Medical Expenses

We will cover, on a reimbursement basis, the Insured Person's Post-Hospitalization Medical Expenses incurred following an Illness or Injury that occurs during the Policy Period upto the number of days as specified in the Policy Schedule or Certificate of Insurance, provided that:

- (i) We have accepted a claim for In-patient Hospitalization under Section (In-patient Hospitalisation) III.A.1.1 or Day Care Treatment under Section (III.A.1.2) or Domiciliary Hospitalisation under Section (III.A.1.3) above;
- (ii) The date of discharge from the Hospital for the purpose of this Benefit shall be the date of the Insured Person's last discharge from the Hospital in relation to the same Illness for which We have accepted an In-patient Hospitalization claim under Section (In-patient Hospitalisation) above.

1.6 Organ Donor Expenses

We will cover the Medical Expenses incurred for an organ donor's treatment for the harvesting of the organ donated up to the limit as specified in the Policy Schedule or Certificate of Insurance provided that:

- (i) The donation conforms to The Transplantation of Human Organ (amendment) Act, 2011, Transplantation of Human Organs and Tissues Rules, 2014 and other applicable laws and/or regulations and the organ is for the use of the Insured Person;
- (ii) The organ transplant is medically required for the Insured Person as certified in writing by a Medical Practitioner;
- (iii) Recipient Insured Person's claim under Section (Inpatient Hospitalization Treatment) is admissible under the Policy.
- (iv) We will not cover:
 - 1. Pre-hospitalization Medical Expenses or Post-hospitalization Medical Expenses of the organ donor;
 - 2. Expenses for organ donor screening, or save as and to the extent provided for in the treatment of the donor (including Surgery to remove organs from a donor in the case of transplant Surgery).
 - 3. Any other Medical Expenses as a result of the harvesting from the organ donor;
 - 4. Costs directly or indirectly associated with the acquisition of the donor's organ;
 - 5. Expenses related to organ transportation or preservation;
 - 6. Any other medical treatment or complication in respect of the donor, consequent to harvesting.

1.7 Road Ambulance Expenses

We will cover the costs incurred up to the limit as specified in the Policy Schedule or Certificate of Insurance on transportation of the Insured Person by road Ambulance to a Hospital for treatment in an Emergency following an Illness or Injury which occurs during the Policy Period. We will also cover the costs incurred on transportation of the Insured Person by road Ambulance in the following circumstances up to the limits specified in the Policy Schedule or Certificate of Insurance:

- (i) it is medically required to transfer the Insured Person to another Hospital or diagnostic centre during the course of Hospitalization for advanced diagnostic

- treatment in circumstances where such facility is not available in the existing Hospital;
- (ii) it is medically required to transfer the Insured Person to another Hospital during the course of Hospitalization due to lack of super speciality treatment in the existing Hospital.

IV. Exclusions

We shall not be liable to make any payment for any claim under any Benefit in respect of any Insured Person directly or indirectly caused by, based on, arising out of, relating to or howsoever attributable to any of the following:

Waiting Periods

(i) Pre-Existing Disease Waiting Period

- a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of the time period specified in the Policy Schedule or Certificate of Insurance, of continuous coverage after the date of inception of the first policy with Insurer.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d. Coverage under the policy after the expiry of the time period specified in the Policy Schedule or Certificate of Insurance, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

(ii) Specified disease / procedure waiting period: (Code- Excl02)

- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with Us. This exclusion shall not be applicable for claims arising due to an accident.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
- d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f. List of specific diseases/procedures:

	Body System	Illness	Treatment/ Surgery
1	Eye	Cataract	Cataract Surgery
		Glaucoma	Glaucoma Surgery
2	Ear Nose Throat	Serous Otitis Media	
		Sinusitis	Sinus Surgery
		Rhinitis	Surgery for the nose
		Tonsillitis	Tonsillectomy

		Tympanitis	Tympanoplasty
		Deviated Nasal Septum	Surgery for Deviated Nasal Septum
		Otitis Media	Surgery or Treatment for Otitis Media
		Adenoiditis	Adenoidectomy
		Mastoiditis	Mastoidectomy
		Cholesteatoma	Resection of the Nasal Concha
3	Gynecology	All Cysts & Polyps of the female genito urinary system	Dilatation & Curettage
		Polycystic Ovarian Disease	Myomectomy
		Uterine Prolapse	Uterine prolapsed Surgery
		Fibroids (Fibromyoma)	Hysterectomy unless necessitated by malignancy
		Breast lumps	Any treatment for Menorrhagia
		Prolapse of the uterus	
		Dysfunctional Uterine Bleeding (DUB)	
		Endometriosis	
		Menorrhagia	
		Pelvic Inflammatory Disease	
4	Orthopedic / Rheumatological	Gout	Joint replacement Surgery Surgery for Prolapse of the intervertebral disc
		Rheumatism, Rheumatoid Arthritis	
		Non infective arthritis	
		Osteoarthritis	
		Osteoporosis	
		Prolapse of the intervertebral disc	
		Spondylopathies	
5	31. Gastroenterology (Alimentary Canal and related Organs)	Stone in Gall Bladder and Bile duct	Cholestectomy / Surgery for Gall Bladder
		Cholecystitis	Surgery for Ulcers (Gastric / Duodenal)
		Pancreatitis	
		Fissure, Fistula in ano, hemorrhoids (piles), Pilonidal Sinus, Ano-rectal & Perianal Abscess	
		Rectal Prolapse	
		Gastric or Duodenal Erosions or Ulcers + Gastritis & Duodenitis	
		Gastro Esophageal Reflux Disease (GERD)	
		Cirrhosis	
6	Urogenital (Urinary and	Stones in Urinary system (Stone in the Kidney, Ureter, Urinary Bladder)	Prostate Surgery Surgery for Hydrocele, Rectocele and Hernia

	Reproductive system)	Benign Hypertrophy / Enlargement of Prostate (BHP / BEP)	
		Hernia, Hydrocele,	Surgery for Hydrocele, Rectocele and Hernia
		Varicocoele / Spermatocoele	Surgery for Varicocoele / Spermatocoele
7	Skin	Skin tumour (unless malignant)	Removal of such tumour unless malignant
		All skin diseases	
8	General Surgery	Any swelling, tumour, cyst, nodule, ulcer, polyp anywhere in the body (unless malignant)	Surgery for cyst, tumour, nodule, polyp unless malignant
		Varicose veins, Varicose ulcers	
			Surgery for Varicose veins and Varicose ulcers

If any of the Illness/conditions listed above are Pre-Existing Diseases, then they will be covered only after the completion of the Pre-Existing Disease Waiting Period described under Section <<Pre-existing waiting period above>>.

(iii) 30-day waiting period (Code- Excl03)

- Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

**Group Activ Secure
Policy Terms and Conditions**

I. Preamble

This Policy has been issued on the basis of the Disclosure to information norm, including the information provided by You in respect of the Insured Persons in the Proposal Form, any application for insurance cover in respect of any Insured Person and any other information or details submitted in relation to the Proposal Form. This Policy is a contract of insurance between You and Us which is subject to receipt of premium in full in respect of the Insured Persons and the terms, conditions and exclusions of this Policy.

II. Group Activ Secure - Personal Accident

Section A: Basic Covers

The Policy Schedule or the Certificate of Insurance will specify which of the following Basic Covers are in force and available for the Insured Persons under the Policy.

Benefits under this Section A are subject to the terms, conditions and exclusions of this Policy. The Sum Insured and/or the sub-limit for each Benefit under Section A is specified against that Benefit in the Policy Schedule or the Certificate of Insurance. Payment of the

Benefit will be subject to the availability of the Sum Insured/applicable sub-limit for that Benefit.

If the Policy Schedule or Certificate of Insurance specifies that the Capital Sum Insured is in force for the Insured Person, then Our maximum, total and cumulative liability for all claims arising under the Benefits specified in the Policy Schedule or Certificate of Insurance against the Capital Sum Insured will be limited to the amount of the Capital Sum Insured stated in the Policy Schedule/Certificate of Insurance.

Capital Sum Insured will be available only where a combination of Sections II.1, II.2 and II.3, have been applied under the Policy as specified in the Policy Schedule or Certificate of Insurance and where Section II.1 is mandatorily applied.

All claims under Section A must be made in accordance with the procedure set out in Section II.34.

If an Insured Person suffers an Injury due to an Accident which occurs during the Policy Period and that Injury results either in the Insured Person's death or in the Insured Person's disablement which is of the nature specified below within 365 days from the date of the Accident or in any of the other medical conditions specified below, We shall pay the benefits as specified below:

1. Accidental Death

If the Insured Person suffers an Injury due to an Accident that results in the death of the Insured Person, We will pay 100% of the Sum Insured provided that:

- a) Once a claim has been accepted and paid under this Benefit then cover under this Policy shall immediately and automatically cease in respect of that Insured Person.

2. Permanent Total Disablement

If the Insured Person suffers an Injury due to an Accident that results in the permanent total disablement of the Insured Person of the nature as specified in the table below, We will pay 100% of the Sum Insured.

Table of Benefits
Type of Permanent Total Disablement
i) Total and irrecoverable loss of sight of both eyes
ii) Loss by physical separation or total and permanent loss of use of both hands or both feet
iii) Loss by physical separation or total and permanent loss of use of one hand and one foot
iv) Total and irrecoverable loss of sight of one eye and loss of a Limb
v) Total and irrecoverable loss of hearing of both ears and loss of one Limb/loss of sight of one eye
vi) Total and irrecoverable loss of hearing of both ears and loss of speech
vii) Total and irrecoverable loss of speech and loss of one Limb/loss of sight of one eye
viii) Permanent total and absolute disablement (not falling under the above) disabling the Insured Person from engaging in any employment or occupation or business for remuneration or profit, of any description whatsoever which results in Loss of Independent Living

For the purpose of this Benefit,

- **Limb** means a hand at or above the wrist or a foot above the ankle;

- **Physical separation of one hand or foot** means separation at or above wrist and/or at or above ankle, respectively.

Once a claim has been accepted and paid under this Benefit then cover under this Benefit shall immediately and automatically cease in respect of that Insured Person.

3. Medical Expenses

If We have accepted a claim under Accidental Death or Permanent Total Disablement under Section II.1, II.2, II.3 or II.4, then We will cover Medically Necessary Treatment or Surgery that is availed in a Hospital or Day Care Centre in India including as OPD treatment /Day Care Treatment in a room category as specified in the Policy Schedule or Certificate of Insurance. In the event that this Benefit is applicable under the Policy as specified in the Policy Schedule or the Certificate of Insurance, coverage under Section II.7 and/or II.12 cannot be availed. The maximum amount payable shall be a percentage of claim amount as specified in the Policy Schedule or Certificate of Insurance subject to maximum amount as specified in the Policy Schedule or Certificate of Insurance.

We shall not be liable to pay any amount under this Benefit in respect of any Insured Person in respect of:

- 1) any Medical Expenses incurred before the Inception Date.
- 2) any Dental Treatment.
- 3) any claim caused by or arising from or due to Illness of any and every kind.

Accidental Hospital Cash Benefit

If the Insured Person is Hospitalized during the Policy Period for Medically Necessary Treatment of an Injury due to an Accident that occurred during the Policy Period, We will pay the Daily Cash Benefit specified in the Policy Schedule or Certificate of Insurance for each continuous and completed period of 24 hours of Hospitalisation.

If the Insured Person is Hospitalized in an Intensive Care Unit (ICU) during the Policy Period for Medically Necessary Treatment of an Illness or an Injury that occurred during the Policy Period, We will pay 2 times the Daily Cash Benefit specified in the Policy Schedule for each continuous and completed period of 24 hours of Hospitalisation.

Note: Either Benefits under Sections IV.1 or Section IV.2 can be opted for, both sections cannot be applied to an Insured Person. The Policy Schedule or Certificate of Insurance will specify which Benefits are in force.

IV.3 Deductible

Benefits under Section IV.1 or IV.2 will trigger only after a Deductible of 1 day or 2 days, as specified in the Policy Schedule or Certificate of Insurance.

IV.4 Limits per Hospitalization Claim

Benefits under this Section IV.1 or IV.2 shall not be payable for more than the number of days per Hospitalization claim per Policy Year as specified in the Policy Schedule or Certificate of Insurance.

IV.5 Limit per Policy Year

Benefits under this Section IV.1 or IV.2 shall not be payable for more than the number of days per Policy Year as specified in the Policy Schedule or Certificate of Insurance.

Rest all terms and conditions as per Group Activ Health & Group Activ Secure policy wordings.