

## 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.

### III. Benefits covered under the Policy

#### 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.

## **1.2 Day Care Treatment**

We will cover the Medical Expenses incurred on the Insured Person's Day Care Treatment during the Policy Period following an Illness or Injury that occurs during the Policy Period provided that:

- (i) The Medical Expenses are incurred, including for any procedure undertaken by an Insured Person as Day Care Treatment which requires which requires a period of specialized observation or care after completion of the procedure;
- (ii) The Day Care Treatment is for Medically Necessary Treatment and follows the written Medical Advice;
- (iii) We will not cover any OPD Treatment under this Benefit.

## **1.3 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	Cholecystectomy / 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 Reproductive system)	Stones in Urinary system (Stone in the Kidney, Ureter, Urinary Bladder)	Prostate Surgery Surgery for Hydrocele, Rectocele and Hernia
		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.

- c. 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.

<b>Table of Benefits</b>
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.

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.

### IV.2 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.

### IV.3 Deductible

Benefits under Section 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.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.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.

## II. 34 Claims Process

### A. Intimation of Claim

We shall be given an intimation by calling Our call centre or by e-mail or by fax or by writing to Our office address along with the following details within 7 days from the date of Accident:

- (1) The Policy number;

- (2) Name of the Policyholder;
- (3) Name and address of the Insured Person in respect of whom the request is being made;
- (4) Photo ID, KYC documents
- (5) Nature of Illness or Injury and the treatment/Surgery taken;
- (6) Name and address of the attending Medical Practitioner;
- (7) Hospital where treatment/Surgery was taken;
- (8) Date of admission and date of discharge;
- (9) Approximate expenses or approximate length of stay towards Hospitalization for Illness / Injury or percentage of disability.

Any other information that may be relevant to the Illness/ Injury/ Hospitalization

#### **B. Claims Submission**

The following documents as per the Benefit being sought must be provided to Us within 30 days of the occurrence of the event giving rise to a claim under the Policy.

#### **Documents required for all Benefits**

- (a) Duly completed personal accident policy claim form signed by Nominee or Insured Person
- (b) Photo ID of Insured Person & Nominee (where applicable)
- (c) Claim intimation or claim reference number
- (d) Attested copies of KYC documents of Insured Person & Nominee (where applicable) - PAN card, ration card, voter ID, etc.
- (e) Original discharge card / day care summary / transfer summary (where applicable)
- (f) Attested copy of medico legal certificate copy / first information report copy / Panchnama (spot / inquest) where applicable
- (g) Copies of consultation letters detailing the treatment taken immediately after Accident. where applicable
- (h) Radiological investigation reports like X ray, CT scan, MRI etc with films supporting the diagnosis of Injury
- (i) Copies of medical documents towards treatment taken during disability period, including discharge summary of the Hospital where applicable
- (j) Copy of indoor case papers with nursing sheet detailing medical history of the patient, treatment details and patient's progress. where applicable
- (k) In Case of employer – employee relationship:
  - \* Employer certificate confirming the employee details, designation and sum insured (In case of unnamed policy)
  - \* Total Head count of employee – designation or grade wise (In case of unnamed policy)
  - \* Copy of Company Accident notification register (if accident happened in Office / Factory / Plant)

Bank account detail form stating bank name, branch name, MICR code, IFSC code, account number and account type - duly signed by Nominee along with personalised cancelled cheque i.e. name of account holder printed on it or copy of 1st page of pass book or bank account statement.

## **VI. Other Terms and conditions**

### **1. Claims Process**

#### **A. Claims Administration & Process**

The fulfillment of the terms and conditions of this Policy (including payment of premium in full and on time) insofar as they relate to anything to be done or complied with by You or any Insured Person, including complying with the following in relation to claims, shall be Conditions Precedent to admission of Our liability under this Policy:

- (1) On the occurrence or discovery of any Illness or Injury that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed.
- (2) The directions, advice and guidance of the treating Medical Practitioner shall be strictly followed. We shall not be obliged to make any payments that are brought about or contributed to as a consequence of or failure to follow such directions, Medical advice or guidance.
- (3) If requested by Us and at Our cost, the Insured Person must submit to medical examination by Our Medical Practitioner as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalisation records pertaining to the Insured Person's treatment and to investigate the circumstances pertaining to the claim.



- (4) We and Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim.

## **1. Claims Procedure**

On the occurrence or the discovery of any Illness or Injury that may give rise to a claim under this Policy, then as a Condition Precedent to Our liability under the Policy the following procedure shall be complied with:

### **a. For Availing Cashless Facility**

- i. Cashless Facilities can be availed only at Our Network Providers.
- ii. We reserve the right to modify, add or restrict any Network Provider for Cashless Facilities at Our sole discretion. Before availing Cashless Facilities, please check the applicable updated list of Network Providers.

### **b. Process for Obtaining Pre-Authorisation for Planned Treatment:**

- (i) We/TPA must be contacted to pre-authorise Cashless Facility for planned treatment at least 72 hours prior to the proposed treatment. Each request for pre-authorisation must be accompanied with all the following details:
  - (1) The health card which We or the associated TPA has issued to the Insured Person supported with the Insured Person's KYC documents.
  - (2) The Policy number;
  - (3) Name of the Policyholder/Employer;
  - (4) Name and address of Insured Person/Employee/member in respect of whom the request is being made;
  - (5) Nature of the Illness/Injury and the treatment/Surgery required;
  - (6) Name and address of the attending Medical Practitioner;
  - (7) Hospital where treatment/Surgery is proposed to be taken;
  - (8) Proposed date of admission.
- (ii) If these details are not provided in full or are insufficient for Us or the associated TPA to consider the request, We or the associated TPA will request additional information or documentation in respect of that request.
- (iii) When We or the associated TPA have obtained sufficient details to assess the request, We or the associated TPA will issue the authorization letter specifying the sanctioned amount, any specific limitation on the claim, applicable Deductibles and non-payable items, if applicable, or We may reject the request for pre-authorisation specifying reasons for the rejection.
- (iv) The authorization letter shall be issued to the Network Provider within 24 hours of receiving the complete information.
- (v) Once the request for pre-authorisation has been granted, the treatment must take place within 15 days of the pre-authorization date at a Network Provider and pre-authorization shall be valid only if all the details of the authorized treatment, including dates, Hospital and locations, match with the details of the actual treatment received. For Hospitalization where Cashless Facility is pre-authorised by Us or the associated TPA, We or the associated TPA will make the payment of the amounts assessed to be due directly to the Network Provider.

### **c. Process to be followed for Availing Cashless Facilities in Emergencies:**

We or the associated TPA must be contacted to pre-authorise Cashless Facility within 24 hours of the Insured Person's Hospitalization if the Insured Person has been Hospitalized in an Emergency. Each request for pre-authorisation must be accompanied with all the following details:

- (1) The health card We have issued to the Insured Person supported with the Insured Person's KYC documents.
- (2) The Policy number;
- (3) Name of the Policyholder/Employer;
- (4) Name and address of Insured Person/Employee/member in respect of whom the request is being made;
- (5) Nature of the Illness/Injury and the treatment/Surgery required;

- (6) Name and address of the attending Medical Practitioner;
- (7) Hospital where treatment/Surgery is proposed to be taken;
- (8) Proposed date of admission.
- (9) Duly completed claim form / pre-authorization form.

- (ii) If these details are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation in respect of that request.
- (iii) When we have obtained sufficient details to assess the request, We will issue the authorization letter specifying the sanctioned amount, any specific limitation on the claim, applicable Deductibles and non-payable items, if applicable, or reject the request for pre-authorization specifying reasons for the rejection.
- (iv) The authorization letter shall be issued to the Network Provider within 24 hours of receiving the complete information.
- (v) Once the request for pre-authorization has been granted, the treatment must take place within 15 days of the pre-authorization date at a Network Provider and pre-authorization shall be valid only if all the details of the authorized treatment, including dates, Hospital and locations, match with the details of the actual treatment received. For Hospitalization where Cashless Facility is pre-authorized by Us, We will make the payment of the amounts assessed to be due directly to the Network Provider.

**d. For Reimbursement Claims:**

- (i) For all claims for which Cashless Facilities have not been pre-authorized or for which treatment has not been taken at a Network Provider, We shall be given written notice of the claim along with the following details within 48 hours of admission to the Hospital or before discharge from the Hospital, whichever is earlier:
  - (1) The Policy number;
  - (2) Name of the Policyholder/Employer;
  - (3) Name and address of the Insured Person/Employee/member in respect of whom the request is being made;
  - (4) Health Card, photo ID, KYC documents;
  - (5) Nature of Illness or Injury and the treatment/Surgery taken;
  - (6) Name and address of the attending Medical Practitioner;
  - (7) Hospital where treatment/Surgery was taken;
  - (8) Date of admission and date of discharge;
  - (9) Any other information that may be relevant to the Illness/ Injury/ Hospitalization;
  - (10) Duly completed claim form.
- (ii) If the claim is not notified to Us within the earlier of 48 hours of the Insured Person's admission to the Hospital or before the Insured Person's discharge from the Hospital, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

**2. Claims Documentation:**

We or the associated TPA shall be provided the following necessary information and documentation in respect of all claims at the Insured Person's expense within 30 days of the Insured Person's discharge from the Hospital:

- (i) Claims for Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses to be submitted to us within 30 days of the completion of the post-Hospitalisation treatment
- (ii) For those claims for which the use of Cashless Facility has been authorized, We will be provided these documents by the Network Provider immediately following the Insured Person's discharge from the Hospital:
  - (1) Duly completed claim form;
  - (2) Photo ID and Age proof;
  - (3) Health Card, policy copy, photo ID, KYC documents;

- (4) Original discharge card / day care summary / transfer summary;
- (5) Original final Hospital bill with all original deposit and final payment receipt;
- (6) Original invoice with payment receipt and implant stickers for all implants used during Surgeries i.e. lens sticker and Invoice in cataract Surgery, stent invoice and sticker in Angioplasty Surgery;
- (7) All previous consultation papers indicating history and treatment details for current ailment;
- (8) All original diagnostic reports (including imaging and laboratory) along with Medical Practitioner's prescription and invoice / bill with receipt from diagnostic center;
- (9) All original medicine / pharmacy bills along with the Medical Practitioner's prescription;
- (10) MLC / FIR copy – in Accidental cases only;
- (11) Copy of death summary and copy of death certificate (in death claims only);
- (12) Pre and post-operative imaging reports – in Accidental cases only;
- (13) Copy of indoor case papers with nursing sheet detailing medical history of the Insured Person, treatment details and the Insured Person's progress(if available);
- (14) KYC documents
- (15) Certificate, if applicable, from the lending Institution stating the loan disbursement and the EMI Amounts.

Where these details are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation in respect of that request.

*Additional documents in case of below covers*

***In case of Contribution claims:***

- Photocopy of entire claim document duly attested by previous Insurer or TPA;
- Original payment receipts for expenses not claimed/settled by previous insurer;
- Discharge voucher/settlement letter by previous insurer.

**3. Claims Assessment & Repudiation:**

- (i) At Our discretion, We may investigate claims to determine the validity of a claim. This investigation will be conducted within 15 days of the date of assigning the claim for investigation and not later than 6 months from the date of receipt of claim intimation. All costs of investigation will be borne by Us and all investigations will be carried out by those individuals/entities that are authorised by Us in writing.  
If there are any deficiencies in the necessary claim documents which are not met or are partially met. We will send a maximum of 3 (three) reminders following which We will send a rejection letter or make a part-payment if we have not received the deficiency documents after 45 days from the date of the initial request for such documents.
- (ii) We may decide to deduct the amount of claim for which deficiency is intimated to the Insured Person and settle the claim if We observe that such a claim is otherwise valid under the Policy. However documents/ details received beyond such period shall be considered if there are valid reasons for any delay.
- (iii) Payment for reimbursement claims will be made to the Insured Person. In the unfortunate event of the Insured Person's death, We will pay the nominee named in the Policy Schedule or Certificate of Insurance, or to the Insured Person's legal heirs or legal representatives holding a valid succession certificate.

For details on the claims process or assistance during the process, the claimant may contact Us at Our call centre on the toll free number specified in the Policy Schedule or Certificate of Insurance or through Our website. In addition, We will keep the claimant informed of the claim status and explain requirement of documents. Such means of communication shall include but not be limited to mediums such as letters, email, SMS messages, and information on Our Website.

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