Activ Yuva
Policy Wordings

This detailed document 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 (the Insurer) which mentions rights, responsibilities, coverage details, and exclusions in clear terms.

Section A. PREAMBLE

This Policy is a contract of insurance issued by **ADITYA BIRLA HEALTH INSURANCE COMPANY LIMITED** (hereinafter called the 'We / Our / Us / Insurer / Company') to the proposer mentioned in the Policy Schedule (hereinafter called the 'You / Your / Policyholder') to cover the person(s) named in the Policy Schedule (hereinafter called the 'Insured Person/s). The Policy has been issued on the basis of the Disclosure to Information Norm, including the information provided by You in respect of the Insured Person(s) in the Proposal Form and on the statements and declaration provided by the Policyholder in the Proposal Form as well as in any welcome or other tele-verification calls with the Company's authorized person and is subject to receipt of the requisite Premium in respect of the Insured Person(s) in full and its acceptance by Us, and the terms, conditions and exclusions as specified in this Policy, the Policy Schedule, and the Product Benefit Table of this Policy.

Key Notes:

- The terms listed in Section B (Definitions) and which have been used elsewhere in the Policy shall have the meaning set out against them in Section B (Definitions), wherever they appear in the Policy. If a word is not specifically defined in the following section, it's common meaning will apply.
- All claims under the Policy must be made in accordance with the process defined under Claims (Section E.2.7)

Annexure Summary:

Annexure No.	Description
Annexure I	**List of Non-Medical Expenses: List I, List II, List III and List IV** The expenses that are not covered or subsumed into room charges / procedure charges / costs of treatment are covered under this Product under Claim Protect Benefit (Non-Medical Expense Waiver) as an In-built benefit.
Annexure II	**Contact details of Insurance Ombudsman Offices**
Annexure III	**Product Benefit Table** All Benefits (including Optional Benefits) which are available under the Policy along with the respective limits / amounts applicable based on the Sum Insured have been summarized in the Product Benefit Table. Please refer the Policy Schedule to check the applicability of these benefits to You.
Annexure IV	**Applicability Matrix for Lifestyle Management Program**
Annexure V	**The HealthReturns™ Guide: Earn, Boost with FitForward & Spend**
Annexure VI	**Understanding Yuva Credit and Yuva Reload**
Annexure VII	**OPD Benefit Framework and Guidelines for Exceptional Reimbursement**
Annexure VIII	**ON/OFF Feature Illustration**

Section B. DEFINITIONS

The terms defined below and at other junctures in the Policy have the meanings ascribed to them wherever they appear in this Policy and, where the context so requires, references to the singular include references to the plural; references to the male includes the female and references to any statutory enactment includes subsequent changes to the same.

B.1 – Standard Definitions

1. **Accident:** means sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. **AYUSH Hospital:** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
   a. Central or State Government AYUSH Hospital; or
   b. Teaching Hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
   c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
      i. Having at least 5 in-patient beds;
      ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
      iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
      iv. Maintaining daily records of the patients and making them accessible to the insurance Company's authorized representative.

3. **AYUSH Day Care Centre:** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner(s) on day care basis without in-patient services and must comply with all the following criterion:
   a. Having qualified registered AYUSH Medical Practitioner(s) in charge;
   b. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
   c. Maintaining daily records of the patients and making them accessible to the insurance Company's authorized representative.

4. **AYUSH Treatment:** means medical and / or Hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

5. **Break-in Policy:** means the period of gap that occurs at the end of the existing Policy Term / instalment Premium due date, when the Premium due for Renewal on a given Policy or instalment Premium due is not paid on or before the Premium Renewal date or Grace Period.

6. **Cashless Facility:** means a facility extended by the Insurer to the Insured Person where the payments, of the costs of treatment undergone by the Insured Person in accordance with the Policy terms and conditions, are directly made to the Network Provider by the Insurer to the extent pre-authorization is approved.

7. **Condition Precedent:** means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.

8. **Congenital Anomaly:** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
   a. **Internal Congenital Anomaly:** Congenital anomaly which is not in the visible and accessible parts of the body.
   b. **External Congenital Anomaly:** Congenital anomaly which is in the visible and accessible parts of the body.

9. **Co-Payment:** means a cost sharing requirement under the Policy where the Policyholder/Insured Person will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

10. **Day Care Centre:** means any institution established for Day Care Treatment of Illness and / or Injuries or a medical set-up with a Hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner and must comply with all minimum criterion as under:
    a. has Qualified Nurse under its employment;
    b. has qualified Medical Practitioner/s in charge;
    c. has fully equipped operation theatre of its own where surgical procedures are carried out;
    d. maintains daily records of patients and will make these accessible to the insurance Company's authorized personnel.

11. **Day Care Treatment:** means medical treatment, and/or surgical procedure which is: a. undertaken under general or local anaesthesia in a Hospital/Day Care Centre in less than 24 hours because of technological advancement, and b. which would have otherwise required Hospitalization of more than 24 hours. Treatment normally taken on an OPD Treatment basis is not included in the scope of this definition.

12. **Deductible:** means a cost-sharing requirement under the Policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of Hospital cash policies which will apply before any benefits are payable by the Insurer. A Deductible does not reduce the Sum Insured.

13. **Dental Treatment:** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and Surgery.

14. **Disclosure of Information Norm:** means the Policy shall be void and all Premium paid hereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any Material Fact.

15. **Domiciliary Hospitalization:** means medical treatment for an Illness/disease/Injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at Home under any of the following circumstances:
    a. the condition of the patient is such that he/she is not in a condition to be moved to a Hospital, or
    b. the patient takes treatment at Home on account of non-availability of room in a Hospital.

16. **Emergency Care:** means management for an Illness or Injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a Medical Practitioner to prevent death or serious long-term impairment of the Insured Person's health.

17. **Grace Period:** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.

18. **Hospital:** means any institution established for In-patient Care and Day Care Treatment of Illness and/ or Injuries and which has been registered as a Hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act 2010 or under the enactments specified under the Schedule of Section 56(1) of the said act or complies with all minimum criteria as under:
    a. has Qualified Nurse under its employment round the clock;
    b. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
    c. has qualified Medical Practitioner(s) in charge round the clock;
    d. has a fully equipped operation theatre of its own where surgical procedures are carried out;
    e. maintains daily records of patients and make these accessible to the Insurance Company's authorized personnel.

19. **Hospitalization:** means Admission in a Hospital for a minimum period of 24 consecutive 'Inpatient Care' hours except for specified procedures/treatments, where such Admission could be for a period of less than 24 consecutive hours.

20. **Illness:** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

    (a) **Acute Condition:** means a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/Illness/ Injury which leads to full recovery.
    (b) **Chronic Condition:** means a disease, Illness, or Injury that has one or more of the following characteristics:
        i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests;
        ii. it needs ongoing or long-term control or relief of symptoms;
        iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it;
        iv. it continues indefinitely;
        v. it recurs or is likely to recur.

21. **Injury:** means accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

22. **Inpatient Care:** means a medical treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

23. **Intensive Care Unit (ICU):** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

24. **ICU (Intensive Care Unit) Charges:** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

25. **Maternity Expense:** means and includes:
    a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization);
    b. Expenses towards lawful medical termination of pregnancy during the Policy Period.

26. **Medical Advice:** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

27. **Medical Expenses:** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.

28. **Medical Practitioner:** means a person who holds a valid registration from the National Medical Commission or State Medical Council set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. Medical Practitioner who is sharing the same residence as the Insured Person and is a family member of the Insured Person are not considered as Medical Practitioner under the scope of this Policy.

    Medical Practitioner (Definition applicable for the treatment taken outside India): means a licensed Medical Practitioner acting within the scope of his license and who holds a degree of a recognized institution and is registered by the Authorized Medical Council of the respective country.

29. **Medically Necessary Treatment:** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which:
    a. is required for the medical management of the Illness or Injury suffered by the Insured Person;
    b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
    c. must have been prescribed by a Medical Practitioner;
    d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

30. **Migration:** means a facility provided to Policyholders (including all members under family cover and group policies), to transfer the credits gained for Pre-Existing Diseases and Specific Waiting Periods from one health insurance Policy to another with the same insurer.

31. **Network Provider:** means Hospitals or health care providers enlisted by an Insurer, TPA or jointly by an Insurer and TPA to provide medical services to an Insured Person by a Cashless Facility.

32. **Non-Network Provider:** means any Hospital, Day Care Centre or other provider that is not part of the network.

33. **Notification of Claim:** means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.

34. **OPD Treatment:** means the one in which the Insured Person visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured Person is not admitted for Day-Care Treatment or Inpatient Care.

35. **Portability:** means a facility provided to the health insurance Policyholders (including all members under family cover), to transfer the credits gained for, Pre-Existing Diseases and Specific Waiting Periods from one Insurer to another Insurer.

36. **Pre-Existing Disease (PED):** means any condition, ailment, Injury or disease:
    1. that is/are diagnosed by a physician not more than 36 months prior to the Commencement Date of the Policy issued by the Insurer; or
    2. for which Medical Advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the Commencement Date of the Policy.

    Pre-Existing Disease (PED) Waiting Period applicable under this Policy is 24 months or as mentioned in the Policy Schedule.

37. **Pre-hospitalization Medical Expenses:** means Medical Expenses incurred during pre-defined number of days preceding the Hospitalization of the Insured Person, provided that:
    a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
    b. The Inpatient Care Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

38. **Post-hospitalization Medical Expenses:** means Medical Expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the Hospital provided that:
    a. Such Medical Expenses are for the same condition for which the Insured Person's Hospitalization was required, and
    b. The Inpatient Care Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

39. **Qualified Nurse:** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

40. **Reasonable and Customary Charges:** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of Illness / Injury involved.

41. **Renewal:** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the Renewal continuous for the purpose of gaining credit for Pre-Existing Diseases, time-bound exclusions and for all Waiting Periods.

42. **Room Rent:** means the amount charged by a Hospital towards room and boarding expenses and shall include the Associated Medical Expenses.

43. **Surgery or Surgical Procedure:** means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner.

44. **Specific Waiting Period:** means a period up to 36 months from the commencement of a health insurance Policy during which period specified diseases/treatments (except due to an Accident) are not covered. On completion of the period, diseases /treatments shall be covered provided the Policy has been continuously without any break.

    Specific Waiting Period applicable under this Policy is 24 months or as mentioned in the Policy Schedule.

45. **Unproven/Experimental Treatment:** means the treatment including drug experimental therapy, which is based on established medical practice in India, is a treatment experimental or unproven.

B.2 – Specific Definitions

1. **Admission:** means the registration of the Insured Person in a Hospital or a Day Care Centre for Medically Necessary Treatment under Inpatient Care or Day Care Treatment, marking the commencement of Hospitalization, but specifically excludes OPD Treatment and Emergency Care unless such care directly results in the Insured Person being registered for Inpatient Care or Day Care Treatment as specified herein.

2. **Adventurous/Hazardous Sports:** means any sport or activity involving physical exertion and skill in which an Insured Person participates or competes for entertainment or as part of his profession whether he / she is trained or not.

3. **Age:** means completed years on last birthday as on Commencement Date.

4. **Ambulance:** means a motor vehicle or airplane or helicopter operated by a licenced/authorised service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.

5. **Annexure:** A document attached and marked as Annexure to this Policy.

6. **Associated Medical Expenses:** means consultation fees, charges on operation theatre, surgical appliances and nursing, and expenses on anaesthesia, blood, oxygen incurred during Hospitalization of the Insured Person. Associated Medical Expenses does not include cost of pharmacy, consumables, implants, medical devices, and diagnostics.

7. **Bank Rate:** means Bank rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1st day of the financial year in which the claim has fallen due.

8. **Base Sum Insured:** means the pre-defined Policy limit applicable for claims made during each Policy Year, as specified against an Insured Person or all Insured Persons in the Policy Schedule and Annexure III - Product Benefit Table.

9. **Biological Attack or Weapons:** means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

10. **Chemical Attack or Weapons:** means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.

11. **Commencement Date:** means the date of commencement of insurance coverage under the Policy as specified in the Policy Schedule.

12. **Dependent Child:** Shall mean a child (natural or legally adopted or stepchild), who is financially dependent on You and does not have his / her independent source of income, is up to the Age of 25 years.

13. **Empanelled Service Providers:** means service provider (Doctor's clinic, Diagnostic centre, Medicine, Drug vendor, medical service provider and Home care treatment provider) enlisted by Us, TPA or jointly by Us and TPA to provide OPD Treatment medical services to an Insured Person by a Cashless Facility.

14. **Health Check-up:** means a package of medical test(s) undertaken for general assessment of health status, excluding any diagnostic or investigative medical tests for evaluation of Illness or a disease.

15. **Home:** means the Insured Person's place of permanent residence as specified in the Policy Schedule.

16. **Hospital (outside India):** means an institution (including nursing homes) established outside India for Inpatient Care and treatment of sickness and injuries which has been registered and licensed as such with the appropriate local or other authorities in the relevant area, wherever applicable, and is under the constant supervision of a Medical Practitioner. The term Hospital shall not include a clinic, rest home, or convalescent home for the addicted, detoxification centre, sanatorium, old age home.

17. **Insured Person:** means persons named in the Policy Schedule who are insured under the Policy and in respect of whom the applicable Premium has been received in full.

18. **IRDAI:** means the Insurance Regulatory and Development Authority of India.

19. **Live-in Partner:** shall mean, for the purpose herein, means either half of the two unmarried adult persons of any gender and irrespective of the sexual orientation, who have consensually chosen to reside jointly with the other adult person, in a long-term relationship and in the same residence. For the purpose of clarity, it is, hereby, mentioned that this definition shall be construed to include persons belonging to the LGBT community, wherein the scope of LGBT shall be in accordance with the standing laws of India, as may be in force from time to time.

20. **LGBT:** means and includes a sexual orientation or a gender expression as defined below:
    a. **Lesbian:** means woman who has the capacity to form enduring physical, romantic, and / or emotional attractions or sexual attraction towards another woman.
    b. **Gay:** means a man who has the capacity to form enduring physical, romantic, and / or emotional attractions or sexual attraction towards other man.
    c. **Bisexual:** means a person who has the capacity to form enduring physical, romantic, and / or emotional attractions to those of the same gender or to those of another gender or more than one gender.
    d. **Transgender:** means a person whose gender does not match with the gender assigned to that person at birth and includes trans-man or trans-woman an (whether or not such person has undergone Sex Reassignment Surgery or hormone therapy or laser therapy or such other therapy), person with intersex variations, genderqueer and person having such socio-cultural identities as Kinner, Hijra, Aravani and Jogta.

21. **Material Facts:** means all relevant information sought by the Company in the Proposal Form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

22. **MOHFW:** means the Ministry of Health and Family Welfare.

23. **Policy:** means these Policy wordings, the Policy Schedule, the Customer Information Sheet, and any applicable endorsements or extensions attaching to or forming part thereof, as amended from time to time, and shall be read together. The Policy contains details of the extent of cover available to the Insured Person, applicable exclusions and the terms & conditions applicable under the Policy.

24. **Policy Period:** means the period between the Commencement Date and either the Expiry Date specified in the Policy Schedule or the date of cancellation of this Policy, whichever is earlier.

25. **Policyholder:** means person who has proposed the Policy and in whose name the Policy is issued as stated in the Policy Schedule.

26. **Policy Schedule:** means the Policy Schedule attached to and forming part of this Policy specifying the details of the Insured Persons, the Sum Insured, the Policy Period and the Sub-limits to which benefits under the Policy are subject to, including any annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.

27. **Policy Year:** means a period of twelve months beginning from the Commencement Date and ending on the last day of such twelve-month period. For the purpose of subsequent years, Policy Year shall mean a period of twelve months commencing from the end of the previous Policy Year and lapsing on the last day of such twelve-month period, till the Expiry Date, as specified in the Policy Schedule.

28. **Shared Accommodation:** A basic (cheapest) category of shared room in a Hospital with/without air-conditioning with two or three patient beds.

29. **Single Private A/C Room:** A basic (most economical of all accommodation) category of single room in a Hospital with air-conditioning facility where a single patient is accommodated and which has/does not have an attached toilet (lavatory and/or bath).

30. **Sum Insured:** means the amount specified in the Policy Schedule, which is Our maximum, total, and cumulative liability for a Policy Year during the Policy Period, in respect of any or all persons named as Insured Persons in the Policy Schedule, for each Insured Person (on an Individual basis) or for all Insured Persons (on a Floater basis), for any or all claims arising during that Policy Year, and is the aggregate of the Base Sum Insured, Yuva Reload and Yuva Credit (if applicable).

    Sum Insured will be utilized as per the following sequence in event of any claim:
    a. Base Sum Insured followed by;
    b. Yuva Credit (Section C.11) followed by;
    c. Yuva Reload (Section C.10)

31. **Virtual Consultation:** means a medical consultation provided by a Medical Practitioner, Specialist, or Healthcare Professional through digital mediums including Video, Audio, or Chat-based consultation, facilitated through Our mobile application or Network Providers / Empanelled Service Providers.

32. **Waiting Period:** means a specified duration from the Commencement Date of the Policy during which certain claims, benefits or services shall not be admissible unless stated otherwise. However, for any enhancement in Sum Insured or addition of specific Optional Covers, the Waiting Period applies afresh towards such enhancement from their respective effective dates. Any claims, benefits or service falling under a defined Waiting Period become eligible for coverage only after its completion (inclusive of accrued Portability or Migration benefits as per applicable IRDAI guidelines), as stated in the Policy Schedule and subject to terms, conditions and exclusions of this Policy.

33. **We/Our/Us/Insurer/Company:** Aditya Birla Health Insurance Company Limited.

34. **You/Your/Policyholder:** means the person named in the Policy Schedule as the Policyholder and who has concluded this Policy with Us.

Section C. Benefits Covered Under the Policy

This Policy offers a combination of **In-built Covers (Section C.1 to C.13)** and **Optional Covers (Section C.14)**. We will provide the benefits under the In-built Covers and the Optional Covers depending upon the covers as opted by You in the Proposal Form and as specified to be in force in the Policy Schedule. Please refer to the **Policy Schedule** for the specific benefits, Sum Insured limits, and Waiting Periods applicable to the Insured Person(s).

Whenever a claim is made under any of these covers (as opted by You and specified to be force in the Policy Schedule), We will pay the **Reasonable and Customary Charges** for the **Medically Necessary Treatment** of an Illness or Injury, subject to the following standard conditions:

1. **Timing:** The Illness or Injury was contracted or sustained during the Policy Period.
2. **Limits:** The payout is subject to Your available Sum Insured, applicable sub-limits, Deductibles, and Co-payments as specified in the Policy Schedule / Product Benefit Table **(Annexure III)**.
3. **Policy Rules:** The claim strictly adheres to the terms, conditions, and exclusions of this Policy.

C.1 Hospitalization Expenses

C.1.1 In-Patient Treatment

We will indemnify the Medical Expenses incurred on the Hospitalization of the Insured Person(s) provided that the **Admission** is for a minimum period of **two (2) consecutive hours**, for one or more of the following:

What is Covered:

a. **Room Rent:** Room Rent, boarding, nursing expenses as provided by the Hospital / Nursing Home.
b. **ICU Charges** Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses.
c. **Professional Fees:** Fees for the Surgeon, Anaesthetist, Medical Practitioner, Qualified Nurse, consultants, and specialists during Hospitalization forming part of the Hospital bill.
d. **Diagnostics:** Investigative treatments and diagnostic procedures directly related to Hospitalization.
e. **Medicines:** Medicines and drugs prescribed in writing by a Medical Practitioner.
f. **Consumables & Appliances:** Intravenous fluids, blood transfusion, surgical appliances, allowable consumables, and/or enteral feedings.
g **Operation Theatre:** Operation theatre charges.
h. **Implants:** The cost of prosthetics and other devices or equipment, if implanted internally during Surgery.
i. **Cataract:** The cost of lenses will be covered for Cataract Surgery.

C.1.1.1 Other Expenses Covered

We will also cover the following expenses:

a. **Dental Treatment:** Dental Treatment under Inpatient Care, medically necessitated due to Illness or Injury.
b. **Plastic Surgery:** Plastic Surgery, which is medically necessitated due to Injury.
c. **Day Care Treatments:** We cover all Day Care Treatments.
d. **Modern Procedures / Treatments:** We cover Medical Expenses incurred by the Insured Person towards treatment taken during In-Patient Treatment (Section C.1.1) or Day Care Treatment (Section C.1.1.1.c) arising out of any of the following Modern Procedures / Treatments:

Uterine Artery Embolization and HIFU (High intensity focused ultrasound)	Immunotherapy-Monoclonal Antibody to be given as injection	Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)	Stem Cell Therapy: Hematopoietic Stem Cells for bone marrow transplant for haematological conditions
Balloon Sinuplasty	Oral Chemotherapy	Robotic surgeries	Stereotactic radio Surgeries
Deep Brain stimulation	Intra Vitreal Injections	Bronchial Thermoplasty	IONM - (Intra Operative Neuro Monitoring)

In addition to the above, We will cover any other Modern Treatment or Procedure based on medical advancements, provided the same is recognized and approved by relevant Medical Authorities (such as the National Medical Commission or Medical Council of India) as an acceptable and established medical practice. Such treatment must be advised in writing by the treating Medical Practitioner and coverage is subject to clinical protocols.

e. **HIV / AIDS and STD Cover**: We cover Medical Expenses incurred by the Insured Person towards treatment taken during In-Patient Treatment (Section C.1.1) or Day Care Treatment (Section C.1.1.1.c) arising out of a condition caused by or associated with HIV or HIV-related illnesses, including AIDS or AIDS Related Complex (ARC) and/or any mutant derivative or variations thereof or sexually transmitted diseases (STD).

f. **Mental Illness Hospitalization**: We cover Medical Expenses incurred by the Insured Person towards Medically Necessary Treatment taken during In-Patient Treatment (Section C.1.1) or Day Care Treatment (Section C.1.1.1.c) arising out of a condition caused by or associated to medical illness, stress, anxiety, depression or a medical condition impacting mental health of the Insured Person.

g. **Obesity Treatment:** We cover Medical Expenses incurred by the Insured Person towards treatment taken during In-Patient Treatment (Section C.1.1) or Day Care Treatment (Section C.1.1.1.c) arising out of Hospitalization for a Bariatric Surgery. Coverage is subject to the conditions that need to be fulfilled as per Standard Exclusion Obesity/Weight Control (Section D.1.6) (Code- Excl06).

Note: Hospitalization Expenses (Section C.1) for a minimum Admission of **two (2) consecutive hours** only shall be admissible. However, no time limits shall apply on Day Care Treatments (Section C.1.1.1.c).

What is NOT Covered

- **Investigation & Evaluation:** Expenses where the Insured Person(s) are Hospitalized primarily for diagnosis and evaluation purposes only, and no active medical treatment is provided is **NOT** Covered.
- **Treatment not requiring Hospitalization:** Expenses for medically managed or non-surgical cases below **twenty-four (24) consecutive hours** that generally do not require Admission and could have been reasonably treated as Out-patient (OPD) Treatment are **NOT** covered.
- **AYUSH Treatment (Section C.8):** A minimum period of **twenty-four (24) consecutive hours** of Admission is required.

C.2 Emergency Services (Domestic Road & Air Ambulance)

C.2.1 Road Ambulance

We will cover the Medical Expenses incurred on **Road Ambulance services (domestic only)**, for transporting the Insured Person in the following scenarios:

What is Covered:

- **To Hospital:** Transfer from the place of Illness or Injury to the nearest Hospital providing Medically Necessary Treatment for Emergency Care.
- **Hospital to Hospital:** Transfer from one Hospital to another Hospital or diagnostic centre for providing Medically Necessary Treatment for Emergency Care or advanced treatment or diagnostics not available in the existing Hospital.
- **Hospital to Home:** Transfer from the Hospital to the Insured Person's Home immediately following Hospitalization.

Conditions:

1. **Registration:** The Road Ambulance or healthcare service provider must be duly registered.
2. We have accepted a claim for In-Patient Treatment (Section C.1.1) for the same Illness or Injury.

C.2.2 Air Ambulance

If an Insured Person requires Emergency Care that necessitates immediate and rapid transportation via airplane or helicopter, which ground transportation cannot provide, We will cover the Medical Expenses incurred for **Air Ambulance transportation (domestic only)** for transporting the Insured Person from the site of the first occurrence of the Illness or Injury to the nearest Hospital providing Medically Necessary Treatment for Emergency Care.

What is Covered:

- Transportation from the site of the first occurrence of the Illness or Injury to the nearest Hospital providing Medically Necessary Treatment for Emergency Care.
- This cover is available for both Cashless Facility and Reimbursement.

What is NOT Covered:

- Return transportation to the Insured Person's residing location or elsewhere is **NOT** covered.
- Delays or failure to provide service arising out of operational challenges, technical failures, non-availability of aircraft, or adverse weather conditions is NOT covered.

Conditions:

1. **Unavailability:** Medically Necessary Treatment is not available at the location where the Insured Person is residing at the time of Emergency.
2. **Registration:** The Air Ambulance service provider must be a registered entity.
3. **Cashless Protocol:** For Cashless requests, We will coordinate with the Empanelled Service Provider on a best effort basis, subject to availability. Any payment in excess of the available Sum Insured or specific limits shall be borne directly by the Policyholder.
4. **Geography:** The benefit is available only for medical evacuation within India.

C.3 Pre-Hospitalization Expenses

We will cover the Pre-Hospitalization Medical Expenses incurred by the Insured Person related to an admissible Hospitalization claim under:

- Hospitalization Expenses (Section C.1)
- Domiciliary Hospitalization (Section C.6)
- Home Health Care (Section C.7)
- AYUSH Treatment (Section C.8)

Conditions

1. **Time Limit:** The Medical Expenses must be incurred for a period up to **ninety (90) days** immediately prior to the date of Admission in the Hospital.
2. **Admissibility:** The claim for the primary Hospitalization must be admissible under this Policy.

C.4 Post-Hospitalization Expenses

We will cover the Post-Hospitalization Medical Expenses incurred by the Insured Person, related to an admissible Hospitalization claim under:

- Hospitalization Expenses (Section C.1)
- Domiciliary Hospitalization (Section C.6)
- Home Health Care (Section C.7)
- AYUSH Treatment (Section C.8)

Conditions

1. **Time Limit:** The Medical Expenses must be incurred for a period up to **one hundred and eighty (180) days** from the date of discharge from the Hospital.
2. **Admissibility:** The claim for the primary Hospitalization must be admissible under this Policy.

C.5 Claim Protect (Non-Medical Expense Waiver)

We will cover the Non-Medical Expenses listed under **Annexure I [all four (4) lists]** of this Policy, incurred by the Insured Person in relation to a claim admissible under Section C during the Policy Year.

Exclusion Waiver: Specific Exclusion Non-Medical Expenses (Section D.2.5) shall **NOT** apply to the extent of this cover.

C.6 Domiciliary Hospitalization

We cover Medical Expenses incurred for a **treatment taken at Home** in respect of the Domiciliary Hospitalisation of the Insured Person(s).

What is Covered

- Medical Expenses incurred towards Medical Necessary Treatment of an Illness/Disease/Injury which in the normal course would have required care at a Hospital.

Conditions

1. **Duration:** The Domiciliary Hospitalization must continue for at least **three (3) consecutive days**.
2. **Medical Necessity:** Coverage is provided only if:
    - The condition of the Insured Person is such that he/she could not be removed/admitted to a Hospital; OR
    - The Medically Necessary Treatment is taken at Home on account of non-availability of room in a Hospital of the Home city.

C.7 Home Health Care

We will cover the Medical Expenses incurred by the Insured Person(s) on availing medical **treatment at Home** by Our Network Provider on a Cashless basis.

What is Covered

- **Scope:** The medical treatment taken at Home that in normal course would require Inpatient Care at a Hospital and be admissible under Hospitalization Expenses (Section C.1).

What is NOT Covered

- **Reimbursement Claims:** This benefit is **NOT** available on a reimbursement basis.
- **Equipment Costs:** We will **NOT** cover any additional or incidental charges/expenses, including but not limited to breakage, damage, deposit for equipment, and equipment transportation. All such charges shall be borne by the Insured Person.
- **Liability:** We do **NOT** assume any liability towards and shall not be responsible for any actual or alleged errors, omissions, or representations made by any Medical Practitioner and/or Network Provider / Empanelled Service Provider or in any service under this benefit.

Conditions

1. **Authorization:** The treatment must be prescribed in writing by the treating Medical Practitioner and pre-authorized by Us as per the procedure given under Procedure for Cashless Claims in case of Home Health Care (Section E.2.7.4).
2. **Record:** Records of the treatment administered, duly signed by the treating Medical Practitioner, must be maintained for each day of the Home treatment.
3. **Network Only:** The treatment services must be provided through an Empanelled Service Provider.
4. **Geographical Scope:** Coverage is valid only in select cities for select treatment procedures. Please contact Us or refer to Our website for the updated list.

C.8 AYUSH Treatment

We will cover the Medical Expenses incurred for AYUSH Treatment of Insured Person(s) on an Inpatient Care basis in respect to the Hospitalisation at any AYUSH Hospital or AYUSH Day Care Centre.

Conditions

1. **Admission**: A minimum period of **twenty-four (24) consecutive hours** of Admission is required.
2. **Registration:** The facility must meet the specific registration criteria defined under AYUSH Hospital and AYUSH Day Care Centre (Section B).

C.9 Organ Donor Expenses

We will cover the Medical Expenses covered under Hospitalization Expenses (Section C.1) which are incurred towards the organ donor's Hospitalization for harvesting of the organ donated to the Insured Person.

What is NOT Covered

- **Pre/Post Expenses:** The organ donor's Pre-Hospitalization Expenses and Post-Hospitalization Expenses.
- **Logistics:** Expenses related to organ transportation or preservation.
- **Consequent Issues:** Any other Medical Expenses or Hospitalization consequent to the organ harvesting.

Conditions

1. **Admissibility:** The Recipient Insured Person's claim under Hospitalization Expenses (Section C.1) must be admissible under the Policy.
2. **Compliance:** The organ donor is any person whose organ has been made available in accordance and in compliance with the Transplantation of Human Organs and Tissues Act 1994 (as amended by from time to time), and the Transplantation of Human Organs and Tissues Rules, 2014 and other applicable laws and/or regulations.

C.10 Yuva Reload

If the Base Sum Insured along with accumulated Yuva Credit (if applicable), is completely exhausted or is insufficient for covering an admissible claim under the Policy, then We will provide for a **reload of the Base Sum Insured, unlimited times** during the Policy Year.

Note: Please refer to Annexure VI for detailed illustrations and examples of this benefit.

Sequence of Utilization: The Sum Insured for an admissible claim shall be utilised in the following order:
1. Base Sum Insured; followed by
2. Yuva Credit (Section C.11) (if applicable); followed by
3. Yuva Reload (Section C.10).

Conditions

1. Benefit Trigger:
- **First Claim (2X Cover):** We will double the Base Sum Insured (2X) for the first admissible claim made in the life of the Policy.
- **Subsequent Claims (Unlimited Refill):** For all subsequent admissible claims, whether related or unrelated, We provide an **unlimited refill** of the Base Sum Insured, ensuring that the Insured Person never run out of coverage.

2. Admissibility: This benefit is available for claims admissible under the following Covers:
- Hospitalization Expenses (Section C.1)
- Emergency Services (Section C.2)
- Pre-Hospitalization Expenses (Section C.3)
- Post-Hospitalization Expenses (Section C.4)
- Domiciliary Hospitalization (Section C.6)
- Home Health Care (Section C.7)
- AYUSH Treatment (Section C.8)
- Organ Donor Expenses (Section C.9)

3. Single Claim Limit: Except for the first admissible claim made in the life of the Policy, Our total, maximum liability under a single claim under this benefit shall **NOT** exceed the Base Sum Insured.

4. Yuva Credit Calculation: The Sum Insured provided under Yuva Reload shall **NOT** be considered while calculating the accumulated amount of Yuva Credit (Section C.11).

Exclusion: This benefit shall **NOT** be applicable if **Unlimited Sum Insured** has been opted.

C.11 Yuva Credit

We will **increase the Base Sum Insured** by a fixed percentage upon every continuous **Renewal** with Us. This increase applies **irrespective of any claims** made and paid in the previous Policy Year, provided the Policy is renewed with Us without any break.

Note: Please refer to Annexure VI for detailed illustrations and examples of this benefit.

Accrual Structure: You shall accrue **100% of the Base Sum Insured** on every continuous Policy Renewal, up to a maximum accumulation of **1000% (10X)**.

Conditions:

1. **Individual Policy:** In case of an Individual Policy, Yuva Credit shall be added and available individually to each Insured Person (provided Yuva Credit has accrued).
2. **Floater Policy:** In case of a Family Floater Policy, Yuva Credit shall be added to the common Sum Insured and available to the family on a floater basis (provided credit has accrued from any family member).
3. **Individual to Floater:** If Insured Persons covered on an Individual basis (with accumulated Yuva Credit) renew their Policy on a Floater basis, the Yuva Credit carried forward to the new Policy shall be the lowest one applicable among all the Insured Persons.
4. **Floater to Split Policy:** If a Floater Policy is split into two or more policies (due to choice or a child attaining maximum age), the accumulated Yuva Credit shall be apportioned to the renewed policies in proportion to the Sum Insured of each renewed Policy.
5. **Reduction in Sum Insured:** If the Base Sum Insured is reduced at the time of Renewal, the applicable Yuva Credit shall be reduced in the same proportion.
6. **Increase in Sum Insured:** If the Base Sum Insured is increased at the time of Renewal, the Yuva Credit shall be calculated on the Sum Insured of the last completed Policy Year (i.e., the incremental SI earns credit starting fresh).
7. **Maximum Cap:** The Maximum Accumulation shall be up to **1000% (10X)** of the Base Sum Insured.
8. This benefit shall **NOT** be applicable if **Unlimited Sum Insured** has been opted.

C.12 ON/OFF

Smart Coverage for the Global Traveler, Pay only for what You use. Adult Insured Person(s) enrolled on Our mobile application shall be eligible to earn TravelCredits for the periods of travel outside India by activating the ON/OFF feature to switch off domestic coverage under this Policy and such TravelCredits can be utilised exclusively as a discount on the Renewal Premium in the manner specified below.

Note: Please refer to Annexure VIII for illustrations on calculation and scenarios

A. Process of Activation and Validation:

1. **Trip Intimation:** The Insured Person(s) must access the ON/OFF feature on Our mobile application and enter the **Travel Start Date** (Departure from India) and **Travel End Date** (Arrival in India) **exactly as they appear on the flight ticket or boarding pass**. The Insured Person(s) can submit this request up to **ninety (90) days** before the Travel Start Date.
   - **Cross-Year Travel:** If the Insured Person(s) have planned a trip that crosses into the next Policy Year, then the Policy must be renewed before the Travel Start Date. If the Policy is not renewed in advance, then the Insured Person(s) will only be permitted to log the Travel End Date up to the expiry date of the current Policy.
2. **Switching OFF (Departure Proof):** To activate the OFF period, the Insured Person must upload the valid departure boarding pass (originating from India) on Our mobile application within **seventy-two (72) hours** of the actual Travel Start Date.
3. **Auto-Resumption:** Domestic coverage will automatically resume (Switch ON) on the declared Travel End Date, or on the 91st day from the date the Insured Person switched OFF, whichever is earlier.
4. **TravelCredits Accrual (Arrival Proof):** Even though coverage resumes automatically for safety, TravelCredits will only be credited if the Insured Person(s) have successfully uploaded and validated the return boarding pass (arriving in India) on Our mobile application within **seventy-two (72) hours** of the actual Travel End Date.

B. Guidelines & Rules

1. **Connecting Flights:**
   - **Switch OFF:** Upload the flight ticket or Boarding Pass for the specific flight leg where the **Destination is Outside India**.
   - **Switch ON:** Upload the Boarding Pass for the specific flight leg where the **Destination is Within India**.
2. **Change in Plans:**
   - **Extending Your Trip:** If the Insured Person(s) plan to stay longer, then the **Travel End Date** must be updated on Our mobile application **on or before** the declared date of arrival.
   - **Returning Early:** If the Insured Person(s) return earlier than planned, then the **Travel End Date** must be updated on Our mobile application **on or before** the actual date of arrival.
   - **Note:** Retrospective requests are strictly **NOT** permitted.
3. **Consequence of Delay:** If the proof is not uploaded within the specified timeline, the request to switch OFF shall automatically stand **rejected and void**, and the coverage for that Insured Person will remain ON.
4. **Fraudulent Conduct:** We reserve the right to verify travel credentials with airlines or immigration authorities. Submitting fake, manipulated, or fraudulent documents is a breach of this Policy and will result in **immediate cancellation of Your Policy**.

C. Earning TravelCredits:

TravelCredits are earned based on the **cumulative total of all eligible days** spent by the Insured Person outside India across one or more trips within a Policy Year.

Trip Duration (Days)	TravelCredits (% of Applicable Base Premium)
15 to 29 Days	3%
30 to 44 Days	6%
45 to 59 Days	9%
60 to 74 Days	12%
75 to 90 Days	15%

D. Calculation and Utilization Framework

1. **Premium Basis:** TravelCredits are calculated as a percentage of the **Base Premium applicable for the Policy Year** in which the Insured Person's travel occurred. This calculation strictly excludes any underwriting loadings, applicable taxes, and premium paid towards Optional Covers/Add-ons.
2. **Family Floater Application:** In a Family Floater Policy, the percentage is applied to the current Policy Year's Base Premium based on the weighted average of the enrolled adult Insured Persons. Dependent Children up to the age of 25 years are not eligible from this benefit.
3. **Application of Discount:** Earned TravelCredits will be utilized exclusively as a discount on Renewal Premium.
   - TravelCredits validated before the Renewal Date will be applied directly to Your immediate upcoming Renewal.
   - TravelCredits validated after the Renewal Date will be carried forward and applied as a discount on the subsequent year's Renewal Premium.
4. **Cross-Year Trip Allocation:** If a single continuous trip spans across two Policy Years, the active travel days falling within each Policy Year shall be calculated separately, and the applicable TravelCredits percentage for each such period shall be applied to the Base Premium of the respective Policy Year.
5. **Multi-Year Policies:** For Policies issued with a tenure of more than **one (1) year**, TravelCredits earned during each active Policy Year will be accumulated and applied as a single, consolidated discount against the Renewal Premium payable at the end of the Policy Tenure.
6. **Lapse and Non-Transferability:** TravelCredits hold no cash value and cannot be encashed or transferred. If the Policy is cancelled, ported to another insurer, or not renewed with Us, all accumulated TravelCredits will immediately drop to zero, and no refund or cash equivalent will be payable.

E. Coverage Conditions During OFF Period

1. **Eligibility:** This benefit is strictly applicable to **adult Insured Persons,** and each trip must last a minimum of **fifteen (15) consecutive days**.

2. **Maximum Cap:** The maximum cumulative OFF period eligible for TravelCredits is **ninety (90) days** per adult Insured Person in a Policy Year.
3. **Claims Suspension:** During the OFF period, **NO claims** shall be admissible for **that Insured Person** under **any Section** of this Policy, **EXCEPT** for:
   - **Worldwide Yuva Maternity Cover** (Section C.14.9), if opted and applicable.
   - **HealthReturns™** (Section C.13.2) shall continue to accrue, and participation in the **FitForward Rewards Program** (if opted, Section C.14.11) shall continue uninterrupted.
4. **Waiting Periods:** All applicable Waiting Periods shall continue to be served during the OFF period.

C.13 Health Management Program (In-built)

C.13.1 Health Assessment

We will provide a Health Assessment of the Insured Person, which can be undertaken in two ways:
1. **Digital Health Assessment (DHA):** At home via Our mobile application (refer to Section C.13.1.a).
2. **Physical Health Assessment (HA):** At Our Network Providers / Empanelled Service Providers on a Cashless Facility basis (refer to Section C.13.1.b).

After the results are received, a **Healthy Heart Score™ (HHS)** will be generated. Risk level will be determined as:
- **Green & Amber:** The Insured Person's body vitals are in a healthy / acceptable state; the Insured Person can begin doing Active Dayz™ to earn HealthReturns™.
- **Red:** The Insured Person's body vitals are not within the normally acceptable range; the Insured Person is advised to undergo a regular Health Assessment for a second round of screening.

Conditions

1. **Selection:** We may advise availing either the Digital or Physical Assessment based on the Insured Person's Age and clinical condition.
2. **Discretion:** The availability of the Digital Health Assessment is at Our sole discretion.
3. **Future Tech:** We reserve the right to introduce new technology to evaluate health conditions and generate the Healthy Heart Score™.
4. **Prerequisite for HealthReturns™:** A valid Healthy Heart Score™ (HHS) is a mandatory prerequisite to earn HealthReturns™. If the Insured Person(s) begin earning Active Dayz™ (Step 2) **before** completing the Health Assessment (C.13.1), We will allow a credit of HealthReturns™ ONLY for the **three (3) months** prior to the date of the generation of Healthy Heart Score™.

C.13.1.a Digital Health Assessment (DHA)

DHA generates a **Healthy Heart Score™** indicating the heart health and vital parameters (BP, Heart Rate, BMI, Oxygen Saturation, Respiration Rate) via Our mobile application.

Concept & Technology of Digital Health Assessment (DHA):
Our system uses signal processing and AI technologies to predict body vitals through a face scan. We analyse pixel intensity changes on the skin using the noncontact **rPPG (Remote Photo plethysmography)** technique. No physical contact is needed; the Insured Person can check the body vitals with just a smartphone or tablet and an internet connection.

Process to undergo Digital Health Assessment (DHA):
1. Log in to Our mobile application.
2. Insured Person(s) eligible for Digital Health Assessment will be able to see the option on the application/ website under the "Digital Health Assessment" tab.
3. Answer the health questionnaire and complete the face scan by following the instructions on Our mobile application **(as mentioned in Annexure V)**.
   Note: For better results, the surrounding light should be bright and consistent.
4. The Insured Person(s) can visit the reports section of Our mobile application to view the assessment reports immediately.
5. The Healthy Heart Score™ (HHS) will be generated within **one (1) hour** from the time of scan and will be valid for **one (1) year**.

Conditions

1. **Frequency:** The Insured Person can avail a DHA once in an active Policy Year.
2. **Re-scan due to Technical Error:** If a scan is unsuccessful due to a technical error, then the Insured Person will be asked to take a re-scan by a message alert on the screen.
3. **Disclaimer:** DHA is for screening only and is **NOT** a substitute for clinical judgment. It does **NOT** diagnose, treat, or prevent any disease. It is intended to improve Insured Person's awareness of general wellness. Consult with a healthcare professional or contact emergency services if the Insured Person believes that they may have a medical issue.

C.13.1.b Physical Health Assessment (HA)

Health Assessment™ measures **MER** (Medical Examination Report) including BP, HWR, Smoking Status, Blood Sugar, and Total Cholesterol.

Conditions

1. Charges for the tests shall be borne by Us and this benefit can be availed **once (1)** in a Policy Year.
2. All tests shall be conducted together to generate the Healthy Heart Score™.

C.13.2 HealthReturns

HealthReturns™ is earned and accumulated based on healthy behaviour of the Insured Person(s), and may be utilized, subject to Policy terms and conditions, for various **health and wellness related expenses including premium payments.** This enables the funding of immediate and future health needs—including, but not limited to, Out-Patient Expenses (OPD), Hospitalization Expenses, expenses towards buying health wearable devices, or simply availing a discount on the Renewal Premium. For the exhaustive list of all eligible expenses and utilisation methods, please refer to Step 7 of this section. **By staying physically active, the Insured Person(s) have the opportunity to earn up to 100% of Your Premium back* as HealthReturns™**.

Note: Please refer to Annexure V for detailed illustrations and examples of this benefit.

<u>Step 1: Establish Your Healthy Heart Score™</u>

To begin earning Your Premium back as HealthReturns™, each individual Insured Person must complete a Health Questionnaire and undergo a Health Assessment™ (Section C.13.1).

Based on the test results, We will determine the Healthy Heart Score™ (HHS). This score categorizes heart health compared to peers in the same age and gender:

- **Green:** Low risk of heart disease.
- **Amber:** Moderate risk of heart disease – intervention will be beneficial.
- **Red:** High risk of heart disease – immediate intervention is required.

Conditions

1. The HHS is valid for **twelve (12) months** and will automatically be updated based on the latest result if another assessment is completed.
2. This step is **NOT** applicable for individuals who have undergone a Pre-Policy Medical Examination before issuance of the Policy, for the **first (1st)** Policy Year.
3. A valid **Healthy Heart Score™** (HHS) is a **prerequisite** to earn HealthReturns™. If the Insured Person(s) begin earning Active Dayz™ (Step 2) **before** completing the Health Assessment (C.13.1), We will allow a credit of HealthReturns™ **ONLY three (3) months** prior to the date of the generation of Healthy Heart Score™.

<u>Step 2: Earn Active Dayz™ (Reward Engine)</u>

Active Dayz™ is the mechanism that **rewards the Insured Person(s) for daily fitness consistency**. Activities are tracked via Our mobile application, wearable devices, or visits to Network centres to accumulate HealthReturns™.

How to Earn Active Dayz™: The Insured Person can earn One (1) Active Dayz™ by achieving **ANY ONE** of the following each day:

- **Steps:** Recording **ten thousand (10,000) steps** or more in a day (tracked through Our mobile application or through a linked wearable device); OR
- **Calories:** Burning **three hundred (300) calories** or more in one exercise session per day (tracked through Our mobile application or through a linked wearable device); OR
- **Gym/Yoga:** Completing an activity for a minimum of **thirty (30) minutes** at Our panel of fitness or yoga centers; OR
- **Events:** Participation in a recognized marathon / walkathon / cyclothon with a completion certificate and timing.

We may also award Active Dayz™ to the Insured Person(s) participating in health and wellness related challenges or milestones made available on Our mobile application from time to time.

Alternatively, if the Insured Person prefers not to track daily activity, then the Insured Person can take a physical test (measuring endurance, strength, etc.) called **Fitness Assessment.**

1. We provide **two (2)** fitness assessments per Policy Year.
2. The results are valid for **six (6)** months.
3. We will use the better of the Fitness Assessment Result OR the number of Active Dayz™ in each month to calculate the rewards.
4. We reserve the right to introduce any new technology in addition to or in replacement of the current Fitness Assessment methodology to better evaluate the fitness of the Insured Person.

Step 3: Boost HealthReturns™ with FitForward

FitForward further encourages the Insured Person(s) to lead a healthy lifestyle and enhances the earning potential of HealthReturns™ to help You earn up to **100% of Your Premium back***. It allows the Insured Person(s) to earn **Bonus Active Dayz** and **Good Health Boosters** by maintaining consistency across three pillars: **MOVE, EAT, and HEAL**.

1. **MOVE (Bonus Active Dayz)**
   We recognize that consistency matters. We reward **four (4) Bonus Active Dayz** every month for maintaining good health even if the daily target is missed.
   Eligibility: The Insured Person shall be **rewarded four (4)** Bonus Active Dayz in a month if:
   - the Monthly Average Number of Steps is between 7,500 and 9,999 (on days where the Insured Person could not earn Active Dayz™); OR
   - the Insured Person burnt two hundred and fifty (250) calories or more on an average in one exercise session per day at the end of the month (on days where the Insured Person could not earn Active Dayz™).

   Condition: Bonus Active Dayz are added to the Active Dayz™ count to **help the Insured Person(s) achieve a higher slab** in the Monthly Grid. Bonus Active Dayz™ are credited only where the Insured Person(s) have **earned less than twentythree (23) Active Dayz™** in a month.

1. Good Health Boosters (EAT & HEAL)

The Insured Person can earn additional percentage boosters on the earned monthly HealthReturns™.

A. **EAT**

A **10% Booster** shall be rewarded to the earned monthly HealthReturns™ if the Insured Person logs a minimum of **two (2) meals per day** for at least **twenty-one (21) days** in a calendar month on Our mobile application.

Note: Food Logging must be done through Smartphone Camera capture only (matching the registered number). Gallery uploads are **NOT** permitted. Food type and entries may be verified by Us from time to time to ensure accuracy.

B. **HEAL**

Sleep is the body's natural recovery mechanism. Adequate sleep duration is essential for physical repair, cognitive function, and maintaining a healthy heart rhythm.

A **15% Booster** shall be rewarded to the earned monthly HealthReturns™ if the Insured Person achieves a minimum of **twenty-one (21) Heal Days** in a calendar month. A **Heal Day** is defined as successfully recording **daily sleep duration between 7 to 8 hours**, based on data captured via a linked wearable or any other suitable device.

Note: Please refer to the list of compatible wearable devices with Our mobile application on Our website for the purpose of this benefit.

General Conditions for FitForward:

1. Bonus Active Dayz are credited after the last day of the month.
2. Boosters are credited post successful validation of the activity.
3. The Total HealthReturns™ earned in a Policy Year (including Monthly, Annual, and Boosters) shall **NOT** exceed **100%** of the Annual Premium*.
4. Good Health Boosters shall apply on the **total HealthReturns™ credited in the month**, including any **annual HealthReturns™ bonus credited** in that month.

Step 4: HealthReturns™ Monthly Calculation

We reward HealthReturns™ to the Insured Person(s) based on the Healthy Heart Score™ (Step 1), and **EITHER** the number of **Active Dayz™** (Step 2) recorded **OR** the **Fitness Assessment** Result (Step 2) as per the grid below.

No of Active Dayz™ in a calendar month (including Bonus Active Dayz)	OR	Fitness Assessment Result^	Healthy Heart Score™		
			Red	Amber	Green
13 or more		Level 5	6.0%	12.0%	30.0%
10 – 12		Level 4	3.6%	7.2%	18.0%
7- 9		Level 3	2.4%	4.8%	12.0%
4 – 6		Level 2	1.2%	2.4%	6.0%
0 – 3		Level 1	0%	0%	0%

^The grid above is calculated on the Monthly Premium. You can earn up to **30% of Your Monthly Premium** back every month as HealthReturns™ based on the grid above.

Step 5: HealthReturns™ Annual Calculation

If the Insured Person(s) remain active all year, then such Insured Person(s) get an extra payout. In addition to the monthly earning slabs, the Insured Person(s) will earn additional HealthReturns™ based on the **Active Dayz™** (including Bonus Active Dayz) earned throughout the year.

Number of Active Dayz™ earned in a year (including Bonus Active Dayz)	Red	Amber	Green
275	4.0%	8.0%	20.0%
325	10.0%	20.0%	50.0%

Important Conditions:

1. Fitness Assessment Results are **NOT** considered for earning the annual slabs mentioned above.

2. **The slabs are independent**. For example, under a Family Floater Policy, if all eligible Insured Persons with a Green Healthy Heart Score™ accomplish **thirteen (13) Active Dayz™** or more every month (earning 30%), along with achieving at least **three hundred and twenty-five (325) Active Dayz™** in the same Policy Year, You will be rewarded with **100% of Your Premium back*** as HealthReturns™.
Calculation: 30% (Monthly) + 20% (for 275 days) + 50% (for 325 days) = 100%.

Illustration: Enhancing HealthReturns™ with FitForwar

The following example demonstrates how **FitForward helps to boost the monthly earned HealthReturns™** using Bonus Active Dayz and Good Health Boosters.

Scenario: An Insured Person (HHS Green) pays an annual Premium of Rs. 12,000, thereby making it Rs. 1,000 monthly.

Monthly HealthReturns™ Calculation					
Scenario		**Activity Recorded**	**Calculation Explanation**	**Monthly Accrued HealthReturns™**	
1	Standard	Insured Adult records 13 Active Dayz™	30% from Base Grid	30%	INR 300
2	With **MOVE**	Insured Adult records 10 Active Dayz™ + 4 Bonus Active Dayz.	Moves from 18% slab to 30% slab due to Bonus Active Dayz.	30%	INR 300
3	With **EAT**	Insured Adult records 13 Active Dayz™ + Logs Meals for 21 Days.	30% from Base Grid + 10% Booster	33%	INR 330
4	With **HEAL**	Insured Adult records 13 Active Dayz™ + 21 Heal Days.	30% from Base Grid + 15% Booster	34.5%	INR 345
5	With **EAT and HEAL**	Insured Adult records 13 Active Dayz™ + Logs Meals for 21 Days + 21 Heal Days	30% from Base Grid + 25% Booster	37.5%	INR 375
6	With **MOVE, EAT and HEAL**	Insured Adult records 10 Active Dayz™ + 4 Bonus Active Dayz + Logs Meals for 21 Days + 21 Heal Days	Moves from 18% slab to 30% slab due to Bonus Active Dayz + 25% Booster	37.5%	INR 375

Note: Please refer to Annexure V for detailed illustrations and examples of this benefit.

Step 6: Family Rules & Allocation

A. **Individual Policy:** The Insured Person earns what such Insured Person achieves. Each Insured Person will be tracked separately and shall earn HealthReturns™ based on such Insured Person's individual performance as per the grid of Healthy Heart Score™ and Active Dayz™.
Note: Only Insured Persons aged **18 Years and above** are eligible for HealthReturns™.

B. **Family Floater Policy:** Each Insured Person shall be tracked separately and shall earn HealthReturns™ based on individual performance as per the grid of Healthy Heart Score™ and Active Dayz™. For the purpose of calculating HealthReturns™, We will allocate the overall Premium to the adults in the Policy.
Note: Dependent Children up to the age of **25 Years** are **NOT** eligible for HealthReturns™.

Family size	Weightage
Self + Spouse OR Live-in Partner + Dependent Children (up to age of 25 years)	1:1:0:0
Self + Spouse OR Live-in Partner	1:1
Self OR Sibling + Sibling	1:1

Step 7: Utilizing HealthReturns™

HealthReturns™ may be utilised during the Policy Period or at Renewal, including payment towards Renewal Premium, or other eligible health and wellness related expenses as specified below:

i. **Hospitalization Expenses** provided that the Sum Insured is exhausted during the Policy Year.
ii. **Payment of Deductible** (if opted), wherever applicable.
iii. **For Claims that are NOT payable**, in case of any Hospitalization Expenses or Day Care Treatment.
iv. **Out-Patient Expenses** (OPD) up to the value of accrued funds.
v. **Preventive and Wellness Activities:**
vi. **AYUSH Treatment** in excess of the limits as specified in Policy Schedule / Product Benefit Table of this Policy.
vii. For expenses towards buying **health wearable device(s)** which can be used to track Sleep, Steps and Active Dayz™.
viii. To avail a **discount on Your Renewal Premium** OR to **purchase another retail Insurance Policy** from the **Company**.

Conditions for Utilization:

5. For utilisation of HealthReturns™ under **items (i) to (vii),** an Insured Person **may utilise up to HealthReturns™ earned by such Insured Person**. Utilisation under **item (viii) shall be exercised only by You / Policyholder.**
1. Reimbursement Claims under applicable expenses for accumulated HealthReturns™ can be made quarterly, with a maximum of **four (4)** times in a Policy Year.
2. **Waiver:** Waiting Periods, Permanent Exclusions and Co-Payments shall **NOT** apply to this benefit.

General Conditions for HealthReturns™

1. **Definition of Premium & Terminology for HealthReturns™ Calculation***
The limit of **100% HealthReturns™** (or "100% of Your Premium back") is calculated based on: **100% Base Cover Premium + Premium for Applicable Optional Covers** (if opted in the immediately preceding Policy Year), as specified below:

Section	Optional Cover Name	HealthReturns™ Applicability
C.14.1	Reduction in Specific Disease Waiting Period	Yes
C.14.2	Reduction in Pre-Existing Disease Waiting Period	Yes
C.14.3	Room Rent Type Option	Yes
C.14.4	Yuva Health Check-up	No
C.14.5	Lifestyle Management Program	No
C.14.6	Durable Equipment Cover	Yes
C.14.7	Compassionate Visit	No
C.14.8	OPD Cover	No
C.14.9	Worldwide Yuva Maternity Cover	No
C.14.9A	Newborn Baby Cover	No
C.14.10	Income Protect Cover	No
C.14.11	FitForward Premium	No

The term **'Premium back'** refers to the **maximum potential value of HealthReturns™** that may be earned by the Insured Person(s). The actual benefit is realized upon **utilization of HealthReturns™**, which may result in a **reduction of the Premium payable (i.e., 'Premium discount')** at the time of utilization.

2. If HealthReturns™ earned is **not utilized** during the Policy Year, it will be **adjusted to pay the Renewal Premium** of the base Policy prior to the due date, subject to a maximum of the Premium paid for the preceding Policy Year(s).
3. If both HealthReturns™ and TravelCredits earned through ON/OFF (Section C.12) are available towards Renewal, **TravelCredits** shall be applied as a **discount on the Renewal Premium first**, and **HealthReturns™ shall thereafter be adjusted** towards the balance Renewal Premium payable. Balance HealthReturns™
balance may be utilized for eligible health and wellness expenses as specified in Step 7 of this section.
4. If HealthReturns™ is **not utilized towards Renewal,** it shall be **carried forward to the next Policy Year** provided the Policy is Renewed with Us and in accordance with the Renewal Terms under the Base Policy.
5. If the Policy is **NOT** renewed with Us, the accrued HealthReturns™ balance will be available for utilization only for a period of **three (3) months** from the date of expiry of the previous Policy.
6. HealthReturns™ earned is **NOT** eligible for payment of Instalment Premium during the Policy Period.
7. If You or the Insured Person wish to know the present value of the funds earned as HealthReturns™, they may contact Us at Our toll-free number, Our website, or Our mobile application.
8. HealthReturns™ do **NOT constitute a rebate or inducement on Premium** but are an earned reward mechanism as a result of health outcomes as defined under this Policy.

C.14 Optional Covers (Please refer the Policy Schedule for applicability of Optional Covers)

C.14.1 Reduction in Specific Disease Waiting Period

We will reduce the applicable Waiting Period for **Specific Diseases / Procedures** (as defined in Section D.1.2) to **One (1) Year**.

Conditions:

1. **Eligibility:** This benefit can only be opted at the time of inception of the first Policy with Us.
2. **Applicability to Sum Insured:** The reduced Waiting Period applies only to the Sum Insured opted at the time of the first Policy inception. In case of any subsequent enhancement in the Sum Insured, the standard Specific Waiting Period (as specified in Section D) shall apply to the incremental amount of Sum Insured.
3. **Waiting Period Calculation:** The Waiting Periods shall be calculated from the date of inception of the first Policy with Us for each Insured Person individually.
4. **Premium Applicability:** To avail this benefit, the Premium for this optional cover must be paid for **two (2) consecutive Policy Years** from Policy Inception.

Note: The provisions of Section D (Exclusions) shall continue to apply. However, under this benefit, We will admit claims for Medical Expenses incurred for Hospitalization related to Specified Diseases / Procedures after **One (1) Year** has elapsed since the inception of the first Policy with Us, provided the coverage has been continuous without Break-in Policy.

C.14.2 Reduction in Pre-Existing Disease Waiting Period

We will reduce the applicable Waiting Period for **Pre-Existing Diseases (PED)** (as defined in Section D.1.1) to **One (1) Year.**

Conditions:

1. **Eligibility:** This benefit can only be opted at the time of inception of the first Policy with Us.
2. **Applicability to Sum Insured:** The reduced Waiting Period applies only to the Sum Insured opted at the time of the first Policy inception. In case of any subsequent enhancement in the Sum Insured, the standard Pre-Existing Disease Waiting Period (as specified in Section D) shall apply to the incremental amount of Sum Insured.
3. **Waiting Period Calculation:** The Waiting Periods shall be calculated from the date of inception of the first Policy with Us for each Insured Person individually.
4. **Premium Applicability:** To avail this benefit, the Premium for this optional cover must be paid for **two (2) consecutive Policy Years** from Policy Inception.

Note: The provisions of Section D (Exclusions) shall continue to apply. However, under this benefit, We will admit claims for Medical Expenses incurred for Hospitalization related to Pre-Existing Diseases (PED) after **One (1) Year** has elapsed since the inception of the first Policy with Us, provided the coverage has been continuous without Break-in Policy.

C.14.3 Room Rent Type Option

If You opt for this cover, You are eligible to **modify the Room Rent Category** entitlement to the category specified in the **Policy Schedule / Product Benefit Table**.

C.14.4 Yuva Health Check-up

We cover the cost of a **comprehensive Health Check-up** for Insured Person(s) Aged 18 years and above, once every Policy Year. This benefit is available only after the Insured Person(s) have completed **three (3) months of continuous coverage** with Us from the date of first Policy inception and can be availed exclusively on a Cashless basis at Our Network Providers / Empanelled Service Providers.

What is Covered

- **1 Medical Test**: CBC with ESR, MER, Urine Routine, Cholesterol, Serum Creatinine, Random Blood Sugar (RBS), SGOT, SGPT, Serum Uric Acid, Thyroid Profile, Vitamin B12, Vitamin D.
- **1 Dental Consultation** (In-person OR Tele)
- **1 Ophthalmologist Consultation** (In-person OR Tele)

Reference for Medical Test Abbreviations:

- MER: Medical Examiner's Report (stamped and signed by an MD Physician)
- CBC: Complete Blood Count
- ESR: Erythrocyte Sedimentation Rate
- RBS: Random Blood Sugar
- SGOT: Serum Glutamic Oxaloacetic Transaminase
- SGPT: Serum Glutamic Pyruvic Transaminase
- BMI: Body Mass Index

What is Not Covered

- **Reimbursement:** Any claim for a health check-up availed on a reimbursement basis is **NOT admissible**.
- **Carry Forward:** Unutilized benefits **CANNOT** be carried forward to the next Policy Year.

Conditions:

1. **Eligibility:** The Insured Person(s) may avail this benefit only after the completion of **three (3) months of continuous coverage** under the Policy from the date of first Policy Inception.
2. **Booking Process:** You must book the Yuva Health Check-up (including tests and consultations) through Our mobile application or by raising a request with Us via Our website or Call Centre.
3. **Liability Disclaimer:** We do **NOT** assume any liability towards any loss or damage arising out of or in relation to any opinion, actual or alleged errors, omissions, and representations made by the Network Provider / Empanelled Service Providers in relation to the Yuva Health Check-up.
4. **Waiver:** Waiting Periods, Permanent Exclusions and Co-Payments shall **NOT** apply to this benefit.

C.14.5 Lifestyle Management Program

We shall cover the costs incurred by the Insured Person(s) Aged 18 years and above, towards **consultations with a Medical Practitioner and diagnostic tests** in respect of **declared Lifestyle Conditions** and specified in the Policy Schedule, on an Out-patient (OPD) basis.

What is Covered

- **OPD Benefits:** The benefits are available exclusively on a Cashless basis at Our Network Provider / Empanelled Service Providers (Outpatient clinics, Physicians, or Diagnostic centres). The updated list of providers can be obtained by calling Our call centre.

- **Scheduling Appointments:**
  - **i. Assisted:** We will assist in scheduling appointments at a time convenient to the Insured Person via Our Call Centre.
  - **ii. Self-Booking:** Alternatively, the Insured Person may schedule their own appointment directly by contacting the Network Provider, subject to the availability of such services as per Annexure IV of this Policy.

What is Not Covered

- **Reimbursement:** Claims for services availed on a reimbursement basis are **NOT** admissible.
- **Non-Network:** Any services availed at providers other than Our Network Providers / Empanelled Service Providers are **NOT** covered.
- **Undeclared Lifestyle Conditions:** Services for conditions not specified in the Policy Schedule.

Conditions

1. **Health Identification Card:** To avail Cashless Facility at Our Network Providers / Empanelled Service Providers, You must produce the Health Identification Card issued by Us along with valid Identity Proof.
2. **Medical Records:** We shall retain the medical reports generated under this benefit (subject to Your consent at the time of enrolment). A copy of the reports shall be shared with You upon Your request.

C.14.6 Durable Equipment Cover

If the treating Medical Practitioners prescribes the use of any of the specified Durable Medical Equipment for a Medically Necessary Treatment of Insured Person(s), We will cover the expenses incurred towards the cost of renting or purchasing any of the specified Durable Medical Equipment during the Policy Year.

What is Covered:

- **Eligible Equipment:** The cover is strictly restricted to the following items:
  1. Ventilator
  2. Wheelchair
  3. Prosthetic Device
  4. Suction Machine
  5. Commode Chairs
  6. Infusion Pump
  7. Continuous Passive Motion (CPM) devices (specifically for Knee Replacement)
  8. Oxygen Concentrator
- **Exclusion Waiver:** Specific Exclusion Prosthesis and Devices (Section D.2.4) with respect to the above-listed Durable Medical Equipment shall **NOT** be applicable for this benefit.

Definition for this benefit: Prosthetic Device means an externally applied device used to replace wholly or partly an absent or deficient body part (limited to arm or leg or auditory system).

What is NOT Covered

- **Unlisted Items:** Any equipment not explicitly listed above is **NOT** covered.
- **Non-Medical Use:** Equipment purchased for comfort or convenience without a direct medical prescription is **NOT** covered.

Conditions:

1. **Admissibility:** The expenses must be related to an admissible Hospitalization under Hospitalization Expenses (Section C.1) or Domiciliary Hospitalization (Section C.6) or Home Health Care (Section C.7).
2. **Prescription:** The need for Durable Medical Equipment must be prescribed by an authorised Medical Practitioner during Hospitalisation, or during treatment under Domiciliary Hospitalisation or Home Health Care, or **within thirty (30) days following discharge of the Insured Person(s)** from the Hospital or completion of treatment under Domiciliary Hospitalisation or Home Health Care.
3. **Purchase/Rent:** Any purchase or renting of the Durable Medical Equipment should be done within **thirty (30) days** of such prescription/recommendation.
4. **Sum Insured Utilization:** Any claim made under this cover will reduce the Base Sum Insured of the Policy.

C.14.7 Compassionate Visit

We will reimburse the **travel expenses** incurred by an Immediate Family Member to travel to the **place of Hospitalization**. This benefit is triggered in the event of an admissible claim under Hospitalization Expenses (Section C.1) exceeding **ten (10) consecutive days**.

What is Covered:

- **Travel Expenses:** The cost of a two-way economy class air ticket or travel fare incurred for traveling from the place of origin/residence to the place of Hospitalization and back.
- **Eligible Member:** Coverage is available for one "Immediate Family Member", defined strictly as the Spouse, Live-in Partner, Children, and Dependent Parent/Parent-in-law.

What is NOT Covered:

- **Multiple Members:** Expenses for more than one family member are **NOT** covered.
- **Local Hospitalization:** This benefit is **NOT** applicable if the Insured Person is Hospitalized within their usual city/town of residence. It applies only when Hospitalization occurs at a place **away** from the usual place of residence (Home).

Condition: The benefit is available once per Hospitalization and on a Reimbursement basis only.

C.14.8 OPD Cover

We will cover the costs incurred by the Insured Person(s) towards the **Out-patient Benefits** and provide access to **Wellness Services** specified below up to the limits specified in the Policy Schedule and within the framework defined in **Annexure VII**.

What is Covered

A. **Out-patient Medical Expenses (OPD)**:
   1. **Doctor Consultations:** General & Specialist Doctor Consultations (Physical & Virtual Consultation).
   2. **Diagnostics:** Prescribed Lab Tests and Diagnostic Tests.
   3. **Dental Wallet:** Dental Consultations and Procedures (as listed in **Annexure VII**).
   4. **Sports Therapy & Physiotherapy:** Prescribed Sports Therapy and Physiotherapy Sessions (as defined in **Annexure VII**).
   5. **Pharmacy:** Prescribed Pharmacy expenses.
   6. **Vision Aids:** Prescribed Vision Expenses **(Spectacle and Contact Lenses only)**

B. **Wellness & Fitness Services**:
   7. **Physical Gym**: Access to fitness centers/gyms, limited to the number of sessions per adult per week/ month as specified in the Policy Schedule.
   8. **Mental Wellbeing:** Online sessions and tools focused on Mental Wellbeing.
   9. **Diet and Nutrition:** Professional Diet and Nutrition Coaching.
   10. **Online Gym:** Artificial Intelligence-led Smart Fitness Coaching.
   11. **Wellness Marketplace:** Access a dedicated marketplace on Our mobile application where You can browse and purchase health and wellness services from Our Network Providers / Empanelled Service Providers.
       - **Note: The services available on the marketplace may be offered at a discount and may change from time to time. You must pay for these purchases by Yourself directly; they are not deducted from Your Out-patient (OPD) Sum Insured limit.**

What is NOT Covered

- **Cosmetic Dental:** Cosmetic or aesthetic Dental procedures including but not limited to Whitening, Veneers, Smile Design, Aligners/Retainers, and Dentures.
- **Cosmetic Vision:** Cosmetic Ophthalmological procedures including but not limited to Laser/Lasik for eyesight correction and Surgery.
- **Maternity Related:** Specialist Consultations and any OPD Procedures related to Maternity.
- **Eyewear:** Frames, Non-prescription Eyewear, and Sunglasses.
- **Preventive Therapy:** Preventive, wellness, fitness, or performance-enhancement Sports Therapy sessions.
- **Routine Check-ups:** Only tests specifically prescribed by a Medical Practitioner are eligible for coverage.

Conditions

1. **Eligibility:** The **Insured Person(s)** may avail this benefit only after the completion of **thirty (30) days of continuous coverage** under the Policy from the date of first Policy Inception.
2. **Mode of Availing Benefits:** Primarily, all appointments, procedures, and access to **Network Provider** / **Empanelled Service Provider** services must be managed and fulfilled through **Our** mobile application on a **Cashless** basis.
3. **Reimbursement Facility on Exception:** We will accept reimbursement claims subject to a **20% Co-Payment ONLY** if the **Cashless Facility** is unavailable. All claims are strictly governed by the eligibility criteria, caps, and validation protocols in Annexure VII.
4. **Limits & Liability:** All benefits shall be subject to the limits and session counts as specified in the Policy Schedule and the Benefit Framework in Annexure VII. Any amount exceeding these limits will be borne by the Insured Person.

C.14.9 Worldwide Yuva Maternity Cover

We will cover the **Medical Expenses incurred towards maternity anywhere in the world**, up to the limits specified in the Policy Schedule. This cover covers Expenses towards Delivery, Pre-natal & Post-natal care, Legal Adoption, and Assisted Reproductive Systems.

What is Covered

A. **Maternity Delivery Expenses**

- **Scope:** Medical Expenses for childbirth of a baby (Normal or Caesarean Section) including medically necessary termination of pregnancy.
- **Limit:** This benefit is limited to **One (1) Delivery Event**.

B. **Pre-Natal Expenses (Pre Delivery)**

- Medical Expenses incurred up to **one hundred and eighty (180) days** prior to the date of childbirth towards the following:
    - **i. Consultations:** Gynaecological and Obstetrician Consultations.
    - **ii. Diagnostics:** Antenatal Check-ups, Sonograms, Blood Tests (including Triple Marker), and prescribed diagnostic tests.
    - **iii. Medications:** Prescribed Pre-Natal Medications.
    - **iv. Vaccinations:** Vaccinations for the Expecting Mother (Mandatory as per MOHFW List).
    - **v. Complications:** Treatment for Maternity-related complications.

C. **Post-Natal Expenses (Post Delivery)**

- Medical Expenses incurred up to **one hundred and eighty (180) days** post the date of childbirth towards the following:
    - **i. Consultations:** Gynaecological and Paediatric Consultations.
    - **ii. Physiotherapy:** Prescribed Post-natal Physiotherapy for the Mother and/or Newborn.
    - **iii. Medications:** Prescribed Medications and treatment for Postpartum complications.
    - **iv. Vaccinations:** Vaccination cover for the Baby (Mandatory as per MOHFW List).

D. **Legal Adoption**

- **Scope:** Expenses towards the legal adoption of a child, limited strictly to **legal expenses** and related **government charges**.

E. **Assisted Reproductive Systems (ARS)**

- **Listed Procedures:** Expenses incurred for **infertility treatments** towards:
    - **i. IUI:** Intra Uterine Insemination
    - **ii. IVF-ET:** In Vitro Fertilization and Embryo Transfer
    - **iii. ICSI:** Intracytoplasmic Sperm Injection
    - **iv. GIFT:** Gamete Intrafallopian Tube Transfer
    - **v. ZIFT:** Zygote Intra-Fallopian Transfer
- **Egg Freezing:** Expenses for Egg Freezing are covered up to 30% of Sum Insured under this benefit.

What is NOT Covered

- **Stem Cells:** Expenses incurred in respect of the harvesting and storage of stem cells for any purposes whatsoever are **NOT** covered.
- **Ectopic Pregnancy:** Medical Expenses for ectopic pregnancy are **NOT** covered under this benefit (they will be considered under **Hospitalization Expenses** (Section C.1)).
- **Base Policy Pre / Post Hospitalization Expenses:** Any Pre-hospitalization (Section C.3) or Post-hospitalization (Section C.4) expenses of the Base Policy are **NOT** covered under this benefit.
- **Surrogacy:** Expenses related to surrogacy are **NOT** covered.

Conditions

1. **Yuva Carry Forward (Waiting Period Credit):** If the Insured Person purchased the Policy as an Individual and later adds a Spouse, the Waiting Period served by the Insured under this benefit shall be credited to the spouse. **For Example:** If the Waiting Period is 3 years and the Insured Person has served 2 years, the spouse needs to serve only the remaining 1 year upon addition to the Policy.
2. **Eligibility:** This benefit is payable only if the female who has delivered the baby or undergone treatment is:
    - An Insured Person covered as a Legally Married Spouse of the Primary Insured.
    - A Divorced or Widowed Spouse provided the childbirth occurs within one (1) calendar tear of the legal separation or demise of the spouse.
3. **Age Limits:** The Insured Person can opt for this cover between the age of **18 Years** and **45 Years**. However, once opted, **claims can be made at any Age** (even after 45 years).
4. **Conditions for Pre-Natal & Post-Natal Claims**:
    - **Admissibility**: Claims for Pre-Natal Expenses (Section C.14.9.B) and Post-Natal Expenses (Section C.14.9.C) shall be admitted provided the Maternity Delivery Expense claim (Section C.14.9.A) has been admitted under this benefit.
    - **Submission Timeline:** Reimbursement for these expenses shall be submitted on a quarterly basis.
5. **International Claims:** Claims for delivery or treatment incurred outside India shall be settled on a Reimbursement basis in INR only, subject to the exchange rate on the date of payment to the Hospital.
6. **Exclusion Waiver:** Exclusions under Sterility and Infertility (Section D.1.17), Maternity Expenses (Section D.1.18), and Geographical Exclusion (Section D.2.8) shall **NOT** apply to the extent of the benefits provided under this Section.
7. **Liability:** Our maximum liability is **100%** of the limits specified in the Policy Schedule. Upon exhaustion of such limit, coverage under this benefit shall automatically lapse for that Insured Person for the Policy Year.
8. **No Impact on Sum Insured:** Any claim paid under this benefit shall **NOT** impact the Base Sum Insured, Yuva Credit, or Yuva Reload of the Base Policy.

C.14.9A Newborn Baby Cover

We will cover the **Medical Expenses incurred for Hospitalization of the Newborn Baby(ies)** from Day 1 (Birth) up to Day 90, up to the limits specified in the Policy Schedule. This Optional Cover is available only if Worldwide Yuva Maternity Cover (Section C.14.9) has been opted.

What is Covered

- **Scope:** Medical Expenses incurred for Hospitalization of the Newborn Baby(ies), subject to the separate limits specified in the Policy Schedule.

Conditions

1. **Admissibility:** This benefit is applicable **ONLY** if the delivery claim for the mother has been admitted under **Worldwide Yuva Maternity Cover** (Section C.14.9).
2. **Coverage Period:** Coverage is strictly limited to the **first ninety (90) days** from the date of birth.
3. **Endorsement for Continued Coverage:** Coverage beyond ninety (90) days shall require the Newborn Baby(ies) to be endorsed into the Base Policy, subject to the realization of the pro-rata Premium applicable for the remaining Policy Period.

Definition for this benefit: Newborn Baby means a baby born during the Policy Period and is aged up to 90 days from the date of birth, both days inclusive.

C.14.10 Income Protect Cover

We will pay a fixed lumpsum amount to the Insured Person on account of **loss of income due to Hospitalization arising from Illness or Injury.** This benefit is subject to the limits specified in the Policy Schedule.

What is Covered

- **Benefit Trigger:** The Lump Sum benefit is payable only if both of the following conditions are met:
  - **i. Duration:** The Insured Person is Hospitalized for a minimum continuous period of **seven (7) days** due to an Illness or Injury.
  - **ii. Unfitness to Work:** The treating Medical Practitioner certifies in writing that the Insured Person is medically unfit to continue their employment or occupation in the current Policy Year due to such Illness or Injury.
- **Admissible Claim:** We will pay this amount even if the underlying Hospitalization Expenses are paid by You OR settled by another Insurer, provided the claim would have been admissible by Us under the terms of this Policy.

What is NOT Covered

- This benefit shall **NOT** be payable for Hospitalization due to childbirth/medically necessary termination of pregnancy (Maternity Expenses), mental illness or psychiatric conditions.

Conditions

1. **Frequency:** This benefit is payable only once per Policy Year per Insured Person.
2. **Admissibility:** The underlying Hospitalization claim must be admissible under the terms, conditions, Waiting Periods & Permanent Exclusions (Section D) of this Policy.
3. **Reimbursement:** This benefit is payable on a Reimbursement basis only.

C.14.11 FitForward Premium

We will provide and empower the Insured Person with a holistic Health and Wellness ecosystem that integrates **digital health tracking**, **gamified rewards driven by health outcomes**, and **specialized medical support** to drive physical and mental well-being.

This comprehensive cover is available in three Variants: **Basic / Elite / Ultra** as specified in the Policy Schedule, and comprises four distinct components:

A. **FitForward Rewards Program**

We will provide an interactive digital engagement program designed to make wellness rewarding by linking incentives directly to measurable health behaviours.

- **Measurable Activities:** The Insured Person can participate in dynamic health-related activities through Our mobile application, where progress is tracked against specific health metrics (including but not limited to Fitness / Wellness Challenges, Step Games, Health Quizzes, and Gamified Health Tasks).
- **Outcome-Based Rewards:** Upon the successful completion of measurable health milestones or winning a health and wellness challenge, the Insured Person shall be eligible to earn **health and wellness rewards** (including but not limited to fitness tools, wearables, sports gear, wellness subscriptions, or health vouchers) listed on Our mobile application / Empanelled Service Provider Network which may change from time to time.

  Note: The nature, value, and validity of these rewards shall be subject to the applicable IRDAI Guidelines on Wellness and Preventive features issued from time to time.

B. **Fitness Tool (Wearable Device)**

We will provide a **Fitness Tool (Wearable Device)** corresponding to the chosen Variant to actively assist the Insured Person in monitoring their health parameters:

- **Basic Variant: Standard** Fitness Tool
- **Elite Variant: Advanced** Fitness Tool
- **Ultra Variant: Premium** Fitness Tool

The Fitness Tool (Wearable Device) serves as the primary mechanism to monitor metrics such as Steps, Calories, Sleep, and Stress Levels, directly linked to Our mobile application to facilitate the accumulation of Active Dayz™ and HealthReturns™ with FitForward (Section C.13.2). Furthermore, in the event of a breach of threshold limits for Stress Levels, the Fitness Tool (Wearable Device) shall prompt the Insured Person to undertake the Activ Mind Assessment (as defined below).

Conditions for Fitness Tool

1. **Entitlement Cycle:** The Fitness Tool (Wearable Device) shall be provided in the first Policy Year of opting for a specific Variant. It may be provided upon continuous Renewals of the same Variant if opted.
2. **Variant Change:** If the Insured Person changes their Variant at Renewal (e.g., switches from Basic to Ultra), the entitlement cycle resets, and the Fitness Tool (Wearable Device) corresponding to the new Variant shall be provided.
3. **Activation:** To ensure delivery of services, the Insured Person must strictly follow the required specifications and processes to activate the Fitness Tool.
4. **Exclusion Waiver:** The provisions of Exclusion Prosthesis and Devices (Section D.2.4) shall **NOT** apply to the Fitness Tool provided for this benefit.

C. **Mindfulness Cover (Mental Wellbeing)**

We will provide a holistic mental wellness service linked to the monitoring capabilities of the Fitness Tool (Wearable Device). Access to the services below is strictly contingent upon the Insured Person taking Activ Mind Assessment (an online Mental Health assessment) on Our mobile application, triggered by the breach of stress levels identified by the Fitness Tool (Wearable Device). The result will categorize risk on a scale of 'Healthy' to 'Extremely Severe' across 3 parameters: Anxiety, Depression, and Stress.

Risk Level	Intervention Required	Entitlement / Service
Moderate	Needs Intervention & Support	**1 Screening** followed by 2 Virtual Consultations.
Severe to Extremely Severe	Needs Intervention along with Clinical Support	**1 Screening** followed by 4 Virtual Consultations.

Conditions for Mindfulness Cover:

1. **Cashless Basis:** All Services under this component must be availed only on a Cashless basis through Our mobile application.
2. **Scope of Support:** The scope includes support on grief/bereavement counselling, support on mental health issues arising from rape/gender-based violence, HIV, parenting, and interpersonal relationships.
3. **Cumulative Eligibility:** The eligibility for screening and consultation sessions is in total for all parameters (Anxiety, Depression, Stress) combined and is **NOT** per individual parameter.
4. **No Carry Forward:** There is **NO** option to carry forward unutilized sessions to the next Policy Year.
5. **Clinical Exclusion:** This Benefit explicitly excludes support for clinically established mental health conditions including Bipolar Disorder, Schizophrenia, Dementia, Alzheimer's disease, and/or any other pre-diagnosed condition.
6. **Advisory Disclaimer:** It is agreed that the coaches/experts are **NOT** providing medical advice and shall **NOT** prescribe medication. We do not offer any medical, legal, or financial advice under this Benefit.

D. **AYUSH Teleconsultation Cover**

We will provide Virtual Consultations on an out-patient basis through an AYUSH Medical Practitioner up to a maximum of 4 Virtual Consultations per Policy Year on a Cashless basis through Our mobile application. For The services under this Benefit are strictly limited to the following disciplines: Ayurveda, Unani, Siddha, and Homeopathy.

Conditions for AYUSH Teleconsultation Cover:

1. **Cashless Basis:** All Services under this component must be availed only on a Cashless basis through Our mobile application as per the availability of the Network Provider / Empanelled Service Provider.
2. **No Carry Forward:** There is **NO** option to carry forward unutilized sessions to the next Policy Year.

General Conditions for FitForward Premium:

1. **Role of Facilitator & Liability**
   - **Facilitator Role:** The Services are provided through Empanelled Service Providers. The Company acts solely as a facilitator and does **NOT** represent, assure, or endorse the accuracy, completeness, reliability, or quality of the actual services provided.
   - **Voluntary Choice:** The decision to avail the services shall be taken by the Insured Person after careful and independent evaluation, at their sole discretion and risk.
   - **Liability Exclusion:** The Company shall **NOT** be liable for any actual or alleged errors, omissions, or representations of the Service Providers; any deficiency of services; or any direct, indirect, punitive, incidental, special, or consequential damages/losses incurred by the Insured Person.
   - **Force Majeure:** We and/or the Empanelled Service Provider will NOT be held liable for non-delivery of Services in case of unforeseen circumstances beyond control including strikes, riots, war, acts of terrorism, regulatory actions, or acts of God.

2. **Financial and Policy Impact**
   - **Not a Claim:** Utilization of this benefit shall NOT be construed as a claim and shall **NOT** impact the Base Sum Insured, Yuva Credit (if opted), or Yuva Reload.
   - **Tax Deduction:** The Premium for this Optional Cover does **NOT** qualify for tax deduction under Section 80D, as the services fall within the purview of wellness and preventive features.
   - **Cancellation:** In the event of Policy cancellation within the Free Look period, a refund of the Premium for this Optional Cover will be granted ONLY if the services have not been initiated (i.e., Fitness Tool (Wearable Device) has not been dispatched/delivered). If the Fitness Tool (Wearable Device) has been dispatched/delivered, NO refund shall be applicable.

3. **Waiver**
   - Waiting Periods, Permanent Exclusions and Co-Payments shall **NOT** apply to this benefit.

Section D. Waiting Period and Permanent Exclusions

All Waiting Periods and permanent exclusions shall apply individually for each Insured Person and claims expiry shall be assessed accordingly. We shall not be liable to make any payment under this Policy directly or indirectly for, caused by or arising out of or howsoever attributable to any of the following:

D.1 Standard Exclusions	Word Explanations
D.1.1 Pre-Existing Diseases (Code- Excl01): a) Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of number of years/months, as specified in the Policy Schedule / Product Benefit Table of this Policy, 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, then Waiting Period for the same would be reduced to the extent of prior coverage. d) Coverage under the Policy after the expiry of months as specified in the Policy Schedule / Product Benefit Table of this Policy for any Pre-Existing Disease is subject to the same being declared at the time of application and accepted by Insurer.	Pre-Existing Disease: A medical condition that a person already has before getting insurance or a healthcare plan. Portability: A person can switch to a new insurance company without losing the benefits and coverage already earned under the current Policy.
D.1.2 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 number of years / months, as specified in the Policy Schedule / Product Benefit Table of this Policy, 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 Policy 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:	Waiting Period: A specified period of time during which certain coverage or benefits are not provided after purchasing a Policy.

	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
		Tympanites & 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	Gynaecology	All Cysts, Mass, Swelling, Lump, Granulomas, Polyps, Fibroids & Benign Tumour of the female genito urinary system	Medical & Surgical Treatment
		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	Orthopaedic / 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
		Spondylosis, Spondyloarthritis, Spondylopathies	Medical & Surgical Treatment
		Ankylosing Spondylitis / 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, haemorrhoids (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
		Gastroesophageal 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
		Varicocele / Spermatocele	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

If any of the Illness/conditions listed above are Pre-Existing Diseases, then they shall be covered only after the completion of the Pre-Existing Disease Waiting Period described in Pre-Existing Diseases (Section D.1.1).

D.1.3 30-Day Waiting Period (Code- Excl03): a) Expenses related to the treatment of any Illness within 30 days from the Commencement Date of the first Policy shall be excluded except claims arising due to an Accident, provided the same are covered. b) 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.	**Commencement Date:** Date when an insurance Policy becomes active and provides coverage to the Insured Person.
D.1.4 Investigation & Evaluation (Code- Excl04): a) Expenses related to any Admission primarily for diagnostics and evaluation purposes only are excluded. b) Any Diagnostic Expenses which are not related or not incidental to the current diagnosis and treatment are excluded.	**Diagnostic Expenses:** Costs associated with medical tests and procedures used to diagnose health condition.
D.1.5 Rest Cure, Rehabilitation and Respite Care (Code - Excl05): Expenses related to any Admission primarily for enforced bed rest and not for receiving treatment. This also includes: a) Custodial Care either at Home or in a nursing facility for personal care such as to help with activities of daily living such as bathing, dressing, moving around either by Qualified Nurses or assistant or non-skilled persons. b) Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.	**Custodial Care:** Non-medical assistance with daily tasks for individuals who need help due to physical or mental limitations.

D.1.6 Obesity / Weight Control (Code- Excl06): Expenses related to the surgical treatment of obesity that do not fulfil all the conditions below: a) Surgery to be conducted is upon the advice of the Medical Practitioner. b) The Surgery/Procedure conducted should be supported by clinical protocols. c) The Insured Person has to be 18 years of Age or older; and d) Body Mass Index (BMI): 1) greater than or equal to 40 2) 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: i. Obesity-related cardiomyopathy ii. Coronary heart disease i. Severe Sleep Apnea ii. Uncontrolled Type 2 Diabetes	**BMI:** Measurement that helps determine if a person has a healthy weight based on their height and weight. **Co-morbidities:** Additional medical conditions or diseases that occur alongside a primary health condition or illness. **Obesity-related cardiomyopathy:** Heart condition caused by excessive weight, which weakens the heart muscle. **Coronary heart disease:** Condition where the heart's blood vessels become narrowed or blocked, leading to reduced blood flow to the heart muscle **Sleep Apnea:** Sleep disorder where breathing stops or becomes very light during sleep, causing sleep interruptions and daytime tiredness
D.1.7 Change-of-Gender Treatments (Code- Excl07): Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.	**Change-of-Gender Treatments:** Medical procedures and support services that help individuals transform from one gender to another.
D.1.8. Cosmetic or Plastic Surgery (Code- Excl08): 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 Person.	**Reconstruction:** Process of repairing or rebuilding damaged or lost body parts through surgical procedures to improve function and appearance.
D.1.9. Adventurous/Hazardous 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, hang gliding, sky diving, deep sea diving.	**Hazardous or Adventure Sports:** Activities that are considered high-risk and may require specific coverage or have exclusions due to the potential for injuries or accidents.
D.1.10. 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.	**Breach of Law:** When someone breaks a law or fails to meet legal requirements, which is considered a wrongdoing or illegal action
D.1.11. 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 disclosed on Our website / 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.	**Excluded Providers:** Healthcare professionals, hospitals, or medical facilities that are specifically listed by the Insurer as not covered under the health insurance Policy.
D.1.12. Treatment for, Alcoholism, Drug or Substance Abuse or any Addictive Condition and consequences thereof. **(Code- Excl12)**	**Addictive Condition:** When someone becomes dependent on substances or behaviours, leading to uncontrollable and harmful use.

D.1.13. Treatments received in Heath Hydros, Nature Cure Clinics, Spas or similar establishments or private beds registered as a nursing home attached to such establishments or where Admission is arranged wholly or partly for domestic reasons. **(Code- Excl13)**	**Domestic reasons:** Situations where a person is admitted to a healthcare facility primarily for non-medical or non-health-related purposes.
D.1.14. 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 Treatment **(Code- Excl14)**	**Dietary Supplements:** Products intended to supplement or enhance the diet and provide essential nutrients like vitamins, minerals, amino acids, or herbs.
D.1.15. Refractive Error (Code- Excl15): Expenses related to the treatment for correction of eyesight due to Refractive Error less than 7.5 Dioptres.	**Refractive Error:** A vision problem that causes blurred vision due to the eye's inability to focus light properly at the back of the eye.
D.1.16. 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.	**Unproven Treatments:** Medical approaches that have not been proven to work or shown to be safe.
D.1.17. Sterility and Infertility (Code- Excl17): Expenses related to sterility and infertility. This includes: a) Any type of contraception, sterilization b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI c) Gestational Surrogacy d) Reversal of sterilization	**Sterility:** Condition or state of being unable to conceive a child or reproduce. **Infertility:** Inability to get pregnant or conceive a child despite trying for a certain period of time. **Assisted reproduction services:** Medical procedures or techniques that assist individuals or couples in achieving pregnancy when they are facing difficulties conceiving naturally. **IVF (In-Vitro Fertilization):** Process where doctors help couples have a baby by combining an egg and sperm in a lab and then placing the fertilized egg into the woman's womb to grow into a baby. **ZIFT (Zygote Intrafallopian Transfer):** A fertility procedure where a fertilized egg is placed in the fallopian tube to increase the chances of pregnancy. **GIFT (Gamete Intrafallopian Transfer):** A fertility treatment where eggs and sperm are placed directly into the fallopian tube to increase the chances of pregnancy. **ICSI (Intracytoplasmic Sperm Injection):** A fertility procedure where a sperm is directly injected into an egg to aid fertilization. **Gestational Surrogacy:** Type of surrogacy arrangement where a woman, known as the gestational surrogate or gestational carrier, carries and gives birth to a child on behalf of another individual or couple.

D.1.18. Maternity Expenses (Code- Excl18): a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) **except ectopic pregnancy;** b) Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Policy Period.	**Ectopic pregnancy:** When a fertilized egg grows outside the uterus, often in the fallopian tube. It is a dangerous condition that cannot develop into a healthy baby and requires medical attention. This condition is covered under Hospitalization Expenses (Section C.1).
D.2 Specific Exclusions	**Word Explanations**
D.2.1 Circumstantial Exclusion: 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 Attach or Weapon, Biological Attack or Weapons, radiation exposure, or contamination by radioactive materials or substances. c) The Insured Person's direct participation in terrorist acts.	**Circumstantial Exclusion:** Exclusion of coverage for certain situations or conditions based on specific circumstances specified in an insurance Policy.
D.2.2 Behavioral Exclusions: 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).	**Behavioral Exclusions:** Situations where an insurance Policy does not cover certain health conditions or treatments that are caused by a person's actions or behaviour, such as self-harm or drug abuse.
D.2.3 Medical Exclusions: a) All routine examinations and Health Check-ups except as per terms and conditions mentioned under Yuva Health Check-up (Section C.14.4); 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) External Congenital Anomaly: 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;	**Circumcision:** A surgical procedure that involves removing the foreskin covering the tip of the male genitalia. **Stem Cell Therapy:** A medical treatment that uses cells to repair or replace damaged tissues in the body. **Growth Hormone Therapy:** Involves administering synthetic growth hormone to treat deficiencies and promote growth in children and adolescents.

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. 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. i) AYUSH Treatment: Any form of AYUSH Treatment, except as mentioned under AYUSH Treatment (Section C.8).	**Hormone Replacement Therapy (HRT):** Medical treatment that involves taking hormones to reduce or relieve symptoms related to hormonal changes in the body.
D.2.4 Prosthesis and Devices: a) Hearing aids, spectacles or contact lenses including optometric therapy. b) Wigs, or toupees, and related expenses. 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.	**Optometric therapy:** A specialized treatment by optometrists that uses exercises to improve visual skills and abilities. **C.A.P.D.:** Treatment for kidney failure where a special fluid is put into the abdomen to remove waste and excess fluid from the body, without using a machine. **COPD:** Chronic lung disease that makes it hard to breathe, usual[ly caused by smoking or exposure to harmful substances. **Cochlear implant:** A special device that can help people who have severe hearing loss or are completely deaf.
D.2.5 Non-Medical Expenses: As mentioned under Annexure (I) List I, II, III & IV will be excluded unless forms a part of In-patient Hospitalization.	**Non-Medical Expenses:** Costs or expenditures that are not directly related to medical treatments or healthcare services.
D.2.6 Specific Treatment Exclusion: Treatment for 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 Infliximab, Rituximab, Avastin, Lucentis, Use of Radio Frequency (RF) Probe for Ablation.	**RFQMR:** New device developed for Tissue Regeneration, Degeneration and Repair for the purposes of treating several chronic or degenerative diseases such as Cancer & Arthritis. **ECP:** Non-surgical therapy that uses cuffs to apply rhythmic pressure to improve blood flow to the heart. **EECP:** Non-surgical therapy that improves blood flow to the heart using cuffs placed on the legs, buttocks, and lower abdomen. **Hyperbaric Oxygen Therapy:** Treatment where a person breathes pure oxygen in a pressurized chamber to promote healing and improve certain medical conditions. **KTP Laser Surgery:** Medical procedure that uses a specialized laser to treat blood vessel abnormality, skin pigmentation, and certain tumours. **Femto Laser Surgeries:** Advanced medical procedures that use a special laser to perform precise and gentle treatments, often used for eye surgeries like LASIK or cataract removal.

	<u>Radiofrequency (RF) Probe for Ablation</u>: Medical device used in minimally surgical procedures to treat certain conditions, such as abnormal heart rhythms or tumours.
D.2.7 Activities and Profession Exclusions: 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. b) Medical or treatment fees charged by unlicensed and unauthorized practitioners are not covered. c) 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.	**<u>Activities and Profession Exclusions</u>:** Specific occupations, hobbies, or activities that are not covered under an insurance Policy due to the increased risks associated with them.
D.2.8 Geographical Exclusion: Treatment taken outside India	**<u>Geographical Exclusion</u>:** Certain locations or regions are not covered by the insurance Policy, so any medical expenses incurred in those areas will not be payable.

Section E. General Terms and Conditions

The simpler version is provided for ease of understanding only, and in case of any inconsistency, the operative clause on the left-hand side shall prevail.

E.1. Standard General Terms and Clauses

E.1.1. 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 Period shall not be applicable on Renewals or at the time of porting / migrating the Policy.

You will be allowed Free Look Period of thirty (30) days from date of receipt of the Policy document, whether received electronically or otherwise, to review the terms and conditions of the Policy. If You disagree with any of the terms and conditions of this Policy or otherwise, You have an option to cancel the Policy by sending a written request to Us stating the reasons for Your objection within the Free Look Period. Upon Your request and if no claim has been made under the Policy, We will:

1. refund the Premium paid, less any expenses incurred by the Company on medical examination of the Insured Person(s) and stamp duty charges, where the risk has not commenced or where the risk has already commenced and the option of return of the Policy is exercised by the Policyholder.
2. refund a proportionate Premium corresponding to the insurance coverage if only part of the coverage has commenced, after deducting any expenses incurred by the Company for the medical examination of the Insured Person(s) and stamp duty charges.

A request received by the Insurer for cancellation of the Policy during Free Look Period shall be processed and Premium shall be refunded within seven (7) days of receipt of such request.

Simpler version

If no claim has been made under the Policy during the Free Look Period, You can get a refund of the Premium paid, except for any expenses incurred by the Company for medical examination and stamp duty charges.

If the risk has already started and You decide to return the Policy, the Company will deduct a portion of the Premium for the coverage period.

If only a part of the insurance coverage has started, the Company will deduct a partial Premium refund based on the coverage during that period.

E.1.2. Cancellation

1. The Policyholder may cancel this Policy by giving seven (7) days' written notice and in such an event, the Company shall:
   a) refund proportionate Premium for unexpired Policy Period, if the Policy Term is up to one (1) year and there is no claim(s) made during the Policy Period.
   b) refund Premium for the unexpired Policy Period, in respect of Policies with term more than one (1) year and risk coverage for such Policy Years has not commenced.

   For Policies where Premium is paid by instalment: In case of admissible claim under the Policy, future instalment for the current Policy Year will be adjusted in the claim amount.

2. Notwithstanding anything contained herein or otherwise, no refunds of Premium shall be made in respect of cancellation where, any claim has been admitted or has been lodged, or any benefit has been availed by the Insured Person under the Policy.

Simpler version

You (the Policyholder) are free to cancel Your Policy at any time by giving seven (7) days' written notice.

We will give You a pro-rata partial refund of Your Premium based on the number of days Your Policy was active provided You have not made any claim(s) under the Policy. We will not refund any Premium if We have paid a claim.

Note: No refund is available if You pay Premium on a half-yearly, quarterly, or monthly basis.

However, if no claim has been lodged but the Insured Person has availed any service(s) under the Policy, a proportionate refund of the Premium shall still be applicable, except for the Premium attributable to the specific Optional Cover(s) under which such service was consumed. A refund in accordance with E.1.2(1)(a) or E.1.2(1)(b) above shall be applicable for 'Yearly / Annual / One Time' Premium payment frequency. No refund is applicable for Half Yearly, Quarterly & Monthly Premium frequencies. 3. In case of death of an Insured Person, proportionate refund of the Premium for the deceased Insured Person will be refunded, provided there is no history of claim. 4. The Company may cancel the Policy at any time on grounds of misrepresentation, non-disclosure of Material Facts, fraud by the Insured Person by giving fifteen (15) days' written notice. There would be no refund of Premium on cancellation on grounds of misrepresentation, non-disclosure of Material Facts or fraud. 5. Treatment of HealthReturns™ on Cancellation: All coverage, benefits, earning on HealthReturns™, shall automatically lapse upon cancellation of the Policy. However, any unclaimed and accrued HealthReturns™ (from Previous Policy Year / Month) shall be available for a claim over the next three (3) months period from the date of cancellation / termination. 6. ON/OFF (Section C.12): For the purpose of cancellation and calculation of any applicable prorata refund of Premium, the number of days for which the Policy or coverage was turned OFF by the Insured Person(s) shall not be considered as part of the unexpired Policy Period. Refund, if applicable, shall be computed only on the active coverage period remaining in the Policy Year, and OFF days shall not extend or increase the refundable duration.	If an Insured Person dies and there is no history of a claim, the Premium paid for that person will be refunded on a proportional basis. Policy cancellation with no Premium refund is possible if You are dishonest or fraudulent in providing information. The Company will notify You in writing fifteen (15) days prior to cancellation. If You cancel Your Policy, all the coverage, benefits, and earnings on HealthReturns™ will end automatically. However, if You have any HealthReturns™ that You haven't claimed from the previous Policy Year or month, You can still claim them within three (3) months from the date of cancellation or termination. If You cancel Your Policy, the number of days for which the Policy or the coverage under the Policy was turned OFF shall **not be counted** as part of the unexpired Policy Period, and any refund, if applicable, shall be calculated only for the period during which coverage was active.
E.1.3. Renewal of Policy The Policy shall ordinarily be renewable provided the product is not withdrawn, except on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person. 1. The Company shall give notice for Renewal. 2. Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding Policy Years. 3. Request for Renewal along with requisite Premium shall be received by the Company before the end of the Policy Period. 4. At the end of the Policy Period, the Policy shall terminate and can be renewed within the Grace Period of fifteen (15) days where Premium payment mode is monthly and thirty (30) days in all other cases to maintain continuity of benefits without Break-in Policy. Coverage is not available during the Grace Period (unless Premium is paid in instalments). 5. The Insurer shall condone a delay in Renewal up to the Grace Period from the due date of Renewal without considering such condonation as a Break-in Policy.	**Simpler version** To keep Your benefits uninterrupted, pay Your Renewal Premium before Your Policy ends. If You miss the deadline, a Grace Period is available after the Policy expires to pay the Premium and maintain continuity of benefits. Your Renewal Premium will not increase just because You made a claim in the previous year. **Note:** Coverage is not available during the Grace Period (unless Premium is paid in instalments)

6. No loading shall apply on Renewals based on individual claims experience. 7. An Insurer shall not resort to fresh underwriting unless there is an increase in Sum Insured. In case increase in Sum Insured is requested by the Policyholder, the Insurer may underwrite only to the extent of increase of Sum Insured.	.
E.1.4. Possibility of Revision of Terms of the Policy Including the Premium Rates The Company may revise or modify the terms of the Policy including the Premium rates with prior approval of the Product Management Committee of the Company. The Insured Person shall be notified thirty (30) days before the changes are in effect.	**Simpler version** The Company can change the Policy's terms and Premium rates with prior approval of the Product Management Committee of the Company. The Policyholder will be informed thirty (30) days before the changes take place.
E.1.5. Nomination The Policyholder is required at the inception of the Policy and at the time of Renewal to make a nomination for the purpose of payment of claims under the Policy in the event of death of the Policyholder. Nomination can be changed any time during the term of the Policy. Any change of nomination shall be communicated to the Company in writing, and such change shall be effective only when an endorsement on the Policy is made. In the event of death of the Insured Person, the Company will pay the Nominee as named in the Policy Schedule (if any) and in case there is no subsisting Nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of Its liability under the Policy, provided that no assignment has been effected.	**Simpler version** Choose a person to get money if You (Policyholder) die when buying the Policy. Tell the Company in writing if You want to change the person and get it approved. If You die, the person You named gets the money or Your family gets it. If Your family gets the money, it's the last payment the Company has to make.
E.1.6. Fraud If any claim made by the Insured Person is in any respect fraudulent, or if any false statement or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy, all benefits under this Policy and the Premium paid shall be forfeited. Any amount already paid against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/Policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the Insurer. For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the Hospital/Medical Practitioner/any other party acting on behalf of the Insured Person, with intent to deceive the Insurer or to induce the Insurer to issue an insurance Policy: a) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;	**Simpler version** If You lie or use dishonest ways to get money from the Policy, You lose the benefits and the Premium You paid. If the Company finds out later that You made a fraudulent claim, You have to pay back the money You received. Everyone who made the fraudulent claim has to pay the money back, and they are all responsible for it. If You can prove that You did not lie on purpose and the insurance Company already knew about the truth, they cannot reject Your claim or cancel Your Policy due to fraud.

b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact; c) any other act fitted to deceive; and d) any such act or omission as the law specially declares to be fraudulent. The Company shall not repudiate the claim and / or forfeit the Policy benefits on the ground of fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of Material Fact are within the knowledge of the Company.	
E.1.7. Withdrawal of Policy i. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same ninety (90) days prior to expiry of the Policy. ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of Renewal with all the accrued continuity benefits such as cumulative bonus, waiver of Waiting Period as per IRDAI guidelines, provided the Policy has been maintained without any break.	**Simpler version** If the Company plans to discontinue this product, they will notify the Insured Person ninety (90) days before the Policy expires. The Insured Person can choose to switch to a similar health insurance product available with the Company at the time of Renewal, keeping all the continuity benefits, like a cumulative bonus or waiver of Waiting Period, as long as the Policy is maintained without any break.
E.1.8. Redressal of Grievance: In case of any grievance, the Insured Person/Policyholder may contact Us through the following: Our Website: https://www.adityabirlacapital.com/healthinsurance/grievances-complaints Toll- Free: 1800 270 7000 E-mail: care.healthinsurance@adityabirlacapital.com or (senior citizens may write to Us at: seniorcitizen.healthinsurance@adityabirlacapital.com) Courier: Write to Our HO at below address: Aditya Birla Health Insurance Co Ltd, 15th floor, G-Corp Tech Park, Anand Nagar, Kasarvadavali, Thane West – 400 615 In case the Insured Person/Policyholder are not satisfied with the resolution, the Insured Person/Policyholder may write to Head – Customer Care : carehead.healthinsurance@adityabirlacapital.com The Insured Person/Policyholder may also approach the grievance cell at any of the Company's branches with the details of grievance. If the Insured Person/Policyholder is not satisfied with the redressal of grievance through one of the above methods, the Insured Person/ Policyholder may contact the grievance officer at: gro.healthinsurance@adityabirlacapital.com	**Simpler version** If the Insured Person has a complaint, they can reach out to the Company through Our different modes to resolve their problems. The Insurance Ombudsman is a government body that helps resolve disputes between Policyholders and insurance companies. Insured individuals can approach the Ombudsman for assistance if they are not satisfied with the resolution of their complaint.

If the Insured Person/Policyholder is not satisfied with the redressal of grievance through above methods, the Insured Person/Policyholder may also approach the office of Insurance Ombudsman of the respective area/ region for redressal of grievance as per Insurance Ombudsman Rules 2017, as amended from time to time, at the addresses given in **Annexure II**. Grievance may also be lodged at IRDAI Integrated Grievance Management System: https://bimabharosa.irdai.gov.in/	
E.1.9. Claim settlement (Provision for Penal interest) Settlement of claims (other than Cashless Facility) shall be settled within fifteen (15) days from submission of claim. a) In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of claim intimation till the date of payment of claim at a rate of 2% above the Bank Rate.	**Simpler version** The Company must settle or reject a claim within fifteen (15) days of receiving all necessary documents. If a claim payment is delayed, the Company must pay the Policyholder interest at a rate of 2% above the Bank Rate.
E.1.10. Moratorium Period After completion of sixty (60) 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 (60) continuous months is called as Moratorium Period. The moratorium would be applicable for the Sum Insured of the first Policy. Wherever, the Sum Insured is enhanced, completion of sixty (60) continuous months would be applicable from the date of enhancement of Sum 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.	**Simpler version** For the first five (5) years of the Policy, no look back is applied. After this period, no health insurance claim can be rejected except in cases of proven fraud or permanent exclusions listed in the Policy contract. However, the Policy still has limits, sub-limits, Co-payments, and Deductibles that apply.
E.1.11. Multiple Policies For indemnity-based policies: a) In case of multiple Policies taken by the Policyholder/Insured Person during a period from one or more insurers to indemnify treatment costs, the Policyholder/Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her Policies. In all such cases the insurer chosen by the Insured Person shall be treated as the primary insurer and shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy. b) Insured Person having multiple Policies shall also have the right to prefer claims under this Policy for the amounts disallowed under any other Policy / Policies even if the Sum Insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this Policy. c) If the amount to be claimed exceeds the Sum Insured under a single Policy, the Primary insurer shall seek the details of other available Policies of the Policyholder and shall coordinate with other insurers to ensure settlement of the balance amount as per the Policy conditions.	**Simpler version** If You have multiple health insurance Policies, You can choose which one to use for settling a claim. The Insurer of the chosen Policy will settle the claim if it's within the Policy's limits and terms. You can use one insurance Policy to claim for costs that another Policy does not cover, even if the coverage limit has not been reached. The insurance Company will process the claim separately based on the terms and conditions of the Policy. If the claim amount is more than the Sum Insured under one Policy, You can choose an Insurer from whom You want to claim the balance amount.

For clarity thus, S an Insured Person has Policies from more than one Insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen Policy. For benefit-based policies: d) On occurrence of the insured event, the Policyholder/Insured Person/s are entitled to claim from all the insurers under all Policies.	If You have multiple insurance Policies from different Insurers that cover the same risk, You will only receive treatment costs according to the terms and conditions of the Policy You choose.
E.1.12. 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 thirty (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, Cumulative Bonus if any, Specific Waiting Periods, Waiting Period for Pre-Existing Diseases (PED), Moratorium Period, provided the Policy was renewed continuously without any break.	**Simpler version** You can switch to other health insurance plans offered by the same Company by applying thirty (30) days before Renewal. If you've been continuously covered under any health insurance plan by the same Company, you'll get benefits of the Waiting Period as per IRDAI guidelines on Migration.
E.1.13. 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 thirty (30) days before, but not earlier than sixty (60) days from the Policy Renewal Date. If such person is presently covered and has been 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 (PED), Moratorium Period, provided the Policy was renewed continuously without a break.	**Simpler version** You can switch Your health insurance Policy to another Insurer along with Your family members, by applying at least thirty (30) days before, but not earlier than sixty (60) days from the Policy Renewal Date as per IRDAI guidelines. If You have been continuously covered under any health insurance Policy with an Indian Insurer, You will get the Waiting Period benefits as per IRDAI guidelines on Portability.
E.1.14. Disclosure of Information 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.	**Simpler version** If You do not tell the truth or hide Material Facts when You buy the Policy, and the insurance Company finds out, they can cancel the Policy and keep all the money You paid.
E.1.15. Condition Precedent to Admission of Liability The terms and conditions of the Policy must be fulfilled by the Policyholder/ Insured Person for the Company to make any payment for claim(s) arising under the Policy.	**Simpler version** The Insured Person must follow the terms of the Policy so that the Company can pay for any claim(s) that come up under the Policy.

E.1.16. Complete Discharge Any payment to the Policyholder, Insured Person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.	**Simpler version** If the Company pays any amount for a claim to the Policyholder, Insured Person, their representatives, or the Hospital, it will be considered as a valid payment for that specific claim.
E.1.17. Premium Payment in Instalments If the Policyholder/Insured Person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule / Certificate of Insurance, the following conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy): i. Grace Period of fifteen (15) days in case of monthly Premium Policies, and a period of thirty (30) days in case of other than monthly Premium Policies would be given to pay the instalment Premium due for the Policy. The Policy will be in force during such Grace Period and any claims arising during the Grace Period will be payable subject to Policy terms and conditions. ii. The Insured Person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of Premium within the stipulated Grace Period. iii. No interest will be charged if the instalment Premium is not paid on due date. iv. In case of instalment Premium due not received within the Grace Period, the Policy will get cancelled. v. In the event of a claim, all subsequent Premium instalments shall immediately become due and payable.	**Simpler version** If You have chosen to pay Premium in instalments (such as half-yearly, quarterly, or monthly), certain conditions will apply as mentioned in the Policy Schedule / Certificate of Insurance. The Policy allows a Grace Period of thirty (30) days for single Premium Policies and fifteen (15) days for other than single Premium Policies for payment of instalment Premium. The Policy will remain in force during the Grace Period, and claims may be payable subject to payment of Premium and Policy terms. The Insured Person can still receive continuity benefits for Waiting Periods if they pay the Premium within the Grace Period. No interest will be charged if the instalment Premium is not paid on the due date, but if it's not paid within the Grace Period, the Policy will be cancelled. If a claim is made, all upcoming Premium payments must be made immediately.
E.2. Specific Terms and Clauses **E.2.1. Automatic Cancellation:** The Policy shall automatically terminate in the event of death of all Insured Person(s). A refund in accordance with the table in Cancellation (Section E.1.2) shall be payable provided that no claim has been admitted or lodged or no benefit has been availed by the Insured Person under the Policy. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other Insured Persons may also apply to renew the Policy. In case, the other Insured Person is minor, the Policy shall be renewed only through any one of his/her natural guardian or guardians appointed by court. All relevant particulars in respect of such person (including his/her r	**Simpler version** If all Insured Persons die, the Policy will end and a refund, as per Section E.1.2 (Cancellation) table, will be given if no claims have been made or benefits availed under the Policy.

elationship with the Insured Person) must be submitted to the Company along with the application. Provided no claim has been made, and termination takes place on account of death of the Insured Person, pro-rata refund of Premium of the deceased Insured Person for the balance period of the Policy will be effective. Automatic change in Coverage under the Policy: Upon exhaustion of Base Sum Insured, Yuva Credit (Section C.11), and Yuva Reload (Section C.10), for the Policy Year. However, the Policy is subject to Renewal on the due date as per the applicable terms and conditions.	
E.2.2. Material Change Material information to be disclosed includes every matter that You are aware of, or could reasonably be expected to know, that relates to questions in the Proposal Form and which is relevant to Us in order to accept the risk of insurance. You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, or endorsement of the contract. The Policy terms and conditions shall not be altered.	**Simpler version** Any information that You know or should reasonably know, which is related to the questions in the Proposal Form and is important for Us to decide whether to provide insurance coverage should be disclosed. You have the responsibility to disclose this information to Us before renewing, extending, changing, or adding anything to the insurance contract. The terms and conditions of the Policy will not be changed.
E.2.3. No Constructive Notice Any knowledge or information of any circumstance or condition in relation to the Policyholder/ Insured Person which is in Our possession and not specifically informed by the Policyholder / Insured Person shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any Premium.	**Simpler version** If We know something about the Policyholder or Insured Person that You haven't told Us, it won't affect Us or the Policy, even if we've already accepted a payment from You.
E.2.4. Additional Premium (Risk Loading) i. The Company may apply loading on the Premium, Specific Waiting Period or permanent exclusions, based on the declarations made in the Proposal Form and the health status, habits and lifestyle, past medical records, and the results of the pre-Policy medical examination of the persons proposed to be insured under the Policy. ii. Loadings shall be applied from Commencement Date including subsequent Renewal(s), and on increased Sum Insured. iii. Proposer shall be informed about the proposed loading with Premium, Specific Waiting Period or permanent exclusion (if any) through a counteroffer letter and Policy will be issued only on specific acceptance within fifteen (15) days of the receipt of such counteroffer letter. In case the Company does not receive any response to the counteroffer letter from the proposer within fifteen (15) days, the application shall be cancelled and any Premium received shall be refunded within seven (7) days.	**Simpler version** The Company may charge loading on the Premium, Waiting Period, or exclude certain conditions based on the health status, medical records, and pre-Policy medical examination of the proposed Insured Person. The proposer will be informed about the extra charge through a letter, and the Policy will only be issued if the proposer accepts within fifteen (15) days. If there is no response within fifteen (15) days, the application will be cancelled, and any Premium received will be refunded within seven (7) days.

E.2.5. Other Renewal Conditions:

a) Renewal Premium:
Renewal Premium will alter based on Age. For Floater plan, the Age of eldest Insured Person will be considered for calculating the Premium.

b) Addition of Insured Persons on Renewal:
If a new Insured Person is added in the Policy, either by way of endorsement or at the time of Renewal, the Pre-Existing Disease clause, exclusions, loading (if any) and Waiting Periods will be applicable afresh for that member.
Option of Mid-term inclusion of an Insured Person in the Policy will be only upon marriage or childbirth (inclusion of child only after completed ninety (90) days from birth and less than one (1) year of Age), Additional differential Premium will be calculated on a pro rata basis. Otherwise, child addition can happen only in next Renewal or at the start of next Policy Year in multi-year Policies.

c) 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.

d) We shall not be liable for any claim arising out of an ailment suffered or Hospitalization commencing or disease/Illness/condition contracted during the period between the expiry of previous Policy and date of inception of subsequent Policy and such disease/Illness/condition shall be treated as a Pre-Existing Disease.

e) Any unutilised funds under HealthReturns™ (from the previous Policy Year/ month) will be available for claims during the Grace Period.

f) You shall not be able to earn HealthReturns™ during the Grace Period.

g) In case the Policy is not renewed before the end of the Grace Period, any unutilized funds under HealthReturns™ shall be available for a claim as up to a period of three (3) months from the date of expiry of the Policy.

h) If the Insured Persons in the expiring Policy are covered in an Individual Policy, and such expiring Policy has been Renewed with Us on a Family Floater Policy basis then the accumulated amount under HealthReturns™ that will be carried forward in such Renewed Policy shall be the total of all the Insured Persons moving out and shall be maintained on an Individual Policy basis.

i) If the Insured Persons in the expiring Policy are in a Family Floater Policy and such Insured Persons renew their expiring Policy with Us by splitting the Sum Insured in to two or more Family Floater Policy/ Individual Policies then the accumulated amount under HealthReturns™ and the accrued Yuva Credit (as defined in Section C.11) shall be apportioned to such Renewed Policies in the proportion of the Sum Insured of each Renewed Policy.

Simpler version

a. The cost of renewing the Policy will depend on the Age of the oldest person insured for the family plan.

b. If a new person is added to the Policy during Renewal or by endorsement, the Pre-Existing Disease clause, exclusions, loading, and Waiting Periods will apply to the new person as if they were starting a new Policy.

c. At the time of Renewal, You can request to increase the Sum Insured, but it will be subject to underwriting. The Waiting Periods defined in the Policy will apply again for the enhanced limit from the effective date of such enhancement.

d. We will not be responsible for any claims related to an ailment, Hospitalization, or Illness that occurs between the end date of Your previous Policy and the start date of Your new Policy. Such conditions will be considered as Pre-Existing Diseases and will not be covered.

e. You can use any remaining funds in Your HealthReturns™ account from the previous Policy Year or month during the Grace Period to make claims.

f. During the Grace Period, which is a specific period of time after the due date for payment, You will not be able to accumulate or earn any HealthReturns™.

j) You shall disclose to Us in writing of any Chronic Condition acquired by any Insured Person at the time of seeking Renewal of this Policy or during the Policy tenure, irrespective of any claim arising or made. k) Wherever the Sum Insured is reduced on any Policy Renewals, the Waiting Periods as mentioned in the Policy Schedule shall be waived only up to the lowest Sum Insured as applicable to the relevant Waiting Periods of the Plan in force. l) Where an Insured Person is added to this Policy, either by way of endorsement, all Waiting Periods under Pre-Existing Diseases (Section D.1.1) (Code- Excl01), Specified Disease / Procedure Waiting Period (Section D.1.2) (Code- Excl02) and 30-Day Waiting Period (Section D.1.3) (Code- Excl03) will be applicable subject to any Reductions opted under Reduction in Specific Disease Waiting Period (Section C.14.1) or Reduction in Pre-Existing Disease Waiting Period (Section C.14.2), considering such Policy Year as the first year of Policy with Us with respect to the Insured Person. m) Applicable Yuva Credit shall be accrued on each Renewal as per eligibility under the plan in force. n) In case of Family Floater Policies, children attaining twenty-five (25) years at the time of Renewal will be moved out of the floater into an individual cover. However, all continuity benefits for such Insured Person on the Policy will remain intact. No Claim Bonus earned on the Policy will stay with the Insured Persons(s) covered under the original Policy.	k. If You reduce Your Sum Insured at Renewal, Your Waiting Period credits will only apply to that lower amount.
E.2.6. Records to be maintained You or the Insured Person, as the case may be, shall keep an accurate record containing all relevant medical records and shall allow Us or Our representative(s) to inspect such records. You or the Insured Person as the case may be, shall furnish such information as may be required by Us under this Policy at any time during the Policy Period and up to three (3) years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under this Policy.	**Simpler version** You or the Insured Person should maintain accurate medical records and allow Us or Our representatives to review them. You or the Insured Person should also provide any information required by Us under the Policy during the Policy Period and up to three (3) years after the Policy expires or until all claims are settled.

E.2.7 Claims

The fulfilment of the terms and conditions of this Policy (including the requirements in this Section) in so far 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.

a. Notification of a Claim

Notice with full particulars shall be sent to the Company as under:

i. Within twenty-four (24) hours from the date of emergency Hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.
ii. At least forty-eight (48) hours prior to Admission in Hospital in case of a planned Hospitalization or decision to avail treatment under Home Health Care (Section C.7).

If the claim is not notified to Us within the timelines indicated in this Section, then the claimant shall provide the reasons for the delay in writing.

b. Procedure for Cashless Claims In India

i. Treatment may be taken in a Network Provider and is subject to preauthorization by the Company.
ii. Cashless request form is available with the Network Provider.
iii. The Network Provider shall obtain the relevant information from the Insured Person / Policyholder and send a Cashless Facility request to the Company for authorization.
iv. The Company upon getting cashless request form and related medical information from the Insured Person/ Network Provider shall issue preauthorization letter to the Network Provider after verification.
v. At the time of discharge, the Insured Person shall verify and sign the discharge papers along with final bill, pay for non-medical and inadmissible expenses.
vi. The Company reserves the right to deny preauthorization in case the Insured Person is unable to provide the relevant medical details.
vii. In case of denial of cashless access, the Insured Person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company for reimbursement.

c. Conditions for obtaining Cashless Facility within India

i. Cashless Facility can be availed only at Company's Network Provider. The complete list of Network Providers and Empanelled Service Providers is available on Company's website and can also be obtained by contacting the Company.
ii. The Company reserves the right to modify, add or restrict any Network Provider for Cashless Facility at its sole discretion. The same shall be duly updated on the Company's website. The Insured Person shall check the updated list of Network Providers before applying for cashless claim.
iii. Pre-authorization issued by the Company shall be valid for fifteen (15) days from the date of issuance (or expiry of the Policy, whichever is earlier).
iv. The Company shall make payment for the Cashless Facility to the authorized amount, directly to the Network Provider.

Simpler version

a. To inform the insurance Company about Hospitalization, the Insured Person or their representative must give notice with full details.
b. Notice with full particulars must be sent to Us within the specified timelines:

Treatment can be taken at a Network Provider but requires pre-authorization from the Company.

The Network Provider has a form for requesting Cashless Facility.

The Network Provider will request authorization from the Company using the information provided by the Insured Person/Policyholder.

The Company will issue a pre-authorization letter to the Network Provider after verifying the cashless request form and medical information.

The Insured Person must verify and sign the discharge papers and pay for non-medical expenses at the time of discharge.

The Company can refuse preauthorization if the Insured Person cannot provide necessary medical information.

If Your Cashless request is denied, You can still pay for the treatment and file a claim for reimbursement.

c. Notice with full particulars must be sent to Us within the specified timelines:

Cashless Facility is only available at the Company's approved Hospitals (Network Providers). The list of approved Hospitals can be found on the Company's website or by contacting them.

Tfifteen (15) days from the date it is issued (or until the Policy expires, whichever comes first).

d. Procedure for Reimbursement Claims For reimbursement of claims, the Insured Person shall submit the necessary documents to the Company within the prescribed time limit as specified hereunder:	The Company can change, add, or limit approved Hospitals at any time, and updates will be posted on their website. Before requesting Cashless Facility, the Insured Person should check the list of approved Hospitals. The Pre-authorization provided by the Company is valid for fifteen (15) days from the date it is issued (or until the Policy expires, whichever comes first).

Type of claim	Prescribed Time Limit for Notification
Reimbursement of Hospitalization Expenses, Day Care Treatment or Pre Hospitalization Expenses	Within thirty (30) days of date of discharge from Hospital.
Reimbursement of Post Hospitalization Expenses	Within fifteen (15) days from completion of post Hospitalization treatment.

E.2.7.e. List of documents required for a Claim

The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

i. Duly completed Claim Form;
ii. Photo ID and Age Proof;
iii. Copy of the Hospital's Registration Certificate/ Hospital Registration number in case of Hospitalization in any Non-Network Provider of the Company or certificate from Hospital authorities providing facilities available including number of beds;
iv. Discharge Card / Day Care Summary / Transfer Summary;
v. Final Hospital bill with all original deposit and final payment receipt and refund receipt(s), if advance amount refunded;
vi. Invoice with payment receipt and implant stickers for all implants used during Surgeries e.g. lens sticker and invoice in cataract Surgery, stent invoice and sticker in Angioplasty Surgery;
vii. All previous consultation papers indicating history and treatment details for current Illness and advice for current Hospitalization;
viii. All diagnostic reports (including imaging and laboratory) along with prescription by Medical Practitioner and invoice / bill with receipt from diagnostic centre;
ix. All medicine / pharmacy bills along with prescription by Medical Practitioner;
x. MLC / FIR Copy – in Accident cases only;
xi. History of alcohol consumption or any intoxication certified by first treating doctor in case of Accident cases;
xii. Copy of Death Summary and copy of Death Certificate (in death claims only);
xiii. Copy of indoor case papers with nursing sheet detailing medical history of the Insured Person, treatment details, and patient's progress (to be submitted wherever required by the Company);
xiv. Invoice for vaccination and payment receipt;
xv. Original invoices for the expenses incurred towards Ambulance facility along with details of loss in the Company's prescribed format;
xvi. KYC documents (in all claims above Rs. 1,00,000) of the Policyholder as per AML guidelines;
xvii. Duly filled NEFT form with cancelled blank cheque (with IFSC code, A/C number, and name mentioned on cheque leaf);
xviii. Legal heir/succession certificate, wherever applicable;
xix. Additional documents for claims outside India of Insured Person and accompanying person (as applicable) –

a. Passport copy with entry and exit stamps;
b. Flight Tickets and Boarding Pass, if applicable;
c. Accommodation Invoices, if applicable;
d. Written advice from the overseas treating Medical Practitioner for requirement of an accompanying person during treatment;

xx. Any other relevant document required by Company for assessment of the claim.

Note:

a. The Company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted.
b. In the event of a claim lodged under the Policy and the original documents having been submitted to any other Insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other Insurer subject to satisfaction of the Company.
c. If requested by the Company, at the Company's cost, the Insured Person must submit to medical examination by Medical Practitioner appointed by the Company as often as it is considered reasonable and necessary and Company's representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's treatment, and to investigate the circumstances pertaining to the claim.

E.2.7.1 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. The complete list of Network Providers is available on Our website and at Our branches and can also be obtained by contacting Us over the telephone.
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 must be contacted to pre-authorise Cashless Facility for planned treatment at least seventy-two (72) hours prior to the proposed treatment. 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;
   4. Name and address of Insured Person 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, We request Your support in arranging 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-authorisation specifying reasons for the rejection.
iv. The authorization letter shall be issued to the Network Provider within the timelines prescribed by IRDAI (currently one (1) hour for the initial cashless authorization decision and three (3) hours for the final discharge authorization) of receiving the complete information.
   1. Name and address of Insured Person in respect of whom the request is being made;
   2. Nature of the Illness/Injury and the treatment/Surgery required;
   3. Name and address of the attending Medical Practitioner;
   4. Hospital where treatment/Surgery is proposed to be taken;
   5. Proposed date of Admission.

i. If these details are not provided in full, We request Your support in arranging additional information or documentation in respect of that request.
ii. 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-authorisation specifying reasons for the rejection.
iii. Once the request for pre-authorisation has been granted, the treatment must take place within fifteen (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, We will make the payment of the amounts assessed to be due directly to the Network Provider.
iv. The authorization letter shall be issued to the Network Provider within the timelines prescribed by IRDAI (currently one (1) hour for the initial cashless authorization decision and three (3) hours for the final discharge authorization) of receiving the complete information.

c. For Reimbursement Claims:

i. For all claims for which Cashless Facilities have not been pre-authorised 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 forty-eight (48) hours of Admission to the Hospital or before discharge from the Hospital, whichever is earlier:
   a. The Policy Number;
   b. Name of the Policyholder;
   c. Name and address of the Insured Person in respect of whom the request is being made;
   d. Health Card, Photo ID, KYC documents;
   e. Nature of Illness or Injury and the treatment/Surgery taken;
   f. Name and address of the attending Medical Practitioner;
   g. Hospital where treatment/Surgery was taken;
   h. Date of Admission and date of discharge;
   i. Any other information that may be relevant to the Illness/ Injury/ Hospitalization.

ii. If the claim is not notified to Us within the earlier of forty-eight (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.

d. Claims Documentation:

We shall be provided the following necessary information and documentation in respect of all claims at Your/ Insured Person's expense within thirty (30) days of the Insured Person's discharge from Hospital:

i. Claims for Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses to be submitted to Us within thirty (30) days of the completion of the Post-hospitalization treatment.
ii. For those claims for which the use of Cashless Facility has been authorised, We will be provided these documents by the Network Provider immediately following the Insured Person's discharge from Hospital:
   1. Duly signed, stamped and completed Claim Form;
   2. Photo ID & Age Proof;
   3. Copy of claim intimation letter / reference of Claim Intimation Number (in the absence of main claim documents);
   4. Copy of the Network Provider's Registration Certificate / Copy of Form C in case of Hospitalization;
   5. Original Discharge Card / Day Care Summary / Transfer Summary;
   6. Original final Hospital Bill with all original Deposit & Final Payment Receipt;
   7. Original Invoice with Payment receipt & implant Stickers for all implants used during Surgeries i.e. Lens Sticker & Invoice in Cataract Surgery, Stent Invoice & Sticker in Angioplasty Surgery;
   8. All previous consultation papers indicating history & treatment details for current ailment;
   9. All original diagnostic reports (including imaging and laboratory) along with Medical Practitioner's prescription & invoice / bill with receipt from diagnostic centre;
   10. All Original Medicine / Pharmacy Bills along with Medical Practitioner's prescription;
   11. MLC / FIR Copy – in Accident Cases Only;
   12. Copy of Death Summary & Copy Death Certificate (in Death Claims Only);
   13. Pre & Post-Operative Imaging reports – for Accident Cases Only;
   14. Copy of Indoor case papers with nursing sheet detailing medical history of the patient, treatment details, & patient's progress (if available);

15. Treating Medical Practitioner letter stating:
    a. Presenting complaints with duration & past history;
    b. Medical history of Co-morbidities e.g. Hypertension, Heart ailment etc.;
    c. Treatment detail with name of drugs & route of administration.
16. Treating Medical Practitioner letter stating – for Accident Cases Only: a. Details of Accident/trauma; b. Whether patient was under the influence of alcohol or any intoxicating substance during incident / Accident.
17. KYC documents in accordance with the provisions of the regulations, circulars and guidelines issued by the IRDAI with respect to KYC from time to time.
18. As per terms of IRDAI Circular ref: IRDA/SDD/GDL/CIR/020/02/2013 dated 08.02.2013, KYC shall be performed for the claim cases where the payment to the claimant is above Rs. 1,00,000 (one lakh) or such revised limit as may be prescribed by the Authority from time to time in this regard.

Additional documents required in case of below covers:

In case of Multiple Policy claims:

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

Emergency Services (Domestic Road & Air Ambulance):

1. Ambulance Bill / Invoice
    - Must be on the service provider's letterhead
    - Should include date, time, distance, and charges
    - Should be stamped and signed
2. Ambulance Receipt (Payment Proof)
    - Cash receipt / digital payment slip / UPI reference
    - Name of service provider and amount must match invoice
3. Doctor's Prescription / Recommendation for Ambulance
    - Indicates medical necessity
    - Typically issued by treating doctor or Hospital

E.2.7.4 Procedure for Cashless Claims in case of Home Health Care:

On receipt of duly filled pre-authorization form with other sufficient details to assess a cashless request, the Company will inform the Home Health Care/Home Treatment service provider or Network Provider, who will share the care plan and treatment cost estimation with the Company. On receipt of the complete documents the Company may:

a. issue the authorization letter specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable; or
b. reject the request for pre-authorization specifying reasons for the rejection.

E.2.7.5 Claims Assessment & Repudiation

a. At Our discretion, We may investigate claims to determine the validity of a claim. This investigation will be conducted, and claims shall be settled within fifteen (15) days. 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 be sending communications to address the deficiency.
b. Payment for reimbursement claims will be made to You. In the unfortunate event of Your death, We will pay the Nominee named in the Policy Schedule or Your legal heirs or legal representatives holding a valid succession certificate.

   For details on the claims process or assistance during the process, You may contact Us at Our call centre on the toll-free number specified in the Policy Schedule or through the website. In addition, We will keep You 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.

E.2.8. Policy Disputes Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.	**Simpler Version** If there is a disagreement about what something in this document means, Indian law will be used to resolve it, and the matter will be decided in an Indian Court.
E.2.9. Premium through National Automated Clearing House (NACH) / Standing Instruction (SI) You may pay the Premium through National Automated Clearing House (NACH)/ Standing Instruction (SI) provided that: a. NACH/Standing Instruction Mandate form is completely filled & signed by You. b. The Premium amount which would be auto debited & frequency of instalment is duly filled in the mandate form. c. New Mandate Form is required to be filled in case of any change in the Policy Terms and Conditions whether or not leading to change in Premium. d. You need to inform Us at least fifteen (15) days prior to the due date of instalment Premium if You wish to discontinue with the NACH/ Standing Instruction facility. e. Non-payment of Premium on due date as opted by You in the mandate form subject to an additional Renewal/ revival period will lead to termination of the Policy.	
E.2.10. Alteration to the Policy This Policy constitutes the complete contract of insurance. Any change in the Policy will only be evidenced by a written endorsement signed and stamped by Us. No one except Us can within the permission of the Product Management Committee (PMC) change or vary this Policy.	**Simpler Version** This Policy is the entire agreement for insurance. Any changes to the Policy can only be made in writing and signed by Us. Only We, with the permission of the Product Management Committee (PMC), can change or modify this Policy.
E.2.11. Zonal Pricing For the purpose of calculating Premium, the country has been divided into the following three (3) Zones: **Zone 1:** Delhi NCR (includes Delhi, Baghpat, Bulandshahr, Gautam Buddha Nagar, Ghaziabad, Hupir, Meerut, Muzaffarnagar, Shamli, Charkhi Dadri, Faridabad, Gurugram, Jhajjar, Jind, Karnal, Mahendragarh, Nuh, Palwal, Panipat, Rewari, Bhiwani, Alwar, Bharatpur, Rohtak, Sonipat, any other city defined by Govt.), Mumbai Metropolis Area (including Mumbai suburban, Thane, Palghar, Raigad, any other City defined by the Government), Gujarat State, Aligarh, Mathura. **Zone 2:** Kolkata, Pune, Hyderabad, Chennai, Chandigarh, Mohali, Panchkula, Lucknow, Patna. **Zone 3:** Rest of India.	**Simplified Version** Premiums are calculated based on Your Zone: Zone 1 (Major Metros like Delhi NCR, Mumbai), Zone 2 (Cities like Kolkata, Pune, Chennai), and Zone 3 (Rest of India).
E.2.12. Assignment The Policy can be assigned subject to applicable laws.	**Simpler Version** The Policy can be assigned under present regulations.

E.2.13. Utilization of Sum Insured The sequence of utilization of Sum Insured in this Policy, subject to the optional covers in force under the Policy, will be as follows: a. Base Sum Insured followed by; b. Yuva Credit (Section C.11) (if applicable) followed by; c. Yuva Reload (Section C.10)	
E.2.14. Endorsements This Policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the Company. Any change or modification that the Company makes will be evidenced by a written endorsement signed and stamped by the Company.	**Simpler Version** This Policy is the whole agreement of insurance. No one, including an insurance agent or broker, can change it except the Company. If the Company makes any changes, it will be in writing and signed by the Company.
E.2.15. Communication & Notice Policy and any communication related to the Policy shall be sent through electronic modes or to the address of the following: a. The Policyholder's, at the address/ e-mail address specified in the Policy Schedule. b. To the Company, at the address specified in the Policy Schedule. c. Insurance agents, brokers, other person or entity is/are not authorised to receive any notice on behalf of the Company, unless stated in writing by the Company.	
E.2.16. Instalment Premium payment through Auto Debit/ ECS Facility a. If Premium payment is opted for by instalments through auto debit/ECS facility, a separate authorization form shall be submitted by Insured Person specifying the frequency chosen for Premium to be debited. b. Where there is a change either in the terms and conditions of the coverage or Policy or in the Premium rate, the ECS authorization shall be obtained afresh. c. The Insured Person has the option to withdraw from the ECS mode at least fifteen (15) days prior to the due date of instalment Premium payable. d. No additional charges will be levied or recovered in any manner from the benefits payable towards cancellation of the ECS mode.	**Simpler Version** The Policy and related communication will be sent via electronic means or to the addresses mentioned in the Policy Schedule. Only the Policyholder and the Company can receive notices, and no one else is authorized unless approved in writing by the Company.

E.2.17. Electronic Transactions The Policyholder and the Insured Person agree to adhere and comply with all such terms and conditions of electronic transactions as We may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the internet, World Wide Web, electronic data interchange, call centres, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of Us, for and in respect of the Policy or its terms, or Our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time. Sales through such electronic transactions shall ensure that all conditions of Section 41 of the Insurance Act, 1938 prescribed for the proposal form and all necessary disclosures on terms and conditions and exclusions are made known to the Policyholder. A voice recording in case of tele-sales or other evidence for salesthrough the Internet shall be maintained and such consent shall be subsequently validated / confirmed by the Policyholder.	**Simpler Version** Both the Policyholder and Insured Person agree to follow Our rules for electronic transactions. They understand that transactions conducted online or through other electronic means will be legally valid if they comply with Our terms and conditions. When purchasing insurance through electronic methods, all necessary information and disclosures will be provided to the Policyholder. We will keep a record of consent, such as voice recordings, to ensure everything is properly documented and confirmed.
E.2.18. Premium The Premium payable under this Policy shall be paid in accordance with the schedule of payments in the Policy Schedule agreed between the Policyholder and Us in writing. No receipt for Premium shall be valid except on Our official form signed by Our duly authorized official. The due payment of Premium and realization thereof by Us and the observance and fulfilment of the terms, provisions, conditions and endorsements of this Policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a Condition Precedent to Our liability to make any payment under this Policy.	**Simpler version** Premium must be paid as per the agreed schedule in the Policy Schedule, using Our official form signed by Our authorized official for valid receipts. Payment and adherence to Policy terms by the Insured Person are prerequisites for Our liability to pay under this Policy.

E.3 Coverage Standards and Protocols

Medical practice is an evidence-based science that relies on established protocols. Avoiding unproven or Medically Unnecessary Treatment is as critical as administering the correct course of action. Unnecessary or non-indicated Treatment can cause harm and may pose significant risks to life. A fundamental principle of insurance is that the state of being insured should not influence Your healthcare decisions. As a prudent and logical individual, You must consider the clinical outcome versus the cost when availing any Treatment.

Accordingly, coverage under this Policy is subject to the following standards:

A. Medical Protocols & Guidelines

We reserve the right to periodically publish and update medical protocols on Our website. These protocols serve as the benchmark for admissible Claims and are derived from reputed authorities, including but not limited to medical textbooks, AIIMS, ICMR, the Clinical Establishment Act, PMJAY, various State Government health schemes, the Department of Health Research (Ministry of Health), Mayo Clinic, Cleveland Clinic, and NICE (UK).

These protocols will define:

1. **Indications for Hospitalization:** Criteria for Admission into various room categories (e.g., ICU, Normal Room).

2. **Standard of Care:** The appropriate Treatment (medicine, procedure, or surgery) corresponding to the diagnosis and severity.

Any Treatment or medicine not approved by the CDSCO, FDA, or other relevant regulatory authorities in India shall not be covered. We will also refer to the manufacturer's instructions and regulatory approvals from the country of origin/discovery regarding indications, contraindications, and usage. Any Off-label usage (administration of a drug or procedure for a condition other than that for which it was explicitly approved) is strictly excluded from coverage under this Policy.

B. Position statements

As a responsible Insurer, We will transparently publish "Position Statements" on Our website to clarify Our coverage stance on specific treatments. Based on scientific evaluation, We may decide to fully cover, partially cover, suggest alternatives for, investigate, or deny coverage for certain medicines, procedures, or therapies.

- If Our position is to deny or limit payment for a specific Treatment, We shall, at a minimum, pay up to the cost of the currently prevailing, standard alternative Treatment for that condition.
- Medical science is constantly evolving. Newer technologies or treatments may not always provide superior cost-adjusted outcomes compared to existing alternatives. Our Position Statements will be grounded in Health Technology Assessments, Health Economic Evaluations, Cost-Benefit Analyses, and research published in reputed journals globally (excluding research with declared conflicts of interest).

C. Prolonged Hospitalization

To ensure fair and efficient Claims administration, the following intimation timelines are mandatory:

1. We encourage You to intimate Us as early as possible prior to any Admission into a Hospital.
2. In any event, if You fail to intimate Us before Admission into a Hospital, please intimate as soon as possible after Admission.
3. You MUST intimate Us if Your Hospitalization exceeds 7 continuous days. Failure to intimate Us within 7 days from the date of Admission will result in an additional Co-Payment of 10% on the final admissible claim amount. This timeline is extended to a maximum of 9 days solely for Hospitalizations resulting from Road Traffic Accidents.

D. Organ Transplants Protocols

For claims involving Organ Transplantation, strict adherence to the following intimation and verification protocols is mandatory:

1. You MUST intimate Us at least 7 days prior to the live donor Organ Transplant, even if the Treatment is availed at a Non-Network Provider.
2. You MUST intimate Us as early as feasible, but no later than 48 hours from the time of Admission in event of cadaveric organ transplant, even if the Treatment is availed at a Non-Network Provider.
3. For all Liver and Pancreas transplants, a biopsy of the Recipient's native organ is mandatory.
   - We reserve the right to collect the biopsy slide/tissue block to obtain an independent expert opinion.
   - Our final decision to admit the claim will be based on this independent medical evaluation.
4. If You avail Treatment at a Non-Network Provider and fail to comply with the intimation timelines or fail to share the biopsy evidence as required above, an additional Co-Payment of 20% will be levied on the admissible claim amount.

Annexure I
List of Non-Medical Expenses: List I, List II, List III and List IV

LIST I
1. BABY FOOD
2. BABY UTILITIES CHARGES
3. BEAUTY SERVICES
4. BELTS/ BRACES
5. BUDS
6. COLD PACK/HOT PACK
7. CARRY BAGS
8. EMAIL / INTERNET CHARGES
9. FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10. LEGGINGS
11. LAUNDRY CHARGES
12. MINERAL WATER
13. SANITARY PAD
14. TELEPHONE CHARGES
15. GUEST SERVICES
16. CREPE BANDAGE
17. DIAPER OF ANY TYPE
18. EYELET COLLAR
19. SLINGS
20. BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21. SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22. TELEVISION CHARGES
23. SURCHARGES
24. ATTENDANT CHARGES
25. EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26. BIRTH CERTIFICATE
27. CERTIFICATE CHARGES
28. COURIER CHARGES
29. CONVEYANCE CHARGES
30. MEDICAL CERTIFICATE
31. MEDICAL RECORDS
32. PHOTOCOPIES CHARGES
33. MORTUARY CHARGES
34. WALKING AIDS CHARGES

35. OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36. SPACER
37. SPIROMETRE
38. NEBULIZER KIT
39. STEAM INHALER
40. ARMSLING
41. THERMOMETER
42. CERVICAL COLLAR
43. SPLINT
44. DIABETIC FOOT WEAR
45. KNEE BRACES (LONG/ SHORT/ HINGED)
46. KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47. LUMBO SACRAL BELT
48. NIMBUS BED OR WATER OR AIR BED CHARGES
49. AMBULANCE COLLAR
50. AMBULANCE EQUIPMENT
51. ABDOMINAL BINDER
52. PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53. SUGAR FREE TABLETS
54. CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED
MEDICAL PHARMACEUTICALS PAYABLE)
55. ECG ELECTRODES
56. GLOVES
57. NEBULISATION KIT
58. ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59. KIDNEY TRAY
60. MASK
61. OUNCE GLASS
62. OXYGEN MASK
63. PELVIC TRACTION BELT
64. PAN CAN
65. TROLLY COVER
66. UROMETER, URINE JUG
67. AMBULANCE
68. VASOFIX SAFETY

LIST II – ITEMS THAT ARE TO BE SUBSUMED INTO ROOM CHARGES
1. BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2. HAND WASH
3. SHOE COVER
4. CAPS
5. CRADLE CHARGES
6. COMB
7. EAU-DE-COLOGNE / ROOM FRESHENERS
8. FOOT COVER
9. GOWN
10. SLIPPERS
11. TISSUE PAPER
12. TOOTH PASTE
13. TOOTH BRUSH
14. BED PAN
15. FACE MASK
16. FLEXI MASK
17. HAND HOLDER
18. SPUTUM CUP
19. DISINFECTANT LOTIONS
20. LUXURY TAX
21. HVAC
22. HOUSE KEEPING CHARGES
23. AIR CONDITIONER CHARGES
24. IM IV INJECTION CHARGES
25. CLEAN SHEET
26. BLANKET/WARMER BLANKET
27. ADMISSION KIT
28. DIABETIC CHART CHARGES
29. DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30. DISCHARGE PROCEDURE CHARGES
31. DAILY CHART CHARGES
32. ENTRANCE PASS / VISITORS PASS CHARGES
33. EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34. FILE OPENING CHARGES
35. INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36. PATIENT IDENTIFICATION BAND / NAME TAG
37. PULSEOXYMETER CHARGES

LIST III – ITEMS THAT ARE TO BE SUBSUMED INTO PROCEDURE CHARGES
1. HAIR REMOVAL CREAM
2. DISPOSABLES RAZORS CHARGES (FOR SITE PREPARATIONS)
3. EYE PAD
4. EYE SHEILD
5. CAMERA COVER
6. DVD, CD CHARGES
7. GAUSE SOFT
8. GAUZE
9. WARD AND THEATRE BOOKING CHARGES
10. ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11. MICROSCOPE COVER
12. SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13. SURGICAL DRILL
14. EYE KIT
15. EYE DRAPE
16. X-RAY FILM
17. BOYLES APPARATUS CHARGES
18. COTTON
19. COTTON BANDAGE
20. SURGICAL TAPE
21. APRON
22.TORNIQUET
23. ORTHOBUNDLE, GYNAEC BUNDLE

LIST IV – ITEMS THAT ARE TO BE SUBSUMED INTO COSTS OF TREATMENT
1. ADMISSION/REGISTRATION CHARGES
2. HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3. URINE CONTAINER
4. BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5. BIPAP MACHINE
6. CPAP/ CAPD EQUIPMENTS
7. INFUSION PUMP– COST
8. HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9. NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10. HIV KIT
11. ANTISEPTIC MOUTHWASH
12. LOZENGES
13. MOUTH PAINT
14. VACCINATION CHARGES
15. ALCOHOL SWABES
16. SCRUB SOLUTION/STERILLIUM
17. GLUCOMETER & STRIPS
18. URINE BAG

Aditya Birla Health Insurance Co. Limited
Product Name: Activ Yuva, Product UIN:ADIHLIP27047V012627
1800 270 7000 | care.healthinsurance@adityabirlacapital.com
www.adityabirlahealthinsurance.comTrademark/Logo Aditya Birla Capital is owned by Aditya Birla Management Corporation Private Limited andTrademark/logo HealthReturns™, Healthy Heart Score and Active Day are owned by Momentum Group Ltd (formerly known as Momentum Metropolitan Life 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

ADITYA BIRLA CAPITAL
HEALTH INSURANCE

Annexure II
Contact details of Insurance Ombudsman Offices

In case of any disputes related to Your Health Insurance Policy, this list gives You details of the nearest offices that You can visit for seeking an unbiased resolution.

CONTACT DETAILS	JURISDICTION OF OFFICE
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 Email: oio.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: oio.bengaluru@cioins.co.in	Karnataka.
BHOPAL Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: oio.bhopal@cioins.co.in	Madhya Pradesh, Chhattisgarh.
BHUBANESWAR Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: oio.bhubaneswar@cioins.co.in	Odisha.
CHANDIGARH Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector - 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: oio.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: oio.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).

DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: oio.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th floor, Near Pan Bazar, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: oio.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Hyundai Showroom, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: oio.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: oio.jaipur@cioins.co.in	Rajasthan.
KOCHI Office of the Insurance Ombudsman, 10th floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: oio.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: oio.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, 6th floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: oio.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti,

	Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI Office of the Insurance Ombudsman, 3rd floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: oio.mumbai@cioins.co.in	List of wards under Mumbai Metropolitan Region excluding wards in Mumbai – i.e. M/E, M/W, N, S and T covered under Office of Insurance Ombudsman Thane and excluding areas of Navi Mumbai.
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: oio.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA Office of the Insurance Ombudsman, 2nd floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: oio.patna@cioins.co.in	Bihar, Jharkhand.
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: oio.pune@cioins.co.in	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region
THANE Office of the Insurance Ombudsman, Jeevan Chintamani Building, 2nd floor, Near New RTO Office, Louis Wadi, Vasantrao Naik Mahamarg, Thane (West)- 400604 Tel.: 022-20812868/69 Email: oio.thane@cioins.co.in	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T."

The updated details of Insurance Ombudsman offices are available on the IRDAI website: www.irdai.gov.in, on the website of Council for Insurance Ombudsmen CIO (www.cioins.co.in/ombudsman), Our website at: www.adityabirlacapital/healthinsurance or can be obtained from any of our offices.

Aditya Birla Health Insurance Co. Limited
Product Name: Activ Yuva, Product UIN:ADIHLIP27047V012627
1800 270 7000 | care.healthinsurance@adityabirlacapital.com
www.adityabirlahealthinsurance.comTrademark/Logo Aditya Birla Capital is owned by Aditya Birla Management Corporation Private Limited andTrademark/logo HealthReturns™, Healthy Heart Score and Active Day areowned by Momentum Group Ltd (formerly known as Momentum Metropolitan Life 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

ADITYA BIRLA CAPITAL
HEALTH INSURANCE

Annexure III
Activ Yuva: Product Benefit Table

Product Benefit Table

Entry Age (Adult)	Minimum - 18 Years, Maximum - 65 Years
Entry Age (Child)	Dependent Child (Family Floater / Multi Individual) - 91 Days to 25 Years Individual - 18 Years
Policy Type	Individual, Multi Individual & Family Floater
Tenure	1 / 2 / 3 / 4 / 5 Years
Family Definition	Up to 2 Adults + 4 Children (2A4C)
Relationship Covered	**Individual/Multi-Individual** - Self, Legally Married Spouse OR Live-in Partner (Same or Opposite Sex), Children including Legally Adopted (Son / Daughter), Children in-Law (Son / Daughter), Grandchildren (Grandson / Granddaughter), Grandchildren in-Law (Grandson / Granddaughter), Sibling (Brother / Sister), Sibling in-Law (Brother / Sister), Niece / Nephew **Family Floater** - Self, Legally Married Spouse or Live-in Partner (Same or Opposite Sex), Children including Legally Adopted (Son / Daughter), Sibling (Brother / Sister)
Base Sum Insured (BSI)	INR 5 Lakhs, INR 10 Lakhs, INR 15 Lakhs, INR 20 Lakhs, INR 25 Lakhs, INR 50 Lakhs, INR 1 Crore, **Unlimited**

In-built Covers

Hospitalization Expenses (Minimum 2 Hours Hospitalization Required)	**Room Rent**	Actuals up to Sum Insured **(Any Room)**
	ICU Charges	Actuals up to Sum Insured
	Day Care Treatments	Actuals up to Sum Insured for **All Daycare Procedures**
	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
Emergency Services (Domestic Road & Air Ambulance)		Actuals up to Sum Insured
Pre-Hospitalization Expenses		90 Days (up to Sum Insured)
Post-Hospitalization Expenses		180 Days (up to Sum Insured)
Claim Protect (Non-Medical Expense Waiver)		Non-Medical Expenses / Non-Payable Items will be covered (All 4 Lists of Annexure I)
Domiciliary Hospitalization		Actuals up to Sum Insured

Home Health Care	Actuals up to Sum Insured
AYUSH Treatment	Actuals up to Sum Insured **(Minimum 24 Hours Hospitalization Required)**
Organ Donor Expenses	Actuals up to Sum Insured
Yuva Reload	**First Claim: 2X Cover** from Day 1 **Subsequent Claims: Unlimited Refill** (up to Base SI) **Note:** Not Applicable if Unlimited Sum Insured has been opted
Yuva Credit	Increases your Base Sum Insured by **100% per year of Renewal**, up to a **maximum of 1000% (10X in 10 Years)** **Note:** Not Applicable if Unlimited Sum Insured has been opted
ON/OFF	**Get up to 15% Discount on Renewal** by switching 'OFF' your Policy when You are travelling abroad for a minimum of 15 days to a maximum of 90 days in a Policy Year. **Note:** Domestic Coverage is suspended during the 'OFF' period, however You will still be able to earn HealthReturns™

Health Management Program (In-built Covers)

Health Assessment™	Applicable Once in a Policy Year (Cashless (HA) / Digital (DHA)) through our Network Providers / Empanelled Service Providers
HealthReturns™	**Earn up to 100% of your Premium back* as rewards for staying active** Use HealthReturns™ towards Hospitalization Expenses, OPD Expenses, Preventive and Wellness Activities, Health Wearable Device, Deductibles, Non-payable Claims, AYUSH Treatment, Discount on Renewal Premium or to purchase another Retail Indemnity Policy.
FitForward	**EAT:** Get a 10% Booster on your earned monthly HealthReturns™ by logging 2 Meals/Day for 21 Days in a month on Our mobile application.
	MOVE: Earn 4 Bonus Activ Days when: Earn 4 Bonus Active Dayz in a month if You maintain a Monthly Average of 7,500 to 9,999 Steps OR burn 250+ Calories per session (on days when You could not earn Active Dayz™). (Note: This benefit applies only when You have earned less than 23 Active Dayz in that month).
	HEAL: Get a 15% Booster on your earned monthly HealthReturns™ by recording 7 to 8 Hours of Sleep per day for 21 Days in a month via a suitable wearable device linked to Our mobile application.

*The limit of 100% HealthReturns™ (or "100% of Your Premium back") is calculated on Base Premium + Premium for the Applicable Optional Covers, namely: Reduction in Specific Waiting Period, Reduction in Pre-Existing Disease Waiting Period, Room Rent Type Option, and Durable Equipment Cover.

Optional Covers

Reduction in Specific Disease Waiting Period	2 Years to 1 Year
Reduction in Pre-Existing Disease Waiting Period	2 Years to 1 Year
Room Rent Type Option	Option 1: Single Private A/C Room Option 2: Shared Accommodation
Yuva Health Check-up	Get a **Comprehensive Check-up** on a Cashless basis: Medical Test, Dental Consultation & Ophthalmologist Consultation
Lifestyle Management Program	Health Coaching and OPD Consultations for **up to 3 listed Lifestyle Conditions** on a Cashless basis
Durable Equipment Cover	Up to INR 5 Lakhs (Sub-Limit) **Equipment Covered:** i. Ventilator | ii. Wheelchair | iii. Prosthetic Device | iv. Suction Machine | v. Commode Chairs | vi. Infusion Pump | vii. Continuous Passive Motion Devices in case of Knee Replacement | viii. Oxygen Concentrator
Compassionate Visit	Up to INR 50,000 (2-way travel fare) for a family member to visit, if hospitalization exceeds 10 days outside the city of residence
OPD Cover	**Choose up to 5X of Base Premium** for OPD Procedures & Wellness Services on a Cashless basis - Medical OPD: Doctor Consultations, Diagnostics, Dental Procedures, Pharmacy, Physiotherapy, Vision Aids - Wellness: Physical Gym Memberships, Mental Wellbeing, Diet & Nutrition and much more. **Note:** 20% Co-payment applicable on Reimbursement Claims when Cashless service is unavailable (Refer **Annexure VII**)
Worldwide Yuva Maternity Cover	**Global Coverage for your Maternity Expenses** Maternity Sum Insured Options: INR 1 Lakh, INR 1.5 Lakhs, INR 2 Lakhs Waiting Period Options: 3 Years, 2 Years, 1 Year
	Unique "Start Early" Advantage (Waiting Period Credit) - **Individuals:** Start your Waiting Period as an Individual. When You get married and add your spouse, the Waiting Period served is carried forward to her. - **Legally Married Couples:** Standard Waiting Periods apply based on chosen tenure.
	Maternity Expense Coverages - Up to 1 Delivery Event: Normal Delivery & C-Section including Medically Necessary Terminations - Pre Natal & Post Natal Expenses: Expenses covered for 180 Days (Pre Natal) and 180 Days (Post Natal) - Assisted Reproductive Systems: Covers IVF, IUI, ICSI, GIFT and ZIFT Procedures - Egg Freezing: Covered up to 30% of Maternity Sum Insured - Adoption Support: Up to INR 50,000 towards applicable Legal & Government charges
Newborn Baby Cover	Covers Medical Expenses towards the **Newborn Baby up to 90 days from the date of birth** Option 1: Up to INR 50,000 Option 2: Up to INR 1 Lakh Option 3: Up to INR 2 Lakhs
Income Protect Cover	Get a fixed lump sum to cover your loss of income if hospitalization exceeds **7 consecutive days due to any Illness or Injury** Option 1: INR 50,000 Option 2: INR 1,00,000

FitForward Premium	**The Ultimate Wellness Upgrade. Choose from 3 Variants: Basic / Elite / Ultra** Get access to a complete health and wellness ecosystem that empowers and rewards your healthy lifestyle
	FitForward Rewards Program: Participate in health and wellness challenges on Our mobile application and earn rewards driven by measurable health outcomes. **Fitness Tool (Wearable Device)** Receive 1 Fitness Tool in Year 1 corresponding to your chosen Variant to track your Steps, Stress Levels and Sleep progress: • **Basic Variant: Standard** Fitness Tool (Wearable Device) • **Elite Variant: Advanced** Fitness Tool (Wearable Device) • **Ultra Variant: Premium** Fitness Tool (Wearable Device) **Note:** The Fitness Tool is **provided in the 1st Year of your selected Variant**. You continue to enjoy all other wellness benefits from Year 2 onwards. A new Fitness Tool shall be provided only if You switch your Variant.
	Mindfulness Cover (Mental Wellbeing) Know your mental health status by taking the Activ Mind Assessment on Our mobile application and get expert consultations on a Cashless basis based on your results
	AYUSH Teleconsultation Cover Avail up to 4 Consultations from qualified AYUSH Medical Practitioners on a Cashless basis

Waiting Period

Pre-Existing Disease Waiting Period	2 Years
Specific Waiting Period	2 Years
Initial Waiting Period	30 Days (Excluding Accidental Hospitalization)

Aditya Birla Health Insurance Co. Limited
Product Name: Activ Yuva, Product UIN:ADIHLIP27047V012627
1800 270 7000 | care.healthinsurance@adityabirlacapital.com
www.adityabirlahealthinsurance.comTrademark/Logo Aditya Birla Capital is owned by Aditya Birla Management Corporation Private Limited andTrademark/logo HealthReturns™, Healthy Heart Score and Active Day are owned by Momentum Group Ltd (formerly known as Momentum Metropolitan Life Limited). These trademark/logos are being used by Aditya Birla Health Insurance Co. Limited under licensed user agreement(s).

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ADITYA BIRLA CAPITAL
HEALTH INSURANCE

Annexure IV
Applicability Matrix for Lifestyle Management Program

1. Lifestyle Condition

Obesity (High Body Mass Index)		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
Pathology	BP / HR / BMI / Waist Circumference / HbA1c / Total Cholesterol, LDL, Triglycerides / Free T3, T4, TSH	2

Hypertension (High Blood Pressure Support)		
Category	**Subcategory**	**No of Visits**
Consultation	Cardiologist	1
	General Physician (MD)	1
Pathology	HR / BP / BMI / HbA1c / Total Cholesterol, LDL, Triglycerides / ECG / Electrolytes (Sodium, Potassium)/ Creatinine / SGOT, SGPT / Urine Routine	2

High Cholesterol and Triglycerides		
Category	**Subcategory**	**No of Visits**
Consultation	Cardiologist	1
	General Physician (MD)	1
Pathology	HR / BP / BMI / ECG / Total Cholesterol, LDL, Triglycerides / SGOT, SGPT / HbA1c	2

Diabetes / Prediabetes		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Endocrinologist	1
Pathology	HR / BP / HbA1c / Total Cholesterol, LDL, Triglycerides / Creatinine / HbA1c / ECG / Urine Routine	2

Respiratory Care / Asthma Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician	1
	Pulmonologist	1
Pathology	HR / BP / SpO2 / PFT / Chest X-ray / ECG	2

PCOD / PCOS		
Category	**Subcategory**	**No of Visits**
Consultation	Gynaecologist	1
	Endocrinologist	1
Pathology	BP / HR / LH, FSH, Testosterone / HbA1c / USG / Total Cholesterol, LDL, Triglycerides / Free T3, T4, TSH	2

Quit Alcohol – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Counselor	3
Pathology	BP / HR / RBS / Total Cholesterol, LDL, Triglycerides / Vitamin B12 / SGOT, SGPT / Creatinine / ECG	2

Quit Smoking – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician	1
	Counselor	3
Pathology	HR / BP / PFT / HbA1c / Chest X-ray / ECG / Total Cholesterol, LDL, Triglycerides	2

2. Lifestyle Condition

Obesity (High Body Mass Index) + Hypertension (High Blood Pressure Support)		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Cardiologist	1
Pathology	BP / HR / BMI / Waist Circumference / HbA1c / Total Cholesterol / LDL / Triglycerides / ECG / Electrolytes (Sodium, Potassium) / Creatinine / SGOT / SGPT / Urine Routine / Free T3 / T4 / TSH	2

Obesity (High Body Mass Index) + High Cholesterol and Triglycerides		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Cardiologist	1
Pathology	BP / HR / BMI / Waist Circumference / HbA1c / Total Cholesterol / LDL / Triglycerides / ECG / SGOT / SGPT / Free T3 / T4 / TSH	2

Obesity (High Body Mass Index) + Diabetes / Prediabetes		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Endocrinologist	1
Pathology	BP / HR / BMI / Waist Circumference / HbA1c / Total Cholesterol / LDL / Triglycerides / Creatinine / ECG / Urine Routine / Free T3 / T4 / TSH	2

Obesity (High Body Mass Index) + Respiratory Care / Asthma Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Pulmonologist	1
Pathology	BP / HR / BMI / Waist Circumference / SpO2 / PFT / Chest X-ray / ECG / HbA1c / Total Cholesterol / LDL / Triglycerides / Free T3 / T4 / TSH	2

Obesity (High Body Mass Index) + PCOD / PCOS		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Gynaecologist	1
	Endocrinologist	1
Pathology	BP / HR / BMI / Waist Circumference / HbA1c / Total Cholesterol / LDL / Triglycerides / ECG / SGOT / SGPT / Free T3 / T4 / TSH	2

Obesity (High Body Mass Index) + Quit Alcohol – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Counselor	3
Pathology	BP / HR / BMI / Waist Circumference / RBS / HbA1c / Total Cholesterol / LDL / Triglycerides / Vitamin B12 / SGOT / SGPT / Creatinine / ECG / Free T3 / T4 / TSH	2

Obesity (High Body Mass Index) + Quit Smoking – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Counselor	3
Pathology	BP / HR / BMI / Waist Circumference / PFT / HbA1c / Chest X-ray / ECG / Total Cholesterol / LDL / Triglycerides / Free T3 / T4 / TSH	2

Hypertension (High Blood Pressure Support) + High Cholesterol and Triglycerides		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Cardiologist	1
Pathology	HR / BP / BMI / HbA1c / Total Cholesterol, LDL, Triglycerides / ECG / Electrolytes (Sodium, Potassium) / Creatinine / SGOT, SGPT / Urine Routine	2

Hypertension (High Blood Pressure Support) + Diabetes / Prediabetes		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Cardiologist	1
	Endocrinologist	1
Pathology	HR / BP / BMI / HbA1c / Total Cholesterol / LDL / Triglycerides / Creatinine / ECG / Electrolytes (Sodium, Potassium) / Urine Routine	2

Hypertension (High Blood Pressure Support) + Respiratory Care / Asthma Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Pulmonologist	1
	Cardiologist	1
Pathology	HR / BP / BMI / HbA1c / Total Cholesterol / LDL / Triglycerides / ECG / Electrolytes (Sodium, Potassium) / Creatinine / SGOT / SGPT / Urine Routine / SpO2 / PFT / Chest X-ray	2

Hypertension (High Blood Pressure Support) + PCOD / PCOS		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Gynaecologist	1
	Cardiologist	1
	Endocrinologist	1
Pathology	BP / HR / BMI / HbA1c / Total Cholesterol / LDL / Triglycerides / ECG / Electrolytes (Sodium, Potassium) / Creatinine / SGOT / SGPT / Urine Routine / LH / FSH / Testosterone / USG / Free T3, T4, TSH	2

Hypertension (High Blood Pressure Support) + Quit Alcohol – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Counselor	3
	Cardiologist	1
Pathology	BP / HR / RBS / Total Cholesterol / LDL / Triglycerides / Vitamin B12 / SGOT / SGPT / Creatinine / ECG / BMI / Electrolytes (Sodium, Potassium) / Urine Routine	2

Hypertension (High Blood Pressure Support) + Quit Smoking – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Counselor	3
	Cardiologist	1
Pathology	HR / BP / BMI / HbA1c / Total Cholesterol / LDL / Triglycerides / ECG / Electrolytes (Sodium, Potassium) / Creatinine / SGOT / SGPT / Urine Routine / PFT / Chest X-ray	2

High Cholesterol and Triglycerides + Diabetes / Prediabetes		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Cardiologist	1
	Endocrinologist	1
Pathology	HR / BP / BMI / HbA1c / Total Cholesterol / LDL / Triglycerides / Creatinine / ECG / Urine Routine / SGOT / SGPT	2

High Cholesterol and Triglycerides + Respiratory Care / Asthma Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician	1
	Cardiologist	1
	Pulmonologist	1
Pathology	HR / BP / SpO2 / PFT / Chest X-ray / BMI / ECG / Total Cholesterol, LDL, Triglycerides / SGOT, SGPT / HbA1c	2

High Cholesterol and Triglycerides + PCOD / PCOS		
Category	**Subcategory**	**No of Visits**
Consultation	Cardiologist	1
	Gynaecologist	1
	Endocrinologist	1
	General Physician (MD)	1
Pathology	HR / BP / BMI / ECG / SGOT, SGPT / HbA1c / LH, FSH, Testosterone / HbA1c / USG / Total Cholesterol, LDL, Triglycerides / Free T3, T4, TSH	2

High Cholesterol and Triglycerides + Quit Alcohol – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Counselor	3
Pathology	HR / BP / BMI / ECG / Total Cholesterol / LDL / Triglycerides / SGOT / SGPT / HbA1c / RBS / Vitamin B12 / Creatinine	2

High Cholesterol and Triglycerides + Quit Smoking – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician	1
	Cardiologist	1
	Counselor	3
Pathology	HR / BP / PFT / HbA1c / Chest X-ray / BMI / ECG / Total Cholesterol, LDL, Triglycerides / SGOT, SGPT / HbA1c	2

Diabetes / Prediabetes + Respiratory Care / Asthma Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Pulmonologist	1
	Endocrinologist	1
Pathology	HR / BP / HbA1c / Total Cholesterol / LDL / Triglycerides / Creatinine / ECG / Urine Routine / SpO2 / PFT / Chest X-ray	2

Diabetes / Prediabetes + PCOD / PCOS		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Gynaecologist	1
	Endocrinologist	1
Pathology	HR / BP / HbA1c / LH / FSH / Testosterone / USG / Total Cholesterol / LDL / Triglycerides / Creatinine / ECG / Urine Routine / Free T3 / T4 / TSH	2

Diabetes / Prediabetes + Quit Alcohol – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Counselor	3
	Endocrinologist	1
Pathology	HR / BP / HbA1c / Total Cholesterol / LDL / Triglycerides / ECG / Urine Routine / RBS / Vitamin B12 / SGOT / SGPT / Creatinine	2

Diabetes / Prediabetes + Quit Smoking – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Counselor	3
	Endocrinologist	1
Pathology	HR / BP / HbA1c / Total Cholesterol / LDL / Triglycerides / Creatinine / ECG / Urine Routine / PFT / Chest X-ray	2

Respiratory Care / Asthma Support + PCOD / PCOS		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician	1
	Gynaecologist	1
	Endocrinologist	1
	Pulmonologist	1
Pathology	HR / BP / SpO2 / PFT / Chest X-ray / ECG / LH, FSH, Testosterone / HbA1c / USG / Total Cholesterol, LDL, Triglycerides / Free T3, T4, TSH	2

Respiratory Care / Asthma Support + Quit Alcohol – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Counselor	3
	Pulmonologist	1
Pathology	BP / HR / RBS / Total Cholesterol / LDL / Triglycerides / Vitamin B12 / SGOT / SGPT / Creatinine / ECG / SpO2 / PFT / Chest X-ray	2

Respiratory Care / Asthma Support + Quit Smoking – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician	1
	Counselor	3
	Pulmonologist	1
Pathology	HR / BP / SpO2 / PFT / Chest X-ray / HbA1c / ECG / Total Cholesterol, LDL, Triglycerides	2

PCOD / PCOS + Quit Alcohol – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Endocrinologist	1
	Counselor	3
	Gynaecologist	1
Pathology	BP / HR / LH / FSH / Testosterone / HbA1c / USG / Total Cholesterol / LDL / Triglycerides / Free T3 / T4 / TSH / RBS / Vitamin B12 / Creatinine / SGOT / SGPT	2

PCOD / PCOS + Quit Smoking – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician	1
	Gynaecologist	1
	Endocrinologist	1
	Counselor	3
Pathology	HR / BP / PFT / Chest X-ray / ECG / Total Cholesterol, LDL, Triglycerides / LH, FSH, Testosterone / HbA1c / USG / Free T3, T4, TSH	2

Quit Alcohol – Lifestyle Support + Quit Smoking – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Counselor	3
Pathology	HR / BP / PFT / HbA1c / Chest X-ray / ECG / Total Cholesterol / LDL / Triglycerides / RBS / Vitamin B12 / SGOT / SGPT / Creatinine	2

3. Lifestyle Condition

Obesity (High Body Mass Index) + Hypertension (High Blood Pressure Support) + High Cholesterol and Triglycerides		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Cardiologist	1
Pathology	BP / HR / BMI / Waist Circumference / HbA1c / Total Cholesterol, LDL, Triglycerides / ECG / Electrolytes (Sodium, Potassium) / Creatinine / SGOT, SGPT / Urine Routine / Free T3, T4, TSH	2

Obesity (High Body Mass Index) + Hypertension (High Blood Pressure Support) + Diabetes / Prediabetes		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Cardiologist	1
	Endocrinologist	1
Pathology	BP / HR / BMI / Waist Circumference / HbA1c / Total Cholesterol, LDL, Triglycerides / ECG / Electrolytes (Sodium, Potassium) / Creatinine / SGOT, SGPT / Urine Routine / Free T3, T4, TSH	2

Obesity (High Body Mass Index) + Hypertension (High Blood Pressure Support) + Respiratory Care / Asthma Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Cardiologist	1
	Pulmonologist	1
Pathology	BP / HR / BMI / Waist Circumference / HbA1c / SpO2 / PFT / Chest X-ray / ECG / Electrolytes (Sodium, Potassium) / Creatinine / SGOT, SGPT / Urine Routine / Total Cholesterol, LDL, Triglycerides / Free T3, T4, TSH	2

Obesity (High Body Mass Index) + Hypertension (High Blood Pressure Support) + PCOD / PCOS		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Cardiologist	1
	Endocrinologist	1
	Gynaecologist	1
Pathology	BP / HR / BMI / Waist Circumference / HbA1c / LH / FSH / Testosterone / USG / Total Cholesterol, LDL, Triglycerides / ECG / Electrolytes (Sodium, Potassium) / Creatinine / SGOT, SGPT / Urine Routine / Free T3, T4, TSH	2

Obesity (High Body Mass Index) + Hypertension (High Blood Pressure Support) + Quit Alcohol – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Cardiologist	1
	Counselor	3
Pathology	BP / HR / BMI / Waist Circumference / HbA1c / Total Cholesterol, LDL, Triglycerides / RBS / Vitamin B12 / Creatinine / SGOT, SGPT / ECG / Electrolytes / Urine Routine / Free T3, T4, TSH	2

Obesity (High Body Mass Index) + Hypertension (High Blood Pressure Support) + Quit Smoking – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Counselor	3
	Cardiologist	1
Pathology	BP / HR / BMI / Waist Circumference / HbA1c / Total Cholesterol, LDL, Triglycerides / PFT / Chest X-ray / ECG / Electrolytes (Sodium, Potassium) / Creatinine / SGOT, SGPT / Urine Routine / Free T3, T4, TSH	2

Obesity (High Body Mass Index) + High Cholesterol and Triglycerides + Diabetes / Prediabetes		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Cardiologist	1
	Endocrinologist	1
Pathology	BP / HR / BMI / Waist Circumference / HbA1c / Total Cholesterol, LDL, Triglycerides / ECG / SGOT, SGPT / Creatinine / Free T3, T4, TSH / Urine Routine	2

Obesity (High Body Mass Index) + High Cholesterol and Triglycerides + Respiratory Care / Asthma Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Cardiologist	1
	Pulmonologist	1
Pathology	BP / HR / BMI / Waist Circumference / HbA1c / Total Cholesterol, LDL, Triglycerides / SpO2 / PFT / Chest X-ray / ECG / Free T3, T4, TSH / SGOT, SGPT	2

Obesity (High Body Mass Index) + High Cholesterol and Triglycerides + PCOD / PCOS		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Cardiologist	1
	Endocrinologist	1
	Gynaecologist	1
Pathology	BP / HR / BMI / Waist Circumference / HbA1c / LH / FSH / Testosterone / USG / Total Cholesterol, LDL, Triglycerides / ECG / Free T3, T4, TSH / SGOT, SGPT	2

Obesity (High Body Mass Index) + High Cholesterol and Triglycerides + Quit Alcohol – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Counselor	3
	Cardiologist	1
Pathology	BP / HR / BMI / Waist Circumference / HbA1c / Total Cholesterol, LDL, Triglycerides / RBS / Vitamin B12 / ECG / SGOT, SGPT / Creatinine / Free T3, T4, TSH	2

Obesity (High Body Mass Index) + High Cholesterol and Triglycerides + Quit Smoking – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Cardiologist	1
	Counselor	3
Pathology	BP / HR / BMI / Waist Circumference / HbA1c / Total Cholesterol, LDL, Triglycerides / ECG / SGOT, SGPT / Free T3, T4, TSH	2

Obesity (High Body Mass Index) + Diabetes / Prediabetes + Respiratory Care / Asthma Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Pulmonologist	1
	Endocrinologist	1
Pathology	BP / HR / BMI / Waist Circumference / HbA1c / Total Cholesterol, LDL, Triglycerides / SpO2 / PFT / Chest X-ray / ECG / Creatinine / Free T3, T4, TSH / Urine Routine	2

Obesity (High Body Mass Index) + Diabetes / Prediabetes + PCOD / PCOS		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Gynaecologist	1
	Endocrinologist	1
Pathology	BP / HR / BMI / Waist Circumference / HbA1c / LH / FSH / Testosterone / USG / Total Cholesterol, LDL, Triglycerides / Free T3, T4, TSH / Urine Routine	2

Obesity (High Body Mass Index) + Diabetes / Prediabetes + Quit Alcohol – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Counselor	3
	Endocrinologist	1
Pathology	BP / HR / BMI / Waist Circumference / HbA1c / Total Cholesterol, LDL, Triglycerides / RBS / Vitamin B12 / Creatinine / SGOT, SGPT / ECG / Free T3, T4, TSH / Urine Routine	2

Obesity (High Body Mass Index) + Diabetes / Prediabetes + Quit Smoking – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Counselor	3
	Endocrinologist	1
Pathology	BP / HR / BMI / Waist Circumference / HbA1c / Total Cholesterol, LDL, Triglycerides / PFT / Chest X-ray / ECG / Creatinine / Free T3, T4, TSH / Urine Routine	2

Obesity (High Body Mass Index) + Respiratory Care / Asthma Support + PCOD / PCOS		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Pulmonologist	1
	Cardiologist	1
	Endocrinologist	1
	Gynaecologist	1
Pathology	BP / HR / BMI / Waist Circumference / HbA1c / SpO2 / PFT / Chest X-ray / LH / FSH / Testosterone / USG / Total Cholesterol, LDL, Triglycerides / ECG / Free T3, T4, TSH	2

Obesity (High Body Mass Index) + Respiratory Care / Asthma Support + Quit Alcohol – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Counselor	3
	Pulmonologist	1
Pathology	BP / HR / BMI / Waist Circumference / HbA1c / SpO2 / PFT / Chest X-ray / ECG / RBS / Vitamin B12 / SGOT, SGPT / Creatinine / Total Cholesterol, LDL, Triglycerides / Free T3, T4, TSH	2

Obesity (High Body Mass Index) + Respiratory Care / Asthma Support + Quit Smoking – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Counselor	3
	Pulmonologist	1
Pathology	BP / HR / BMI / Waist Circumference / HbA1c / SpO2 / PFT / Chest X-ray / ECG / Total Cholesterol, LDL, Triglycerides / Free T3, T4, TSH	2

Obesity (High Body Mass Index) + PCOD / PCOS + Quit Alcohol – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Counselor	3
	Endocrinologist	1
	Gynaecologist	1
Pathology	BP / HR / BMI / Waist Circumference / HbA1c / RBS / Vitamin B12 / SGOT, SGPT / Creatinine / LH / FSH / Testosterone / USG / Total Cholesterol, LDL, Triglycerides / ECG / Free T3, T4, TSH	2

Obesity (High Body Mass Index) + PCOD / PCOS + Quit Smoking – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Counselor	3
	Endocrinologist	1
	Gynaecologist	1
Pathology	BP / HR / BMI / Waist Circumference / HbA1c / PFT / Chest X-ray / LH / FSH / Testosterone / USG / Total Cholesterol, LDL, Triglycerides / ECG / Free T3, T4, TSH	2

Obesity (High Body Mass Index) + Quit Alcohol – Lifestyle Support + Quit Smoking – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Counselor	3
Pathology	BP / HR / BMI / Waist Circumference / HbA1c / Total Cholesterol, LDL, Triglycerides / RBS / PFT / Chest X-ray / ECG / Vitamin B12 / SGOT, SGPT / Creatinine / Free T3, T4, TSH	2

Hypertension (High Blood Pressure Support) + High Cholesterol and Triglycerides + Diabetes / Prediabetes		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Endocrinologist	1
	Cardiologist	1
Pathology	BP / HR / HbA1c / Total Cholesterol, LDL, Triglycerides / ECG / Creatinine / Urine Routine / Electrolytes (Sodium, Potassium) / SGOT, SGPT	2

Hypertension (High Blood Pressure Support) + High Cholesterol and Triglycerides + Respiratory Care / Asthma Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Pulmonologist	1
	Cardiologist	1
Pathology	HR / BP / BMI / HbA1c / Total Cholesterol, LDL, Triglycerides / ECG / Electrolyte (Sodium, Potassium) / Creatinine / SGOT, SGPT / Urine Routine / Spo2 / PFT / Chest X-ray	2

Hypertension (High Blood Pressure Support) + High Cholesterol and Triglycerides + PCOD / PCOS		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Gynaecologist	1
	Cardiologist	1
	Endocrinologist	1
Pathology	BP / HR / HbA1c / LH / FSH / Testosterone / USG / Total Cholesterol, LDL, Triglycerides / ECG / SGOT, SGPT / Creatinine / Urine Routine / Electrolytes (Sodium, Potassium) / Free T3, T4, TSH	2

Hypertension (High Blood Pressure Support) + High Cholesterol and Triglycerides + Quit Alcohol – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Counselor	3
	Cardiologist	1
Pathology	BP / HR / HbA1c / Total Cholesterol, LDL, Triglycerides / RBS / Vitamin B12 / SGOT, SGPT / Creatinine / Urine Routine / Electrolytes (Sodium, Potassium) / ECG	2

Hypertension (High Blood Pressure Support) + High Cholesterol and Triglycerides + Quit Smoking – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Counselor	3
	Cardiologist	1
Pathology	BP / HR / HbA1c / Total Cholesterol, LDL, Triglycerides / ECG / SGOT, SGPT / Creatinine / Urine Routine / Electrolytes (Sodium, Potassium) / PFT / Chest X-ray	2

Hypertension (High Blood Pressure Support) + Diabetes / Prediabetes + Respiratory Care / Asthma Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Endocrinologist	1
	Pulmonologist	1
	Cardiologist	1
Pathology	BP / HR / HbA1c / Total Cholesterol, LDL, Triglycerides / ECG / Creatinine / Urine Routine / Electrolytes (Sodium, Potassium) / SpO2 / PFT / Chest X-ray	2

Hypertension (High Blood Pressure Support) + Diabetes / Prediabetes + PCOD / PCOS		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Endocrinologist	1
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Pathology	BP / HR / HbA1c / LH / FSH / Testosterone / USG / Total Cholesterol, LDL, Triglycerides / ECG / Creatinine / Urine Routine / Electrolytes (Sodium, Potassium) / Free T3, T4, TSH	2

Hypertension (High Blood Pressure Support) + Diabetes / Prediabetes + Quit Alcohol – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Cardiologist	1
	Counselor	3
	Endocrinologist	1
Pathology	BP / HR / HbA1c / Total Cholesterol, LDL, Triglycerides / RBS / Vitamin B12 / SGOT, SGPT / Creatinine / ECG / Urine Routine / Electrolytes (Sodium, Potassium)	2

Hypertension (High Blood Pressure Support) + Diabetes / Prediabetes + Quit Smoking – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Endocrinologist	1
	Counselor	3
	Cardiologist	1
Pathology	BP / HR / HbA1c / Total Cholesterol, LDL, Triglycerides / ECG / Creatinine / Urine Routine / Electrolytes (Sodium, Potassium) / PFT / Chest X-ray	2

Hypertension (High Blood Pressure Support) + Respiratory Care / Asthma Support + PCOD / PCOS		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Pulmonologist	1
	Cardiologist	3
	Gynaecologist	1
	Endocrinologist	1
Pathology	HR / BP / BMI / HbA1c / Electrolyte (Sodium, Potassium) / Creatinine / SGOT, SGPT / Urine Routine / Spo2 / PFT / chest X-ray / ECG / LH, FSH, Testosterone /USG /Total Cholesterol, LDL, Triglycerides / Free T3, T4, TSH	2

Hypertension (High Blood Pressure Support) + Respiratory Care / Asthma Support + Quit Alcohol – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Counselor	3
	Cardiologist	1
	Pulmonologist	1
Pathology	BP / HR / HbA1c / RBS / Vitamin B12 / SGOT, SGPT / Creatinine / Urine Routine / Electrolytes (Sodium, Potassium) / SpO2 / PFT / Chest X-ray / ECG	2

Hypertension (High Blood Pressure Support) + Respiratory Care / Asthma Support + Quit Smoking – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Counselor	3
	Cardiologist	1
	Pulmonologist	1
Pathology	BP / HR / HbA1c / Total Cholesterol, LDL, Triglycerides / ECG / Creatinine / Urine Routine / Electrolytes (Sodium, Potassium) / SpO2 / PFT / Chest X-ray	2

Hypertension (High Blood Pressure Support) + PCOD / PCOS + Quit Alcohol – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Counselor	3
	Cardiologist	1
	Gynaecologist	1
	Endocrinologist	1
Pathology	BP / HR / HbA1c / LH / FSH / Testosterone / USG / Total Cholesterol, LDL, Triglycerides / RBS / Vitamin B12 / SGOT, SGPT / Creatinine / Urine Routine / Electrolytes (Sodium, Potassium) / ECG / Free T3, T4, TSH	2

Hypertension (High Blood Pressure Support) + PCOD / PCOS + Quit Smoking – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Counselor	3
	Cardiologist	1
	Endocrinologist	1
	Gynaecologist	1
Pathology	BP / HR / HbA1c / LH / FSH / Testosterone / USG / Total Cholesterol, LDL, Triglycerides / ECG / Creatinine / Urine Routine / Electrolytes (Sodium, Potassium) / PFT / Chest X-ray / Free T3, T4, TSH	2

Hypertension (High Blood Pressure Support) + Quit Alcohol – Lifestyle Support + Quit Smoking – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Counselor	3
	Cardiologist	1
Pathology	BP / HR / HbA1c / Total Cholesterol, LDL, Triglycerides / RBS / Vitamin B12 / SGOT, SGPT / Creatinine / ECG / Urine Routine / Electrolytes (Sodium, Potassium) / PFT / Chest X-ray	2

High Cholesterol and Triglycerides + Diabetes / Prediabetes + PCOD / PCOS		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Endocrinologist	1
	Gynaecologist	1
	Cardiologist	1
Pathology	BP / HR / HbA1c / LH / FSH / Testosterone / USG / Total Cholesterol, LDL, Triglycerides / ECG / SGOT, SGPT / Urine Routine / Free T3, T4, TSH	2

High Cholesterol and Triglycerides + Diabetes / Prediabetes + Quit Alcohol – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Endocrinologist	1
	Counselor	3
	Cardiologist	1
Pathology	BP / HR / HbA1c / Total Cholesterol, LDL, Triglycerides / RBS / Vitamin B12 / SGOT, SGPT / Creatinine / PFT / Chest X-ray / ECG / Urine Routine	2

High Cholesterol and Triglycerides + Diabetes / Prediabetes + Quit Smoking – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Endocrinologist	1
	Counselor	3
	Cardiologist	1
Pathology	BP / HR / HbA1c / Total Cholesterol, LDL, Triglycerides / PFT / Chest X-ray / ECG / SGOT, SGPT / Urine Routine	2

High Cholesterol and Triglycerides + Respiratory Care / Asthma Support + PCOD / PCOS		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Pulmonologist	1
	Cardiologist	1
	Gynaecologist	1
	Endocrinologist	1
Pathology	BP / HR / HbA1c / SpO2 / PFT / Chest X-ray / LH / FSH / Testosterone / USG / Total Cholesterol, LDL, Triglycerides / Free T3, T4, TSH / ECG	2

High Cholesterol and Triglycerides + Respiratory Care / Asthma Support + Quit Alcohol – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Pulmonologist	1
	Cardiologist	1
	Counselor	3
Pathology	BP / HR / HbA1c / SpO2 / PFT / Chest X-ray / Total Cholesterol, LDL, Triglycerides / RBS / Vitamin B12 / SGOT, SGPT / Creatinine / ECG	2

High Cholesterol and Triglycerides + Respiratory Care / Asthma Support + Quit Smoking – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Pulmonologist	1
	Cardiologist	1
	Counselor	3
Pathology	BP / HR / HbA1c / SpO2 / PFT / Chest X-ray / Total Cholesterol, LDL, Triglycerides / SGOT, SGPT / Creatinine / ECG	2

High Cholesterol and Triglycerides + PCOD / PCOS + Quit Alcohol – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Counselor	3
	Cardiologist	1
	Gynaecologist	1
	Endocrinologist	1
Pathology	BP / HR / LH, FSH, Testosterone / HbA1c / USG / Free T3, T4, TSH / BMI / RBS / Total Cholesterol, LDL, Triglyceride / Vitamin B12 / SGOT, SGPT / Creatinine / ECG	2

High Cholesterol and Triglycerides + PCOD / PCOS + Quit Smoking – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Counselor	3
	Cardiologist	1
	Gynaecologist	1
	Endocrinologist	1
Pathology	HR / BP / PFT / HbA1c / Chest X-ray / BMI / ECG / Total Cholesterol, LDL, Triglycerides / SGOT, SGPT / LH, FSH, Testosterone / USG /Free T3, T4, TSH	2

High Cholesterol and Triglycerides + Quit Alcohol – Lifestyle Support + Quit Smoking – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Counselor	3
	Cardiologist	1
Pathology	BP / HR / HbA1c / Total Cholesterol, LDL, Triglycerides / RBS / Vitamin B12 / SGOT, SGPT / Creatinine / ECG / PFT / Chest X-ray	2

Diabetes / Prediabetes + Respiratory Care / Asthma Support + PCOD / PCOS		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Endocrinologist	1
	Pulmonologist	1
	Gynaecologist	1
Pathology	BP / HR / HbA1c / LH / FSH / Testosterone / USG / Total Cholesterol, LDL, Triglycerides / SpO2 / PFT / Chest X-ray / ECG / Urine Routine / Free T3, T4, TSH	2

Diabetes / Prediabetes + Respiratory Care / Asthma Support + Quit Alcohol – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Pulmonologist	1
	Counselor	3
	Endocrinologist	1
Pathology	BP / HR / HbA1c / Total Cholesterol, LDL, Triglycerides / RBS / Vitamin B12 / SGOT, SGPT / Creatinine / SpO2 / PFT / Chest X-ray / ECG / Urine Routine	2

Diabetes / Prediabetes + Respiratory Care / Asthma Support + Quit Smoking – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Endocrinologist	1
	Counselor	3
	Pulmonologist	1
Pathology	BP / HR / HbA1c / Total Cholesterol, LDL, Triglycerides / PFT / Chest X-ray / SpO2 / ECG / Urine Routine	2

Diabetes / Prediabetes + PCOD / PCOS + Quit Alcohol – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Endocrinologist	1
	Counselor	3
	Gynaecologist	1
Pathology	BP / HR / HbA1c / LH / FSH / Testosterone / USG / Total Cholesterol, LDL, Triglycerides / RBS / Vitamin B12 / SGOT, SGPT / Creatinine / ECG / Urine Routine / Free T3, T4, TSH	2

Diabetes / Prediabetes + PCOD / PCOS + Quit Smoking – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Endocrinologist	1
	Counselor	3
	Gynaecologist	1
Pathology	BP / HR / HbA1c / LH / FSH / Testosterone / USG / Total Cholesterol, LDL, Triglycerides / PFT / Chest X-ray / ECG / Urine Routine / Free T3, T4, TSH	2

Diabetes / Prediabetes + Quit Alcohol – Lifestyle Support + Quit Smoking – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	2
	Counselor	3
	Endocrinologist	1
Pathology	BP / HR / HbA1c / Total Cholesterol, LDL, Triglycerides / RBS / Vitamin B12 / SGOT, SGPT / Creatinine / PFT / Chest X-ray / ECG / Urine Routine	2

Respiratory Care / Asthma Support + PCOD / PCOS + Quit Alcohol – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Counselor	3
	Pulmonologist	1
	Gynaecologist	1
	Endocrinologist	1
Pathology	BP / HR / RBS / Total Cholesterol, LDL, Triglyceride / Vitamin B12 / SGOT, SGPT / Creatinine / Spo2 / PFT / Chest X-ray /ECG / LH, FSH, Testosterone / HbA1c / USG / Free T3, T4, TSH	2

Respiratory Care / Asthma Support + PCOD / PCOS + Quit Smoking – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Counselor	3
	Pulmonologist	1
	Gynaecologist	1
	Endocrinologist	1
Pathology	HR / BP / Spo2 / PFT / Chest X-ray / HbA1c / ECG /Total Cholesterol, LDL, Triglycerides / LH, FSH, Testosterone / USG / Free T3, T4, TSH	2

Respiratory Care / Asthma Support + Quit Alcohol – Lifestyle Support + Quit Smoking – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Counselor	3
	Pulmonologist	1
Pathology	BP / HR / HbA1c / RBS / Vitamin B12 / SGOT, SGPT / Creatinine / SpO2 / PFT / Chest X-ray / ECG	2

PCOD / PCOS + Quit Alcohol – Lifestyle Support + Quit Smoking – Lifestyle Support		
Category	**Subcategory**	**No of Visits**
Consultation	General Physician (MD)	1
	Counselor	3
	Endocrinologist	1
	Gynaecologist	1
Pathology	BP / HR / HbA1c / LH / FSH / Testosterone / USG / Total Cholesterol, LDL, Triglycerides / RBS / Vitamin B12 / SGOT, SGPT / Creatinine / ECG / Free T3, T4, TSH	2

Aditya Birla Health Insurance Co. Limited
Product Name: Activ Yuva, Product UIN:ADIHLIP27047V012627
1800 270 7000 | care.healthinsurance@adityabirlacapital.com
www.adityabirlahealthinsurance.comTrademark/Logo Aditya Birla Capital is owned by Aditya Birla Management Corporation Private Limited andTrademark/logo HealthReturns™, Healthy Heart Score and Active Day are owned by Momentum Group Ltd (formerly known as Momentum Metropolitan Life 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

ADITYA BIRLA CAPITAL
HEALTH INSURANCE

Annexure V
The HealthReturns™ Guide — Earn, Boost with FitForward & Spend

What can You do with HealthReturns™?

This guide is Your roadmap to unlocking up to **100% of Your Premium back* as HealthReturns™** by tracking how You **EAT**, how You **MOVE**, and how You **HEAL**.

Utilize **HealthReturns™** to pay for **OPD Expenses, Gym Memberships, Health Wearables**, or apply as a **Direct Discount on Your next Renewal Premium.**

I The Process: 6 Steps to Earning HealthReturns™

Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Healthy Heart Score™ →	**Earn Active Dayz™** →	**Boost with FitForward** →	**Monthly Calculation** →	**Annual Calculation** →	**Family Rules**
Digital / Physical	Log daily activity	EAT · MOVE · HEAL	Grid-based reward	Milestone bonuses	Weightage & allocation

Step 1: Establish Your Healthy Heart Score™ (HHS)

⚠ **Mandatory:** HHS must be established before any HealthReturns™ can be earned. Complete a Digital Health Assessment (DHA) via Our App or a physical assessment at a Network Provider / Empanelled Service Provider. Your HHS is valid for one Policy Year.

Green	Amber	Red
Low Risk	Moderate Risk	High Risk
Maximum Earning Potential	Medium Earning Potential	Lower Earning Potential

Option A: Digital Health Assessment (DHA) (RECOMMENDED)

1. Download Our mobile application
2. Go to the "Health" tab → select "Book Digital Health Assessment".
3. Answer: Reply to simple lifestyle and medical history questions.
4. Proceed to Face Scan. Allow camera access on Your device.
5. Start the scan, steady posture, face inside the on-screen circle.
6. Hold position for 30 – 40 seconds. This determines Your vitals.
7. Visit the Reports section to view Your assessment immediately.

Option B: Physical Health Assessment

1. Schedule an appointment by contacting Us, Our mobile application, or Our website.
2. Visit: Undergo MER tests at a Empanelled Service Providers.
3. Results: Your HHS score is updated once lab results are processed.

⚠ **Important Notes: Healthy Heart Score™ (HHS)**

1. **Pro-Tip:** Wipe your camera lens and face in bright sunlight for a flawless 30-second digital face scan.
2. **DHA Disclaimer:** DHA is for screening purposes only and **NOT a substitute for clinical judgment.**
3. **The 3-Month Rule:** If You earn Active Dayz™ before completing HHS, HealthReturns™ can be credited only up to **three (3) months prior** to the HHS generation date.

Step 2: Earn Active Dayz™: One (1) Active Dayz™ by doing ANY ONE of the following:

Steps	Calories	Gym / Yoga
10,000 steps or more per day.	Burn **300 calories** or more in a single exercise session.	Workout for **30 minutes** or more at Our Network Fitness Centres.

Alternatively, We provide two Fitness Assessments per Policy Year (each valid for 6 months). We use the better of the Fitness Assessment Result OR Your Active Dayz™ count to calculate HealthReturns™.

Step 3: Boost HealthReturns™ with FitForward

Missed a few days? With FitForward, track everyday habits to apply a yield multiplier to Your base rewards:

EAT

+ 10% Booster

Log a minimum of **2 meals / day** for at least **21 days in a month.**

MOVE

+ 4 Bonus Active Dayz

Maintain a **monthly average** of 7,500 – 9,999 steps (or burn 250+ calories) **on the days where You did not earn Active Dayz™.**

Credited only if You earned below 23 Active Dayz™ in that month.

HEAL

+ 15% Booster

Record **7 – 8 hours of sleep / day** for at least **21 days in a month.**

Step 4: HealthReturns™ Monthly Calculation

We reward HealthReturns™ up to 30% monthly based on Your Healthy Heart Score™ (Step 1) and **EITHER** Your Active Dayz™ count (Step 2) **OR** Your Fitness Assessment Result:

Active Dayz™ / Month (incl. Bonus Active Dayz)	OR	Fitness Assessment^	Red	Amber	Green
13 or more	OR	Level 5	**6.0%**	**12.0%**	**30.0%**
10 – 12	OR	Level 4	3.6%	7.2%	18.0%
7 – 9	OR	Level 3	2.4%	4.8%	12.0%
4 – 6	OR	Level 2	1.2%	2.4%	6.0%
0 – 3	OR	Level 1	0%	0%	0%

Step 5: HealthReturns™ Annual Calculation

Stay active all year to hit milestones for bonus rewards — independent of and on top of Your monthly earnings:

275 Active Dayz™ : Milestone 1

Red 4.0% | **Amber 8.0%** | **Green 20.0%**

325 Active Dayz™: Milestone 2

Red 10.0% | **Amber 20.0%** | **Green 50.0%**

^Condition: Fitness Assessment Results are **NOT** counted for Annual Milestones, only Active Dayz™ qualify.
Independent Slabs: A Policyholder with HHS Green who earns 13+ Active Dayz™ every month (**30% monthly**) and achieves 325 Active Dayz™ in the year (**+20% +50%**) earns **100% HealthReturns™***.

Step 6: Family Rules & Allocation

A. Individual Policy: Each Insured Person earns HealthReturns™ based on their own HHS + Active Dayz™. **Only Insured Persons aged 18 years and above are eligible for HealthReturns™.**
B. Family Floater Policy: Each adult is tracked separately. We allocate the overall Premium to the adults in proportion to their weightage. **Dependent Children up to age 25 are NOT eligible for HealthReturns™.**

Family Size: Family Floater Policy	Premium Weightage
Self + Spouse OR Live-in Partner + Dependent Children (up to age 25)	**1 : 1 : 0 : 0**
Self + Spouse OR Live-in Partner	**1 : 1**
Self OR Sibling + Sibling	**1 : 1**

II The Math: Real-Life Scenarios

II.A The Standard Earner — Arjun

Meet	Healthy Heart Score™	Annual Base Premium	Policy Type
Arjun Age 29	**Green (Low Risk)**	**INR 12,000 (INR 1,000 / month)**	**Individual**

Scenario: Arjun consistently logs activity via a wearable synced to the Activ Health application.

Monthly Snapshot

Component	Activity	Reward Grid Logic	Resulting Payout
Activity (Monthly)	**13 Active Dayz™** (10,000 steps / day)	13+ Active Dayz™ + HHS Green **= 30% Slab**	30% × INR 1,000 **= INR 300**

Path to 100% HealthReturns™*

Arjun maintains this routine for 12 months, accumulating **325 Active Dayz™** by year-end.

Component	Achievement	Logic	Reward Value
Monthly Earnings	30% slab for 12 months	30% × 12 Months	30% of Annual Premium
Annual Milestone 1	Crossed 275 Active Dayz™	Milestone Bonus	+ 20% Annual Bonus
Annual Milestone 2	Crossed 325 Active Dayz™	Milestone Bonus	+ 50% Annual Bonus
TOTAL REWARD*	**Consistency + Milestones**	**100% Return**	**100% Premium back as HealthReturns™***

Insight: By hitting 325 Active Dayz™, Arjun earns back his entire Premium as HealthReturns™*

II.B The FitForward Maximiser — Priya

Meet	Healthy Heart Score™	Annual Base Premium	Policy Type
Priya Age 34	**Green (Low Risk)**	**INR 12,000 (INR 1,000 / month)**	**Individual**

Scenario: Priya has a busy month. She records Active Dayz™ on only 10 days — normally the 18% slab. FitForward restores her standing.

Component	Action	Calculation Logic	Resulting Payout (Monthly)
1. Activity	10 Active Dayz™ recorded	Standard Grid (10 Days)	18% Slab = INR 180 **(lower payout at risk)**
2. MOVE	8,500-step average on non-Active days	+4 Bonus Active Dayz → Total: 14 Active Dayz™	**Restored to 30% Slab** = INR 300
3. EAT	2 meals / day for 21 days	10% of Earned Monthly HealthReturns™	**+3%** **(10% of 30%)** = INR 30
4. HEAL	7.5 hrs sleep / day for 21 days	15% of Earned Monthly HealthReturns™	**+4.5%** **(15% of 30%)** = INR 45
TOTAL	**Full FitForward usage**	**30% + 3% + 4.5%**	**37.5% = INR 375**

Insight: Instead of INR 180 (18%), Priya used FitForward to more than double her reward to INR 375 (37.5%).

II.C The Real Power — 50% Base + Boosters — Rahul

Meet **Rahul** Age 30	Healthy Heart Score™ **Green (Low Risk)**	Annual Base Premium **INR 12,000 (INR 1,000 / month)**	Policy Type **Individual**

Scenario: Rahul earns 19 Active Dayz™ / month and uses the full FitForward ecosystem — EAT, MOVE, and HEAL — consistently throughout the year.

Component	Action	Calculation Logic	Payout (Annualised)
1. Activity	19 Active Dayz™ / month	30% monthly tier	30% Return = INR 3,600
2. MOVE	+4 Bonus Active Dayz / month	23 × 12 = 276 Bonus Active Dayz → Milestone 1 Achieved	**+ 20% Annual Bonus** = INR 2,400
Sub-Total	**Activity only**	**30% Monthly + 20% Annual**	**50% HealthReturns™ = INR 6,000**
3. EAT	2 meals / day for 21 days for 12 months	10% of HealthReturns™ Earned	**+5%** (10% of 50%) = INR 600
4. HEAL	7.5 hrs sleep / day for 21 days for 12 months	15% of HealthReturns™ Earned	**+7.5%** (15% of 50%) = INR 900
TOTAL	**Full FitForward ecosystem**	**50% + 5% + 7.5%**	**62.5% = INR 7,500**

Insight: Rahul earns back 62.5% HealthReturns™ by leveraging FitForward and hitting Annual Milestone 1 via MOVE and layering EAT + HEAL boosters.

II.D The Family Logic — Floater Policy

Meet **The Family** Floater Policy	**Rohan** · Husband Green · Very Active **Premium share: INR 1,500**	**Sneha** · Wife Green · Active **Premium share: INR 1,500**	**Aryan** · Child (Age 5) Not eligible **Weightage: 0**

The Adults Carry the Team

HealthReturns™ are driven by adult activity (Weightage: 1:1 per adult). Dependent children up to age 25 carry **zero weightage,** parents earn rewards on the child's premium share too.

Insured Person	Activity Level	Reward Grid Logic	Earnings
Rohan	13+ Active Dayz™	HHS Green + 13 Days **= 30% Slab**	**INR 450** (30% of INR 1,500)
Sneha	10 Active Dayz™	HHS Green + 10 Days **= 18% Slab**	**INR 270** (18% of INR 1,500)
FAMILY TOTAL	**Combined Performance**	**24% Effective Return**	**INR 720**

HealthReturns™ Reward Snapshot	**Arjun — 100%** **INR 12,000** **325 Active Dayz™ + Milestones**	**Priya — 37.5%** **INR 4,500** **FitForward restored 30% + EAT + HEAL**	**Rahul — 62.5%** **INR 7,500** **50% base + EAT / HEAL boosters**

III Utilization of HealthReturns™

Fund My Health (Immediate)	Fund My Future (Premium Discount)
Exercisable by any Insured Person, up to value of HealthReturns™ earned by such Insured Person. • **Hospitalization Expenses:** Where the Sum Insured is exhausted. • **OPD Expenses:** Pharmacy, Diagnostics, Consultations, and more. • **Preventive & Wellness Activities:** Gym memberships, Yoga classes, etc. • **Non-Payable Claims:** Claims not admissible under the Policy. • **Deductible:** Pay towards deductible (if opted). • **AYUSH Treatment:** AYUSH Treatment Claims exceeding Policy Sum Insured. • **Health Wearable:** Purchase fitness tracking health wearable devices. **(Maximum 4 reimbursement claims per Policy Year.)**	**Exercisable only by You / Policyholder.** • **Renewal Discount:** Direct Discount on Your next Renewal Premium. • **Buy New Policy:** Purchase another Retail Insurance Policy from the Company.

***100% HealthReturns™ (or "100% of Your Premium back") is calculated on Base Premium + Premium for applicable Optional Covers: Reduction in Specific Waiting Period, Reduction in PED Waiting Period, Room Rent Type Option, and Durable Equipment Cover.**

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ADITYA BIRLA CAPITAL
HEALTH INSURANCE

Annexure VI
Yuva Reload & Yuva Credit — Safety Net & Growth Engine

Concept: Level Up Your Coverage

Yuva Credit is Your 10X growth engine, rewarding and multiplying Your coverage on every continuous renewal.

Yuva Reload is Your crisis safety net — refilling Your Sum Insured when You need it most.

Sequence of Utilization

1	→	2	→	3
Base Sum Insured		**Yuva Credit**		**Yuva Reload**
Utilised first		10X growth engine		Unlimited safety net

Exclusion

Yuva Credit and Yuva Reload do **NOT** apply if the Unlimited Sum Insured option has been opted.

A Yuva Reload: The Unlimited Safety Net

- **First Claim in Policy Life:** We double Your Base Sum Insured (**2X**) for the very first admissible claim in the life of the Policy.
- **Subsequent Claims:** For all subsequent admissible claims, We provide an **Unlimited Refill** up to 100% of Your Base Sum Insured, for related and unrelated illnesses.

Table 1: Year of Crisis — How Claims Are Paid

Meet **Rohan** Age 30	Base Sum Insured **INR 10 Lakhs**	Policy Year **Year 1**	Yuva Reload **Active**

Claim	Scenario	Claim Amount	Yuva Reload Action	Amount Paid
1st Claim	**Heart Surgery** (First claim in Policy Life)	INR 20 Lakhs	**2X Benefit Activated** Limit becomes INR 20 Lakhs	**INR 20 Lakhs** INR 10L Base Sum Insured + INR 10L Yuva Reload
2nd Claim	Dengue	INR 5 Lakhs	**Unlimited Refill (Up to Base Sum Insured INR 10L)**	**INR 5 Lakhs**
3rd Claim	Fracture	INR 8 Lakhs		**INR 8 Lakhs**

B Yuva Credit: The 10X Growth Engine

- On every continuous Renewal, We credit **100% of Your Base Sum Insured** as Yuva Credit.
- Yuva Credit accumulates **irrespective of claims** paid in the previous Policy Year, as long as the Policy is renewed with Us without a break.
- Maximum: **1000% (10X) of Your Base Sum Insured** as Yuva Credit.

Table 2: Aisha's Coverage Growth Chart

Meet **Aisha** Age 25	Base Sum Insured **INR 10 Lakhs (opted at Policy Inception)**	Year 11 **Policy Inception + 10 continuous renewals**	Total Cap **INR 1 Cr (Yuva Credit)**

Policy Year	Yuva Credit Added	Total Yuva Credit	Total Coverage (Base SI + Yuva Credit)
Year 1 (Inception)	—	INR 0	INR 10 Lakhs (Base SI) —
Year 2 (1st Renewal)	+INR 10L	INR 10 Lakhs	INR 20 Lakhs
Year 3 (2nd Renewal)	+INR 10L	INR 20 Lakhs	INR 30 Lakhs
Year 4 (3rd Renewal)	+INR 10L	INR 30 Lakhs	INR 40 Lakhs
Year 5 (4th Renewal)	+INR 10L	INR 40 Lakhs	INR 50 Lakhs
Year 6 (5th Renewal)	+INR 10L	INR 50 Lakhs	INR 60 Lakhs
Year 7 (6th Renewal)	+INR 10L	INR 60 Lakhs	INR 70 Lakhs
Year 8 (7th Renewal)	+INR 10L	INR 70 Lakhs	INR 80 Lakhs
Year 9 (8th Renewal)	+INR 10L	INR 80 Lakhs	INR 90 Lakhs
Year 10 (9th Renewal)	+INR 10L	INR 90 Lakhs	INR 1 Cr
Year 11 (10th Renewal) ✓	**+INR 10L**	**INR 1 Cr**	**INR 1.1 Cr | 10X Cap MAX**

Yuva Credit accrues on every continuous renewal irrespective of claims. Year 11 = inception + 10 renewals.

Coverage Milestones

Year 1
INR 10 Lakhs
Base Sum Insured
No Yuva Credit yet

→

Year 3
INR 30 Lakhs
Base Sum Insured + INR 20L Yuva Credit

→

Year 6
INR 60 Lakhs
Base Sum Insured + INR 50L Yuva Credit

→

Year 11
INR 1.1 Cr ✓
Base Sum Insured + 10X Yuva Credit (MAX)

C The Combined Power — Yuva Credit + Yuva Reload

Meet **Aisha** Year 5	Base Sum Insured **INR 10 Lakhs**	Yuva Credit Accumulated **INR 40 Lakhs**	Total Coverage Available **INR 50 Lakhs**

Claim Event	Claim Amount	Utilization Sequence	Amount Payable
Major Surgery **(First claim in Policy Life)**	INR 60 Lakhs	1. Base Sum Insured: INR 10 Lakhs 2. Yuva Credit: INR 40 Lakhs 3. Yuva Reload (2X): INR 10 Lakhs	**INR 60 Lakhs Paid** **(Full Settlement)**

Total Protection Ceiling: INR 1.1 Cr Yuva Credit (10X cap) + Unlimited Yuva Reload refills — ensuring You are never left uncovered.

Even after a full settlement, Yuva Reload refills Your Base Sum Insured for further claims in the same Policy Year.

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ADITYA BIRLA CAPITAL
HEALTH INSURANCE

Annexure VII
OPD Benefit Framework & Guidelines for Exceptional Reimbursement

How Your OPD Cover Works

Your OPD Cover is designed as a seamless Cashless-first experience. Reimbursement is available **ONLY if the Cashless Facility is unavailable**, subject to the conditions in Section B.

- **Cashless (Preferred):** All appointments and access via Our mobile application. Zero out-of-pocket.
- **Reimbursement:** Available only where Cashless is unavailable, subject to a **20% Co-Payment.**
- **Waiting Period:** Available after 30 days of continuous coverage.

A Benefit Structure & Coverage Limits

Limits and reimbursement eligibility per benefit. Refer Section D for Benefit Scope, Cappings and Exclusions.

Sr	Benefit Description	Limits (% of OPD SI)	Mode of Availing Benefits
1	Doctor Consultations	**35%**	Cashless OR Reimbursement (Exceptional)
2	Prescribed Diagnostics	**25%**	Cashless OR Reimbursement (Exceptional)
3	Dental Wallet	**10%**	Cashless OR Reimbursement (Exceptional)
4	Sports Therapy & Physiotherapy	**10%**	Cashless OR Reimbursement (Exceptional)
5	Prescribed Pharmacy	**10%**	**Cashless ONLY**
6	Prescribed Vision Aids	**10%**	**Cashless ONLY**
7	Diet and Nutrition	**Unlimited**	Cashless — Tele / Online
8	Mental Wellbeing	**Unlimited**	Cashless — Tele / Online
9	Online Gym	**Available**	Cashless — Tele / Online
10	Physical Gym	**2 Sessions / Adult / Week**	**Cashless ONLY**
11	Wellness Marketplace*	**Self-Pay only***	Self-Pay (Discounted Access only)

Important:

Reimbursement Facility is strictly NOT available for Benefits 5 to 11 and must be availed on a Cashless basis.

*Wellness Marketplace: Access for browsing and discounted services only. All purchases are self-pay and cannot be deducted from OPD Sum Insured.

B Eligibility: When Can You Claim Exceptional Reimbursement?

Reimbursement (with a **20% Co-Payment**) is available for Benefits 1–4 **ONLY if the Cashless Facility is unavailable**, verified by Us as meeting ANY ONE of the following:

Location Unavailable

No Network Provider / Empanelled Service Provider **within a 10 km radius** of registered PIN code.

Service Unavailable

Provider is available, but the **specific test or procedure You require is not offered.**

Slot Unavailable

Provider is available, but **no appointment slot is open within the next 36 working hours**.

C Steps for Exceptional Reimbursement

Step 1
Attempt Cashless Service on Our mobile application

→

Step 2
Call Us & Get a Digital Authorization First

→

Step 3
Avail Service at Authorized Pin Code within 30 Days

→

Step 4
Submit Claim on Our mobile application within 30 Days

D Benefit Scope, Transaction Caps & Exclusions

Benefit	Eligible Procedures & Scope	Per-Transaction Cap
Doctor Consultations	General & Specialist Doctor Consultations (Tele / Physical).	As per limits specified in the Policy Schedule
Prescribed Diagnostics	Covered: Individually prescribed tests only. **Excluded: Routine Health check-up packages.**	As per limits specified in the Policy Schedule
Dental Wallet	Covered: Check-up, Examination, Scaling, Polishing, Cleaning, X-Ray, Root Canal Treatment, Fillings, Extraction, Recementation, Fluoride Treatment, Oral Surgery, Metal Crown (Post RCT), Metal Braces. **Excluded: Cosmetic procedures (Whitening, Veneers, Smile Design, Aligners, Implants).**	Cleaning / Polishing / Scaling: **Per-Txn Cap: INR 2,000** All other covered treatments: **As per limits specified in the Policy Schedule**
Sports Therapy & Physiotherapy	Covered: Medically Necessary therapy for a diagnosed Illness or Injury, with a valid prescription. **Excluded: Preventive, wellness, fitness, or performance-enhancement therapy.**	Per-Txn Cap **INR 1,000 per session.**
Vision Aids	Covered: Spectacle Lenses and Contact Lenses prescribed by a qualified Optometrist or Ophthalmologist. **Excluded: Frames, Sunglasses.**	Per-Txn Cap: **INR 5,000.**

E Documentation & Validity Rules

Document / Rule	Validity Requirement
Reimbursement Authorization	Valid for thirty (30) days from the date of issuance.
Prescription: Acute Ailment	Valid for thirty (30) days from the date of issuance.
Prescription: Chronic Condition	Valid for ninety (90) days from the date of issuance.
Mandatory Claims Documents	1. Original Invoice with Provider name and details. 2. Valid Prescription with confirmed Diagnosis. 3. Treatment Plan (mandatory for Sports Therapy or Physiotherapy). 4. Cancelled Cheque (for bank transfer reimbursement). 5. Lab Reports (where applicable to the claim).

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ADITYA BIRLA CAPITAL
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Annexure VIII
ON/OFF Feature — Smart Coverage for the Global Traveller

Air Travel Checklist

Switch OFF domestic coverage when **travelling outside India by AIR** to earn **TravelCredits,** a discount applied exclusively on Your Renewal Premium.

- **Minimum Trip Duration:** **15 consecutive days** outside India.
- **Eligibility:** Available ONLY for **adult Insured Persons.**
- **Retrospective requests are strictly NOT permitted.**
- ⚠ **Fraud Warning:** Manipulated or falsified documents may trigger **cancellation of the entire Policy**, not merely TravelCredits rejection.

A The Process: 4 Steps to Activate & Earn

Step 1
Plan Intimation
Enter travel dates on Our mobile application (up to 90 days before departure)

→

Step 2
Departure: Policy OFF
Upload Departure Boarding Pass within 72 hours

→

Step 3
Arrival: Policy ON
Coverage Auto-Resumes on Declared Arrival Date

→

Step 4
Validate TravelCredits
Upload Arrival Boarding Pass within 72 hours

72-Hour Upload Window & Connecting Flights

You have a **strict 72-hour window** to upload Your **Boarding Pass on both departure and arrival.** If not uploaded in time, the request is **rejected and void,** and no TravelCredits are earned.

In case of Connecting Flights: Upload the Boarding Pass for the leg where the destination is **Outside India** (Departure) or **Within India** (Arrival).

The Golden Rule

- **Safety First:** Coverage switches ON automatically on Your declared Arrival date, or on the **91st day** from switch-OFF — whichever is earlier.
- **TravelCredits are capped at 90 days**; coverage may resume on Day 91 for safety but no additional TravelCredits accrue beyond Day 90.
- **Locked Until Validated:** TravelCredits remain **LOCKED** until You upload and validate the return Boarding Pass within 72 hours.
- **Dependent Children up to age 25 are NOT eligible for TravelCredits.** TravelCredits apply only to the adult Insured Person who activated ON/OFF through Our mobile application.

B TravelCredits Slab Ladder

Calculated as a percentage of the Base Premium for the Policy Year in which travel occurred — excluding Optional Cover / Add-on Premium, Underwriting Loadings, and Taxes (if applicable).

Duration of Absence	TravelCredits	Earning Progress	Cap / Note
0 – 14 Days	0% **(Ineligible)**	—	**Trip < 15 days**
15 – 29 Days	**3%**		—
30 – 44 Days	**6%**		—
45 – 59 Days	**9%**		—
60 – 74 Days	**12%**		—
75 – 90 Days	**15%**		**Maximum Cap**

C What Stays ON vs. OFF?

Coverage is switched OFF only for the specific adult Insured Person who activated ON/OFF through Our mobile application. **All other family members remain fully covered.**

Benefit	Status	Rule
Domestic Hospitalization	✗ **OFF**	No claims admissible in India for the specific adult Insured Person who switched OFF domestic coverage.
Worldwide Yuva Maternity Cover	☑ **ON**	Coverage remains active globally (Section C.14.9), if applicable.
HealthReturns™ & FitForward Premium (if opted)	☑ **ON**	Earning HealthReturns™ and participation in FitForward Rewards Program continues (Sections C.13.2 and C.14.11).
Waiting Periods	☑ **ON**	All applicable Waiting Periods continue to be served during the OFF period.

D Real-Life Scenarios

1. The Short Trip — Eligibility Check

Meet **Rohan**	Trip Duration	Meets 15-Day Minimum?	Outcome
	10-Day Trip to Dubai	✗ **No**	**ON/OFF not permitted. TravelCredits: 0%**

2. The Family Floater — Individual Calculation

TravelCredits apply only to the Base Premium attributable to the travelling adult. The slab is applied to that Insured Person's share, and not the full family premium.

Meet **Raj & Priya** Raj's 40-Day Trip Abroad	Family Base Premium	Raj's Share	Outcome
	INR 20,000 (2 adults)	**INR 10,000 (÷ 2 adults)**	**30 to 44 Days Slab = 6% Discount on Raj's Proportionate Premium share only**

Person	Premium Share	Travel Days	Slab Applied	TravelCredits Earned
Raj	INR 10,000	40 Days	**30 to 44 Days = 6%**	**INR 600** (6% of INR 10,000)
Priya	INR 10,000	Did not travel	N/A	INR 0
TOTAL	**INR 20,000**	**Raj: 40 days**	**6% on Raj's Premium share only**	**INR 600 Discount**

Savings: Raj & Priya saved INR 600 as a discount on their next policy renewal.

3. Cumulative Trips — Accumulation Logic

Each trip must independently meet the 15-day minimum to be counted.

Formula: (Trip A + Trip B) → Combined Days → Applied Slab.

Meet **Rita** Two International Trips in a Policy Year	Base Premium **INR 20,000**	Trip 1 — London **16 Days ☑ Qualifies**	Trip 2 — Singapore **20 Days ☑ Qualifies**	Combined Outcome **36 Days → 30–44 Day Slab → 6% TravelCredits**

Trip	Duration	Running Total	TravelCredits %
Trip 1 — London	16 Days	16 Days	3%
Trip 2 — Singapore	20 Days	20 Days	3%
Combined Outcome	**36 Days**	**30–44 Day Slab**	**6% TravelCredits INR 1,200**

Savings: Rita saved INR 1,200 as a discount on her next policy renewal.

4. Trip Overlaps Renewal Date — Split Calculation

Meet **Arjun** Feb 10 – March 20	Policy Renewal Date **Feb 28 (renewed before travel start date)**	Validation Date **March 22 (within 72 hrs of March 20 arrival)**	Split Logic **18 days Year 1 (3%) + 20 days Year 2 (3%)**

Logic: The trip spans two Policy Years. Days are bifurcated by Policy Year. The applicable slab for each year is determined by days **within that year's segment only**, applied to that year's Base Premium.

Policy Year	Travel Days	Slab	Base Premium	TravelCredits
Year 1: Feb 10 – Feb 28	18 Days	15–29 Day Slab = 3%	INR 10,000 (Year 1)	**INR 300** (3% of INR 10,000)
Year 2: March 1 – March 20	20 Days	15–29 Day Slab = 3%	INR 11,000 (Year 2)	**INR 330** (3% of INR 11,000)
TOTAL	**38 Days**	**—**	**INR 21,000**	**INR 630**

Savings: Discount of INR 630 is carried forward and applied on Arjun's Renewal Premium for Third Policy Year (Year 2 Renewal had passed before validation on March 23).

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