

Frequently Asked Questions

Group Activ Secure Hospital Cash

What is Group Activ Secure Hospital Cash?

Group Activ Secure Hospital Cash is a Hospital Cash Insurance Policy offered by the Group master policy holder (Aditya Birla Idea Payments Bank) and underwritten by Aditya Birla Health insurance.

Who can enrol for this policy?

All full KYC compliant customers (having one or all of the following active account - Savings Account/ Current Account/wallet) of Aditya Birla Idea Payments Bank (“ABPB”) are eligible to enroll for this policy.

Is there an eligible age limit for enrolling within this policy?

All adults aged between 18-60 years are eligible to enrol for this policy.

1. What is Hospital Cash?

In addition to hospital bills and medicines, incidental expenses like special diet, commuting to the hospital and back, hospital stay with the patient become an additional burden on the family's financial resources. Hospital Cash policies provide you with the solution for this extra financial burden during hospitalization. Hospital Cash is NOT a substitute for Health Insurance, but should be viewed as a supplement cover to help you and your family members in the event of hospitalization. Or

Hospital Cash Insurance gives you a daily cash benefit for every 24 hours of hospitalisation subject to limits Terms and conditions of your policy. The coverage commences after the first 24 hours of admission, if the reason for hospitalisation is not falling under exclusion in the Policy.

If the Insured Person is hospitalized in India during the policy period for medically necessary treatment of an illness or Injury due to an accident that occurred during the policy period, insurer will pay the daily cash benefit specified in the policy schedule or Certificate of Insurance (COI) for each continuous and completed period of 24 hours of hospitalization.

If the insured person is hospitalized in an Intensive Care Unit (ICU) during the policy period for medically necessary treatment of an illness or an Injury that occurred during the policy period, insurer will pay 2 times the daily cash benefit specified in the policy schedule for each continuous and completed period of 24 hours of hospitalisation.

2. What are the key benefits of Hospital Cash Policy?

Key Benefits are:

- a. Instant coverage
- b. No documentation required
- c. No medical examination required
- d. Daily cash benefit generally ranging depending on the COI
- e. Income Tax benefit under section 80D of the IT Act

3. How is Hospital cash different from Health benefit?

Health Insurance reimburses inpatient hospital bills. Hospital Cash offers you fixed daily benefits, per 24 hours spent in hospital. This is aimed in covering the incidental expenses during

hospitalisation which are normally not covered under health insurance. Hospital Cash insurance is NOT a substitute of Health Insurance. Rather it acts as a supplement.

4. What is the procedure to make a claim?

To make a claim, inform ABPB customer support about the hospitalisation. Insurer will forward you the Claim Form. You can also download it from the insurer’s website. You need to submit the duly filled Claim Form to the insurer with requisite documents within 10 days from the date of discharge.

5. How the payment will be done? How frequently it will be paid?

This Insurance plan includes cash benefit. The payment will be made through NEFT for period of hospitalisation found admissible after insurer receives the Claim Form, which is to be submitted within 10 days after discharge. Convalescence benefit, if applicable shall also be paid along with the claim settlement.

6. Do I need a Health Insurance Policy to avail Hospital Cash Insurance?

No, you need not have a Health Insurance Policy to avail Hospital Cash Insurance.

8. Are there any territorial restrictions applicable to the policy?

Hospital Cash Insurance covers treatment availed only in India

9. Will hospital cash insurance cover day care treatment?

No. Hospital Cash Insurance does not cover day care.

12. What is waiting period

First 30 Days Waiting Period

A waiting period of 30 days from the Inception Date of the Policy will be applicable for all Hospitalisation claims except in case of Accidents.

One Year Waiting Period

One Year Waiting Period

Awaiting period of 12 months from the Inception Date shall apply to the treatment, whether medical or Surgical and of the Illness/conditions and their complications mentioned below.

SN	Body System	Illness	Treatment/ Surgery
1	Eye	Cataract	Cataract Surgery
		Glaucoma	Glaucoma Surgery
2	Ear Nose Throat	Serous Otitis Media	
		Sinusitis	Sinus Surgery
		Rhinitis	Surgery for the nose
		Tonsillitis	Tonsillectomy
		Tympanitis	Tympanoplasty
		Deviated Nasal Septum	Surgery for Deviated Nasal Septum
		Otitis Media	Surgery or Treatment for Otitis Media
		Adenoiditis	Adenoidectomy
Mastoiditis	Mastoidectomy		

		Cholesteatoma	Resection of the Nasal Concha
3	Gynecology	All Cysts & Polyps of the female genito urinary system	Dilatation & Curettage
		Polycystic Ovarian Disease	Myomectomy
		Uterine Prolapse	Uterine prolapsed Surgery
		Fibroids (Fibromyoma)	Hysterectomy unless necessitated by malignancy
		Breast lumps	Any treatment for Menorrhagia
		Prolapse of the uterus	
		Dysfunctional Uterine Bleeding (DUB)	
		Endometriosis	
		Menorrhagia	
		Pelvic Inflammatory Disease	
4	Orthopedic / Rheumatological	Gout	Joint replacement Surgery
		Rheumatism, Rheumatoid Arthritis	Surgery for Prolapse of the intervertebral disc
		Non infective arthritis	
		Osteoarthritis	
		Osteoporosis	
		Prolapse of the intervertebral disc	
		Spondylopathies	
5	Gastroenterology (Alimentary Canal and related Organs)	Stone in Gall Bladder and Bile duct	Cholecystectomy / Surgery for Gall Bladder
		Cholecystitis	Surgery for Ulcers (Gastric / Duodenal)
		Pancreatitis	
		Fissure, Fistula in ano, hemorrhoids (piles), Pilonidal Sinus, Ano-rectal & Perianal Abscess	
		Rectal Prolapse	
		Gastric or Duodenal Erosions or Ulcers + Gastritis & Duodenitis	
		Gastro Esophageal Reflux Disease (GERD)	
		Cirrhosis	
		Stones in Urinary system (Stone in the Kidney, Ureter, Urinary Bladder)	Prostate Surgery
6	Urogenital (Urinary and Reproductive system)	Benign Hypertrophy / Enlargement of Prostate (BHP / BEP)	Surgery for Hydrocele, Rectocele and Hernia
		Hernia, Hydrocele,	Surgery for Varicocoele / Spermatocele
		Varicocoele / Spermatocele	
7	Skin	Skin tumour (unless malignant)	Removal of such tumour unless malignant
		All skin diseases	
8	General Surgery	Any swelling, tumour, cyst, nodule, ulcer, polyp anywhere in the body (unless malignant)	Surgery for cyst, tumour, nodule, polyp unless malignant
		Varicose veins, Varicose ulcers	Surgery for Varicose veins and Varicose ulcers
		Congenital Internal Diseases or Anomalies	

Pre- Existing Diseases Waiting Period

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for,

caused by, arising from or in any way attributable to any Pre-Existing Disease or any complication arising from the same, until the time period specified in the Policy Schedule has elapsed since the inception of the first Policy with Us.

14. Can I include my dependents/parents/spouse/kids/ siblings to my policy?

This policy only covers self and cannot include dependents/parents/spouse/kids/ siblings

15. What are the options & premiums available to me for selecting this policy (Including GST)?

Cover (Coverage per day of hospitalization)	100	500	1000
Price to customer			
Monthly (Rs.)	12.0	59.0	118.0
Annual (Rs.)	129.0	648.0	1303.0

16. Can I increase or decrease my Sum Insured now?

The Sum Insured can only be increased or decreased only at your next enrolment.

17. What are the payment options available to me?

You have 2 payment options, Annual and Monthly. However, any change to the mode can be done only at your next enrolment and not in between the policy year. For all monthly mode policies, since premium is paid on installment basis, in case of any claim balance of remaining installment premium will be deducted from the claim amount. In the event of non-receipt of the due instalment of premium within 15 days from due date in the manner specified under Rule 58 of the Insurance Rules 1939, then the Policy shall be null and void and no Benefit shall be payable hereunder

18. How do I know my next premium due date?

An SMS prior to the premium due date will be shared informing you to the premium due date.

19. Is there a Free Look period within this policy?

There is no free look period within this policy

20. List of personal details that can be modified during midterm of the policy?

For all changes to your policy, you would need to contact the ABPB Contact Centre.

21. The name on my Certificate is incorrect, how do I change this?

You will need to contact the ABPB Contact Centre.

22. The insurance cover would be available for an account if it ceases to be operational in what scenarios?

In case of monthly instalments, on settlement of claim, balance shall be recovered from the claim amount.

In case the customer's account ceases to be operational due to any reason, the insurance cover shall be available as mentioned below:

a) In case of annual mode of payment, the insurance cover shall be available for the balance tenure of the policy.

b) In case of monthly instalments, the insurance cover shall be valid for the tenure for which the premium has been received from the customer.

23. What is the Claims Process

A claim can be intimated by calling the ABPB contact centre toll free number (1800 209 2265). After this the Insurance company will contact the Nominee/Legal heir/Claim initiator and communicate the list of documents and formalities to be carried out. The insurance company will generate a claim number and share the same with you for future reference of the claim.

24. What is the claim settlement period?

- Please refer to Certificate of Insurance (Col) or contact call centre for details.

25. What are the minimum and maximum periods required for eligibility to avail Hospi Cash?

- Please refer to Certificate of Insurance (Col) or Terms & Conditions (T&Cs) for details.

24. How can I cancel my policy?

Insurer shall cancel the Policy and refund the premium (for all lives which have not registered a claim with Us) on pro rata basis

You further understand and agree that Insurer may cancel the Policy by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to Your last known address on grounds of misrepresentation, moral hazard, fraud, non-disclosure of material fact by You without any refund of premium. Insurer may also cancel the Policy with or without refund of premium in case of non-cooperation by You or the Insured Person.

25. Is there a Grievances Redressal Procedure

In case of a grievance, you can contact Aditya Birla Health Insurance Company with the details through:

Website: adityabirlahealth.com/healthinsurance

Email: care.healthinsurance@adityabirlacapital.com (as mentioned in the T&C)

Toll Free: 1800-270-7000

Please refer to your Certificate of Insurance for further details.