

TATA AIG INSURANCE

WITH YOU ALWAYS

The **Health Protection Policy** for **Golden Years**

Presenting

TATA AIG

ElderCare

Choose all-round care for your health with our **Trusted Naam, Fantastic Kaam!**

Being the risk experts, we believe in comprehensive care when it is about elders' care and that's why we have a robust insurance plan designed for senior citizens. With the right mix of features and coverage levels, TATA AIG Elder Care comprises of healthcare needs and more that an elderly person expects from a health insurance policy. This product covers a wide range of medical needs which ensures that elders with age 61 years onwards benefit from it. With a legacy built on trust, be rest assured that we will not compromise on your health insurance and neither should you in your golden years.

Key Features*



Post Operative Care:

- Home Nursing Services - After a medically necessary surgery and if an insured person is to be attended by a Qualified Nurse to avail post-operative care. We will arrange for a qualified nurse at home within India, within the city in which the insured person resides, for a maximum period of 7 days per person in a policy year.
- Personalized Health manager - We will arrange for a Telephonic assistance of a personalized health manager, who will assist in booking appointments of the insured person and coordinating with providers for services listed in the policy.



Home Physiotherapy - We will arrange up to 10 physiotherapy sessions at home within India, within the city in which insured person resides, after a hospitalization claim under Joint replacement surgery, stroke or paralysis.



Compassionate Care - We will arrange for a compassionate care giver to assist the insured person in 'Activities of Daily Living' at the insured person's home within India, within the city in which insured person resides, for a maximum period of 14 days per person in a policy year within the post hospitalization period.



Home Care Treatment Cover - We will cover for reasonable and customary medical expenses incurred for treatment taken at home, for conditions/ illness specified in the policy, for maximum up to 10% of the sum insured (excluding accrued cumulative bonus.)



Wellness Services - We will provide wellness services designed to assist insured persons in maintaining and improving good health and fitness

- Maximum 12 Tele-Consultations (General), per year per insured person
- Diet and Nutrition Consultations
- Discounts on diagnostic tests, medicine, medical devices, health supplements and other health related services.



Home Assessment and Modification for Elderly Care/Disability - If an insured person is hospitalized for a medically necessary treatment and post discharge from the hospital is required to use a wheelchair/ambulatory support then we will arrange a home assessment to evaluate and recommend modifications required in home to suit the mobility needs for elderly care/disability. In addition, we will pay a fixed amount of ₹5000, to undertake home alteration, if recommended by the home assessor. Coverage under this benefit is available subject to request for assessment received within six months post discharge from the hospital and claim being admissible under In-Patient Treatment benefit of this policy.

*T&C apply

Tata AIG Elder Care UIN: TATHLIP23179V012223

Coverages*



In-Patient Treatment - Covers medical expenses directly related to hospitalization due to disease/illness/injury during the policy period that requires an Insured Person's admission in a hospital as an inpatient.



Annual Preventive Health Consultations - We will arrange for an Annual health consultation once every policy year for preventive dental check-up, eye check-up and orthopaedic consultation.



Consumables Benefit - Covers expenses incurred, for specified consumables, listed in the policy, which are consumed during the period of hospitalization directly related to the insured person's medical or surgical treatment of illness/disease/injury.



High End Diagnostics - Covers the insured person for the diagnostic tests listed in the policy, on OPD basis, if required as part of a treatment, subject to a maximum ₹20,000 (over and above base sum insured) per policy year.



Cumulative Bonus - 10% cumulative bonus will be applied on the Sum Insured for next policy year under the Policy after every claim free Policy Year, provided that the Policy is renewed with Us and without a break. The maximum accrued cumulative bonus shall not exceed 100% of the Sum Insured in any Policy Year. Alternately, No Claim Discount in premium can be opted, in which case policy will not be entitled for Cumulative Bonus.



Other Coverages

- Pre-Hospitalisation Expenses
- Post-Hospitalisation Expenses
- Day Care Procedures
- AYUSH Benefit
- Road Ambulance Cover
- Preventive Health Check-up
- Medical Second Opinion

Note: These are brief summary of coverages/benefits. For further details on benefit, limit, terms, conditions, please refer to the policy wordings.

Pre-Policy Medical Check-up:

- Pre-Policy Check-up at our network is required. The medical reports are valid for a period of 90 days from the date of Pre-Policy Check-up.
- In case of adverse medical declaration, we may call for additional medical tests. We may conduct medical tests at diagnostic centre based on medical disclosure wherever applicable.
- At least 50% of Pre-Policy medical Check-up cost would be borne by TATA AIG in case Pre-Policy Check-up (PPC) is conducted and proposal is accepted.

*T&C apply

Premium Chart:

ALL PREMIUM MENTIONED IS PER PERSON ANNUAL IN ₹ (EXCLUSIVE OF GST)

For the purpose of premium computation, the country is categorized into following three Zones and premium payable under the policy will be computed based on the residential location/address as provided by the proposer/insured person.

Zone A			
Age\Sum Insured (₹)	**5 Lakhs**	**10 Lakhs**	**25 Lakhs**
61-65 Years	27,844	35,000	50,840
66-70 Years	34,940	44,023	64,210
71-75 Years	49,127	61,669	90,035
76-80 Years	73,664	91,295	1,33,729
81-85 Years	86,132	1,07,558	1,57,911
86-90 Years	1,03,359	1,29,165	1,89,809
91-95 Years	1,24,030	1,55,091	2,28,084
96+ Years	1,48,836	1,86,202	2,74,015

Zone A: Mumbai including MMR/Thane, Delhi NCR/Faridabad/Ghaziabad, Ahmedabad, Surat and Baroda.

Zone B			
Age\Sum Insured(₹)	**5 Lakhs**	**10 Lakhs**	**25 Lakhs**
61-65 Years	25,274	31,686	45,886
66-70 Years	31,653	39,792	57,888
71-75 Years	44,479	55,718	81,147
76-80 Years	66,530	82,331	1,20,370
81-85 Years	77,749	96,951	1,42,089
86-90 Years	93,263	1,16,389	1,70,754
91-95 Years	1,11,878	1,39,714	2,05,148
96+ Years	1,34,216	1,67,703	2,46,422

Zone B: Hyderabad, Bengaluru, Kolkata, Indore, Chennai, Chandigarh/Mohali/Punchkula/Zirakpur, Pune/Pimpri Chinchwad and Rajkot.

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Zone C			
Age\Sum Insured(₹)	5 Lakhs	10 Lakhs	25 Lakhs
61-65 Years	22,640	28,292	40,814
66-70 Years	28,284	35,458	51,416
71-75 Years	39,717	49,625	72,048
76-80 Years	59,223	73,153	1,06,697
81-85 Years	69,163	86,091	1,25,895
86-90 Years	82,922	1,03,309	1,51,250
91-95 Years	99,431	1,23,970	1,81,673
96+ Years	1,19,242	1,48,763	2,18,181

Zone C: Rest of India

TATA AIG Co-Payment Waiver Add On:

Loading of 15% of the base Policy premium shall be applicable for this Add On. No other base Policy loading or discounts shall be applicable to this Add On Premium.

Premium Calculation:

- The premium will be charged on the completed age of the Insured Person.
- For family floater, premium is calculated by adding the premium of respective individual members and applying family floater discount.

Discounts on Premium:

- 10% long term discount on premium in case insured opts policy term of 3 years
- 5% long term discount on premium in case insured opts policy term of 2 years
- Family floater discount on premium:
  - 2 members -20%

Exclusions

Medical Exclusions:

- Congenital External Diseases, defects or anomalies.
- Alcoholic pancreatitis.

Non-Medical Exclusions:

- Intentional self-injury or attempted suicide while sane or insane.
- Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

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- Treatment rendered by a Medical Practitioner which is outside his discipline.

Please refer to the policy wordings for complete list of benefits, exclusions, limitations, terms and conditions.

Waiting Period:

- Policy coverage for treatment of any illness starts 30 days from the first inception of the policy (except accident).
- Expenses related to treatment of conditions/surgeries/treatments, listed in the Policy, shall be covered after expiry of 24 months. 36 months waiting period will be applicable for Joint replacement surgeries, for example: Knee replacement, Hip replacement.
- Any pre-existing condition (disclosed by customer and accepted by us) will be covered after expiry of 24 months.

Tax Benefit:

The premium amount paid under this policy qualifies for deduction under Section 80D of Income Tax (Amendment) Act, 1986. This benefit is not applicable for premium paid in cash/or by demand draft. Tax benefits are subject to changes in Income Tax Law.

Claim Procedure:

- Intimation & Assistance: Please contact Us at least 48 hours prior to an event which might give rise to a claim. For any emergency situations, kindly contact Us within 24 hours of the event.
- Claim Related Information: For any claim related query, intimation of claim and submission of claim related documents, you can contact Us through:
  - **Contact:** TAGIC Health Claims
  - **Email:** *healthclaimsupport@tataaig.com*
  - **Toll Free:** 1800 266 7780 or 1800 229 966 (For Senior Citizens)
  - **Website:** *www.tataaig.com*
  - **Submit claim:** TATA AIG General Insurance Company Limited, 5th and 6th Floor, Imperial Towers, H. No 7-1-6-617/A, GHMC No - 615,616, Ameerpet, Hyderabad – 500016, Telangana, Phone-040-66864900. For list of network hospitals, please visit our website.

Terms and **Conditions**

- Minimum entry age - 61 years and there is no maximum entry age limit.
- Policy Tenure Options - 1/2/3 Years.
- Covers up to 2 members in an individual plan (Self, Spouse, Parents, Parents-in-law, grandparents), and covers up to 2 members in a family floater plan (Self and spouse or one set of parents/parent-in-laws/grandparents).
- Free Look cancellation of 30 days is available after receipt of the policy document to review the policy terms and conditions. In case of any policy related objections, you have the option to cancel the policy and premium would be refunded as per the free look cancellation clause mentioned in the policy.
- We may apply risk loading based on individual's health status.

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- There will be no premium refund in case of cancellation due to established fraud, misrepresentation or non-disclosure.
- Grace period of 30 days as per regulation laid down by IRDAI is available for renewal post policy expiry.
- Any product revision/modification/future withdrawal will be intimated to You at least 3 months in advance. In case of withdrawal, you have an option to migrate to our similar health insurance product available.
- The policy is renewable except in case of established fraud or non-disclosure or misrepresentation by the Insured Person.

Prohibition of Rebates

Section 41 of Insurance Act 1938 as amended by Insurance Laws (Amendment) Act, 2015

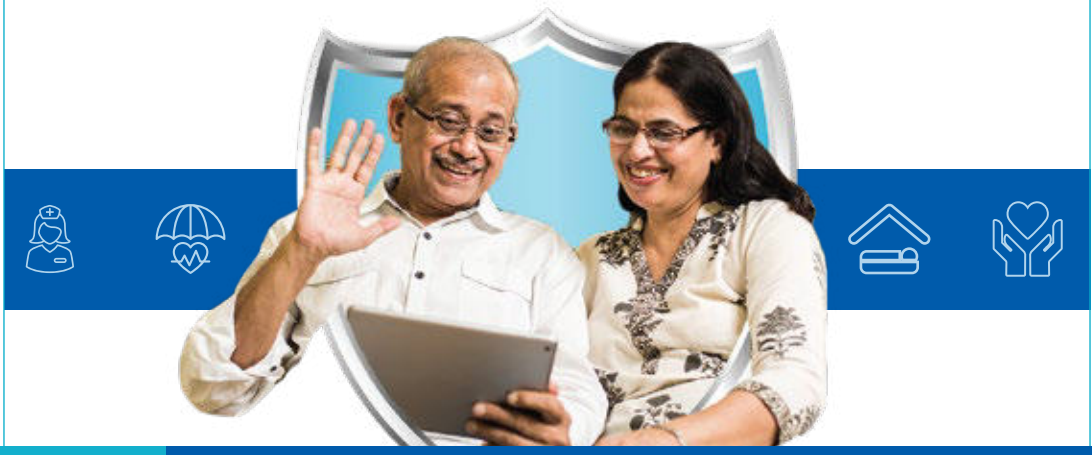
- No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
- Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Grievance Redressal Procedure:

As per Regulation 25 of IRDA of India (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024.

Section 64 VB of the Insurance Act, 1938:

Commencement of risk cover under the policy is subject to receipt of premium by TATA AIG General Insurance Company Limited.



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Benefit Table

Benefit Name	Coverage Limit
In-Patient Treatment	Up to Sum Insured
Room Category	Single Private Room
Pre-Hospitalization Expenses	Up to 30 days before the date of admission to the hospital
Post-Hospitalization Expenses	Up to 60 days after discharge from the hospital
Home Physiotherapy	Up to 10 Sessions at home per insured person per policy year
Post Operative Care	a. Home Nursing Service - for maximum up to 7 days per insured person in a policy year b. Personalized health Manager
Compassionate Care	Maximum up to 14 days per insured person per policy year
Day care Procedures	Up to Sum Insured
AYUSH Benefit	Up to Sum Insured
Road Ambulance Cover	Up to ₹5000 per Hospitalization
Preventive Health Check-up	Once after a block of every two continuous claim free years for listed tests on cashless basis
Annual Preventive Health Consultation	Once every year for listed consultations
Consumables Benefit	Up to Sum Insured per policy year
Cumulative Bonus	10% increase for every claim free year, maximum up to 100% of the Sum Insured. Alternately, No Claim Discount in premium can be opted, in which case policy will not be entitled for Cumulative Bonus.
Medical Second Opinion	Once in a policy year for medical conditions as listed in the policy
High end diagnostics	Up to ₹20,000 per policy for tests listed in the policy

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Home Care Treatment Cover	Up to 10% of Sum Insured for listed conditions/illness/procedures as mentioned in the policy
Wellness Services	a. 12 teleconsultations (General) b. Diet and Nutrition consultation c. Discount from network providers on diagnostic tests, medicine, medical devices, health supplements and other health related services
Home Assessment and Modifications for Elderly Care/Disability	Fixed amount of ₹5000 for Home Modification

Cost Sharing

a. Mandatory Co-Payment - 20%[i] b. Sub-Limits on Specified Surgical Procedure

Cataract (per eye per Insured Person)			
Zone of the insured (Premium Payment Zone, as specified in the policy schedule)	Sum Insured Per Policy Year		
	₹5 Lakh	**₹10 Lakh**	**₹25 Lakh**
Zone A	₹50,000	₹75,000	₹1,00,000
Zone B	₹47,500	₹70,000	₹95,000
Zone C	₹40,000	₹60,000	₹80,000

Joint Replacement Surgery (per Insured Person)			
Zone of the insured (Premium Payment Zone, as specified in the policy schedule)	Sum Insured Per Policy Year		
	₹5 Lakh	**₹10 Lakh**	**₹25 Lakh**
Zone A	₹2,00,000	₹3,00,000	₹5,00,000
Zone B	₹1,90,000	₹2,85,000	₹4,75,000
Zone C	₹1,60,000	₹2,50,000	₹4,00,000

i. **Each claim under this product is subject to a mandatory co-payment of 20%.**

ii. **Cataract and Joint Replacement Surgery is covered up to a specified sub-limits.**

iii. **Mandatory co-payment of 20% shall not be applicable on claim incurred for Cataract and Joint Replacement Surgery.**

iv. **Sub-limits will also include the expenses incurred on pre hospitalisation and post hospitalisation expenses.**

Optional Add On Benefit

Waiver of Co-Payment

Notwithstanding the 'Mandatory Co-payment' section of cost sharing benefit of the base Policy, if TATA AIG Co-Payment Waiver Add On (UIN: TATHLIA24178V012324) is opted, then mandatory Co-payment shall not be applicable on admissible claim under the base Policy.

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Disclaimer: Insurance is a subject matter of solicitation. For more details on benefits, exclusions, limitations, terms and conditions, please read policy wordings carefully available on our website www.tataaig.com before concluding a sale.

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TATA AIG GENERAL INSURANCE COMPANY LIMITED

Regd Office: 15th Floor, Tower A, Peninsula Business Park, G.K. Marg, Lower Parel, Mumbai - 400 013.
24x7 Toll Free No: 1800 266 7780 or 1800 229 966 (For Senior Citizens only) | Email: customersupport@tataaig.com
Website: www.tataaig.com | IRDA of India Registration No: 108 | CIN: U85110MH2000PLC128425
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