TATA AIG MediCare
Prospectus

1. Suitability:

Entry Age: Minimum	Child- 91 days Dependent children between 91 days and 5 years can be insured only when both parents are getting insured. Adult- 18 years
Entry Age: Maximum	Child- 25 years Adult- 65 years • Parent/Parents-in-law above the age of 65 years will become eligible for this product provided i. the proposer is also an existing policyholder under any other indemnity Health Insurance of company where lives below 65years are covered ii. If under the same proposal lives below age of 65 years are also proposed and get accepted post underwriting
Cover Ceasing age	There is no maximum cover ceasing age under this policy.
Policy Term	1 Year/ 2 Years/ 3 Years
Coverage Options	Individual/Family floater
Age of Proposer	18 years or above
Relationships Covered	a. Maximum 7 members of a family are covered in one Individual Plan Policy (Self, spouse, 3 dependent children , 2 parents & 2 parents-in-laws). b. Maximum 7 members are covered in one Family Floater Plan policy (Self, spouse, 3 dependent children (Up to the age of 25 Years) , 2 parents & 2 parents-in-law. In case of family floater, where age of the dependent child is crossing 25 years, the child can be covered under a separate policy with eligible continuity benefit.

2. Key Benefits:

a. **Range of benefits:** Indemnity based health insurance cover with range of benefits without any sub-limit unless otherwise mentioned.

b. **Network of hospitals:** We are equipped to offer you quality health care with our strong network of 11700+ hospitals across India.

c. **Lifelong renewal:** We offer you a lifelong renewal for your policy provided premium is paid without any break. Your premiums will be basis the age, sum insured, plan, zone, optional cover(s) and applicable discounts, if any. Your renewal premium will be basis your age on

renewal and applicable discounts, if any. There will be no extra loadings based on your individual claim.

d. **Global Cover:** We will cover Medical Expenses of the Insured Person incurred outside India, upto the sum insured provided that the diagnosis was made in India and the insured travels abroad for treatment.

e. **Bariatric Surgery Cover-** Covers reasonable and customary expenses for Bariatric surgery if the insured fulfills listed conditions as mentioned in the policy.

f. **Restore benefits:** If Your Sum Insured including cumulative bonus is completely utilized during the policy period, an additional amount equivalent to the base Sum Insured will be restored once during the policy period and can also be used for admissions due to related illness/diseases after 45 days from the date of discharge of the earlier claim . This benefit cannot be carried forward to subsequent renewals.

g. **Consumables Benefit-** We will pay for expenses incurred, for specified consumables listed in 'Annexure – 1 List 1 as Optional Items (Consumables Benefit)' which are consumed during the period of hospitalization directly related to the insured's medical or surgical treatment of illness/disease/injury. Details of Annexure I-List I-Optional items (Consumables Benefit) are available on our website (www.tataaig.com)

h. **Wellness Services:** We/Our Empanelled Service Providers will provide you with the below mentioned Wellness services that are designed to assist you in maintaining and improving your health and fitness

- **Teleconsultation–General Physician**: We /Our empanelled Service Provider will arrange for 8 teleconsultations on your request through telecommunication and digital communication technologies for your health related complaints or preventive health care by a qualified Medical Practitioner.
- **Ambulance Booking facility:** We / Our empanelled Service Provider will provide a facility to book a road ambulance in India for transportation to a Hospital for admission or from one hospital to another hospital for better medical facilities and treatment.

i. **No Claim Bonus:** Cumulative bonus or Discount in Renewal Premium will be available for every claim free policy year. Either of the two options is to be selected.

j. **Tax Benefit:** The premium amount paid under this policy qualifies for deduction under Section 80D of the Income Tax Act. This benefit is not applicable for premium amount paid towards accidental death benefit.

3. Discounts on premium:

<table>
<tr><td>A</td><td>Long term discount</td><td colspan="3">• 7.5% for a policy term of 3 years
• 5% for a policy term of 2 years
This discount is available only with ‘Single’ Premium Payment mode</td></tr>
<tr><td>B</td><td>Family floater discount</td><td colspan="3"><table>
<tr><td>1 member</td><td></td><td>No Discount</td></tr>
<tr><td>2 members</td><td></td><td>22%</td></tr>
<tr><td rowspan="2">3 members</td><td>Atleast 1 child</td><td>28%</td></tr>
<tr><td>No child</td><td>22%</td></tr>
<tr><td rowspan="3">3+ members</td><td>Atleast 2 children</td><td>32%</td></tr>
<tr><td>Atleast 1 child</td><td>28%</td></tr>
<tr><td>No child</td><td>22%</td></tr>
</table></td></tr>
<tr><td>C</td><td>TATA Group Employee Discount</td><td colspan="3">10%</td></tr>
<tr><td>D</td><td>Discount on opting Shared room category</td><td colspan="3">6%</td></tr>
<tr><td>G</td><td>Favorable Experience Discount</td><td colspan="3">20% at the inception of the policy.
At Renewal, the Favorable Experience Discount may vary based on established criteria.</td></tr>
</table>

4. Salient Features:

i. **In-Patient Treatment:** We will cover expenses for hospitalization due to disease/illness/Injury during the policy period that requires an Insured Person’s admission in a hospital as an inpatient. Medical expenses directly related to the hospitalization would be payable

ii. **Pre-Hospitalization expenses:** The Medical Expenses incurred in 60 days immediately before the Insured Person was hospitalized.

iii. **Post-Hospitalization expenses:** The Medical Expenses incurred in the 90 days immediately after the Insured Person was discharged post Hospitalisation.

iv. **Day Care Procedures:** We will cover expenses for listed Day Care Treatment due to disease/illness/Injury during the policy period taken at a hospital or a Day Care Centre. The list of such day care procedures covered is available on our website (www.tataaig.com)

v. **Organ Donor:** The Medical and surgical Expenses of the organ donor for harvesting the organ where an insured person is the recipient.

vi. **Domiciliary Treatment:** The Medical Expenses incurred by an Insured Person for availing medical treatment at his home which would otherwise have required Hospitalisation. We will also cover pre and post hospitalization expenses in case of domiciliary hospitalization.

vii. **Global Cover:** We will cover Medical Expenses of the Insured Person incurred outside India, upto the sum insured provided that the diagnosis was made in India and the insured travels abroad

for treatment. The Medical Expenses payable shall be limited to Inpatient and daycare Hospitalization only on reimbursement basis.

viii. **Bariatric Surgery Cover-** Covers reasonable and customary expenses for Bariatric surgery if the insured fulfills:
   a. Surgery to be conducted upon the advice of the Doctor
   b. The member has to be 18 years of age or older and
   c. BMI greater than or equal to 40 or
   d. BMI greater than or equal to 35 in conjunction with any of the following severe comorbidities following failure of less invasive methods of weight loss:
      i. Obesity-related cardiomyopathy,
      ii. Severe sleep apnea,
      iii. Uncontrolled Type2 Diabetes, or
      iv. Coronary heart disease

ix. **In-Patient Treatment – Dental -** Covers expenses incurred towards hospitalization for dental treatment under anesthesia necessitated due to an accident/injury/illness

x. **Restore benefits**- Automatically restore the Basic Sum Insured upon exhaustion of the Sum Insured and accrued Cumulative Bonus, during the policy period.

xi. **AYUSH Benefit** - Medical Expenses incurred for In-patient/Day care treatment taken in an AYUSH hospital/AYUSH day care centre, including pre and post hospitalization expenses.

xii. **Ambulance Cover**–For utilizing ambulance service for transporting insured person to hospital in case of an emergency.

xiii. **Health Checkup-** We/Our empanelled service provider will arrange for a Preventive Health Check-up upto 1% of previous year policy sum insured subject to a maximum of Rs. 10,000/- per policy, in the event of every two continuous claim free policy years with us, on cashless basis.

xiv. **Second Opinion-** We will provide You a second opinion from Network Provider or Medical Practitioner, if an Insured Person is diagnosed with the mentioned Illnesses during the Policy Period.

xv. **Vaccination cover-** We will cover for expenses related to the cost of the following vaccines:
   a. Without any waiting period:
      i. Anti-rabies vaccine following an animal bite
      ii. Typhoid vaccination
   b. After 2 years of continuous coverage with us:
      i. Human Papilloma Virus (HPV) vaccine
      ii. Hepatitis B Vaccine

xvi. **Hearing Aid-** We will cover reasonable charges for hearing aid, every third year. The maximum payable is 50% of actual cost or Rs. 10,000/- per policy, whichever is lower.

xvii. **Daily Cash for choosing Shared Accommodation-** We will pay a fixed amount per day as mentioned in the policy schedule if the Insured Person is Hospitalized in Shared Accommodation in a Network Hospital for each continuous and completed period of 24 hours. The benefit payable per day would be 0.25% of base sum insured and max. Rs. 2000 per day. This benefit is

applicable only for those cases where shared accommodation category is not opted by the policy holder in the policy.

xviii. **Daily Cash for Accompanying an Insured Child-** We will pay a fixed amount per day, as mentioned in the schedule, if the Insured Person Hospitalized is a child Aged 12 years or less, for one accompanying adult for each complete period of 24 hours. The benefit payable per day would be 0.25% of base sum insured and max. Rs. 2000 per day.

xix. **Compassionate travel-** In the event the Insured Person is Hospitalized for more than Five consecutive days in a place where no adult member of his immediate family is present, we will cover expenses related to a round trip economy class air ticket, or first-class railway ticket, to allow the Immediate Family Member be at his bedside for the duration of his stay in the hospital. The expenses must be incurred within India and shall not exceed Rs. 20,000 during a policy year**.**

xx. **Consumables Benefit-** We will pay for expenses incurred, for specified consumables listed in 'Annexure – 1 List 1 as Optional Items (Consumables Benefit)' which are consumed during the period of hospitalization directly related to the insured's medical or surgical treatment of illness/disease/injury. Details of Annexure I-List I-Optional items (Consumables Benefit) are available on our website (www.tataaig.com)

5. Optional covers:

You can choose optional covers listed below by paying an additional premium.

- **Accidental Death Benefit:** If an Insured Person suffers an accident during the policy period and this is the sole and direct cause of his death within 365 days from the date of accident, then we will pay a fixed amount of 100% of the base Sum Insured.

6. Sum Insured options (₹):

- 3 Lacs
- 4 Lacs
- 5 Lacs
- 7.5 Lacs
- 10 Lacs
- 15 Lacs
- 20 Lacs

7. Renewal Incentives:

a. No Claim Bonus: The below mentioned 'No claim Bonus' options will be available and applicable as opted by You. Either of the two options is to be selected:

1) Cumulative Bonus: If you choose Cumulative Bonus, 50% Cumulative Bonus will be applied on the Sum Insured for every claim free policy year subject to maximum of 100% of the sum

insured. In case a claim is made during the policy year, the cumulative bonus would reduce by 50% in the following year.

2) Discount in Renewal Premium (No Claim Bonus)- If you choose **Discount in Renewal Premium,** We will allow 1% discount on renewal premium for every claim free Policy Year, provided that the Policy is renewed with Us without break.

b. **Health Check-up:** Expenses for a Preventive Health Check-up upto 1% of previous year policy sum insured subject to a maximum of Rs. 10,000/- per policy after block of every two continuous claim free policy years with us.

c. **Favorable Experience Discount:** At Renewal, the Favorable Experience Discount will depend on below criteria**:**

Claims Years in last 3 Policy Years	Discount
3 Years	0%
2 Years	5%
1 Year	10%
No Claim	20%

Where 'Claim Year' is a Policy year in which one or more claim(s) have been paid. For the purpose of Favorable Experience Discount, a Policy year with claim only under 'Health Checkup', 'Compassionate travel', 'Vaccination cover', ' Hearing Aid', 'Daily Cash for choosing Shared Accommodation', 'Daily Cash for Accompanying an Insured Child', 'Second Opnion', 'Accidental Death Benefit (if opted) and 'Wellness Services' benefits will not be considered a 'Claim Year'.

8. 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 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines. 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, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease , Moratorium period etc from the Existing Insurer to the Acquiring Insurer in the previous policy, as applicable.

For Detailed Guidelines on **Portability**, kindly refer
Insurance Regulatory and Development Authority of India (Insurance Products) Regulations, 2024 F. No. IRDAI/Reg/8/202/2024 dated 20th March, 2024 and Master Circular on IRDAI (Insurance Products)

Regulations 2024- Health Insurance Ref: IRDAI/HLT/CIR/PRO/84/5/ 2024 dated 29th May 2024 and their subsequent amendments thereof.

9. Free Look Period:

The insured person shall be provided a free look period of thirty days beginning from the date of receipt of the policy document, whether received electronically or otherwise, to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to a refund of the premium paid subject to deduction of proportionate risk premium for the period of cover and the expenses, if any, incurred by Us on medical examination of the proposer and stamp duty charges.

10.Waiting Period:

i. **30 days Waiting Period (Code- Excl 03)::**

a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
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.

ii. **Specified Disease/Procedure Waiting Period (Code- Excl 02):**

a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

List of Specific disease/conditions/treatments:

I. Tumors, Cysts, polyps including breast lumps (benign) (*Arbud, Granthi, including arbud in Sthana*)
II. Polycystic ovarian disease (*garbhashaya granthi)*, Fibromyoma *Aartav dushti (Sowmya arbudham)*, Adenomyosis, Endometriosis *(Udavarthani yoni vyaazpt*)
III. Prolapsed Uterus (Yoni bhramsha)
IV. Rheumatism, Gout (*Vaathraktha and Aamvaat / Aadhya vata*), Rheumatoid arthritis
V. Ligament, Tendon or Meniscal tear (*Sira, kandara, maamsgat vaat janya shool, sandhi shola)*
VI. Prolapsed Inter-Vertebral Disc and Spinal Diseases including spondylitis/spondylosis unless arising from Accident (*Katishool, Greevashool, Grudhrasi vata)*
VII. Cholelithiasis (*yakrut roga)*
VIII. Pancreatitis
IX. Fissure/fistula in anus, haemorrhoids, pilonidal sinus (*Arsha, Parikartika, bhagandar, gudagat vranshoth, nadi vrana)*
X. Ulcer & erosion of stomach & duodenum
XI. Gastro Esophageal Reflux Disorder (GERD) (*Parinamshool, annadravakhya shool, Amlapitta, Grahani)*
XII. Liver Cirrhosis
XIII. Perineal Abscesses (*bhagandhara)*
XIV. Perianal / Anal Abscesses
XV. Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone (*Ashmari of all types)*
XVI. Benign Hyperplasia of prostate (*Aththila vruddhi*)
XVII. Varicocele (*Vruddhi, Vrushanshoth*)
XVIII. Cataract (*avrana Shukla)*, Retinal detachment, Glaucoma (*abhishyandha)*
XIX. Congenital Internal Diseases
XX. Osteoarthritis and osteoporosis (*Asthikshay/ asti gata vata)*
XXI. Systemic connective tissue disorders, inflammatory polyarthropathies

List of procedure/surgeries/treatments:

XXII. Adenoidectomy
XXIII. Mastoidectomy
XXIV. Tonsillectomy

XXV. Tympanoplasty
XXVI. Surgery for nasal septum deviation and Nasal concha resection
XXVII. Surgery for Turbinate hypertrophy
XXVIII. Hysterectomy
XXIX. Joint replacement (for example: Knee replacement, Hip replacement)
XXX. Cholecystectomy
XXXI. Hernioplasty or Herniorraphy
XXXII. Surgery/procedure for Benign prostate enlargement
XXXIII. Surgery for Hydrocele/ Rectocele/Spermatocele
XXXIV. Surgery of varicose veins and varicose ulcers
XXXV. Obesity / Weight control procedures including Gastric bypass surgeries

iii. Pre-existing Diseases Waiting Period(Code- Excl 01)

a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us.
b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
d. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

11.General Exclusions:

We will neither be liable nor make any payment for any claim in respect of any Insured Person which is caused by, arising from or in any way attributable to any of the following exclusions, unless expressly stated to the contrary in this Policy.

Medical Exclusions:

i. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code- Excl 12).
ii. Alcoholic pancreatitis
iii. Obesity/ Weight Control(Code- Excl 06)

Expenses related to surgical treatment of obesity that does not fulfil the below conditions:

a. Surgery to be conducted is upon the advice of the Doctor
b. The surgery/Procedure conducted should be supported by clinical protocols

c. The member has to be 18 years of age or older and
d. Body Mass Index (BMI);
    i. greater than or equal to 40 or
    ii. 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:
        1. Obesity-related cardiomyopathy
        2. Coronary heart disease
        3. Severe Sleep Apnea
        4. Uncontrolled Type2 Diabetes

iv. Congenital External Diseases, defects or anomalies;;
v. Stem cell therapy; however hematopoietic stem cells for bone marrow transplant for haematological conditions will be covered under benefit B1 or B4 of this policy
vi. Growth Hormone Therapy
vii. Sleep-apnoea
viii. Admission primarily for administration of Intra-articular or intra-lesional injections or Intravenous immunoglobulin infusion or supplementary medications like Zolendronic Acid
ix. Investigation and evaluation (Code- Excl 04):
    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.
x. Venereal disease, sexually transmitted disease or illness;
xi. Sterility and Infertility (Code- Excl 17):
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
xii. Refractive error (Code- Excl 15): Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
xiii. Change-of-Gendertreatments:Code- Excl07:
Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
xiv. Cosmetic or Plastic Surgery (Code- Excl 08):
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. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

xv. Rest cure, rehabilitation and respite care (Code- Excl 05):

a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

xvi. All preventive care, vaccination including inoculation and immunisations (except in case of post- bite treatment and other vaccines explicitly covered);

xvii. Unproven treatments (Code- Excl 16):

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.

xviii. Dental treatment or surgery of any kind except specified in 'Inpatient Treatment – Dental'

xix. Maternity (Code - Excl 18) :

a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

b. Expenes towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

xx. 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)

xxi. 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 procedure. (Code -Excl14)

xxii. Dental treatment or surgery of any kind except specified in 'Inpatient Treatment – Dental'

xxiii. Any form of Non-Allopathic treatment (except AYUSH Treatment under section B8), Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or any other form of indigenous system of medicine

xxiv. Any existing disease specifically mentioned as Permanent exclusion in the Policy Schedule

Non-Medical Exclusions:

I. War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, ionising radiation.

II. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
    - Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death
    - 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.
    - 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.

III. Any Insured Person's participation or involvement in naval, military or air force operation,

IV. Hazardous or Adventure Sports (Code- Excl 09):
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, hand gliding, sky diving, deep-sea diving.

V. Breach of law (Code- Excl 10):
Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

VI. Intentional self-injury or attempted suicide while sane or insane.

VII. Items of personal comfort and convenience like television (wherever specifically charged for), charges for access to telephone and telephone calls, internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service

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

IX. Doctor's fees charged by the Medical Practitioner sharing the same residence as an Insured Person or who is an immediate relative of an Insured Person's family.

X. Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy unless explicitly stated and covered in the policy,

XI. Any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.

XII. Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary; drugs or treatments which are not supported by a prescription.

XIII. Crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively and explicitly stated and covered in the policy).

XIV. Any illness diagnosed or injury sustained or where there is change in health status of the member after date of proposal and before commencement of policy and the same is not communicated and accepted by us.

XV. Excluded Providers: (Code-Excl 11)

XVI. Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its 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.If the Insured Person is under the influence of intoxicating liquor or drugs or other intoxicants, except where the Insured Person is not directly responsible for the injury/accident though under influence of intoxication.

XVII. Expenses which are either not supported by a prescription of a Medical Practitioner or are not related to Illness or disease for which claim is admissible under the Policy.

12.Claim Procedure:

The final decision on all claims is taken by TATA AIG General Insurance Company Limited. We may have a Specified Third Party Administrator (TPA) duly licensed by IRDAI to administer all claims under this policy.

a. Intimation & Assistance:

Please contact our designated TPA/Us atleast 48 hours prior to an event which might give rise to a claim. For any emergency situations, kindly contact our TPA within 24 hours of the event.

b. Claim Related Information:

For any claim related query, intimation of claim and submission of claim related documents, You can contact us through:

Claims Servicing Details	
Name	TAGIC Health Claims
Claims Administrator Address	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
Email ID	healthclaimsupport@tataaigcom
Toll-Free No.:	1800 266 7780 or 1800 229 966 (For Senior Citizens)
Website	www.tataaig.com

Any change in TPA by Us shall be communicated to You 30 days before such effect of change.

c. Procedure for reimbursement claims:

- Our TPA/We must be informed within 7 days of completion of such treatment, consultation or procedure using the Claim Intimation Form.

- Please send the duly signed claim form and all the information/documents mentioned therein to our TPA/Us within 15 days of the occurrence of the Incident.
- Please refer to claim form for complete documentation.
- If there is any deficiency in the documents/information submitted by you, our TPA/We will send the deficiency letter within 7 working days of receipt of the claim documents.
- On receipt of the complete set of claim documents, We will send the payment for the admissible amount, along with a settlement statement within 15 days.
- The payment will be sent in the name of the proposer/ Nominee in case of death of Proposer

d. Procedure for availing cashless facility:

- For any emergency Hospitalisation, our TPA/We must be informed within 24 hours after hospitalization.
- For any planned hospitalization, kindly seek cashless authorization from our TPA/Us atleast 48 hours prior to the hospitalization.
- TPA/We will check your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the documents sent, the same shall be communicated to the hospital by TPA/Us.
- In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider by TPA/Us.

Note:

- Insured person is entitled for cashless coverage only in our empanelled hospitals.
- Please refer to our website (www.tataaig.com) or call us on our toll free number at 1800-266-7780 for empaneled hospital list.
- Rejection of cashless facility in no way indicates rejection of the claim.

e. Claim settlement (provision for Penal Interest):

i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.

ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

f. Claim Procedure and management of Wellness Services:

Services are only available at Network. To avail the same, following procedure must be followed:

Teleconsultation – General Physician:

Insured Person can gain access to tele/video/digital consultation with a general physician, using Our digital Customer application.

Supporting Documentation & Examination

Insured Person or someone booking services on Your behalf shall provide Us with identification documentation, medical records and information We may request to establish the circumstances of the claim.

Ambulance Booking facility:

Insured person can use Our digital Customer application to book an ambulance. This service will be offered on best effort basis and does not have a legal binding on us.

g. Co-payment :

If the insured person is admitted in a hospital room where the room category opted is higher than the eligible category as specified in the policy schedule, then the policy holder/insured person shall bear 10% of the admissible claim amount.

13.Renewal of Policy:

The policy shall ordinarily be renewable except on grounds of established fraud, non-disclosure or misrepresentation by the insured person.

i. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.

ii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.

iii. Single premium payment mode Policy can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period after the end of the policy period. If not renewed under the Grace Period, the Policy shall terminate at the end of the Grace period.

iv. The grace period for payment of the premium during the Policy Period, for instalment premium shall be fifteen days where premium payment mode is monthly and thirty days in all other cases (Annual/Half-Yearly/ Quarterly/ Limited Premium paying term).

v. Coverage during such grace period (in case of instalment premium):

   a. Within the policy period - coverage will be available from the due date of instalment premium till the date of receipt of premium by Company within the grace period.

   b. At the end of the policy period - the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period after the end of the policy period.

vi. The insured person will get the accrued continuity benefit to the extent of Sum Insured, No Claim Bonus, Specified Waiting Periods, waiting periods for pre-existing diseases, Moratorium period, as applicable, in the event of payment of premium within the stipulated grace Period.

vii. No loading shall apply on renewals based on individual claims experience

14. 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. The Insured Person shall be notified three months before the changes are effected.

15. Sum Insured Enhancement

- Sum Insured can be enhanced only at the time of renewal subject to underwriting guidelines of the company.
- In case of increase in the Sum Insured waiting period and exclusions will apply afresh in relation to the amount by which the Sum Insured has been enhanced. However, the acceptance of Sum Insured enhancement request & quantum of increase shall be as per Our underwriting guidelines. For claims arising in respect of accident, injury or illness contracted or suffered during a preceding Policy period, liability of the Company shall be only to the extent of the Sum Insured under the Policy in force at the time when it was contracted or suffered.

16.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 30 days before the policy renewal date as per IRDAI guidelines. 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, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period etc. in the previous policy to the migrated policy, as applicable.

For Detailed Guidelines on **Migration**, kindly refer

Insurance Regulatory and Development Authority of India (Insurance Products) Regulations, 2024 F. No. IRDAI/Reg/8/202/2024 dated 20th March, 2024 and Master Circular on IRDAI (Insurance Products) Regulations 2024- Health Insurance Ref: IRDAI/HLT/CIR/PRO/84/5/ 2024 dated 29th May 2024 and subsequent amendments thereof.

17.Withdrawal of the policy:

i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 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 No Claim Bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

18. Moratorium Period

After completion of five continuous years 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 continuous period of five years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever the sum insured is enhanced, completion of five continuous years would be applicable from the date of enhancement of sums insured only on the enhanced limits. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

19. Nomination:

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. 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 policyholder, the Company will pay the nominee {as named in the Policy Schedule/Endorsement (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.

20.Requirement:

- Completed proposal form,
- Supporting Medical papers (wherever applicable),
- Previous policy copies, IRDAI portability form (as applicable)

21.Pre-policy medical check-up:

Pre-Policy Check-up at our network may be required based upon the age and/or Sum Insured. 100% of the expenses incurred per insured person will be payable by TATA AIG only on the acceptance of the proposal. The medical reports are valid for a period of 90 days from the date of Pre-Policy Checkup.

Pre-policy medical examination gird:

Age(Yrs)/Sum Insured	All Sum Insured Options
Upto age 45	No medicals/No Tele- Medical Examination Report
46 years and above	Tele- Medical Examination Report (TeleMER)

Note:In case of adverse medical declaration, we may call for TeleMER/additional medical tests at our diagnostic centre

22.Premium Rates & Payment Zones:

a. The premium will be charged on the completed age of the Insured Person.
b. Premium rates are subject.
c. The premium for the policy will remain the same for the policy period as mentioned in the policy schedule.
d. For family floater, premium is calculated by adding the premium of respective individual members and applying family floater discount.
e. Monthly/Quarterly/Half-Yearly/Annual and Limited Premium paying term instalment option would be allowed and following loadings shall be applicable as per the selected instalment option and Policy Tenure:

Loading %			
Instalment Option/Tenure	**1 Year Policy**	**2 Year Policy**	**3 Year Policy**
Monthly	5.00%	9.00%	13.00%
Quarterly	4.00%	8.00%	12.00%
Half-Yearly	2.50%	7.00%	11.00%

Limited Premium paying term:

EMI Tenure / Policy Tenure	**Loading %**		
	1 Year	**2 Year**	**3 Year**
2 Months	0.50%	0.50%	0.50%
3 Months	1.25%	1.25%	1.25%
6 Months	2.50%	2.50%	2.50%
12 Months	5.00%	5.00%	5.00%

If the insured person has opted for Payment of Premium on an instalment basis, as mentioned in the policy Schedule, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

I. Grace Period of 15 days would be given to pay the instalment premium due for the policy where premium payment mode is monthly and 30 days in all other cases (Annual/Half-Yearly/ Quarterly/ Limited Premium paying term) during the policy period..
II. During such grace period, coverage shall be available from the due date of instalment premium till the date of receipt of premium by Company.
III. 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.
IV. No interest will be charged If the instalment premium is not paid on due date
V. In case of instalment premium due not received within the grace period, the policy will get cancelled. In such scenario, in case of Limited Premium paying term mode, premium will be refunded on pro rata basis after deducting administrative costs (if any), subject to no claims under the Policy.
VI. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
VII. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

For premium rates, kindly visit our website www.tataaig.com.

Premium Payment Zones:

For the purpose of premium computation, the country is divided into following three Zones and premium payable under the policy will be computed based on the zone as applicable for the 'Address' of the proposer/ Insured Person:

Zone A	Mumbai (including Mumbai Metropolitan Region), Delhi (including National Capital Region, Faridabad, Ghaziabad), Ahmedabad, Surat, Baroda and Hisar
Zone B	Hyderabad (including Secunderabad), Sangareddy, Bengaluru, Kolkata (including Kolkata Metropolitan Area, Howrah, Hoogly), Indore, Gwalior, Chennai, Chandigarh (including, Mohali, Punchkula, Zirakpur), Pune (including Pimpri Chinchwad), Rajkot, Gandhinagar, Patan, Mahesana, Sabarkantha, Banaskantha, Junagadh, Navsari, Kheda, Arvalli, Mahisagar, and Surendranagar
Zone C	Rest of India

Here 'Address' implies the place where the person ordinarily resides. In case proposed prospect(s) reside at multiple addresses, then address of the person residing in the highest zone will be considered.

Note:

i. No co-payment shall apply due to change in zone and insured person can avail treatment in any of the zones
ii. In case of mid-term address change which also involves change in premium payment zone, the premium would be modified and computed on pro-rata basis

23.Loadings:

i. We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance).
ii. The loading shall only be applied basis an outcome of Our medical underwriting.
iii. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us and on the applicable sum insured for each Policy Year including increased sum insured, if any.
    a. We will inform You about the applicable risk loading through a counter offer letter.
    b. You need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter.
    c. In case, you neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund/ release the amount subject to deduction of the Pre-Policy Check up charges, as applicable.
iv. Please note that We will issue Policy only after getting Your consent.

24.Cancellation:

The policyholder may cancel this Policy by giving 7 days written notice and in such an event, the Company shall refund proportionate premium for unexpired policy period. No refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit under this Policy has been availed by the Insured Person.

The Company may cancel the policy at any time on grounds of established fraud, misrepresentation or non-disclosure of material facts by the Policyholder/ Insured Person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of established fraud, misrepresentation ornon-disclosure of material facts.

25. Premium Refund in case of demise of the Insured Person:

The coverage for the Insured Person(s) shall automatically terminate in case of his/ her (Insured Person) demise. 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 guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship 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.

Refund will be made to the Policy holder or the nominee in case of demise of the Policy holder. We would require death certificate of the Deceased Insured Person for processing of the refund amount.

26.Redressal of Grievance:

At TATA AIG, we strive to provide the best service to our customers. If you're not satisfied and wish to lodge a complaint, please call our 24/7 toll-free number **1800-266-7780/1800 22 9966 (For Senior Citizens)** or **022-66939500** (toll charges apply), or email us at **customersupport@tataaig.com**. We will investigate and respond within the regulatory turnaround time (TAT).

Escalation Level 1

If you do not receive a response or are not satisfied with the resolution, please contact us at **manager.customersupport@tataaig.com**.

Escalation Level 2

If you still need assistance, reach out to the Head of Customer Services at **head.customerservices@tataaig.com**. We will provide our final response within the regulatory TAT.

If you're still not satisfied after this process, you may approach the Insurance Ombudsman of concerned jurisdiction.

You can also lodge a grievance on the Bima Bharosa Grievance Redressal Portal: https://bimabharosa.irdai.gov. in

The name and address of the Insurance Ombudsman of competent jurisdiction is provided under Annexure A of this **Policy**.

Grievance may also be lodged on the Bima Bharosa Grievance Redressal Portal or IRDAI (https://bimabharosa.irdai.gov.in/)

27. Section 41 of Insurance Act 1938 (Prohibition of Rebates) as amended by Insurance Laws (Amendment) Act, 2015:

1. 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 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.
2. Any person making default in complying with the provision of this section shall be liable for penalty which may extend to ten lakh rupees.

Note: Policy Term and Conditions & Premium rates are subject to change.

Disclaimer:

This is only a summary of the product features. The actual benefits available are as described in the policy, and will be subject to the policy terms, conditions and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarification.

"Insurance is a subject matter of solicitation". For more details on benefits, exclusions, limitations, terms & conditions, please refer sales brochure/ policy wordings carefully, before concluding a sale."

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

IRDAI REGULATION: This policy is subject to Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024

Benefit Table

Cover	Coverage
In-patient Treatment	Upto Sum Insured

Pre-Hospitalization expenses	Upto 60 days
Post-Hospitalization expenses	Upto 90 days
Day Care Procedures	Upto Sum Insured
Organ Donor	Upto Sum Insured
Domiciliary Treatment	Upto Sum Insured
Restore benefits	Upto Sum Insured
AYUSH Benefit	Upto Sum Insured
Ambulance Cover	Upto Rs. 3000 per Hospitalization
Health Checkup	Upto 1% previous year Sum Insured; max. Rs.10,000 per policy, on cashless basis
Compassionate travel	Upto Rs.20,000 per policy year
Consumables Benefit	Upto Sum Insured
Global Cover	Upto Sum Insured
Bariatric Surgery Cover	Upto Sum Insured
In-patient Treatment - Dental	Upto Sum Insured
Vaccination cover	Upto Rs.5000 per policy
Hearing Aid	50% of actuals; maximum Rs.10,000 per policy
Daily Cash for choosing Shared Accommodation	0.25% of base Sum Insured; maximum Rs. 2000 per day
Daily Cash for Accompanying an Insured Child	0.25% of base Sum Insured; maximum Rs. 2000 per day
Second Opinion	Covered
No Claim Bonus	For every claim free year: i. Cumulative Bonus: 50% of the base Sum Insured of the expiring Policy, maximum upto 100% (50% decrease in subsequent policy year, in case of claim). **OR** ii. 1% Discount in Renewal Premium
Wellness Services	8 teleconsultations and Ambulance booking services
Accidental Death Benefit (if opted)	100% of the base Sum Insured