

Eligibility

- This policy covers persons in the age group 91 days onwards. The maximum entry age is 65 years.
- There is no cover ceasing age while renewing this policy.
- The policy will be issued either for a 1 or 2 year(s) period.
- This policy can be issued to an individual and/or family.
- The family includes spouse, dependent child(ren) and dependent parent(s).
- Dependent child aged between 91 days to 21 years if they are unmarried are covered.
- Dependent Child between 91 days and 5 years can be insured only when both parents are getting insured.
- The policy offers coverage on individual sum insured basis only.
- The policy offers coverage for treatment in all hospitals throughout the country provided definition of hospital is met. For Definition of Hospital, refer Policy Wordings.

Salient Features & Benefits

- In-patient Treatment – covers hospitalisation expenses due to an illness or accident. We will pay for the medical expenses for Room rent (as per the sub-limits), boarding expenses, Nursing, Intensive care unit, Medical Practitioner(s), Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, Medicines, drugs and consumables, Diagnostic procedures, Cost of prosthetic & other devices or equipments if implanted internally during a Surgical Procedure.

Sub-Limits for Room Rent and Boarding Expenses-:

Sum Insured per Policy [Rs.]	50,000	75,000	100,000
Room rent per day [Rs.]	500	750	1,000
ICU rent per day [Rs.]	1,000	1,500	2,000

- Pre- Hospitalization – Upto 1% of admissible claim amount or actual expenses whichever is less per hospitalization towards medical expenses incurred in 30 days before hospitalisation
- Post-Hospitalization – Upto 1% of admissible claim amount or actual expenses whichever is less towards medical expenses incurred in the 60 days immediately after discharge post hospitalization
- Day care procedures – The Medical expenses for 144 Day care procedures which do not require 24 hours hospitalization due to technological advancement
- Organ Donor - The Medical Expenses for an organ donor's treatment for the harvesting of the organ donated.
 - Copayment of 15%, on each and every claim under this policy.
 - Health Check up- 1% of the Sum Insured in the fourth year Policy subject to a maximum of Rs. 1,000 per Insured Person only once at the end of a block of every continuous four claim free years during which You have been insured with Us.

Annual Sum Insured :

- Rs 50,000/- ; Rs 75,000/- Rs 1,00,000 on Individual basis only. The sum insured is non cumulative.

Discounts

- A family discount of 10%, if 2 or more members of a family are covered under the same policy on Individual sum insured basis.
- 7.5% Discount on premium if Insured Person is paying premium of 2 years in advance.

Portability:

- If you are insured continuously and without interruption under any retail health insurance policy of an Indian non life insurer for the reimbursement of medical costs for inpatient treatment in a hospital and you want to shift to us on renewal, MediRaksha Policy offers you transfer of most of the accrued benefits and make due

allowances for waiting periods etc. If the Insured person transfers from any other Indian non life insurer and increases the Sum Insured, then the portability benefits will be offered only in respect to the previous sum insured.

Free Look Period:

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of canceling the Policy stating the reasons for cancellation and You shall be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel your Policy only if You have not made any claims under the Policy. All Your rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

Waiting Periods :

- a) Waiting Periods: We are not liable for any treatment which begins during waiting periods except if any Insured Person suffers an Accident.
- b) 30 days Waiting Period: A waiting period of 30 days will apply to all claims unless:
 - 1) The Insured Person has been insured under a MediRaksha Policy continuously and without any break in the previous Policy Year, or
 - 2) The Insured Person was insured continuously and without interruption for at least 1 year under any retail health insurance policy of an Indian non life insurer
 - 3) If the Insured person renews with Us or transfers from any other Indian non life insurer having any retail health insurance policy and increases the Sum Insured upon renewal with Us, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased.
- c) Specific Waiting Periods: The Illnesses and treatments listed below will be covered subject to a waiting period of 2 years as long as in the third Policy Year the Insured Person has been insured under an MediRaksha Policy continuously and without any break:

SI No	Organ / Organ	Illness System/ Disciplines	Surgeries
a.	ENT	<ul style="list-style-type: none"> ■ Sinusitis ■ Rhinitis ■ Tonsillitis 	<ul style="list-style-type: none"> ■ Adenoidectomy ■ mastoidectomy ■ tonsillectomy ■ tympanoplasty ■ surgery for nasal septum deviation ■ nasal concha resection
b.	Gynaecological	<ul style="list-style-type: none"> ■ cysts, polyps including breast lumps ■ Polycystic ovarian disease ■ fibroids (fibromyoma) 	<ul style="list-style-type: none"> ■ Dilatation and curettage (D&C) ■ Myomectomy for fibroids ■ Hysterectomy for Dysfunctional uterine bleeding or menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy.
c.	Orthopaedic	<ul style="list-style-type: none"> ■ Non infective arthritis ■ Gout and Rheumatism ■ Osteoarthritis and Osteoporosis 	<ul style="list-style-type: none"> ■ Surgery for prolapsed inter vertebral disk ■ Joint replacement surgeries
d.	Gastrointestinal	<ul style="list-style-type: none"> ■ Calculus diseases of gall bladder including Cholecystitis ■ Pancreatitis ■ Fissure/fistula in anus, hemorrhoids, pilonidal sinus ■ Ulcer and erosion of stomach and duodenum ■ Gastro Esophageal Reflux Disorder (GERD) ■ All forms of cirrhosis ■ (Please Note: All forms of cirrhosis due to alcohol will be excluded) ■ Perineal Abscesses ■ Perianal Abscesses 	<ul style="list-style-type: none"> ■ Cholecystectomy ■ surgery of hernia

SI No	Organ / Organ	Illness System/ Disciplines	Surgeries
e.	Urogenital	<ul style="list-style-type: none"> ■ Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone, Ureteric stone ■ Benign Hyperplasia of prostate 	<ul style="list-style-type: none"> ■ Surgery on prostate ■ Surgery for Hydrocele/ Rectocele
f.	Eye	<ul style="list-style-type: none"> ■ Cataract 	NIL
g.	Others	<ul style="list-style-type: none"> ■ NIL 	<ul style="list-style-type: none"> ■ Surgery of varicose veins and varicose ulcers
h.	General (Applicable to all organ systems/ organs/disciplines whether or not described above)	<ul style="list-style-type: none"> ■ Internal tumors, cysts, nodules, polyps, skin tumors 	<ul style="list-style-type: none"> ■ NIL

- i) However, a waiting period of 2 years will not apply if the Insured Person was insured continuously and without interruption for at least 2 years under any retail health insurance policy of an Indian non life insurer.
- ii) If the Insured person renews with Us or transfers from any other Indian non life insurer having any retail health insurance policy and increases the Sum Insured upon renewal with Us, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased.

d) Pre-existing Conditions will not be covered until 48 months of continuous coverage have elapsed, since inception of the first retail health insurance policy with the Indian non life insurer:

In such cases, the waiting period specified above stands deleted and shall be replaced entirely with the following:

- i) The waiting period for all Pre-existing Conditions shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous retail health insurance policy;

AND

- ii) If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous retail individual health insurance policy, then the reduced waiting period shall only apply to the extent of the Sum Insured under the previous retail health insurance policy.

1) The reduction in the waiting period specified above shall be applied subject to the following:

- i) We will only apply the reduction of the waiting period if We have received the database and claim history from the previous Indian non life insurance company (if applicable);
- ii) We shall consider total period the insured has been with the previous insurer for waiver of waiting periods which would also include extension in policy period (if any) sought during or for the purpose of porting insurance policy. In all such cases the date of commencement of risk would be the next day of expiry of existing policy including extension period, wherever relevant.
- iii) However, We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous retail health insurance policy even if You have submitted to Us all documentation.

Exclusions

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 of the following unless expressly stated to the contrary in this Policy:

- 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, radiation of any kind.
- ii) Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self injury or attempted suicide while sane or insane.
- iii) Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing.

- iv) The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
- v) Treatment of Obesity and any weight control program.
- vi) Psychiatric, mental disorders (including mental health treatments); Parkinson and Alzheimer's disease; general debility or exhaustion ("run-down condition"); congenital internal or external diseases (known /unknown), defects or anomalies; genetic disorders; stem cell therapy or surgery; or growth hormone therapy; sleep-apnoea.
- vii) Venereal disease, sexually transmitted disease or illness; "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
- viii) Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy in relation to 1)a) Inpatient Treatment only.
- ix) Sterility, treatment whether to effect or to treat infertility; any fertility, sub-fertility or assisted conception procedure; surrogate or vicarious pregnancy; birth control, contraceptive supplies or services including complications arising due to supplying services.
- x) Dental treatment and surgery of any kind, other than accident and requiring Hospitalisation
- xi) Expenses for donor screening, or, save as and to the extent provided for in 1)e) Organ Donor, the treatment of the donor (including surgery to remove organs from a donor in the case of transplant surgery).
- xii) Treatment and supplies for analysis and adjustments of spinal subluxation; diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except for treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.
- xiii) circumcisions (unless necessitated by illness or injury and forming part of treatment); laser treatment for correction of eye due to refractive error; aesthetic or change-of-life treatments of any description such as sex transformation operations, treatments to do or undo changes in appearance or carried out in childhood or at any other times driven by cultural habits, fashion or the like or any procedures which improve physical appearance.
- xiv) Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, Cancer or Burns.
- xv) Experimental, investigational or unproven treatment, devices and pharmacological regimens.
- xvi) Measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital.
- xvii) Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
- xviii) Any non allopathic treatment.
- xix) All preventive care, vaccination including inoculation and immunisations (except in case of post- bite treatment); any physical, psychiatric or psychological examinations or testing; enteral feedings (infusion formulae via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xx) Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.
- xxi) Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls (wherever specifically charged for), internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies, and vitamins and tonics unless vitamins and tonics are certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xxii) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of an Insured Person's family, however proven material costs are eligible for reimbursement in accordance with the applicable cover.

- xxiii) Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.
- xxiv) 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.
- xxv) Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).
- xxvi) Any specific time bound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured.
- xxvii) Any non medical expenses as listed in Annexure III of the policy document.

Key Definitions:

Pre-existing Condition means any condition, ailment or injury or related condition(s) for which Insured Person had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first Policy issued by the Indian non life insurer.

Co-Payment means a cost-sharing requirement applicable under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible costs . A Co-Payment does not reduce the Sum Insured.

Claim Procedure:

Specified Third Party Administrator (TPA) duly licensed by IRDA of India will process and settle all claims under this policy on behalf of Tata AIG General Insurance Company Limited. The final decision on any claim solely rests with Tata AIG General Insurance Company Limited.

Intimation & Assistance - Please contact our designated duly licensed TPA atleast 48 hours prior to an event which might give rise to a claim. For any emergency situations, kindly contact our designated duly licensed TPA within 24 hours of the event. Details of your designated TPA will available on our website and will be provided in your MediRaksha policy kit.

Procedure for Reimbursement of Medical Expenses –

- Our TPA must be informed no later than 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 your designated duly licensed TPA 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, the TPA will send the deficiency letter within 7 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 30 days.
- The payment will be sent in the name of the proposer.

Note: Payment will only be made for items covered under your policy and upto the limits therein.

Procedure to avail Cashless facility -

- For any emergency Hospitalisation, your designated TPA must be informed no later than 24 hours after hospitalization.
- For any planned hospitalization, kindly seek cashless authorization from your designated TPA atleast 48 hours prior to the hospitalization.
- TPA 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 within 6 hours of receipt of documents.
- Please pay the non-medical and expenses not covered to the hospital prior to the discharge.
- In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider within 6 hours.

Note:

- Insured person is entitled for cashless coverage only in our empanelled hospitals.
- Please refer to the list of empanelled hospitals on our website or the list provided along with Policy kit or call us on our toll free number at 1800-102-0333.

- Rejection of cashless facility in no way indicates rejection of the claim.
- If at the time when any claim arises under this Policy and there is in existence any other MediRaksha Policy issued by Us for the Insured Person, then Our total liability shall not exceed Rs. 100,000 in aggregate per Insured Person (We will terminate coverage for those insured persons with refund of premium in full so as to limit Our liability to Rs. 100,000).

Claim Settlement:

We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim All claims will be settled in accordance with the applicable regulatory guidelines, including IRDA of India (Protection of Policyholders Regulation), 2002. In case of any delay in payment as stated herein, We will pay you interest at the prevalent bank rate plus 2 % at the beginning of the financial year in which claim is settled. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate

Terms of Renewal:

- We offer life-long renewal unless the Insured Person or any one acting on behalf of an Insured Person has acted in an improper, dishonest or fraudulent manner or any misrepresentation under or in relation to this policy or the policy poses a moral hazard.
- **Grace Period** - Grace Period of 30 days for renewing the policy is provided under this policy.
- **Maximum Age** - There is no maximum cover ceasing age in this policy.
- **Waiting Period** - The Waiting Periods mentioned in the policy wording will get reduced by 1 year on every continuous renewal of your MediRaksha policy.
- **Renewal Premium** - Your renewal premium for this policy will not change unless we have revised the premium and obtained due approval from IRDA of India. Any change in benefits or premium (other than due to change in Age) will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated atleast 3 months in advance.
- Premium at renewal will also change if you move into a higher age group, opt for a higher sum insured, change the term or change the plan
- **Sum Insured Enhancement** - Sum insured can be enhanced only at the time of renewal subject to no claim have been lodged/ paid under the policy. If the insured enhances the basic sum insured one grid up, no fresh medicals shall be required. In cases where the basic sum insured enhanced is more than one grid up, the case shall be subject to medicals. In case of enhancement in the basic sum insured waiting period will apply afresh in relation to the amount by which the basic sum insured has been enhanced. However the quantum of enhancement shall be at our sole discretion.
- **Option to Migrate** - There is an option to migrate to similar health insurance Policy with Us provided that:
 - i) Insured Person has been insured with Us for first time under this Policy as a dependant.
 - ii) This option for migration to similar health insurance policy shall be exercised by the Insured Person only when he / she is at the end of specified exit age, and certainly at the time of renewal only.
 - iii) Insured Person will be offered continuity of coverage & suitable credits, if any, for all the previous policy years, provided the policy has been maintained without a break.
- In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy. You will have the option to migrate to similar health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDA of India.

Tax Benefit:

- The premium amount paid under this policy qualifies for deduction under Section 80D of the Income Tax Act.

Requirement:

- Completed proposal form
- Pre-Policy Check Up Grid

Age\SI	50000	75000	100000
18-55	Nil		
Nil	Nil		
56-60	ME, RUA, FBS, ECG	ME, RUA, FBS, ECG	ME, RUA, FBS, ECG
61-65	ME, RUA, FBS, CBC, Lipids, ECG, SGOT, Total Proteins, Sr Creat, PSA (males), USG Abd (females)	ME, RUA, FBS, CBC, Lipids, ECG, SGOT, Total Proteins, Sr Creat, PSA (males), USG Abd (females)	ME, RUA, FBS, CBC, Lipids, ECG, SGOT, Total Proteins, Sr Creat, PSA (males), USG Abd (females)

Pre-Policy Check-up at our network will be required. We will reimburse 50% of the expenses incurred per insured person on the acceptance of the proposal. The medical reports are valid for a period of 90 days from the date of Pre-Policy Check-up.

Premium Rates for 1 year policy term

Annual Premium exclusive of service tax (All figures in INR)			
Age Group	50000	75000	100000
0-17	1150	1302	1397
18-35	1294	1528	1683
36-45	1421	1724	1933
46-50	1878	2323	2639
51-55	2179	2734	3137
56-60	2717	3444	3981
61-65	3605	4601	5348
66-70	4882	6259	7302
71-75	6187	7948	9295
76-80	7980	10255	12006
> 80	9198	12035	14249

Annual Premium (All figures in INR) post tax @ 18%			
Age Group	Sum Insured 50,000/-	Sum Insured 75,000/-	Sum Insured 1,00,000/-
0-17	1357	1536	1648
18-35	1527	1803	1986
36-45	1677	2034	2281
46-50	2216	2741	3114
51-55	2571	3226	3702
56-60	3206	4064	4698
61-65	4254	5429	6311
66-70	5761	7386	8616
71-75	7301	9379	10968
76-80	9416	12101	14167
> 80	10854	14201	16814

- The premium mentioned is Annual Premium.
- All premium rates are exclusive & inclusive of service tax and applicable cess.
- Premium rates can be revised subject to approval from IRDA of India
- The premium for the policy will remain the same for the policy period as mentioned in the policy schedule.

Discounts:

- Family Discount of 10% if 2 or more family members are covered under the same policy.
- 7.5% Discount on premium if Insured Person is paying premium of 2 years in advance as single premium

For example:

- (1) Proposed Insured Age 33 years opting for 2 year policy with Sum Insured of Rs 50,000
Calculation – $1,454 \times 2 \times 92.5\% = \text{Rs. } 2690/-$ plus taxes.
- (2) Proposed Insured Age 35 years opting for 2 year policy with Sum Insured of Rs 50,00.
Calculation – $(1,454 + 1,597) \times 92.5\% = \text{Rs. } 2,822/-$ plus taxes.

Loadings:

- 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). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. These loadings are applied from Commencement Date of the policy including subsequent renewal(s) with us or on the receipt of the request of enhancement in sum insured (for the enhanced Sum Insured).
- We will inform you about the applicable risk loading through a counter offer letter. You need to revert to us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to us within 15 days, we shall cancel your application and refund the premium paid within next 7 days.
- We will not apply any additional loading on your policy premium at renewal based on claim experience
- Please note that we will issue policy only after getting your consent.

Termination:

You may terminate this Policy at any time by giving Us notice. The cancellation shall be from the date of receipt of such notice. Premium shall be refunded as per table below IF AND ONLY IF no claim has been made under the policy

1 Year Policy		2 Year Policy	
Length of time Policy in force	Refund of premium	Length of time Policy in force	Refund of premium
Upto 1 Month	75.00%	Upto 1 Month	87.50%
Upto 3 Months	50.00%	Upto 3 Months	75.00%
Upto 6 Months	25.00%	Upto 6 Months	62.50%
Exceeding 6 Months	Nil	Upto 12 Months	48.00%
		Upto 15 Months	25.00%
		Upto 18 Months	12.00%
		Exceeding 18 Months	Nil

- We may at any time terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person by sending an endorsement to Your address shown in the Schedule to this Policy. In the event of termination of this Policy on grounds of mis-representation, fraud, non-disclosure of material facts, up on 30 days notice the policy shall stand cancelled ab-initio and there will be no refund of premium. In the event the policy is terminated on grounds of non-cooperation of the insured the premium shall be computed in accordance with Our short rate table for the period the Policy has been in force, upon 30 days notice by sending an endorsement to Your address shown in the Schedule provided no claim has occurred up to the date of termination. In the event a claim has occurred in which case there shall be no return of premium.

The coverage for the Insured Person shall automatically terminate if:

- You are no longer a resident of India, or in the case of Your 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 subject to renewal condition. In case, the 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 You) must be given to Us along with the Application.
- In relation to an Insured Person, if that insured Person dies or is no longer a resident of India.

- iii) If the Insured Person is no longer eligible on grounds of age or dependency, however the insured member will be eligible to apply for a new policy and enjoy continuity benefits upto Sum Insured.
- Policy coverage, terms, conditions and premium is subject to modification/revision from time to time. In the event of such a change you will be informed 3 months before the expiry of the policy. You will have the option to either continue with such modified product or migrate to similar health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDA of India.

Section 41 of Insurance Act 1938 (Prohibition of Rebates):

- 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 prospectus or tables of the insurer.
- 2) Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

IRDA of India REGULATION NO 5: This policy is subject to regulation 5 of IRDA of India (Protection of Policyholder's Interests) Regulation.

Note: Policy Term and Conditions & Premium rates are subject to change with prior approval from IRDA of India.

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.

Annexure I: Day Care Procedure

Day Care Procedures will include following Day Care Surgeries & Day Care Treatments

Microsurgical operations on the middle ear

1. Stapedotomy
2. Stapedectomy
3. Revision of a stapedectomy
4. Other operations on the auditory ossicles under general /spinal anesthesia
5. Myringoplasty (Type -I Tympanoplasty)
6. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
7. Revision of a tympanoplasty
8. Other microsurgical operations on the middle ear under general /spinal anesthesia

Other operations on the middle & internal ear

9. Myringotomy
10. Removal of a tympanic drain
11. Incision of the mastoid process and middle ear
12. Mastoidectomy
13. Reconstruction of the middle ear
14. Other excisions of the middle and inner ear
15. Fenestration of the inner ear
16. Revision of a fenestration of the inner ear
17. Incision (opening) and destruction (elimination) of the inner ear
18. Other operations on the middle and inner ear under general /spinal anesthesia

Operations on the nose & the nasal sinuses

19. Excision and destruction of diseased tissue of the nose
20. Operations on the turbinates (nasal concha)
21. Other operations on the nose under general /spinal anesthesia
22. Nasal sinus aspiration

Operations on the eyes

23. Incision of tear glands
24. Other operations on the tear ducts
25. Incision of diseased eyelids
26. Excision and destruction of diseased tissue of the *eyelid*
27. Operations on the canthus and epicanthus
28. Corrective surgery for entropion and ectropion
29. Corrective surgery for blepharoptosis

30. Removal of a foreign body from the conjunctiva
31. Removal of a foreign body from the cornea
32. Incision of the cornea
33. Operations for pterygium
34. Other operations on the cornea
35. Removal of a foreign body from the lens of the eye
36. Removal of a foreign body from the posterior chamber of the eye
37. Removal of a foreign body from the orbit and eyeball
38. Operation of cataract
39. Retinal detachment

Operations on the skin & subcutaneous tissues

40. Incision of a pilonidal sinus
41. Other incisions of the skin and subcutaneous tissues
42. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
43. Local excision of diseased tissue of the skin and subcutaneous tissues
44. Other excisions of the skin and subcutaneous tissues
45. Simple restoration of surface continuity of the skin and subcutaneous tissues
46. Free skin transplantation, donor site
47. Free skin transplantation, recipient site
48. Revision of skin plasty
49. Other restoration and reconstruction of the skin and subcutaneous tissues
50. Chemosurgery to the skin
51. Destruction of diseased tissue in the skin and subcutaneous tissues

Operations on the tongue

52. Incision, excision and destruction of diseased tissue of the tongue
53. Partial glossectomy
54. Glossectomy
55. Reconstruction of the tongue
56. Other operations on the tongue under general /spinal anesthesia

Operations on the salivary glands & salivary ducts

57. Incision and lancing of a salivary gland and a salivary duct
58. Excision of diseased tissue of a salivary gland and a salivary duct
59. Resection of a salivary gland
60. Reconstruction of a salivary gland and a salivary duct
61. Other operations on the salivary glands and salivary ducts

Other operations on the mouth & face

62. External incision and drainage in the region of the mouth, jaw and face
63. Incision of the hard and soft palate
64. Excision and destruction of diseased hard and soft palate
65. Incision, excision and destruction in the mouth
66. Plastic surgery to the floor of the mouth
67. Palatoplasty
68. Other operations in the mouth under general /spinal anesthesia

Operations on the tonsils & adenoids

69. Transoral incision and drainage of a pharyngeal abscess
70. Tonsillectomy without adenoidectomy
71. Tonsillectomy with adenoidectomy
72. Excision and destruction of a lingual tonsil
73. Other operations on the tonsils and adenoids under general /spinal anesthesia

Trauma surgery and orthopaedics

74. Incision on bone, septic and aseptic
75. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
76. Suture and other operations on tendons and tendon sheath
77. Reduction of dislocation under GA
78. Arthroscopic knee aspiration

Operations on the breast

79. Incision of the breast
80. Operations on the nipple

Operations on the digestive tract

81. Incision and excision of tissue in the perianal region
82. Surgical treatment of anal fistulas
83. Surgical treatment of haemorrhoids
84. Division of the anal sphincter (sphincterotomy)
85. Other operations on the anus
86. Ultrasound guided aspirations
87. Sclerotherapy etc.

Operations on the female sexual organs

88. Incision of the ovary
89. Insufflation of the Fallopian tubes
90. Other operations on the Fallopian tube
91. Dilatation of the cervical canal
92. Conisation of the uterine cervix
93. Other operations on the uterine cervix
94. Incision of the uterus (hysterotomy)
95. Therapeutic curettage
96. Culdotomy
97. Incision of the vagina
98. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
99. Incision of the vulva
100. Operations on Bartholin's glands (cyst)

Operations on the prostate & seminal vesicles

101. Incision of the prostate
102. Transurethral excision and destruction of prostate tissue
103. Transurethral and percutaneous destruction of prostate tissue
104. Open surgical excision and destruction of prostate tissue
105. Radical prostatovesiculectomy
106. Other excision and destruction of prostate tissue
107. Operations on the seminal vesicles
108. Incision and excision of periprostatic tissue
109. Other operations on the prostate under general /spinal anaesthesia

Operations on the scrotum & tunica vaginalis testis

110. Incision of the scrotum and tunica vaginalis testis
111. Operation on a testicular hydrocele
112. Excision and destruction of diseased scrotal tissue
113. Plastic reconstruction of the scrotum and tunica vaginalis testis
114. Other operations on the scrotum and tunica vaginalis testis

Operations on the testes

115. Incision of the testes
116. Excision and destruction of diseased tissue of the testes
117. Unilateral orchidectomy
118. Bilateral orchidectomy
119. Orchidopexy
120. Abdominal exploration in cryptorchidism
121. Surgical repositioning of an abdominal testis
122. Reconstruction of the testis
123. Implantation, exchange and removal of a testicular prosthesis
124. Other operations on the testis under general /spinal anaesthesia

Operations on the spermatic cord, epididymis und ductus deferens

125. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
126. Excision in the area of the epididymis
127. Epididymectomy
128. Reconstruction of the spermatic cord
129. Reconstruction of the ductus deferens and epididymis
130. Other operations on the spermatic cord, epididymis and ductus deferens

Operations on the penis

- 131. Operations on the foreskin
- 132. Local excision and destruction of diseased tissue of the penis
- 133. Amputation of the penis
- 134. Plastic reconstruction of the penis
- 135. Other operations on the penis under general /spinal anesthesia

Operations on the urinary system

- 136. Cystoscopic removal of stones

Other Operations

- 137. Lithotripsy
- 138. Coronary angiography
- 139. Haemodialysis**
- 140. Radiotherapy for Cancer
- 141. Cancer Chemotherapy
- 142. Renal biopsy
- 143. Bone marrow biopsy
- 144. Liver biopsy

Note: The standard exclusions and waiting periods are applicable to all of the above Day Care Procedures depending on the medical condition/ disease under treatment.

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