

Note: The Information must be read in conjunction with the product brochures and policy document. In case of any conflict between the Key Features Document and the policy document the terms and conditions mentioned in the policy document shall prevail. Below mentioned details in this information sheet must be read in conjunction with this certificate of insurance

Title	Description	Refer To Policy Clause Number
Product Name	Group MediCare 360	
What am I covered for	<p>Description of only those Benefits shall be applicable as mentioned on the Policy Schedule/Certificate of Insurance</p> <p>Benefits</p> <p>Base Covers:</p> <ul style="list-style-type: none"> • In-patient Treatment – cover for expenses for hospitalization due to disease/illness/Injury during the cover period that requires an Insured Person's admission in a hospital as an in-patient. Limit on Room Category - Will cover for Single Private Room. • Pre-Hospitalization expenses – Will cover the Pre-Hospitalization expenses for medical expenses incurred up to 60 days. • Post-Hospitalization expenses - Will cover the Post-Hospitalization expenses for medical expenses incurred up-to 90 days. • Day Care Procedures - Will cover Medical expenses for listed Day Care Procedures (as available in our Website – www.tataaig.com) due to disease/illness/Injury during the Certificate period taken at a Hospital or a Day Care Centre. • Domiciliary Hospitalization - Will cover for expenses related to Domiciliary Hospitalization during the Certificate Period if the treatment exceeds beyond three days. The treatment must be for management of an illness and not for enteral feedings or end of life care. • Organ Donor – Will cover expenses of the organ donor for harvesting the organ where an Insured Person is the recipient • Ambulance Cover - Will cover for expenses up-to 1% of SI maximum of INR 10,000 incurred on transportation of Insured Person in a registered ambulance to a Hospital for admission in case of an Emergency or from one Hospital to another Hospital for better medical facilities and treatment. • Family Transportation Benefit - Will reimburse the actual expenses up-to INR 5000 incurred in transporting one Immediate Family Member from the Insured Person's residence to the Hospital where the Insured Person is admitted, provided that such Hospital is located at least 200 kms away from the Insured Person's residence. <p>Inclusion of Covers Endorsements (Additional Covers):</p> <ul style="list-style-type: none"> • Inclusion of Critical Illness Cover on Indemnity basis - If an Insured Person is diagnosed with any of the 15 named Critical Illnesses, during the Policy Year, We will pay the expenses incurred in relation to Inpatient treatment, Pre-Hospitalisation Expenses, Post-hospitalisation Expenses, Day Care Procedures, Domiciliary Hospitalisation and Organ Donor expenses. • Inclusion of Nursing Allowance - We will pay INR 100 per day allowance up to maximum 15 days with applicable deductible of 2 days. It covers expenses related to the services of a registered nurse attending to the Insured Person at the Insured Person's home immediately following his discharge from Hospital, provided that the Medical Practitioner treating the Insured Person recommends the provision of such care for medical reasons. • Inclusion of Health-Check-up - We will pay up-to INR 2000 for primary Insured Person for every two claim free years. • Inclusion of Restore Sum Insured Benefit We will automatically restore the In-patient Treatment Sum Insured upon exhaustion of the Sum Insured during the cover period. This benefit can be availed once during the Cover Period. • Accidental Death - If Primary Insured Person suffers an accident during the policy period and this is the proximate cause of his death within 365 days from the date of accident then we will pay to Insured person's nominee or legal heir the benefit sum insured. <p>Disappearance</p> <p>We will pay the benefit for Loss of Life occurring within policy period if Insured person's body cannot be located within 365 Days after the forced</p>	<p>Section 3: Base Covers</p> <p>Appendix II: Endorsements</p>

	<p>landing, stranding, sinking or wrecking of a conveyance in which You were a passenger or as a result of any Acts of God, subject to all other terms and provisions of the Policy.</p> <ul style="list-style-type: none"> • Permanent Total Disability – We will pay the Sum Insured as specified in the Certificate of Insurance if injury to Primary Insured Person results in Permanent Total Disability. The injury must occur within the policy period as mentioned in the Certificate of insurance and the disability should continue for 365 days from the date of accident which caused the injury. This waiting period of 365 days is not applicable for severance or amputation cases.. • Cumulative Bonus - On existing renewals, all the Insured Persons in the policy shall be entitled to cumulative bonus of 50% per year and up to 100% of sum insured subject to no claim. • Inclusion of AYUSH cover - AYUSH Treatment refers to hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems. • Inclusion of Wellness Services - Tele consultation general, Health Risk assessment. 	
<p>What are the major exclusions in the policy:</p>	<p>i. Standard Exclusions:</p> <p>1. Medical Exclusions We will not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:</p> <ol style="list-style-type: none"> a. Investigation & Evaluation (Code- Excl 04) <ol style="list-style-type: none"> 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. b. Rest Cure, rehabilitation and respite care (Code- Excl 05) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: <ol style="list-style-type: none"> 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. c. Obesity/ Weight Control (Code- Excl 06) Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions: <ol style="list-style-type: none"> 1) Surgery to be conducted is upon the advice of the Doctor 2) The surgery/Procedure conducted should be supported by clinical protocols 3) The member has to be 18 years of age or older and 4) Body Mass Index (BMI); <ol style="list-style-type: none"> a) greater than or equal to 40 or b) 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: <ol style="list-style-type: none"> I. Obesity-related cardiomyopathy II. Coronary heart disease III. Severe Sleep Apnea IV. Uncontrolled Type2 Diabetes d. Change-of-Gender treatments: (Code- Excl 07) Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. e. 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. f. Excluded Providers: (Code-Excl 11) 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. g. Treatment for Alcoholism drug or substance abuse or any addictive condition and consequences thereof.(Code- Excl 12) h. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached 	<p>Section 4 – General Exclusions</p>

	<p>to such establishments or where admission is arranged wholly or partly for domestic reasons(Code- Excl 13)</p> <ul style="list-style-type: none"> i. 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- Excl 14) j. Refractive Error: (Code- Excl 15) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 diopters. k. 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. l. Sterility and Infertility: (Code- Excl 17) Expenses related to sterility and infertility. This includes: <ul style="list-style-type: none"> (i) Any type of contraception, sterilization (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI (iii) Gestational Surrogacy (iv) Reversal of sterilization m. Maternity (Code - Excl 18): <ul style="list-style-type: none"> i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period. <p>2. <u>Non-Medical Exclusions</u></p> <ul style="list-style-type: none"> a. 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. b. 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. <p>ii. <u>Specific Exclusions</u></p> <p>1. <u>Medical Exclusions</u></p> <ul style="list-style-type: none"> a. Any specific time bound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the Insured Person. b. Congenital External Diseases, defects or anomalies. c. Stem cell therapy, however Hematopoietic stem cells for bone marrow transplant for hematological conditions will be covered under Benefit In-patient treatment and Day Care Procedure of this Policy. d. Growth hormone therapy. e. Sleep-apnea. f. Admission primarily for/administration of Intra-articular or intralesional injections or Intravenous immunoglobulin infusion or supplementary medications like Zolendronic Acid. g. Venereal disease, sexually transmitted disease or illness. h. All preventive care, vaccination including inoculation and immunisations (except in case of post- bite treatment and other Vaccines explicitly covered). i. Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization. j. Circumcisions unless as a result of Illness/Accidental Bodily Injury and forming part of the treatment. k. Any non-allopathic treatment. l. Alcoholic pancreatitis. m. 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 treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities. n. The expenses incurred by the Insured Person on organ donation. o. Home Care expenses unless explicitly stated and covered in the policy. p. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic 	
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	<p>substances unless prescribed by a medical practitioner as part of Home care treatment.</p> <p>2. Non-Medical Exclusions</p> <ol style="list-style-type: none"> a. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds. b. 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: <ol style="list-style-type: none"> a) 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, in incapacitating disablement or death. b) 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. c) 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. c. Intentional self-injury or attempted suicide while sane or insane. d. 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.\ e. 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. f. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed. g. Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy unless explicit stated and covered in the policy. h. Any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products. i. 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. j. 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). k. Any illness diagnosed or injury sustained or where there is change in health status of the member after date of proposal/enrolment form and before commencement of Policy/Certificate of Insurance and the same is not communicated to us and accepted by Us. l. Treatment / Diagnosis outside India. m. Any Insured Person's participation or involvement in naval, military or air force operation. n. Expenses as specified in Annexure I are excluded from this Policy. 	
Waiting Period	<p>Exclusions with waiting Periods (modified as mentioned on the Policy Schedule/ Certificate of Insurance)</p> <ol style="list-style-type: none"> i. Initial waiting period-Applicable up-to 30 days; Not applicable for Accidental Hospitalisation; For renewal customers, the Initial Waiting Period is not applicable. ii. Specified diseases waiting period -Covered after a waiting period of 24 Months; For 1st year Renewals/ migration, a waiting period of 12 months is applicable; For 2nd year and above renewals/ migration, no waiting period applicable. iii. Pre-existing diseases -Covered after a waiting period of 24 Months; For 1st year Renewals/ migration, a waiting period of 12 months is applicable; For 2nd year and above renewals/ migration, no waiting period applicable. 	

Payment basis	Reimbursement/cashless of covered expenses up to specified limit.	Section 6 : Claims Procedure and Claims Payment
Loss Sharing	We will pay Medical Expenses Upto the amount specified in the Policy Schedule	
Renewal Conditions	The Policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person. 1. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. 2. 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.	Section 5 : General Conditions-i.5
Renewal Benefits	Cumulative Bonus and Health Check-up benefit will be given subject to no claim and policy terms & conditions.	
Policy Review Period.	The insured person shall be allowed policy review period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable. If the insured person has not made any claim during the policy review period, the insured person shall be entitled to i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.	Section 5 : General Conditions-i.19
Cancellation	<ul style="list-style-type: none"> The Policyholder may cancel this policy by giving 15 days written notice and in such an event, the Company shall refund premium for the unexpired policy period as defined in the Policy. This will not be applicable during renewal of policy. The Company may cancel the Policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person by giving 15 days written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud. 	Section 5 : General Conditions-i.8
How to Claim	<ul style="list-style-type: none"> In case of any hospitalisation or an event which might give rise to a claim, please contact Our designated TPA/Us at 1800-266-7780& 1800-229-966 (for Senior Citizens) If any treatment for which a claim may be made and that treatment requires planned Hospitalisation: Our TPA must be informed at least 48 hours prior to the Insured Person's admission. If any treatment for which a claim may be made and that treatment requires emergency Hospitalisation/Home Care Expenses wherever opted : Our TPA must be informed Within 24 hours of the Insured Person's admission to Hospital. 	Section 6 : Claims Procedure and Claims Payment
Policy Servicing/ Grievances/ Complaints	<ul style="list-style-type: none"> In case of any grievance the Insured Person may contact through Website: www.tataaig.com Call us 24X7 toll free helpline 1800 266 7780 or 1800 22 9966 (Senior Citizen) Email us at customersupport@tataaig.com Write to us at: Customer Support, Tata AIG General Insurance Company Limited A-501 Building No. 4 IT Infinity Park, Dindoshi, Malad (E), Mumbai - 400097 Visit the Servicing Branch mentioned in the policy document The insured person may also approach the grievance cell at any of the Company's branches with details of grievance. If Insured person is not satisfied with the redressal of grievance through one of the above methods, Insured person may contact the grievance officer at manager.customersupport@tataaig.com. For updated details of grievance officer, kindly refer the link (https://www.tataaig.com/grievance-redressalpolicy) If Insured person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/ 	

	Ombudsman: Details as mentioned in the policy wordings or alternatively please refer our web-site (www.tataaig.com).	
Insured's Obligation	<ul style="list-style-type: none"> • Please disclose all pre-existing disease/s or condition/s before buying a policy. • Non-disclosure may result in claim not being paid and termination of Your policy. 	

Tata AIG General Insurance Company Limited

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