Customer Information Sheet/Know Your Policy

This document provides key information about your policy. You are also advised to go through your policy document.

S. No	Title	Description	Policy Clause Number
1.	Name of the Insurance Policy	Group MediCare	
2.	Policy Number	**<< Policy Number /Certificate of Insurance Number>>**	
3.	Type of Insurance Policy	Both indemnity & benefit	
4.	Sum Insured (Basis) (Along with amount)	Sum Insured Basis: Individual Sum Insured Sum Insured Amount: As per Sum Insured mentioned in Policy schedule	
5.	Policy Coverage	The Customer Information Sheet should be read in conjunction with the Certificate of Insurance and Insurance coverage will be applicable only to the covers and up to the Sum Insured limits as specifically mentioned in the Certificate of Insurance. **Base Covers:** As opted and mentioned in the Policy Schedule **Appendix II: Endorsements:** As opted and mentioned in the Policy Schedule	**Section 2: Benefits**
6.	Exclusions	**i) Standard Exclusion** **Medical Exclusions** 1. Investigation & 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. 2. Rest Cure, rehabilitation and respite care(Code- Excl 05) : Expenses related to any admission primarily for enforced bed	**Section 3: Exclusions**

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		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 3. Obesity/ Weight Control (Code- Excl 06) Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions: 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); 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: I.Obesity - related cardiomyopathy II. Coronary heart disease III. Severe Sleep Apnea IV. Uncontrolled Type2 Diabetes 4. 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. 5. Cosmetic or plastic Surgery: (CodeExcl 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.	

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		6. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl 12) 7. 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- Excl 13) 8. 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) 9. Refractive Error: (Code- Excl 15) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres 10. 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. 11. Sterility and Infertility: (CodeExcl 17) Expenses related to sterility and infertility. This includes: 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 12. Maternity (Code - Excl 18): 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	

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		termination of pregnancy during the policy period. **Non-Medical Exclusions** i. Hazardous or Adventure Sports (Code Excl09) **ii.** Breach of law (Code Excl10) **iii.** 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. ii) **Specific Exclusions** 1. **Exclusions with waiting periods** i. Nine months maternity waiting period shall be waived off 2. **Medical Exclusions** i. Congenital External Diseases, defects or anomalies. ii. Stem cell therapy however Hematopoietic stem cells for bone marrow transplant for haematological conditions will be covered under Benefit B1 and B4 of this Policy. iii. Growth hormone therapy. iv. Sleep-apnoea. v. Admission primarily for administration of Intra-articular or intra-lesional injections or Intravenous immunoglobulin infusion or supplementary medications like Zolendronic Acid. vi. Venereal disease , sexually transmitted disease or illness. vii. All preventive care, vaccination including inoculation and immunisations (except in case of post- bite treatment and other vaccines explicitly covered). viii. Dental treatment or surgery of any kind unless as a result of Illness/Accidental Bodily Injury to natural teeth and also requiring hospitalization. ix. Any non-allopathic treatment.	

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		3. 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. Any Insured Person's participation or involvement in naval, military or air force operation. iii. Intentional self-injury or attempted suicide while sane or insane. iv. 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. v. Treatment rendered by a Medical Practitioner which is outside his discipline vi. 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. vii. Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy unless explicitly stated and covered in the policy. viii. Any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products. ix. 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 x. Crutches or any other external appliance and/or device used for diagnosis or treatment t (except when used intra-	

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		operatively and explicitly stated and covered in the policy. xi. Any claim incurred after date of proposal/enrolment form and before issuance of policy/Certificate of Insurance where there is change in health status of the member and the same is not communicated to us.	
7.	Waiting period	As mentioned in the Policy Schedule	
	Financial limits of coverage i. Sub-limit (it is a pre-defined limit and the insurance company will not pay any amount in excess of this limit) ii. Co-payment (it is a specified amount/percentage of the admissible claim amount to be paid by policy holder/insured) iii. Deductible (it is a specified amount: - Up to which an insurance company will not pay any claim, and - Which will be deducted from total claim amount	As mentioned in the Policy Schedule	

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<table>
<tr><td></td><td>(if claim amount is more than the specified amount)
Any other limit (as applicable)</td><td></td><td></td></tr>
<tr><td>9.</td><td>Claims/Claims Procedure</td><td>This section explains about the procedures involved to file a valid claim by the insured member and processes related in managing the claim by TPA or Us. All the procedures and processes such as notification of claim, availing cashless service, supporting claim documents and related claim terms of payment are explained in this section.

Notification of Claim

<table>
<tr><th></th><th>Treatment, Consultation or Procedure:</th><th>We or Our TPA* must be informed:</th></tr>
<tr><td>1</td><td>If any treatment for which a claim may be made and that treatment requires planned Hospitalisation:</td><td>At least 48 hours prior to the Insured Person’s admission.</td></tr>
<tr><td>2</td><td>If any treatment for which a claim may be made and that treatment requires emergency Hospitalisation /Home Care Expenses wherever opted</td><td>Within 24 hours of the Insured Person’s admission to Hospital.</td></tr>
</table>
*TPA as mentioned in the policy schedule

Failure to furnish such intimation within the time required shall not invalidate nor reduce any claim if You can satisfy us that it was not reasonably possible for You to give proof of such delay within such time. The Company may relax these timelines only in special circumstances and for the reasons beyond the control of the insured.</td><td>Section 5: Claims Procedure and Claims Payment</td></tr>
</table>

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10.	Policy Servicing	Toll Free: <1800 266 7780> or <1800 22 9966> (only for Senior Citizen policyholders)	**Section (4): General Terms and Clauses**
11.	Grievances/Complaints	**Redressal of Grievance** In case of any grievance the insured person may contact the company 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 -**Courier**: Customer Support, Tata AIG General Insurance Company Limited, 7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063 Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. **Escalation Level 1:** 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-redressal-policy) **Escalation Level 2:** 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. For updated list and details of Insurance Ombudsman Offices, please visit website http:// www.cioins.co.in/ombudsman.html ○ Grievance may also be lodged at IRDAI Bima Bharosa Portal - https://bimabharosa.irdai.gov.in/	**Section (4): General Terms and Clauses**

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1 2.	Things to remember	**1.Free Look Period** **2. Cancellation** **3. Claim Settlement**	**Section (4): General Terms and Clauses**
1 3.	Your Obligations	The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of mis-representation, misdescription or non-disclosure of any material fact by the Policyholder	

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