



TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
Product Name	TATA AIG Health Supercharge	
What am I covered for:	<ol style="list-style-type: none"> <li>1. <b>In-patient Treatment</b> - Covers medical expenses for hospitalization for period more than 24 hrs.</li> <li>2. <b>Pre-Hospitalization Expenses</b> - Medical Expenses incurred upto 90 days prior to the date of admission to the hospital</li> <li>3. <b>Post-Hospitalization Expenses</b> - Medical Expenses incurred upto 90 days after the date of discharge from the hospital</li> <li>4. <b>Day Care Treatment</b> - Medical expenses for Day Care Treatment due to disease/illness/Injury during the policy period taken at a hospital or a Day Care Centre.</li> <li>5. <b>Domiciliary Treatment</b> - Medical Expenses incurred for availing medical treatment at home which would otherwise have required hospitalization.</li> <li>6. <b>Organ Donor</b> - Medical Expenses towards the harvesting the organ from the donor for organ transplantation.</li> <li>7. <b>AYUSH benefit</b> - Medical Expenses incurred for treatment as In-patient taken in an AYUSH Hospital subject to the maximum limit per Policy Year, as mentioned in the Policy Schedule.</li> <li>8. <b>Road Ambulance cover</b> - Expenses incurred on transportation of Insured Person in a registered ambulance to a Hospital for admission in case of an Emergency.</li> <li>9. <b>Restore Benefit</b> - Automatically reinstate 100% of the Sum Insured, if the balance Sum Insured and accrued 5X Supercharge Bonus is insufficient to pay an admissible claim under In-Patient Treatment, Pre-Hospitalization Expenses, Post-Hospitalization Expenses, Day Care Treatment, Domiciliary Treatment or Organ Donor cover, during the policy period.</li> <li>10. <b>Compassionate Travel</b> - In the event the Insured Person is Hospitalized in India 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 domestic 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, subject to a maximum limit as specified in the policy schedule during a Policy Year.</li> <li>11. <b>Prolonged Hospitalization Benefit</b> - We will pay a fixed amount as specified in the Policy Schedule, in the event of Hospitalization of the Insured Person, at Our Network Provider, for a disease/illness/injury for a continuous period exceeding 10 days.</li> <li>12. <b>Medical Devices Cover</b> - Expenses incurred by the Insured Person towards renting or purchase of listed medical devices during the Policy Year.</li> <li>13. <b>Vaccination Cover</b> - Covers the cost of the following vaccines: <ul style="list-style-type: none"> <li>-Anti-rabies vaccine following an animal bite</li> <li>-Typhoid vaccination</li> </ul> </li> <li>14. <b>Second Opinion</b> - We will provide You a second opinion from Our empanelled service provider in India, if an Insured Person is diagnosed with the listed Illnesses during the Policy Period.</li> <li>15. <b>Wellness Services</b> - We / our Empanelled Service Provider will provide below mentioned services to Insured Person(s): <ul style="list-style-type: none"> <li>a. Teleconsultation - General</li> <li>b. Teleconsultation – Specialty</li> <li>c. Ambulance Booking facility</li> <li>d. Emergency Help me feature</li> <li>e. Redeemable voucher/Discount on services</li> <li>f. Health Condition Management</li> </ul> </li> <li>16. <b>Wellness Program</b> - We / our empanelled service provider will provide a wellness program to Insured Person(s), designed to promote wellness and fitness amongst the insured persons through:</li> </ol>	Section (2)

	<p>a. Health risk assessment</p> <p>b. Wellness Rewards</p> <p><b>Optional Covers (applicable if opted and specified in the Policy Schedule):</b></p> <p>17. <b>Restore Infinity</b> - We will provide reinstatement of sum insured unlimited number of times during a Policy Year post exhaustion of the Restore Benefit.</p> <p>18. <b>Emergency Air Ambulance Cover</b> - We will reimburse cost of air ambulance for transportation of the Insured Person in an airplane or helicopter subject to maximum of limit as specified in the policy schedule per Policy Year for Emergency Care of life-threatening health conditions which require immediate and rapid ambulance transportation to a Hospital for further medical management.</p> <p>19. <b>Consumables Benefit</b> - We will pay for expenses incurred, for specified consumables, subject to balance sum insured, which are mentioned in Annexure I – List I of optional items available on Our website (www.tataaig.com) which are consumed during the period of Hospitalization directly related to the Insured Person's medical or surgical treatment of Illness/disease/Injury.</p> <p>20. <b>Preventive Annual Health Check-Up</b> - We/ Our empanelled service provider will arrange for listed medical tests, once in a Policy Year, only on cashless basis.</p> <p>21. <b>Advanced Cover</b> - In lieu of the policyholder opting for this Advanced Cover and paying additional premium for the specific Insured Person(s), the word "48 months" should be read as "30 days" under 'Pre-existing Diseases Waiting Period (Code- Excl 01)'only for the following named pre-existing diseases:</p> <p>a. Diabetes Mellitus (Type 2),</p> <p>b. Hypertension,</p> <p>c. Hyperlipidemia &amp;</p> <p>d. Asthma</p> <p>22. <b>Accidental Death Benefit</b> - 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 the Sum Insured as mentioned against the respective insured person in the Policy schedule.</p>	
What are the major exclusions in the policy	<p>Following is a partial list of the policy exclusions. Please refer to the policy wording for the complete list of exclusions.</p> <p>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: Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code-Excl12); Alcoholic pancreatitis or Alcoholic liver disease; Congenital External Diseases, defects or anomalies; Growth hormone therapy; Sleep-apnoea and Sleeping disorder; Venereal disease, sexually transmitted disease or illness; Maternity (Code - Excl 18): Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy, Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period; Any existing disease specifically mentioned as Permanent exclusion in the Policy Schedule; War or any act of war, nuclear weapons/materials, chemical and biological weapons, ionizing radiation; Breach of law (Code - Excl10); Intentional self-injury or attempted suicide while sane or insane.</p>	Section (3)
Waiting Period	<ul style="list-style-type: none"> <li>• Initial waiting period of 30 days for all illnesses (not applicable for accidents or on renewals)</li> <li>• 24 months waiting period for specified diseases/ procedures.</li> <li>• Pre-existing diseases covered after 48 months</li> </ul>	Section (3)
Payment basis	<ul style="list-style-type: none"> <li>• Reimbursement of covered expenses up to specified limit.</li> <li>• Payout of lump sum benefit amount or payment of covered expenses up to specified limit</li> </ul>	
Loss Sharing	<p><b>a. Age linked Co-Payment (Applicable to Geo Plan &amp; Value Plan)</b></p> <p>If the entry Age of the Insured Person is 61 years or above at the time of first coverage under this Policy, then such Insured Person shall bear 20% of each admissible claim.</p> <p><b>b. Higher Zone Co-Payment (Applicable to Geo Plan)</b></p>	Section (2) & Section (5)

	<p>Wherever, Geo Plan has been opted and the insured person(s) undergoes medical treatment at a Hospital/ Day Care Centre/ AYUSH Hospital in Zone A, then an additional Co-Payment of 20% will be applicable on each such claim except for emergency Hospitalization due to Injury arising from an Accident or for benefits which are over and above the sum insured.</p> <p>Note: For the purpose of application of Higher Zone Co-payment, Zone A means Mumbai (including Mumbai Metropolitan Region), Delhi (including National Capital Region, Faridabad, Ghaziabad), Ahmedabad, Surat &amp; Baroda</p> <p><b>c. Co-Payment for treatment availed out of Our Network of Valued Provider – Pan India (Applicable to Value Plan)</b></p> <p>Wherever, Value Plan has been opted and the Insured Person avails treatment outside Our network of “Valued Provider-Pan India”, then a Co-Payment of 30% will be applicable for each such claim resulting from admission of the insured person in a Hospital/ Day Care Centre/ AYUSH Hospital except for Hospitalization for an Injury arising from an Accident.</p> <p>Note: ‘Valued Provider - Pan India’ is a specific network of Hospitals, designated as such and mentioned in the Policy Schedule. It consists of a defined list of Hospitals or health care providers enlisted by Us, and/or TPA to provide medical services to an insured person by a Cashless Facility. Where the Policyholder has selected Value Plan, You shall be eligible only for ‘Valued Provider -Pan India’. The updated list of Valued Provider – Pan India is available on Our website (<a href="http://www.tataaig.com">www.tataaig.com</a>).</p> <p><b>d. Mandatory Sub-Limits</b></p> <p>Our liability for any and all claims related to Hospitalization/ Day Care Treatment (including their associated Pre &amp; Post Hospitalization expenses) arising out of listed ailments/surgical procedures shall be restricted to the Sub-limits as specified in the Policy.</p> <p><b>e. Associated Medical Expenses</b></p> <p>If the Insured Person is admitted in a room whose category/room rent is higher than the one that is specified in the Policy Schedule, then the Insured Person shall bear a rate able proportion of the Room Rent and the total Associated Medical Expenses, including surcharge or taxes thereon in the proportion of the ‘difference between the Room Rent actually incurred &amp; the Room Rent of the entitled room category/room rent limit’ to ‘the Room Rent actually incurred’.</p> <p>Expenses to be borne by Insured Person = {(Associated Medical Expenses) X (Incurred Room Rent – Eligible Room Rent*)} / Incurred Room Rent</p> <p>* Eligible room rent means Room rent of the Eligible Room Category or Room Rent limit as per the plan opted</p> <p><b>Optional</b></p> <p><b>f. Voluntary Sub-Limits</b></p> <p>In lieu of premium discount opted by You, the specified sub-limits shall be applicable in addition to the Mandatory Sub-limits. Our liability for any and all claims related to Hospitalization/ Day Care Treatment (including their associated Pre &amp; Post Hospitalization expenses) arising out of listed ailments/surgical procedures shall be restricted to the specified Sub-limits subject to availability of Sum Insured and other terms and conditions of the policy.</p> <p><b>g. Aggregate Deductible</b></p> <p>In lieu of premium discount opted by you, Our liability under this Policy shall be subject to application of Aggregate Deductible as mentioned in the Policy Schedule.</p> <p><b>h. Shared Accommodation (For Geo Plan only)</b></p> <p>Discount on premium is offered in case insured opts for shared room category.</p>	
Renewal Conditions	<ul style="list-style-type: none"> <li>• The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.</li> <li>• Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.</li> <li>• Grace period of 30 days for renewing the policy is provided.</li> </ul>	Section (4)

	<ul style="list-style-type: none"> <li>• There is no maximum cover ceasing age under this Policy.</li> <li>• In case of family floater option a separate policy would be issued in case of dependent child attaining age of 26 years at the time of renewal. Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break.</li> </ul>	
Renewal Benefits	<p><b>5X Supercharge Bonus</b></p> <p>We will provide 5X Supercharge Bonus in the form of 50% of the base Sum Insured of the expiring Policy, on each Renewal of the Policy, irrespective of claims in preceding Policy Years. The total accrued 5X Supercharge Bonus shall not exceed 500% of the base Sum Insured in any Policy Year.</p>	Section (2) B17
Free Look Period	<p>The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.</p> <p>The insured person shall be allowed free look 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.</p> <p>If the insured has not made any claim during the Free Look Period, the insured shall be entitled to</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.</li> </ul>	Section (4)
Cancellation	<ul style="list-style-type: none"> <li>• The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the Policyholder/Insured Person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.</li> <li>• 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 under the Policy.</li> </ul>	Section (4)
How to Claim	<p><b>Claim procedure:</b></p> <ul style="list-style-type: none"> <li>• <b>For Cashless Service:</b> <ul style="list-style-type: none"> <li>o Please call our designated TPA (Third Party Administrator)/Us on toll free no.1800 266 7780 or 1800 22 9966 (for Senior Citizens) in the event of hospitalization giving rise to a claim or e-mail at general.claims@tataaig.com</li> <li>o For list of Network Hospitals or network of Valued Provider – Pan India, please refer to our website www.tataaig.com</li> </ul> </li> <li>• <b>For Reimbursement of Claim:</b> <ul style="list-style-type: none"> <li>o Please submit claim documents to our TPA/Us within 15 days of occurrence of incident.</li> <li>o Kindly sent the claim documents to: A&amp;H Claims Department TATA AIG General Insurance Co. Ltd. 5th and 6th Floor, Imperial Towers, H.No 7-1-6-617/A, GHMC No-615, 616, Ameerpet, Hyderabad – 500016, Telangana, Phone-040-66864900</li> </ul> </li> <li>• <b>For Wellness Services, Wellness Program &amp; Preventive Annual Health Check-Up</b> Service may be availed through Our website or Our mobile application or through calling Our call centre on the toll free number specified in the Policy Schedule. Alternatively, details of Our empanelled service provider are available on Our website (www.tataaig.com).</li> </ul>	Section (5)

	<p><b>Supporting Documentation &amp; Examination</b></p> <p>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.</p>	
Policy Servicing/ Grievances/Complaints	<p><b>Redressal of Grievance</b></p> <p>If the Insured Person is not satisfied with our services and wish to lodge a complaint, he/ she may contact our 24X7 Toll free number 1800-266-7780 or 022-66939500 (tolled) or email to the customer service desk at customersupport@tataaig.com.</p> <p>Escalation Level 1</p> <p>For lack of a response or if the resolution still does not meet expectations, the Insured Person can write to manager.customersupport@tataaig.com.</p> <p>Escalation Level 2</p> <p>For lack of a response or if the resolution still does not meet expectations, the Insured Person can write to the Head - Customer Services at head.customerservices@tataaig.com</p> <p>Within 30 days of lodging a complaint with us, if the Insured Person does not get a satisfactory response from us and wish to pursue other avenues for redressal of grievances, the Insured Person may approach Insurance Ombudsman appointed by IRDAI under the Insurance Ombudsman Scheme.</p> <p>Website: www.tataaig.com</p> <p>Toll Free: 1800 266 7780 or 1800 22 9966 (only for Senior Citizen policyholders)</p> <p>Email: customersupport@tataaig.com</p> <p>Courier: Customer Support</p> <p style="padding-left: 40px;">TATA AIG General Insurance Co. Ltd.</p> <p style="padding-left: 40px;">7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon (East), Mumbai, Maharashtra 400063</p>	Section (4)
Insured's Rights	<ul style="list-style-type: none"> <li>• Free-look period (as mentioned above)</li> <li>• Lifelong renewability (except on certain specific grounds)</li> <li>• Right to migrate from one product to another product of the company.</li> </ul> <p>Please call our 24X7 Toll free number 1800-266-7780 or 1800 22 9966 (for Senior Citizens) or you may email to the customer service desk at customersupport@tataaig.com to get the details.</p> <ul style="list-style-type: none"> <li>• Right to port from one company to another company</li> </ul> <p>Please call our 24X7 Toll free number 1800-266-7780 or 1800 22 9966 (for Senior Citizens) or you may email to the customer service desk at customersupport@tataaig.com to get the details.</p> <ul style="list-style-type: none"> <li>• Change in SI during the policy term or at the time of renewal</li> </ul> <p>Please call our 24X7 Toll free number 1800-266-7780 or 1800 22 9966 (for Senior Citizens) or you may email to the customer service desk at customersupport@tataaig.com to get the details.</p> <ul style="list-style-type: none"> <li>• Notice with full particulars shall be sent to the Company/TPA (if applicable) as under: <ul style="list-style-type: none"> <li>i. In case of emergency hospitalization; within 24 hours of the Insured Person's admission to Hospital or at the time of discharge, whichever is earlier.</li> <li>ii. In case of planned hospitalization; at least 48 hours prior to the Insured Person's admission/start of treatment.</li> </ul> </li> <li>• <b>Claim Settlement (provision for Penal Interest)</b> <ul style="list-style-type: none"> <li>i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.</li> <li>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.</li> </ul> </li> </ul>	Section (4)

	<p>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.</p> <p>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.</p>	
Installment Premium Option	<p>If the insured person has opted for Payment of Premium on an installment basis i.e. Monthly/ Quarterly/ Half yearly/ Annually (for multi year), as mentioned in the policy Schedule, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)</p> <ol style="list-style-type: none"> <li>I. Grace Period of 15 days would be given to pay the installment premium due for the policy.</li> <li>II. During such grace period, coverage will not be available from the due date of installment premium till the date of receipt of premium by Company.</li> <li>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.</li> <li>IV. No interest will be charged if the installment premium is not paid on due date</li> <li>V. In case of installment premium due not received within the grace period, the policy will get cancelled.</li> <li>VI. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.</li> <li>VII. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.</li> </ol>	Endorsement for: Instalment premium
Insured's Obligations	<ul style="list-style-type: none"> <li>• Please disclose all pre-existing disease/s or condition/s and declare correct address where the person ordinarily resides before buying a policy. Non-disclosure may result in claim not being paid and termination of Your policy.</li> <li>• Any misrepresentation or misdescription of address by the policyholder (in case of Geo Plan) may lead to termination of the policy as per policy terms and conditions and accordingly all premium paid thereon shall be forfeited to the Company.</li> </ul>	
<p><b>Legal Disclaimer Note:</b> The information must be read in conjunction with the policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.</p>		

### TATA AIG General Insurance Company Limited