

TATA AIG MediCare LITE FAQs

1- What is the room category eligibility under TATA AIG MediCare LITE?

Under TATA AIG MediCare LITE, the insured person is eligible for a room category maximum upto a Single Private Room.

Single Private Room means an air-conditioned room in a hospital where a single patient is accommodated and which has an attached toilet (lavatory and bath). Such room type shall be the most basic and the most economical of all accommodations available as a single occupancy room in that Hospital. This does not include a deluxe room or a suite or a VIP room.

2- What would happen if the insured person gets admitted in a room category higher than Single private room?

If the Insured Person is admitted in a room category that is higher than the Single Private Room, then the Insured Person shall bear a rateable 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 & the Room Rent of the Single Private Room category' to 'the Room Rent actually incurred'.

For better understanding, "Associated Medical Expenses" shall include the applicable nursing charges, operation theatre charges, fees of Medical Practitioner including surgeon/ anesthetist/ specialist within the same Hospital where the Insured Person has been admitted. "Associated Medical Expenses" does not include cost of pharmacy & consumables, cost of implants & medical devices and cost of diagnostics.

In such cases where insured person gets admitted in a room category higher than single private room, expenses to be borne by the insured person shall be computed basis using below method:

Expenses to be borne by Insured Person = $\{(Associated\ Medical\ Expenses) \times (Incurred\ Room\ Rent - Eligible\ Room\ Rent^*)\} / Incurred\ Room\ Rent$

*Eligible room rent means Room rent of the Eligible Room Category or Room Rent limit

Illustration:

| | |
|--|---------------|
| Associated Medical Expenses | ₹ 6,000 |
| Eligible Room Category Rent (for Single Private Room) | ₹ 5,000 |
| Incurred Room Rent (Insured person gets admitted in Deluxe room) | ₹ 8,000 |
| Expenses to be borne by Insured Person | ₹2,250 |

| |
|---|
| Expenses to be borne by Insured Person |
| $=\{(6,000) \times (8,000 - 5,000^*)\} / 8,000$ |

3- Is there a Daily Cash benefit available on choosing Shared Accommodation under TATA AIG MediCare LITE?

Yes, TATA AIG MediCare LITE offers Daily Cash for choosing Shared Accommodation where we pay a fixed and specified amount per day, if the Insured Person is Hospitalized in Shared Accommodation in a Hospital, for each continuous and completed period of 24 hours of Hospitalization. The benefit payable per day would be subject to a maximum limit as specified in the Policy Schedule.

However, this benefit is only applicable if such hospitalization is in **Our network of Valued Provider - Pan India.**

4- Does TATA AIG MediCare LITE offer teleconsultations under the product?

Yes, TATA AIG MediCare LITE offers unlimited Teleconsultation- General under Wellness services.

We /Our empanelled service provider will arrange for teleconsultations upon Insured Person's request through telecommunications and digital communication technologies for Insured Person's health related complaints or preventive health care by a qualified Medical Practitioner/ Health Care Professional.

5- Does TATA AIG MediCare LITE offer Health Checkup under the product?

Yes, TATA AIG MediCare LITE offers Health Checkup for all **Insured Person(s)**, once every policy year. The benefit can be availed by the insured person(s) on his/her request.

At the request of the Insured Person, We/ Our empaneled service provider will arrange for **listed** medical tests every Policy Year provided the Policy is in force with Us.

The health check-ups shall be arranged by Us only **on cashless basis** at Our empanelled service providers or at Insured Person's residence, as per availability.

6- Under TATA AIG MediCare LITE, can an Insured Person avail Health Checkup if he/she had a claim in the previous policy year?

Yes, TATA AIG MediCare LITE offers Health Check Up for all Insured Person(s) covered under the Policy, irrespective of claim.

7- Does TATA AIG MediCare LITE offer coverage related to Consumables during an In-Patient Hospitalization?

No, TATA AIG MediCare LITE does not cover the cost of Consumables during an In-Patient Hospitalization.

8- How is TATA AIG MediCare LITE different from TATA AIG MediCare?

TATA AIG MediCare LITE differs from TATA AIG MediCare in the following ways:

| Coverages | Medicare LITE | TATA AIG Medicare |
|--|--|--|
| Benefits | | |
| Room category | Single Private Room AME Applicable | No Cap However, shared accommodation type is an optional cover offered under the product |
| Pre-Hospitalization expenses | Upto 60days, Covered up to SI | Upto 60 days, Covered up to Sum Insured |
| Post-Hospitalization expenses | Upto 180 days, Covered up to SI | Upto 90 days, Covered up to Sum Insured |
| Preventive Health Checkup | Once every policy year for listed tests, only on Cashless basis irrespective of claim | upto 1% of sum insured subject to a maximum of Rs. 10,000/- per policy after a block of 2 claim free years |
| Consumables Benefit | Not covered | Covered up to Sum Insured |
| Global Cover | Not covered | Covered up to Sum Insured |
| VAS/ Wellness | Teleconsultation – General (unlimited) | 8 Teleconsultation - General (Inbuilt) + Emergency Ambulance (Inbuilt) |
| Daily Cash for choosing Shared Accommodation | 0.25% of base Sum Insured; maximum ₹2000 per day, over and above base Sum Insured Benefit applicable only if hospitalization is in Our network of Valued Provider – Pan India | 0.25% of base sum insured and a maximum of Rs. 2000 per day Benefit applicable only if hospitalization is in Our Network Hospital |

| | | |
|---|--|--|
| Daily Cash for Accompanying an Insured Child | 0.25% of base Sum Insured; maximum ₹2000 per day, over and above base Sum Insured Benefit applicable only if hospitalization is in Our network of Valued Provider – Pan India | 0.25% of base sum insured and maximum of Rs.2000 per day |
| Cost- Sharing | | |
| Age Linked Co-payment | Age linked co-pay: 20% per claim co-payment is applicable if Entry age of the insured person is 61 years and above at policy inception | Not Applicable |
| Out of Our network of Valued Provider - Pan India Co-Payment | 30% co-payment for each such admissible claim applicable where the Insured Person avails treatment outside Our network of “Valued Provider-Pan India”. | Not Applicable |

9- What is Co-payment?

Co-payment means a cost sharing requirement under a health insurance Policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

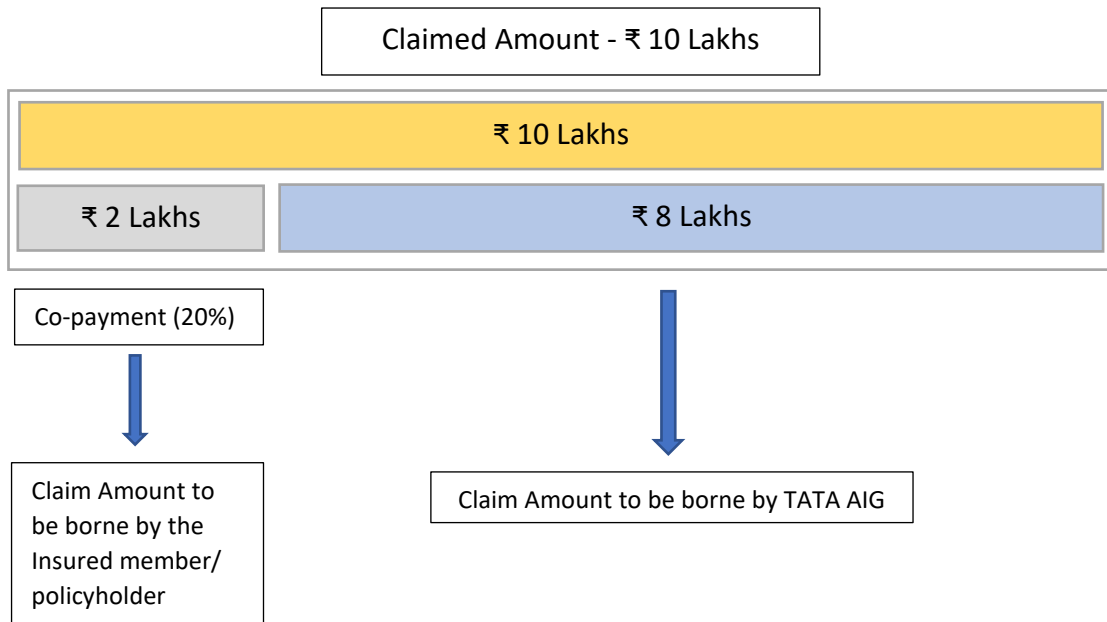
The below Illustration explains the concept of Co-payment. The applicability of Co-payment would be as per the various cost-sharing Co-payment mechanisms offered under TATA AIG MediCare LITE :

Year 1:

| | |
|-------------------------------------|------------|
| Insured Members Covered | 2 |
| Insured Member 1 | 62 years |
| Insured Member 2 | 61 years |
| Sum Insured | ₹ 10 Lakhs |
| Co-payment applicable on each claim | 20% |

Claim 1:

| | |
|-----------------------------------|------------------|
| Insured Member | Insured Member 1 |
| Claimed Amount | ₹ 10 Lakhs |
| Claim Amount borne by the insured | ₹ 2 Lakhs |
| Claim Amount borne by TATA AIG | ₹ 8 Lakhs |



10- Is there any Co-payment applicable under TATA AIG MediCare LITE?

Yes, there are 2 different types of Co-payment applicable under TATA AIG MediCare LITE product:

| Co-payment | % of Admissible Claim |
|--|-----------------------|
| Age linked Co-Payment | 20% |
| Out of Our network of Valued Provider – Pan India Co-Payment | 30% |

11- What is network of ‘Valued Provider-Pan’ India under TATA AIG MediCare LITE?

‘Valued Provider - Pan India’ is a specific network of Hospital(s), designated as such and mentioned in the Policy Schedule. It consists of a defined list of Hospital(s) or health care providers enlisted by Us, and/or TPA to provide medical services to an Insured Person by a Cashless Facility. Reference made to ‘Network Provider’ in the Policy wordings shall be substituted with ‘Valued Provider - Pan India’, except for Section 5(e) Claim Assessment and Payment, sub section iii (b).

The updated list of Valued Provider - Pan India is available on Our website (www.tataaig.com).

12- What is difference between Valued Provider – Pan India and Network Provider under TATA AIG MediCare LITE ?

“Valued Provider - Pan India” network list is different from Our standard list of “Network Provider”. Cashless services shall be available only in those Hospitals or health care providers which have been specifically enlisted under ‘Valued Provider - Pan India’.

The standard list of Network Provider shall not be available to the Insured Person under this Policy. List of Valued Provider - Pan India will be updated from time to time and will be available on Our website www.tataaig.com

13- Can a customer opt for TATA AIG MediCare LITE and avail treatment outside the network of “Valued Provider-Pan India”?

Yes, a customer opting for TATA AIG MediCare LITE can avail treatment outside the network of “Valued Provider-Pan India”.

However, If a customer avails treatment outside the network of our “Valued Provider-Pan India”, then a “Out of Our network of Valued Provider – Pan India Co-Payment” will be applicable on each claim resulting from such hospitalization.

14- What is “Out of Our network of Valued Provider – Pan India Co-Payment” under the TATA AIG MediCare LITE ?

Wherever, TATA AIG MediCare LITE 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.

However, no Co-Payment shall be applicable if Hospitalization is for an Injury arising from an Accident.

Illustration (this illustration is specifically to understand Out of Our network of Valued Provider – Pan India Co-Payment applicability) :

The updated list of Valued Provider – Pan India is available on Our website (www.tataaig.com).

| Insured person gets hospitalized in | Out of Our network of Valued Provider – Pan India Co-Payment Applicable |
|---|---|
| Valued Provider - Pan India | No |
| Network Hospital which is not a part of Valued Provider- Pan India list | 30% |
| Non-Network Hospital | 30% |

15- What is Age linked Co-Payment under TATA AIG MediCare LITE ?

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 (over and above any other Co-Payment, if applicable). This shall be applicable even in Portability cases, irrespective of previous coverage.

16- Is Age linked Co-Payment applicable when age of the insured becomes 61 years or above during the time of renewal under TATA AIG MediCare LITE ?

No, the criteria for Age linked Co-Payment is only on the basis of the age of the insured person at the time of first policy coverage.

Illustration (this illustration is specifically to understand Age linked Co-Payment applicability):

| Inception Year with TATA AIG | | | Renewal Year with TATA AIG | | |
|------------------------------|--|----------------------------------|----------------------------|---|----------------------------------|
| Member | Age of the Insured at the time of first coverage | Age linked Co-Payment Applicable | Member | Age of the Insured at the time of Renewal | Age linked Co-Payment Applicable |
| M1 | 29 | No- Copay | M1 | 30 | No- Copay |
| M2 | 31 | No- Copay | M2 | 32 | No- Copay |
| M3 | 53 | No- Copay | M3 | 54 | No- Copay |
| M4 | 60 | No- Copay | M4 | 61 | No- Copay |

| Inception Year with TATA AIG | | | Renewal Year with TATA AIG | | |
|------------------------------|--|----------------------------------|----------------------------|---|----------------------------------|
| Member | Age of the Insured during first coverage | Age linked Co-Payment Applicable | Member | Age of the Insured at the time of Renewal | Age linked Co-Payment Applicable |
| M1 | 29 | No- Copay | M1 | 30 | No- Copay |
| M2 | 31 | No- Copay | M2 | 32 | No- Copay |
| M3 | 53 | No- Copay | M3 | 54 | No- Copay |
| M4 | 61 | 20% | M4 | 62 | 20% |

Member addition at the time of Renewal

Inception Year with TATA AIG

| Member | Age of the Insured during first coverage | Age linked Co-Payment Applicable |
|--------|--|----------------------------------|
| M1 | 29 | No- Copay |
| M2 | 31 | No- Copay |
| M3 | 53 | No- Copay |

Renewal Year with TATA AIG

| Member | Age of the Insured at the time of Renewal | Age linked Co-Payment Applicable |
|--------------------------|---|----------------------------------|
| M1 | 30 | No- Copay |
| M2 | 32 | No- Copay |
| M3 | 54 | No- Copay |
| M4 (New member addition) | 62 | 20% |

17- Where can the policyholder find the updated list of Excluded providers under TATA AIG MediCare LITE?

The policyholder can find the updated list of Excluded hospitals under TATA AIG MediCare LITE on TATA AIG website (www.tataaig.com).

The same is also available in TATA AIG Customer mobile application.

Expenses incurred towards treatment in such excluded Hospitals are not admissible.

Disclaimer: Insurance is a subject matter of solicitation. For more details on plan options, benefits, optional covers, co-payments, exclusions, limitations, terms and conditions.

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