

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

S. No.	Title	Description	Policy Clause No.
1.	Name of the Insurance Policy	Model Policy for Persons with Disabilities and HIV/AIDS, TATA AIG	
2.	Policy Number	<< Policy Number >>	
3.	Type of Insurance Policy	Indemnity – Where Insured losses are covered up to the Sum Insured under the policy	
4.	Sum Insured (Basis) (Along with amount)	<p><<Sum Insured Amount>></p> <p>As per Sum Insured mentioned in Policy Schedule</p> <p>Sum Insured represents Our maximum, total and cumulative liability under the Policy, for all the Insured Person(s) covered in aggregate, for the respective Policy Year</p>	
5.	Policy Coverage (What the policy covers?)	<p>4.1 In-Patient Care – Expenses incurred on hospitalization for a minimum period of 24 hours including Room Rent, Boarding, Nursing Expenses, Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees etc.</p> <p>4.2 AYUSH Treatment – Expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines is covered up to 100% of Sum Insured, during each policy year as specified in the policy schedule.</p> <p>4.3 Pre-Hospitalization medical expenses - Medical Expenses incurred related to an admissible Hospitalization requiring Inpatient care, for a fixed period of 30 days prior to the date of admissible Hospitalization</p> <p>4.4 Post-Hospitalization medical expenses - Medical Expenses incurred related to an admissible Hospitalization requiring Inpatient Care, for a fixed period of 60 days from the date of discharge from the Hospital</p> <p>4.5 Emergency Ground Ambulance - reimburse Reasonable and Customary Charges for expenses incurred towards ambulance charges for transportation of an Insured person</p>	Section (4)

		<p>4.6 Cataract Treatment - Expenses incurred for treatment of cataract.</p> <p>4.7 Modern Treatment - Expenses incurred on hospitalisation for Modern Treatment listed procedures.</p>	
6.	Exclusions	<p>Standard Exclusions:</p> <ol style="list-style-type: none"> Investigation and evaluation (Code- Excl 04) Rest cure, rehabilitation and respite care (Code- Excl 05) Obesity/ Weight Control (Code- Excl 06) Change-of-Gender treatments: Code- Excl07 Cosmetic or Plastic Surgery (Code- Excl 08) Hazardous or Adventure sports (Code – Excl 09) Breach of Law (Code – Excl 10) Excluded Providers (Code – Excl 11) Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code- Excl 12). 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- Excl13) 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-Excl14) Refractive error (Code- Excl 15) Unproven treatments (Code- Excl 16) Sterility and Infertility (Code- Excl 17) Maternity (Code - Excl 18) <p>Specific Exclusions (Exclusions other than as those mentioned above)</p> <ol style="list-style-type: none"> Any medical treatment taken outside India Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs Nuclear damage caused by, contributed to, by or 	Section (8)

		<p>arising from ionising radiation or contamination by radioactivity</p> <ol style="list-style-type: none"> 4. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority. 5. Injury or Disease caused by or contributed to by nuclear weapons/materials 6. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or as may be necessitated due to an accident 7. Treatment with alternative medicines or Treatment, experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, naturopathy, chiropractic, reflexology and aromatherapy 8. Suicide, Intentional self-Injury and any violation of law or participation in an event/activity that is against law with a criminal intent. 9. Vaccination or inoculation except as post bite treatment for animal bite 10. Convalescence, general debility, "Run-down" condition, rest cure, Congenital external illness/disease/defect 11. Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy and expenses related to Domiciliary hospitalization shall not be covered 12. Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury 13. Venereal/ Sexually Transmitted disease 14. Stem cell storage 15. Any kind of service charge, surcharge levied by the hospital 16. Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies 17. Non-Payable items: The expenses that are not 	
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		<p>covered in this Policy are placed under List-I of Annexure-II</p> <p>18. Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner</p> <p>This is summary of exclusions. For detailed exclusions, please refer Policy wordings (Section 8)</p>	
7.	Waiting period	<p>I. Initial waiting period of 30 days for all illnesses (not applicable for accidents or on renewals)</p> <p>II. Specified Waiting periods (Not applicable for claims arising due to an accident) of 24 months for 19 listed Diseases/procedures</p> <p>III. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months for pre-existing disability (as mentioned in Policy Schedule)/ 48 months for all pre-existing conditions and HIV/AIDS</p>	Section (5)
8.	<p>Financial limits of coverage</p> <p>i. Sub-limit (it is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payment (it is a specified amount/percentage of the admissible claim amount to be paid by policy holder/insured)</p> <p>iii. Deductible (it is a specified amount:</p> <p>- Up to which an insurance company will not pay any claim, and</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/ procedures:</p> <p>Sub-limit</p> <ul style="list-style-type: none"> • Benefit Specific Sub-limit: <ul style="list-style-type: none"> o Room Charges (Hospitalization): <ul style="list-style-type: none"> ■ Room Rent – Up to 1% of Sum Insured per day ■ ICU charges – Up to 2 % of Sum Insured per day o Cataract Treatment – Upto Rs. 40,000 per each eye in one policy year. o Emergency Ground Ambulance – Upto ₹2,000 per hospitalization o Modern treatment methods and Advancements in technology – Upto 50% of the Sum Insured. • Co-payment Applicable: <ul style="list-style-type: none"> o Mandatory Co-Payment of 20% on each and every claim • Any Other limit: <ul style="list-style-type: none"> o In-Patient Treatment- Upto Sum Insured o AYUSH Benefit- Upto Sum Insured 	Section (4)

	<ul style="list-style-type: none">- Which will be deducted from total claim amount (if claim amount is more than the specified amount) <p>Any other limit (as applicable)</p>	<ul style="list-style-type: none">o Pre-Hospitalization medical expenses- Upto 30 days, Upto Sum Insuredo Post-Hospitalization medical expenses- Upto 60 days, Upto Sum Insuredo Dental treatment (inpatient care)- Upto Sum Insuredo Plastic Surgery- Upto Sum Insuredo Day care treatments- Upto Sum Insured										
9.	Claims/ Claims Procedure	<p>Claim procedure:</p> <ul style="list-style-type: none">• For Cashless Service:<ul style="list-style-type: none">o Treatment may be taken in a network provider and is subject to preauthorization by the Company or its authorized TPA,o Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorizationo Notice with full particulars shall be sent to the Company/TPA (if applicable) as under:<ul style="list-style-type: none">I. Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.II. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.• For Reimbursement of Claim:<p>For reimbursement of claims the insured person may submit the necessary documents to the Company within the prescribed time limit as specified hereunder.</p><table><tr><th>S.No</th><th>Type of Claim</th><th>Prescribed Time limit</th></tr><tr><td>1</td><td>Reimbursement of hospitalization, daycare, and pre-hospitalization expenses</td><td>Within thirty days of the date of discharge from the hospital</td></tr><tr><td>2</td><td>Reimbursement of post- hospitalization expenses</td><td>Within fifteen days from completion of post- hospitalization treatment</td></tr></table>	S.No	Type of Claim	Prescribed Time limit	1	Reimbursement of hospitalization, daycare, and pre-hospitalization expenses	Within thirty days of the date of discharge from the hospital	2	Reimbursement of post- hospitalization expenses	Within fifteen days from completion of post- hospitalization treatment	Section (10)
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		<p>The reimbursement claim is to be supported with documents (as mentioned in the policy wordings) and submitted within the prescribed time limit.</p> <p>Assistance:</p> <ol style="list-style-type: none"> 1. Please refer to our website www.tataaig.com or call us on our toll free number at 1800-266-7780 to get details on our empanelled hospitals and list of Excluded providers/ Blacklisted Hospitals. 2. Helpline number: Toll Free: 1800 266 7780 or 1800 22 9966 (only for Senior Citizen policyholders) 3. Please refer our website www.tataaig.com to download claim form <p>For details on the claim procedure please refer to the policy document.</p>	
10.	Policy Servicing	Toll Free: 1800 266 7780 or 1800 22 9966 (only for Senior Citizen policyholders)	Section (9)
11.	Grievances/ Complaints	<p>Redressal of Grievance</p> <p>In case of any grievance relating to servicing the Policy, the insured person may submit in writing to the Policy issuing office or regional office for redressal.</p> <p>For details of grievance officer, kindly refer the link http://ecoi.co.in/ombudsman.html</p> <p>IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/</p> <p>Insurance Ombudsman - The insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-I in the policy wordings.</p>	Section (9)
12.	Things to remember	<p>Free Look Period</p> <p>The Free Look Period shall be applicable on new individual health insurance policies and not on renewals of the Policy. 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> <ol style="list-style-type: none"> i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp 	Section (9)

		<p>duty charges or</p> <p>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</p> <p>iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.</p> <p>Policy renewal</p> <p>The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. The Company is not bound to give notice that it is due for renewal.</p> <p>i. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.</p> <p>ii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.</p> <p>iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.</p> <p>iv. If not renewed within Grace Period after due renewal date, the Policy shall terminate.</p> <p>No loading shall apply on renewals based on individual claims experience</p> <p>Portability</p> <p>The Insured Person will have the option to port the Policy to same product of other insurers as per extant Guidelines related to portability, If such person is presently covered and has been continuously covered without any lapses under this health insurance plan with an Indian General/Health insurer as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods</p> <p>Moratorium Period</p> <p>After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous</p>	
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		years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.	
13.	Your Obligations	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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IRDA of India Registration No: 108 | CIN: U85110MH2000PLC128425
Model Policy for Persons with Disabilities and HIV/AIDS, Tata AIG: TATHLIP23190V012223