



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	TATA AIG Hope							
2.	Policy Number	<< Policy No. >>							
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>> As per Sum Insured mentioned in Policy Schedule</p> <p>Sum Insured represents Our maximum, total and cumulative liability under the Policy, for the Insured Person covered in aggregate, for the respective Policy Period</p>							
5.	Policy Coverage	<p>If during the Policy Period Insured Person is required to be hospitalized for treatment of the covered event specified below, at a Hospital / Surrogacy Clinic / Day Care Centre/ AYUSH Day Care Centre/ AYUSH Hospital, following Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify Reasonable and Customary Charges for Medically Necessary treatment towards the covered event subject to terms and conditions of the Policy. Maximum liability of the Company for all such Claims under Sections B1, B2, B3, B4, B5 during Policy period shall be the Sum Insured opted and as specified in the Policy Schedule.</p> <p>Covered event:</p> <table border="1"> <thead> <tr> <th>Plan Name</th> <th>Covered Event</th> </tr> </thead> <tbody> <tr> <td>A. Surrogacy Plan</td> <td>Complications arising out of pregnancy through Altruistic Surrogacy or post-partum delivery complications in respect of the Surrogate Mother. Not more than one surrogacy procedure during the life time shall be covered in respect of the insured person. The cover is available for the Policy Period of 3 years only.</td> </tr> <tr> <td>B. Oocyte Retrieval Plan</td> <td>Complications arising due to Oocyte Retrieval in respect of the Oocyte Donor. Not more than one Oocyte donation during the life time shall be covered in respect of the insured person. The cover is</td> </tr> </tbody> </table>	Plan Name	Covered Event	A. Surrogacy Plan	Complications arising out of pregnancy through Altruistic Surrogacy or post-partum delivery complications in respect of the Surrogate Mother. Not more than one surrogacy procedure during the life time shall be covered in respect of the insured person. The cover is available for the Policy Period of 3 years only.	B. Oocyte Retrieval Plan	Complications arising due to Oocyte Retrieval in respect of the Oocyte Donor. Not more than one Oocyte donation during the life time shall be covered in respect of the insured person. The cover is	Section (2)
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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"></td> <td style="padding: 5px;">available for the Policy Period of 1 year only.</td> </tr> </table> <p>B1. In-Patient Treatment– Covers Medical Expenses for Medically Necessary Treatment in a Hospital/Surrogacy Clinic for the covered event, that requires an Insured Person’s admission in a Hospital/ Surrogacy Clinic for an Inpatient Care, during the Policy Period.</p> <p>B2. Pre-Hospitalization expenses- Medical Expenses incurred upto 30 days prior to the date of admission to the hospital/Surrogacy Clinic.</p> <p>B3. Post-Hospitalization expenses- Medical Expenses incurred upto 30 days after the date of discharge from the hospital/Surrogacy Clinic.</p> <p>B4. Day Care Treatment– Covers expenses for Day Care Treatment, due to the covered event, taken in a Hospital or a Day Care Centre, during the Policy Period.</p> <p>B5. AYUSH Benefit - Covers Medical Expenses incurred for treatment as In-Patient or Day Care Treatment in an AYUSH Hospital/ AYUSH day care centre, for a covered event, in a room category maximum up to Single Private Room and applicable Associated Medical Expenses.</p> <p>This benefit shall also cover Pre-Hospitalization medical expenses for a period of upto 30 days before the date of admission to the AYUSH hospital/ AYUSH day care centre and Post-Hospitalization Medical Expenses for a period upto 30 days, subject to AYUSH In-Patient hospitalization or AYUSH day care treatment claim being admissible under this benefit.</p> <p>Claims under this section shall be assessed as per the insurance guidelines related to AYUSH and benchmark rates as available on Ministry of AYUSH website (https://ayushnext.ayush.gov.in/site/insurance-guidelines-related-to-ayush).</p>		available for the Policy Period of 1 year only.	
	available for the Policy Period of 1 year only.				
6.	Exclusions	<p>Standard Exclusion</p> <p style="text-align: center;">1. Medical Exclusions</p> <ul style="list-style-type: none"> I. Investigation and evaluation (Code- Excl 04) II. Rest cure, rehabilitation and respite care (Code- Excl 05) III. Obesity/ Weight Control (Code- Excl 06) IV. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code- Excl 12). V. Treatments received in health 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 	Section (3)		

		<p>wholly or partly for domestic reasons. (Code-Excl13)</p> <p>VI. 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)</p> <p>VII. Unproven treatments (Code- Excl 16)</p> <p>VIII. Sterility and Infertility (Code- Excl 17)</p> <p>IX. Maternity (Code - Excl 18)</p> <p>Non-Medical Exclusions</p> <p>X. Hazardous or Adventure Sports (Code- Excl 09)</p> <p>XI. Breach of law (Code- Excl 10)</p> <p>XII. Excluded Providers: (Code-Excl 11)</p> <p>Specific Exclusions (Exclusions other than as those mentioned above)</p> <p>2. Medical Exclusions</p> <p>I. Alcoholic pancreatitis or Alcoholic liver disease;</p> <p>II. Congenital External Diseases, defects or anomalies;</p> <p>III. Stem cell therapy; however hematopoietic stem cells for bone marrow transplant for haematological conditions will be covered under this Policy</p> <p>IV. Growth Hormone Therapy</p> <p>V. Sleep-apnoea and Sleeping disorder;</p> <p>VI. Admission primarily for administration (via any form or mode) of immunoglobulin infusion or supplementary medications like Zolendronic Acid, etc;</p> <p>VII. Venereal disease, sexually transmitted disease or Illness;</p> <p>VIII. All preventive care, vaccination including inoculation and immunisations;</p> <p>IX. Dental Treatment or Dental Surgery of any kind unless incidental to an admissible Hospitalization claim where the cause of admission is Accident/ Illness; cost of dentures, dental implants and braces</p> <p>X. Any existing disease specifically mentioned as Permanent exclusion in the Policy Schedule.</p>	
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		<ul style="list-style-type: none">II. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event.III. Intentional self-Injury or attempted suicide while sane or insane.IV. Items of personal comfort and convenience.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. Fitting of hearing aids, Provision/fitting of spectacles or contact lenses including optometric therapy.VIII. Any treatment and associated expenses for medical supplies including elastic stockings, diabetic test strips, and similar products.IX. Any treatment or part of a treatment that does not form part of 'Reasonable and Customary Charges', nor is medically necessary;X. Expenses which are either not supported by a prescription of a Medical Practitioner or are not related to Illness or disease for which claim is admissible under the Policy.XI. Any external appliance and/or device used for diagnosis or treatment except when used intra-operatively.XII. Any Illness diagnosed or Injury sustained or where there is change in health status of the member after date of proposal and before commencement of Policy and the same is not communicated and accepted by Us.XIII. Any charges incurred to procure documents related to treatment or Illness pertaining to any period of Hospitalization or Illness.XIV. Expenses incurred towards treatment in any Surrogacy Clinic/Nursing Home 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.	
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7.	Waiting period	Expenses related to the treatment of the covered event within 30 days from the Policy commencement date shall be excluded.	Section (3)
	<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> <ul style="list-style-type: none"> - Up to which an insurance company will not pay any claim, and - Which will be deducted from total claim amount (if claim amount is more than the specified amount) <p>Any other limit (as applicable)</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures</p> <p>Sub-limit</p> <p><u>Benefit Specific Sub-limit:</u></p> <ul style="list-style-type: none"> • Room category- Upto Single private room <p>Any Other limit:</p> <ul style="list-style-type: none"> • In-Patient Treatment: Upto Sum Insured • Pre-Hospitalisation expenses: Upto 30 days, Upto Sum Insured • Post-Hospitalisation Expenses: Upto 30days, Upto Sum Insured • Day Care Procedures: Upto Sum Insured • AYUSH Benefit: Upto Sum Insured 	Section (2)
9.	Claims/Claims Procedure	<p>Claim procedure:</p> <ul style="list-style-type: none"> • <u>For Cashless Service:</u> <ol style="list-style-type: none"> 1. If any planned treatment, consultation or procedure for which a claim may be made then the insured must notify us at least 48 hours before the planned Hospitalization. 2. If any treatment, consultation or procedure for which a claim may be made, requiring emergency 	Section (5)

		<p>Hospitalization, then the insured must notify us within 24 hours after the treatment or Hospitalization</p> <p>3. You have to provide the ID card issued to You along with any other information or documentation that is requested by the TPA/Us to the Network Hospital.</p> <ul style="list-style-type: none"> • <u>For Reimbursement of Claim:</u> <ol style="list-style-type: none"> 1. Please intimate our TPA/Us within 7 days of completion of treatment, consultation or procedure. 2. Please submit claim documents to our TPA/Us within 15 days of occurrence of incident. 3. Kindly send the claim documents to: Tata AIG General Insurance Company Limited, 5th and 6th Floor, Imperial Towers, H.No 7-1-6-617/A, GHMC No - 615,616, Ameerpet, Hyderabad – 500016, Telangana, Phone-040-66864900 <p>Turn Around Time (TAT) for claims settlement:</p> <ol style="list-style-type: none"> i. TAT for preauthorization of cashless facility: 2 hours ii. TAT for cashless final bill authorization: 4 hours <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 	
10.	Policy Servicing	Toll Free: <1800 266 7780> or <1800 22 9966> (only for Senior Citizen policyholders)	Section (4)
11.	Grievances/Complaints	<p>Redressal of Grievance</p> <ul style="list-style-type: none"> ○ In case of any grievance the insured person may contact the company through • Website: www.tataaig.com 	Section (4)

		<ul style="list-style-type: none"> • Toll Free: 1800 266 7780 or 1800 22 9966 (only for Senior Citizen policyholders) • Email: customersupport@tataaig.com • Courier: Customer Support, Tata AIG General Insurance Company Limited, 7 and 8 Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063 <p>○ Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.</p> <p>Escalation level 1:</p> <ul style="list-style-type: none"> ○ 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) <p>Escalation level 2:</p> <p>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 (details as mentioned in the Annexure A of this policy) for redressal of grievance as per Insurance Ombudsman Rules 2017.</p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System (https://igms.irda.gov.in/)</p>	
12.	Things to remember	<p>Free Look Period</p> <p>The Free Look Period shall be applicable on new individual health insurance policies. The insured person shall be allowed free look period of thirty days beginning from the date of receipt of the policy document, whether received electronically or otherwise, to review the terms and conditions of such policy, and to return the same if not acceptable. 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"> • a refund of the premium paid less any expenses incurred by the Company on medical examination 	Section (4)



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		<p>of the insured person and the stamp duty charges or</p> <ul style="list-style-type: none">• 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 Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period. <p>Policy renewal</p> <ul style="list-style-type: none">• This policy will lapse on the expiry date mentioned in the policy schedule and shall not be renewed.	
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.	