

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 MediCare Premier	
2.	Policy Number	<< Policy Number >>	
3.	Type of Insurance Policy	Both indemnity & benefit, Policy has elements of both, Indemnity (which cover insured loses) and Benefit (which pays a fix amount under the policy on the occurrence of a covered event).	
4.	Sum Insured (Basis) (Along with amount)	<<Sum Insured Amount>> As per Sum Insured mentioned in Policy Schedule 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	
5.	Policy Coverage	<p>B1. In-Patient Treatment- Covers hospitalization expenses for period more than 24 hrs.</p> <p>B2. Pre-Hospitalization expenses- Medical Expenses incurred in 60 days before the date of admission to the hospital</p> <p>B3. Post-Hospitalization expenses - Medical Expenses incurred after the date of discharge from the hospital for number of days as mentioned in the Policy Schedule.</p> <p>Upto 15 physiotherapy sessions at home within India, wherever available, for sum insured Rs. 75 Lacs and above.</p> <p>B4. Day Care Procedures- Medical expenses for Day Care Treatment due to disease/illness/Injury during the policy period taken at a hospital or a Day Care Centre.</p> <p>B5. Organ Donor- Medical Expenses on harvesting the organ from the donor for organ transplantation.</p> <p>B6. Domiciliary Treatment- Medical Expenses incurred for availing medical treatment at home which would otherwise have required hospitalization. We will also cover pre and post hospitalization expenses in case of domiciliary</p>	Section (2)

		<p>hospitalization</p> <p>B7. Restore benefit- Automatically restore the Basic Sum Insured if the Sum Insured and accrued Cumulative Bonus is insufficient to pay a claim, during the policy year.</p> <p>B8. AYUSH Benefit - We will cover Medical Expenses incurred for treatment as In-Patient or Day Care Treatment in an AYUSH Hospital/ AYUSH day care centre.</p> <p>This benefit shall also cover Pre-Hospitalization medical expenses for a period of upto 60 days before the date of admission to the AYUSH hospital/AYUSH day care centre and Post-Hospitalization Medical Expenses for a period upto number of days as specified in the Policy Schedule, 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> <p>B9. Ambulance Cover- For utilizing ambulance service for transporting insured person to hospital in case of an emergency as per limit mentioned in the Policy Schedule.</p> <p>B10. Health Checkup- Expenses for a Preventive Health Check-up upto 1% of policy sum insured subject to limit mentioned in the Policy Schedule.</p> <p>B11. Compassionate travel-</p> <p>Domestic:</p> <p>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 for expenses related to a round trip economy class 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.</p> <p>Global (Applicable for sum insured above Rs. 50 Lacs):</p> <p>In the event the Insured person is hospitalized outside India and claim is admissible under section B13 (Global cover for Planned</p>	
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Hospitalization) of this policy, We will cover expenses related to round trip economy class air ticket, to allow the Immediate Family Member to accompany the Insured person for the purpose of planned treatment outside India.

B12. Consumables Benefit- We will pay for expenses incurred, for specified consumables which are listed in 'annexure 1 - List 1 as optional items' under 'Guidelines on Standardization in Health Insurance, 2016' & its amendments, which are consumed during the period of hospitalization directly related to the insured's medical or surgical treatment of illness/disease/injury. Details of Annexure I-List I-Optional items are available on our website (www.tataaig.com).

B13. Global Cover for Planned Hospitalization -

- a. Medical Expenses of the Insured Person incurred outside India, upto the sum insured provided that the diagnosis was made in India and the insured travels abroad for treatment.
- b. Reasonable and customary expenses incurred towards obtaining visa for medical treatment of the insured person travelling abroad, if applicable.

Please note that, B13. 'Global Cover for Planned Hospitalization' as a Benefit is:

- a) not available under this policy and no claim shall be admissible under this section where either the policyholder or any of the Insured Person(s) is a Foreign National or their Residence Status at the time of proposal or anytime during the policy period/ renewal is:
 - Non-Resident Indian (NRI); or
 - Overseas Citizen of India (OCI)
- b) not available under this Policy and no claim shall be admissible under this section, if the Policyholder or any of the Insured Person(s), as a Resident Indian National, has agreed to opt out of this Benefit at the time of proposal or at renewal.

You are eligible for a premium discount as specified in the prospectus in case this special condition, as mentioned above, is applicable to You/ Insured Person(s).

B14. Bariatric Surgery Cover- Covers reasonable and customary expenses for Bariatric surgery if the insured fulfills:

- a. Surgery to be conducted upon the advice of the Doctor
- b. The member has to be 18 years of age or older and
- c. BMI greater than or equal to 40 or
- d. BMI greater than or equal to 35 in conjunction with any of the following severe comorbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy,
 - ii. Severe sleep apnea,
 - iii. Uncontrolled Type2 Diabetes, or
 - iv. Coronary heart disease

B15. In-Patient Treatment- Dental- Covers expenses incurred towards hospitalization for dental treatment under anesthesia necessitated due to an accident/injury/illness

B16. Vaccination cover- We will cover for expenses related to the cost of the following vaccines:

Basic Sum Insured	Vaccines covered
Up to Rs. 50 Lacs	Without any waiting period: <ul style="list-style-type: none"> - Anti-rabies vaccine following an animal bite - Typhoid vaccination After 2 years of continuous coverage with Us: <ul style="list-style-type: none"> - Human Papilloma Virus (HPV) vaccine - Hepatitis B Vaccine
Rs. 75 Lacs to Rs. 3 Crore.	Without any waiting period: <ul style="list-style-type: none"> - Anti-rabies vaccine following an animal bite - Typhoid vaccination After 2 years of continuous coverage with Us: <ul style="list-style-type: none"> - Human Papilloma Virus (HPV) vaccine - Hepatitis A Vaccine - Hepatitis B Vaccine - Tetanus, Diphtheria, Pertussis - Pneumococcal

		<p>B17. Hearing Aid- We will cover reasonable charges for a hearing aid every third year. The maximum payable is 50% of actual cost or Rs. 10,000/- per policy, whichever is lower.</p> <p>B18. Daily Cash for choosing Shared Accommodation- We will pay a fixed amount per day as mentioned in the policy schedule if the Insured Person is Hospitalized in Shared Accommodation in a Network Hospital for each continuous and completed period of 24 hours.</p> <p>B19. Daily Cash for Accompanying an Insured Child- We will pay a fixed amount per day, as mentioned in the Policy schedule, if the Insured Person Hospitalized is a child Aged 12 years or less, for one accompanying adult for each complete period of 24 hours.</p> <p>B20. Second Opinion- We will provide You a second opinion from Network Provider or Medical Practitioner, if an Insured Person is diagnosed with the mentioned Illnesses during the Policy Period.</p> <p>B21. Maternity Cover- We will cover Maternity Expenses after a waiting period of 4 years of continuous coverage under this policy up to the limit mentioned in the Policy Schedule.</p> <p>B22. Delivery Complications Cover- We will cover medical expenses incurred for the medically necessary treatment of the new born baby for complications related to delivery, up to the limit mentioned in the Policy Schedule.</p> <p>This benefit will trigger only in case where we have admitted the maternity claim.</p> <p>B23. First year Vaccinations- We will pay for vaccination expenses for up to one year after the birth of the child subject to a limit of Rs.10,000/- (Rs.15,000/- in case of girl child) provided the child is covered with us. This benefit will trigger only in case where we have admitted the maternity claim.</p> <p>B24. Prolonged Hospitalization Benefit- We will pay a fixed amount of 1% of sum insured, in the event of insured hospitalized for a disease/illness/injury for a continuous period exceeding 10 days.</p> <p>B25. High End Diagnostics- We will pay the insured for the following diagnostic tests on OPD basis if required as part of a treatment subject to limit mentioned in the Policy Schedule:</p>	
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		<ul style="list-style-type: none"> a. Brain Perfusion imaging b. CT guided Biopsy c. CT Urography d. Digital Subtraction Angiography (DSA) e. Liver Biopsy f. Magnetic Resonance Cholangiography Scan g. PET CT h. PET MRI i. Renogram <p>B26. OPD Treatment- Once the insured has completed two years of continuous coverage with us, we will pay for expenses related to consultations and pharmacy subject to the limit mentioned in the Policy Schedule and subject to policy terms and conditions.</p> <p>B27. OPD Treatment- Dental- Once the insured has completed two years of continuous coverage with us, we will pay for expenses related to the following dental treatments subject to the limit mentioned in the Policy Schedule</p> <ul style="list-style-type: none"> a. Root Canal Treatment (single or multiple sittings) b. Tooth extraction(s) c. Filling <p>B28. Emergency Air Ambulance Cover- We will pay for ambulance transportation of the insured person in an airplane or helicopter subject to the limit mentioned in the Policy Schedule, for emergency life threatening health conditions which require immediate and rapid ambulance transportation to the hospital/medical centre for further medical management.</p> <p>B29. Accidental Death Benefit- 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 a fixed amount of 100% of the base Sum Insured, maximum up to Rs 50 Lacs. This benefit is not applicable for dependent children covered in the policy.</p> <p>B30. Cumulative Bonus- 50% increase in cumulative bonus for every claim free year. In the case a claim is made during the policy year, the</p>	
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		<p>cumulative bonus would reduce by 50% in the following year</p> <p>B31. Home Care Treatment Cover (Applicable only for Sum Insured Rs.75 Lacs and above)- We will pay reasonable and customary medical expenses incurred for treatment taken at home, for conditions/illness specified in the policy, maximum upto the sum insured, for the Insured Person's medically necessary treatment at home. In case of Pandemic Care at home coverage is available for a maximum period of 15 days and maximum upto 25% of the base sum insured excluding cumulative bonus</p> <p>B32. Wellness Services- We / our Empanelled Service Provider will provide below mentioned wellness services:</p> <ol style="list-style-type: none"> Teleconsultation - General Teleconsultation – Speciality Ambulance Booking facility Emergency- Help me feature Redeemable voucher/Discount on services Health Condition Management <p>B33. Wellness Program- We / our empanelled service provider will provide a wellness program designed to promote wellness and fitness amongst the insured persons through:</p> <ol style="list-style-type: none"> Health risk assessment Wellness Rewards 	
6.	Exclusions	<p>Standard Exclusion</p> <p>1. Medical Exclusions</p> <ol style="list-style-type: none"> Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof .(Code-Excl12) Expenses related to surgical treatment of obesity that does not fulfil the conditions as mentioned in the policy wordings, section 3 (CodeExcl06) Investigation and evaluation (Code- Excl 04) Expenses related to Sterility and infertility (Code-Excl17) Refractive error (Code -Excl15) 	Section (3)

		<p>VI. Change-of-Gender treatments (Code- Excl 07)</p> <p>VII. Cosmetic or Plastic Surgery (Code – Excl08)</p> <p>VIII. Rest cure, rehabilitation and respite care (Code-Excl05)</p> <p>IX. Unproven treatments (CodeExcl16)</p> <p>X. Maternity (Code - Excl18)</p> <p>XI. Treatments received in health spas, 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)</p> <p>XII. 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>2. Non-Medical Exclusions</p> <p>I. Hazardous or Adventure Sports (Code- Excl 09)</p> <p>II. Breach of law (Code- Excl 10)</p> <p>III. Excluded Providers: (Code-Excl 11)</p> <p>Specific Exclusions (Exclusions other than as those mentioned above)</p> <p>1. Medical Exclusions</p> <p>I. Alcoholic pancreatitis;</p> <p>II. Congenital External Diseases, defects or anomalies;</p> <p>III. Stem cell therapy;</p> <p>IV. Growth Hormone Therapy;</p> <p>V. Sleep-apnoea;</p> <p>VI. Admission primarily for administration of Intra-articular or intra-lesional injections or Intravenous immunoglobulin infusion or supplementary medications</p> <p>VII. Venereal disease, sexually transmitted disease or illness;</p>	
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		This is summary of exclusions. For detailed exclusions, please refer Policy wordings (Section 3)																			
7.	Waiting period	<div>I. Initial waiting period of 30 days for all illnesses (not applicable for accidents or on renewals)</div> <div>II. Specified Waiting periods (Not applicable for claims arising due to an accident) of 24 months for 40 listed Diseases/procedure</div> <div>III. Pre-existing disease covered after 24 months</div>	Section (3)																		
8.	<div>Financial limits of coverage</div> <div>i. Sub-limit (it is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</div> <div>ii. Co-payment (it is a specified amount/per centage of the admissible claim amount to be paid by policy holder/insured)</div> <div>iii. Deductible (it is a specified amount: - Up to which an insurance company will not pay any claim, and</div>	<div>The policy will pay only up to the limits specified hereunder for the following diseases/procedures</div> <div>Sub-limit:</div> <div>Benefit Specific Sub-limit</div> <div><ul style="list-style-type: none">Ambulance Cover -</div> <table><tr><td>Basic Sum Insured</td><td>Limit</td></tr><tr><td>Up to Rs. 50 Lacs</td><td>Upto Rs. 5000 per hospitalization</td></tr><tr><td>Rs. 75 Lacs</td><td>Upto Rs. 7500 per hospitalization</td></tr><tr><td>Rs. 1 Crore</td><td>Upto Rs. 10,000 per hospitalization</td></tr><tr><td>Rs. 2 Crore</td><td>Upto Rs. 20,000 per hospitalization</td></tr><tr><td>Rs. 3 Crore</td><td>Upto Rs. 30,000 per hospitalization</td></tr></table> <div>For limits applicable to you, please refer your Policy Schedule</div> <div><ul style="list-style-type: none">Maternity Cover -</div> <table><tr><td>Basic Sum Insured</td><td>Limit</td></tr><tr><td>Up to Rs. 50 Lacs</td><td>A maximum of upto Rs 50,000/-. In case of birth of a girl child, the maximum limit under this coverage would be upto Rs 60,000/- per policy</td></tr><tr><td>Rs.75 Lacs to Rs.3 Crore</td><td>A maximum of upto Rs 1,00,000/-. In case of birth of a girl child, the maximum limit under this coverage would be upto Rs 1,20,000/- per policy</td></tr></table> <div>For limits applicable to you, please refer your Policy Schedule</div> <div><ul style="list-style-type: none">Delivery Complications Cover-</div>	Basic Sum Insured	Limit	Up to Rs. 50 Lacs	Upto Rs. 5000 per hospitalization	Rs. 75 Lacs	Upto Rs. 7500 per hospitalization	Rs. 1 Crore	Upto Rs. 10,000 per hospitalization	Rs. 2 Crore	Upto Rs. 20,000 per hospitalization	Rs. 3 Crore	Upto Rs. 30,000 per hospitalization	Basic Sum Insured	Limit	Up to Rs. 50 Lacs	A maximum of upto Rs 50,000/-. In case of birth of a girl child, the maximum limit under this coverage would be upto Rs 60,000/- per policy	Rs.75 Lacs to Rs.3 Crore	A maximum of upto Rs 1,00,000/-. In case of birth of a girl child, the maximum limit under this coverage would be upto Rs 1,20,000/- per policy	Section (2)
Basic Sum Insured	Limit																				
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Rs.75 Lacs to Rs.3 Crore	A maximum of upto Rs 1,00,000/-. In case of birth of a girl child, the maximum limit under this coverage would be upto Rs 1,20,000/- per policy																				

- Which will be deducted from total claim amount (if claim amount is more than the specified amount)

Any other limit (as applicable)

Basic Sum Insured	Limit
Up to Rs.50 Lacs	Upto Rs. 10,000
Rs. 75 Lacs to Rs. 3 Crore	Upto Rs. 25,000

For limits applicable to you, please refer your Policy Schedule

- First year Vaccinations

Upto Rs. 10,000/- provided the child is covered with Us. In case of girl child, applicable limit under this coverage would be Rs.15,000/-.

Any Other limit:

- In-Patient Treatment: Upto Sum Insured
- Pre-Hospitalisation expenses: Upto 60 days, Upto Sum Insured
- Post-Hospitalisation Expenses: Upto Sum Insured.

Basic Sum insured	Number of days
Upto Rs. 50 Lacs	90 days
Rs.75 Lacs to Rs.3 Crore	200 days

For number of days applicable to you, please refer your Policy Schedule

- Day Care Procedures: Upto Sum Insured
- Organ Donor: Upto Sum Insured
- Domiciliary Treatment: Upto Sum Insured
- AYUSH Benefit: Upto Sum Insured
- Health Checkup: Upto 1% of previous sum insured subject to a maximum limit (over and above base sum insured).

Basic Sum Insured (Rs.)	Limit
Up to Rs. 50 Lacs	Upto Rs. 10,000
Rs. 75 Lacs	Upto Rs. 15,000
Rs. 1 Crore	Upto Rs. 20,000
Rs. 2 Crore	Upto Rs. 25,000
Rs. 3 Crore	Upto Rs. 25,000

For maximum limit applicable to you, please refer your Policy Schedule

- Compassionate Travel: (over and above base sum insured)

Basic Sum Insured (Rs.)	Limit
Up to Rs. 50 Lacs	Upto Rs.20,000 per policy year
Rs. 75 Lacs to Rs. 3 Crore	Upto Rs.50,000 per policy year

For limits applicable to you, please refer your Policy Schedule.

- Consumables Benefit: Upto Sum Insured
- Global Cover for Planned Hospitalization: Upto Sum Insured. **For benefit applicable to you, please refer your policy schedule**
- Bariatric Surgery Cover: Upto Sum Insured
- In-Patient Treatment - Dental: Upto Sum Insured
- Vaccination cover: Upto Sum Insured (over and above base sum insured)
- Hearing Aid: Upto 50% of actual cost or ₹10,000/- per policy, whichever is lower. (over and above base sum insured)
- Daily Cash for choosing Shared Accommodation: 0.25% of base sum insured and a maximum of ₹2000 per day. (over and above base sum insured)
- Daily Cash for Accompanying an Insured Child: 0.25% of base sum insured and a maximum of ₹2000 per day. (over and above base sum insured)
- Prolonged Hospitalization Benefit – 1% of Sum Insured (over and above base sum insured)
- High End Diagnostics- (over and above base sum insured)

Basic Sum Insured (Rs.)	Limit
Up to Rs. 50 Lacs	Upto Rs.25,000 per policy year
Rs. 75 Lacs to Rs. 3 Crore	Upto Rs.50,000 per policy year

For limits applicable to you, please refer your Policy Schedule.

- OPD Treatment- (over and above base sum insured)

Basic Sum Insured (Rs.)	Limit
Up to Rs. 50 Lacs	Upto Rs. 5000
Rs. 75 Lacs	Upto Rs. 7500
Rs. 1 Crore	Upto Rs. 10,000
Rs. 2 Crore	Upto Rs. 15,000
Rs. 3 Crore	Upto Rs. 20,000

For limits applicable to you, please refer your Policy Schedule.

- OPD Treatment – Dental- (over and above base sum insured)

Basic Sum Insured (Rs.)	Limit
Up to Rs. 50 Lacs	Upto Rs. 10,000
Rs. 75 Lacs	Upto Rs. 12,500
Rs. 1 Crore	Upto Rs. 15,000
Rs. 2 Crore	Upto Rs. 20,000
Rs. 3 Crore	Upto Rs. 25,000

For limits applicable to you, please refer your Policy Schedule

- Emergency Air Ambulance Cover- (over and above base sum insured)

Basic Sum Insured (Rs.)	Limit
Up to Rs. 50 Lacs	Upto Rs. 5,00,000
Rs. 75 Lacs to Rs. 3 Crore	Up to Rs. 500,000 for out of Network Upto Sum Insured within our Network

For limits applicable to you, please refer your Policy Schedule

- Accidental Death Benefit: 100% of base Sum Insured, maximum Upto Rs.50 Lacs (over and above base sum insured)
- Home Care Treatment Cover (Applicable only for Sum Insured Rs.75 Lacs and above) -

		<table><tr><td>Basic Sum Insured (Rs.)</td><td>Limit</td></tr><tr><td>Up to Rs. 50 Lacs</td><td>NA</td></tr><tr><td>Rs. 75 Lacs to Rs. 3 Crore</td><td>Upto Sum Insured for a) Dialysis at home b) Chemotherapy at home c) Up to 25% of Sum Insured for Pandemic Care at home, max up to 15 days in a policy year</td></tr></table> <p>For limits applicable to you, please refer your Policy Schedule</p>	Basic Sum Insured (Rs.)	Limit	Up to Rs. 50 Lacs	NA	Rs. 75 Lacs to Rs. 3 Crore	Upto Sum Insured for a) Dialysis at home b) Chemotherapy at home c) Up to 25% of Sum Insured for Pandemic Care at home, max up to 15 days in a policy year	
Basic Sum Insured (Rs.)	Limit								
Up to Rs. 50 Lacs	NA								
Rs. 75 Lacs to Rs. 3 Crore	Upto Sum Insured for a) Dialysis at home b) Chemotherapy at home c) Up to 25% of Sum Insured for Pandemic Care at home, max up to 15 days in a policy year								
9.	Claims/Claims Procedure	<p>Claim procedure:</p> <ul style="list-style-type: none">For Cashless Service:<ol style="list-style-type: none">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.If any treatment, consultation or procedure for which a claim may be made, requiring emergency Hospitalization, then the insured must notify us within 24 hours after the treatment or Hospitalization.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.For Reimbursement of Claim:<ol style="list-style-type: none">Please intimate our TPA/Us within 7 days of completion of treatment, consultation or procedure.Please submit claim documents to our TPA/Us within 15 days of occurrence of incident. <p>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> <p>Turn Around Time (TAT) for claims settlement:</p> <ol style="list-style-type: none">TAT for preauthorization of cashless facility: 2 hours	Section (5)						

		<p>ii. TAT for cashless final bill authorization: 4 hours</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 	
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> <p>In case of any grievance the insured person may contact the company through</p> <ul style="list-style-type: none"> o Website: www.tataaig.com Toll Free: 1800 266 7780 or 1800 22 9966 (only for Senior Citizen policyholders) o Email: 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 <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"> o 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. <p>For updated details of grievance officer, kindly refer the link (https://www.tataaig.com/grievance-redressal-policy)</p> <p>Escalation Level 2:</p> <ul style="list-style-type: none"> o 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 	Section (4)

		<p>grievance as per Insurance Ombudsman Rules 2017.</p> <ul style="list-style-type: none"> o Grievance may also be lodged at IRDAI Integrated Grievance Management System (https://igms.irda.gov.in/) 	
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 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"> i. 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 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 iii. 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> <p>The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.</p> <ul style="list-style-type: none"> i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal. ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years. iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period. 	Section (4)

		<p>v. No loading shall apply on renewals based on individual claims experience.</p> <p>Migration</p> <p>The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration.</p> <p>For Detailed Guidelines on Migration, kindly refer Guidelines issued by IRDAI (Insurance Regulatory and Development Authority of India) on Migration and Portability of Health Insurance policies – Ref: IRDAI/HLT/REG/CIR/194/07/2020) dated 22nd July 2020 and subsequent amendments thereof.</p> <p>Portability</p> <p>The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability.</p> <p>For Detailed Guidelines on Portability, kindly refer Guidelines issued IRDAI (Insurance Regulatory and Development Authority of India) on Migration and Portability of Health Insurance policies – Ref: IRDAI/HLT/REG/CIR/194/07/2020) dated 22nd July 2020 and subsequent amendments thereof.</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 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.</p>	
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