Uncompromising Care inside...





Choose all-round care for your health with our Trusted Naam, Fantastic Kaam!

Being the risk experts, we know there can be no compromise in matters of health and are here to make sure that starts with a robust insurance plan. Choosing the right mix of features and coverage levels is essential to get everything you would need in an ideal health insurance plan.

Tata AIG Medicare is a simplified and comprehensive Health Insurance plan. The product is designed keeping in mind the important role that your health insurance plays considering the cost of medical emergencies. With a legacy built on trust be rest assured that we will not compromise on your health insurance and neither should you.

Key features

Restore Benefits

We will automatically restore the Basic Sum Insured upon exhaustion of the Sum Insured and accrued Cumulative Bonus, during the policy period.

Consumables Benefit

Covers expenses incurred, for specified consumables, which are consumed during the period of hospitalization directly related to the insured person's medical or surgical treatment of illness /disease/injury.

Global Cover

Covers Medical Expenses related to inpatient & Day Care Hospitalization of the Insured Person incurred outside India, provided that the diagnosis was made in India and the insured travels abroad for treatment.

Cumulative bonus

50% cumulative bonus will be applied on the Sum Insured for next policy year under the Policy after every claim free Policy Year, provided that the Policy is renewed with Us and without a break. The maximum cumulative bonus shall not exceed 100% of the Sum Insured in any Policy Year.

A new feature added now

Wellness Services

Facilities designed to assist in maintaining and improving good health and fitness.

- 8 Tele-Consultations (General Physician) through telecommunication and digital communication technologies by a qualified Medical Practitioner
- Ambulance Booking facility through Our empanelled Service Provider that will provide a facility to book a road ambulance in India

Coverages

In-Patient Treatment

Covers expenses for hospitalization due to disease/illness/lnjury during the policy period that requires an Insured Person's admission in a hospital as an inpatient. Medical expenses directly related to the hospitalization would be payable.

Day Care Procedures

Covers expenses for 540+ Day Care Treatment due to disease/ illness/lnjury during the policy period taken at a hospital or a Day Care Centre.

Vaccination Cover

Covers expenses related to Human Papilloma Virus (HPV) vaccine & Hepatitis B Vaccine after 2 years of continuous coverage and Anti-rabies vaccine & Typhoid vaccination without any waiting period.

Compassionate Travel

Covers expenses upto ₹20,000 related to a round trip economy class air ticket, or first-class railway ticket, to allow the Immediate Family Member to be at insured person's bedside during his stay in the hospital.

Optional Accidental Death Rider

Covers 100% of sum insured in the event of death of insured person due to accident. This benefit is not applicable for dependent children covered in the policy.

Other Coverages

- Pre-Hospitalization expenses
- Domiciliary Treatment
- Second Opinion
- Ambulance Cover
- Hearing Aid
- Daily Cash for accompanying an insured child.
- Post-Hospitalization expenses
- Organ Donor
- In-patient Dental Treatment
- AYUSH Benefit
- Health Checkup
- Daily Cash for choosing shared accommodation
- Bariatric Surgery

The above mentioned benefits are subject to terms and conditions apply.

Pre-Policy **Check-up** (PPC)

Age(Yrs)/Sum Insured	All Sum Insured Options
Upto age 45	No medicals/No Tele- Medical Examination Report
46+	Tele- Medical Examination Report (TeleMER)

Note: In case of adverse medical declaration, we may call for TeleMER/additional medical tests at our network of diagnostic center.

Premium Chart:

ALL PREMIUM MENTIONED IS PER PERSON IN INR (EXCLUSIVE OF GST)

For the purpose of premium computation, the country is categorized into following three Zones and premium payable under the policy will be computed based on the residential location/address as provided by the proposer/insured person.

Zone A								
Age Band	3 Lakhs	4 Lakhs	5 Lakhs	7.5 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	
91days- 17yrs	4,812	5,664	5,869	6,337	6,559	7,372	7,662	
18-35yrs	7,529	8,836	9,136	9,785	10,126	11,433	11,914	
36-45yrs	9,356	10,978	11,423	12,233	12,674	14,288	14,881	
46-50yrs	13,644	15,917	16,546	17,717	18,275	20,573	21,413	
51-55yrs	17,039	19,714	20,224	21,708	22,355	25,150	26,170	
56-60yrs	20,573	23,767	24,543	26,374	26,945	30,194	31,366	
61-65yrs	27,351	31,753	32,837	35,287	36,134	40,577	42,188	
66-70yrs	42,605	49,737	51,503	55,309	56,756	63,912	66,522	
71+yrs	52,776	61,990	64,304	68,962	71,134	80,187	83,482	

Mumbai including MMR/ Thane, Delhi NCR/Faridabad/Ghaziabad, Ahmedabad, Surat, and Baroda

Zone B								
Age Band	3 Lakhs	4 Lakhs	5 Lakhs	7.5 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	
91days- 17yrs	4,522	5,315	5,502	5,943	6,155	6,913	7,182	
18-35yrs	7,066	7,704	7,957	8,518	9,482	10,702	11,150	
36-45yrs	8,784	9,574	9,965	10,666	11,890	13,394	13,946	
46-50yrs	12,833	14,933	15,526	16,616	17,139	19,275	20,054	
51-55yrs	16,088	18,538	18,973	20,365	20,966	23,560	24,505	
56-60yrs	19,450	22,376	23,081	24,808	25,301	28,297	29,374	
61-65yrs	25,780	29,830	30,823	33,129	33,880	37,988	39,474	
66-70yrs	40,004	46,597	48,223	51,795	53,100	59,737	62,152	
71+yrs	49,535	58,123	60,280	64,637	66,678	75,107	78,167	

Hyderabad, Bengaluru, Kolkata, Indore, Chennai, Chandigarh/ Mohali/ Punchkula/Zirakpur, Pune/Pimpri Chinchwad and Rajkot

Zone C								
Age Band	3 Lakhs	4 Lakhs	5 Lakhs	7.5 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs	
91days-17yrs	3,762	4,417	4,567	4,932	5,112	5,737	5,959	
18-35yrs	5,873	6,870	7,089	7,584	7,860	8,865	9,235	
36-45yrs	7,305	8,544	8,895	9,515	9,879	11,117	11,572	
46-50yrs	10,697	12,408	12,901	13,799	14,234	15,987	16,626	
51-55yrs	13,474	15,450	15,764	16,920	17,414	19,539	20,312	
56-60yrs	16,318	18,675	19,235	20,679	21,045	23,480	24,351	
61-65yrs	21,546	24,828	25,625	27,552	28,129	31,479	32,685	
66-70yrs	33,271	38,648	39,967	42,935	43,964	49,397	51,369	
71+yrs	41,174	48,253	50,031	53,641	55,339	62,275	64,786	

Rest of India

Gross Premium (for all zones) for optional Accidental Death Benefit							
Age Band	3 Lakhs	4 Lakhs	5 Lakhs	7.5 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs
All Ages	167	223	279	418	558	836	1,115

Note: Self is mandatory for Accidental Death Benefit Rider

Premium Calculations:

- The premium will be charged on the completed age of the Insured Person.
- The premium for the policy will remain the same for the policy period as mentioned in the policy schedule.
- For family floater, premium is calculated by adding the premium of respective individual members and applying family floater discount*
- 10% discount on premium in case insured opts for shared room category*

* Not applicable on Accidental Death Premium

Calculate Your Premium



General **Exclusions:**

Medical Exclusions:

- Congenital External Diseases, defects or anomalies
- Alcoholic pancreatitis

Non-Medical Exclusions:

- Intentional self-injury or attempted suicide while sane or insane.
- Any Insured Person attempting to commit a breach of law with criminal intent
- Treatment rendered by a Medical Practitioner which is outside his discipline

Please refer to policy wordings for complete list of Benefits and Exclusions.

Waiting **Period**:

- Policy coverage starts 30 days from the first inception of the policy (except accident).
- Any listed Conditions, Surgeries/Treatments will be covered after a waiting period of 24 months.
- Any pre-existing condition will be covered after a waiting period of 36 months.

Tax Benefit:

The premium amount paid under this policy qualifies for deduction under 80D of Income Tax Act. This benefit is not applicable for premium amount paid towards accidental death benefit if opted and for premium paid in cash/ or by demand draft.

Tax benefits are subject to changes in Income Tax Law.

Claim Procedure:

• Intimation & Assistance: Please contact Us atleast 48 hours prior to an event which might give rise to a claim. For any emergency situations, kindly contact Us within 24 hours of the event.

 Claim Related Information: For any claim related query, intimation of claim and submission of claim related documents, You can contact Us through: Name: TAGIC Health Claims Email: healthclaimsupport@tataaig.com Toll Free: 1800 266 7780 or 1800 229 966 (For Senior Citizens) Website: www.tataaig.com Submit claim: 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

For list of network hospitals, please visit website.

In case if the insured person opts for shared accommodation under the policy, but gets admitted in a room category higher than that, then 10% of admissible claim amount will be borne by the insured person.

Terms and Conditions

- Minimum entry age 91 days
- Policy Tenure Options-1/2/3 Years
- Covers upto 7 members (Self, Spouse, upto 3 dependent children and upto 2 parents/ parents-in-laws)

- You have a period of 15 days from the date of receipt of the policy document to review the policy terms/conditions. In case of any policy related objections, you have the option to cancel the policy and premium would be refunded as per free-look regulation laid down by IRDAI.
- We may apply risk loading (max. individual loading upto 100% of premium per medical condition) based on individual's health status. Maximum overall risk loading shall not exceed 150% of premium per individual.
- There will be no premium refund in case of cancellation due to non-disclosure of material facts, mis-representation or fraud.
- Grace period of 30 days from the policy expiry is available. Coverage is not available during the grace period.
- Sum insured can be enhanced only at the time of renewal subject to our underwriting guidelines
- In case you want to port your policy to Us, apply at least 45 days prior to policy renewal date and IRDAI portability guidelines shall apply.
- Any product revision/modification/future withdrawal will be done with the approval of IRDAI and will be intimated to You at least 3 months in advance. In case of withdrawal, you have an option to migrate to our similar health insurance product.

Prohibition of Rebates

Section 41 of Insurance Act 1938 as amended by Insurance Laws (Amendment) Act, 2015

- No person shall allow or offer to allow, either directly or indirectly, as an inducement to any
 person to take out or renew or continue an insurance in respect of any kind of risk relating to
 lives or property in India, any rebate of the whole or part of the commission payable or any
 rebate of the premium shown on the policy, nor shall any person taking out or renewing or
 continuing a policy accept any rebate, except such rebate as may be allowed in accordance with
 the published prospectuses or tables of the insurer.
- Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Grievance Redressal Procedure:

As per regulation 17 of IRDA of India (Protection of Policyholders' Interests) Regulation, 2017.

Section 64 VB of the Insurance Act, 1938:

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.



Disclaimer:

Insurance is the subject matter of solicitation.

For more details on benefits, exclusions, limitations, terms & conditions, please refer sales brochure/ policy wordings carefully, before concluding a sale.



WITH YOU ALWAYS

Trusted Naam, Fantastic Kaam!

Tata AIG General Insurance Company Limited

Regd Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai - 400013 24x7 Toll Free No: 1800 266 7780 or 1800 229966 (For Senior Citizens) Email: customersupport@tataaig.com | Website: www.tataaig.com IRDA of India Registration No: 108 | CIN:U85110MH2000PLC128425 | UIN: TATHLIP23118V032223

TAGIC/B/TGMC/Oct 22/16

Ver 1/All 0092