



WITH YOU ALWAYS

TATA AIG Criti-MediCare**Customer Information Sheet/Know Your Policy****This document provides key information about your Policy. You are also advised to go through your Policy document.**

Sr. No.	Title	Description				Policy Clause No.		
1.	Name of the Insurance Product/Policy	TATA AIG Criti-MediCare						
2.	Policy Number	<<Policy Number>>						
3.	Type of Insurance Policy	For Sections applicable to you, please refer your Policy Schedule.						
		Section A: Critical Illness	Benefit (which pays a fix amount under the Policy on the occurrence of a covered event)	Section C: Hospital Cash	Benefit (which pays a fix amount under the Policy on the occurrence of a covered event)			
		Section B: Cancer 360 Degree-Indemnity Cover	Indemnity (where Insured losses are covered up to the Sum Insured under the Policy)	Section D: Wellsurance Benefit	Benefit (which pays a fix amount under the Policy on the occurrence of a covered event)			
4.	Sum Insured (Basis) (Along with amount)	Individual Sum Insured – Where each member has a separate Sum Insured under the Policy.						
		Sum Insured (₹) applicable for opted covers						
		Insured Person(s) Name	A.1. Critical Illness*	A.5. Smart Cancer Care	B. Cancer 360 Degree-Indemnity Cover		C. Hospital Cash (Per Day Benefit)	D. Wellsurance Benefit
*In case of Angioplasty, the Sum Insured payable is limited to 50% or ₹20 Lacs whichever is lower.								

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Website: www.tataaig.com • IRDA of India Registration No.: 108 • CIN: U85110MH2000PLC128425 • REG-IMP-V1-300924 • TATA AIG Criti-MediCare UIN: TATHLIP22176V012122



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		<p>Section A: Critical Illness</p> <p>i. Name of the Plan: <<Smart Century Premier/Smart Half Century/NA>></p> <p>ii. Waiting Period Details: <<NA>></p>																											
		<p>Survival Period << 0/7/15 days >></p>																											
		<p>Section C. Hospital Cash - Coverage: Sum Insured as mentioned above and <<No. of days opted>></p> <p>Section D: Wellsurance Benefits - Name of Plan: <<Classic/Supreme/Elite/NA>></p>																											
		Coverage Details:																											
		<table border="1"> <thead> <tr> <th>Benefits</th> <th><<Plan Name>></th> <th>Benefits</th> <th><<Plan Name>></th> </tr> </thead> <tbody> <tr> <td colspan="2">Minor Surgical Benefit</td> <td colspan="2">Major Surgeries</td> </tr> <tr> <td>Appendectomy/ Removal of Kidney stones/Haemorrhoids</td> <td><<Benefit Sum Insured>></td> <td>Post Traumatic Surgery</td> <td><<Benefit Sum Insured>></td> </tr> <tr> <td>Cholecystectomy/ Removal of Gall bladder Stones/ Hernia/Biopsy or growth</td> <td><<Benefit Sum Insured>></td> <td>Knee replacement/ knee ligament surgery</td> <td><<Benefit Sum Insured>></td> </tr> <tr> <td>Post Hospitalisation Benefit</td> <td><<Benefit Sum Insured>></td> <td>Hip replacement</td> <td><<Benefit Sum Insured>></td> </tr> <tr> <td>Post-operative Physiotherapy (Benefit)</td> <td><<Benefit Sum Insured>></td> <td rowspan="2">Cosmetic Reconstructive Surgery (in case of Accidents)</td> <td rowspan="2"><<Benefit Sum Insured>></td> </tr> <tr> <td>Ambulance Charges</td> <td><<Benefit Sum Insured>></td> </tr> </tbody> </table>	Benefits	<<Plan Name>>	Benefits	<<Plan Name>>	Minor Surgical Benefit		Major Surgeries		Appendectomy/ Removal of Kidney stones/Haemorrhoids	<<Benefit Sum Insured>>	Post Traumatic Surgery	<<Benefit Sum Insured>>	Cholecystectomy/ Removal of Gall bladder Stones/ Hernia/Biopsy or growth	<<Benefit Sum Insured>>	Knee replacement/ knee ligament surgery	<<Benefit Sum Insured>>	Post Hospitalisation Benefit	<<Benefit Sum Insured>>	Hip replacement	<<Benefit Sum Insured>>	Post-operative Physiotherapy (Benefit)	<<Benefit Sum Insured>>	Cosmetic Reconstructive Surgery (in case of Accidents)	<<Benefit Sum Insured>>	Ambulance Charges	<<Benefit Sum Insured>>	
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Sr. No.	Title	Description	Policy Clause No.
5.	Policy Coverage	<p>This is a complete list of benefits. For benefits and plan applicable to you, please refer Policy Schedule:</p> <p>A. Critical Illness:</p> <p>A1. Critical Illness – Lump sum pay out in case of diagnosis of the listed Critical Illness</p> <p>A2. Waiver of Premium (Applicable for Smart Century Premier Plan)</p> <p>A3. Health Check-Up</p> <p>A4. Second Medical Opinion</p> <p>A5. Smart Cancer Care</p> <p>B. Cancer 360 Degree-Indemnity Cover:</p> <p>B1. In-Patient Treatment</p> <p>B2. Pre-Hospitalisation Expenses – Up to 60 days</p> <p>B3. Post-Hospitalisation Expenses – Up to 90 days</p> <p>B4. Day Care Treatment</p> <p>B5. Organ Donor Expenses</p> <p>B6. Home Care (Cancer)</p> <p>B7. Chemotherapy and Radiotherapy Cover</p> <p>B8. OPD Cover (Outpatient)</p> <p>B9. Advanced Treatments for Cancer</p> <p>B10. Hotel accommodation</p> <p>B11. Transportation Expenses</p> <p>B12. Ambulance Cover</p> <p>B13. High End Diagnostics</p> <p>B14. Palliative Care for Cancer</p> <p>B15. Psychiatric Counselling</p> <p>B16. Health Check Up</p> <p>B17. Second Medical Opinion</p> <p>B18. Global Cover</p> <p>B19. Consumable Benefit</p> <p>C. Hospital Cash:</p> <p>C1. In–Patient Hospital Cash</p> <p>C2. Prolonged Hospital Cash Benefit</p> <p>C3. ICU Cash Benefit</p> <p>C4. Accidental Hospitalisation Cash Benefit</p> <p>C5. Accidental Hospitalization ICU Cash Benefit</p> <p>Optional Benefits:</p> <p>D. Wellsurance Benefit:</p> <p>a) Minor Surgical Benefit</p> <p>b) Major Surgical Benefit</p> <p>c) Post Operative Expenses (Physiotherapy)</p> <p>d) Ambulance Service</p> <p>E. Personal Accident (Only applicable for Section A: Critical Illness)</p>	Section (2)

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Sr. No.	Title	Description		Policy Clause No.	
6.	Exclusions	<p>Standard Exclusion:</p> <p>Medical Exclusions:</p> <ul style="list-style-type: none"> I. Alcoholism (Code - Excl 12) II. Obesity (Code - Excl 06) III. Investigation and evaluation (Code - Excl 04) IV. Sterility and infertility (Code - Excl 17) V. Change-of-Gender treatments (Code - Excl 07) VI. Cosmetic or Plastic Surgery (Code – Excl 08) VII. Rest cure, rehabilitation and respite care (Code - Excl 05) VIII. Unproven treatments (Code - Excl 16) IX. Maternity (Code - Excl 18) X. Admission for domestic reasons (Code - Excl 13) <p>Non-Medical Exclusions:</p> <ul style="list-style-type: none"> I. Hazardous or Adventure Sports (Code - Excl 09) II. Breach of Law (Code - Excl 10) III. Excluded Providers (Code - Excl 11) <p>Specific Exclusions:</p> <p>Medical Exclusions:</p> <p>Specific to Section 2. A: Critical Illness: Any Critical Illness other than as defined under Section A1</p> <p>Specific to Section 2. B: Cancer 360 Degree – Indemnity Cover: Any illness or injury other than Cancer</p>	<p>Venereal disease, sexually transmitted disease or illness;</p> <p>Growth hormone therapy;</p> <p>Sleep-Apnoea</p> <p>Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalisation</p> <p>Any existing disease specifically mentioned as Permanent exclusion in the Policy Schedule</p>	<p>Hospital cash (Section C) and Wellsurance Benefit (Section D)</p> <p>Hospital cash (Section C)</p> <p>Hospital cash (Section C)</p> <p>Hospital Cash (Section C) and Wellsurance Benefit (Section D)</p> <p>Critical Illness (Section A), Cancer 360 Degree -Indemnity Cover (Section B), Hospital Cash (Section C) and Wellsurance Benefit (Section D)</p>	Section (3)
		<p>Non-Medical Exclusions:</p> <ul style="list-style-type: none"> I. War or any act of war, invasion, act of foreign enemy, war like operations. II. Participation or involvement in naval, military or air force operation. III. Intentional self-Injury or attempted suicide. IV. Treatment rendered by a Medical Practitioner which is outside his discipline or sharing the same residence as an Insured Person or who is an immediate relative. 			

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Exclusions	Applicable Section(s)												
Alcoholic pancreatitis	Hospital cash (Section C)												
Congenital External Diseases, defects or anomalies;	Hospital Cash (Section C) and Wellsurance Benefit (Section D)												
Admission primarily for administration of Intra-articular or intra-lesional injections or Intravenous immunoglobulin infusion or supplementary medications like Zolendronic Acid	Hospital Cash (Section C)												
7.	Waiting Period	I. Initial Waiting Period of - 90 days (applicable for Section 2. A and 2. B) - 30 days (applicable for Section 2. C)	II. Waiting Periods of 24 months for Specified Disease/Procedure (Only applicable for Section 2. C).	III. Pre-Existing Disease Waiting Period 36 months.	Section (3)								
8.	i. Financial limits of coverage	The Policy will pay only up to the limits specified hereunder for the following diseases/procedures Sub-Limit:		- Post-Hospitalisation Expenses: Up to 90 days, Up to Sum Insured	Section (2)								

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	<p>ii. Sub-Limit (It is a pre-defined limit and the Insurance Company will not pay any amount in excess of this limit)</p> <p>iii. Co-Payment (It is a specified amount/percentage of the admissible claim amount to be paid by Policyholder/ Insured)</p> <p>iv. Deductible (It is a specified amount: - 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) - Any other limit (As applicable)</p>	<p><u>Benefit Specific Sub-Limit:</u></p> <p>Section B: Cancer 360 Degree-Indemnity Cover</p> <ul style="list-style-type: none"> - OPD Cover (Outpatient) - Up to 1% of Sum Insured subject to maximum of ₹10,000/- per Policy Year - Hotel accommodation - 1% of Sum Insured subject to maximum ₹5000 per day up to 5 days per Policy Year - Transportation Expenses – ₹500 Per day, maximum up to 10 days in a Policy Year - Ambulance Cover - Up to ₹ 5000 per Hospitalisation - High End Diagnostics - Up to ₹25000 per Policy Year. - Palliative Care for Cancer - Up to 10% of Sum Insured; maximum up to ₹5 Lacs in a Policy Year - Psychiatric Counseling - ₹2000 per session; up to 8 sessions per Policy Year - Health Check-Up - Up to 1% of previous Policy Sum Insured maximum up to ₹10,000 <p><u>Any Other Limit:</u></p> <p>Section A: Critical Illness</p> <ul style="list-style-type: none"> - Critical Illness: lump Sum Amount of Sum Insured 	<ul style="list-style-type: none"> - Day Care Treatment: Up to Sum Insured - Organ Donor Expenses: Up to Sum Insured - Home Care (Cancer) - Up to Sum Insured - Chemotherapy and Radiotherapy Cover - Up to Sum Insured - Advanced Treatments for Cancer - Up to Sum Insured - Global Cover – Up to Sum Insured - Consumable Benefit - Up to Sum Insured <p>Section C: Hospital Cash</p> <ul style="list-style-type: none"> - In-Patient Hospital Cash - Fixed Daily Cash Benefit as specified in the Policy Schedule - Prolonged Hospital Cash Benefit: ₹10,000 per event (over and above Sum Insured) - ICU Cash Benefit - Twice the In-Patient Hospital Cash Benefit - Accidental Hospitalisation Cash Benefit - Twice the In-Patient Hospital Cash Benefit - Accidental Hospitalisation ICU Cash Benefit – Twice the ICU Cash Benefit <p>Section D: Wellsurance Benefit (Optional) For cover, plan and limit applicable to you, please refer your Policy schedule.</p>



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		<ul style="list-style-type: none"> - Health Check up: Up to 1% of previous Policy year Sum Insured maximum up to ₹10,000 (over and above base Sum Insured) - Smart Cancer Care: Up to 100% of the Sum Insured (over and above base Sum Insured) <p>Section B: Cancer 360 Degree-Indemnity Cover</p> <ul style="list-style-type: none"> - In-Patient Treatment: Up to Sum Insured - Pre-Hospitalisation expenses: Up to 60 days, Up to Sum Insured 	
9.	Claims/Claims Procedure	<p>Claim Procedure:</p> <p>For Cashless Service: Notify us at least 48 hours before the planned Hospitalisation. / Within 24 hours after the emergency treatment or Hospitalisation.</p> <p>For Reimbursement of Claim: Intimate Us within 7 days of completion of treatment, consultation or procedure. Submit claim documents within 15 days of occurrence of incident.</p> <p>Kindly send the claim documents to: A&H Claims Department, Tata AIG General Insurance Co. Ltd. 7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon (E), Mumbai, Maharashtra 400 063</p> <p>Assistance:</p> <ol style="list-style-type: none"> i. Website www.tataaig.com or Toll-Free <1800-266-7780> to get details on our empanelled hospitals and list of Excluded Providers / Blacklisted Hospitals. ii. Please refer our website www.tataaig.com to download Claim Form. 	Section (5)

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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: To lodge a complaint, call our 24/7 Toll-free number <1800-266-7780> / <1800 229 966> (For Senior Citizens) or <022-66939500> (toll charges apply), or email us at customersupport@tataaig.com. We will investigate and respond within the regulatory turnaround time (TAT).</p> <p>Escalation Level 1: Email: manager.customersupport@tataaig.com.</p> <p>Escalation Level 2: Email the Head of Customer Services at head.customerservices@tataaig.com. You may approach the Insurance Ombudsman of concerned jurisdiction (Refer Annexure A) or lodge a grievance on the Bima Bharosa Grievance Redressal Portal: https://bimabharosa.irdai.gov.in</p>	Section (4)
12.	Things to Remember	<p>Free Look Period: The Insured person shall be provided a Free Look period of thirty days beginning from the 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>Policy Renewal: The Policy shall ordinarily be renewable except on grounds of established fraud, non-disclosure or misrepresentation by the Insured Person.</p> <p>Migration: 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. If such person is presently covered and has been continuously covered without any lapses under any Health Insurance Product/Plan offered by the company, the Insured Person will get the accrued continuity benefits to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting Period for pre-existing diseases, Moratorium Period etc. in the previous Policy to the migrated Policy, as applicable.</p>	

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		<p>Portability: 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 30 days before, but not earlier than 60 days from the Policy renewal date as per IRDAI guidelines. If such person is presently covered and has been continuously covered without any lapses under any Health Insurance Policy with an Indian General/Health Insurer, the Proposed Insured Person will get the accrued continuity benefits to the extent of the Sum Insured, No Claim Bonus, specific Waiting Periods, Waiting Period for pre-existing disease, Moratorium Period etc from the Existing Insurer to the Acquiring Insurer in the previous Policy, as applicable.</p> <p>Moratorium Period: After completion of five continuous years of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This continuous period of five years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever the sum insured is enhanced, completion of five continuous years would be applicable from the date of enhancement of sums insured only on the enhanced limits. 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. Please specify all Material Facts. "Material facts" for the purpose of this Policy shall mean all relevant information which will enable Us to take informed decision in the context of underwriting the risk.	

Disclaimer: Insurance is the subject matter of the solicitation. For more details on benefits, optional benefits, exclusions, limitations, terms & conditions, please read the Policy Wordings carefully, before concluding a sale. Trade logo displayed above belongs to Tata Sons Private Limited and AIG and used by TATA AIG General Insurance Company Limited under License.

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