TATA AIG ElderCare

Customer Information Sheet/know Your Policy

TATA AIG INSURANCE WITH YOU ALWAYS

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 Elder Care	
2.	Policy Number	<< Policy Number >>	
3.	Type of Insurance Policy	Both Indemnity and 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 (What the policy covers?)	B1. **In-Patient Treatment** - Covers medical expenses for hospitalization in a single private room for period more than 24 hrs. B2. **Pre-Hospitalization expenses** - Medical Expenses incurred in 30 days before the date of admission to the hospital B3. **Post-Hospitalization expenses** - Medical Expenses incurred in 60 days after the date of discharge from the hospital B4. **Home Physiotherapy** - 10 physiotherapy sessions at home within India, through our empanelled service provider. Benefit is available for claim under Joint Replacement surgery, Stroke or Paralysis and as a part of the Post Hospitalization period. B5. **Post Operative Care -** a. **Home Nursing Services -** Post operative nursing service at home, maximum up to 7 days per person within post hospitalization period b. **Personalized Health Manager** - Telephonic assistance of a personalized health manager for assisting in booking appointments and	Section (2)

		coordinating on call, for services listed in the policy. B6. **Compassionate Care -** Compassionate care giver at home within India, to assist in Activities of Daily Living, for a maximum up to 14 days per person per policy year within post hospitalization period. B7. **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. 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, subject to applicability of Associated Medical Expenses. 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 60 days, subject to AYUSH In-Patient hospitalization or AYUSH day care treatment claim being admissible under this benefit. 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). B9. **Road Ambulance Cover -** For utilizing ambulance service for transporting insured person to hospital in case of an emergency, subject to a maximum of Rs. 5000 per Hospitalization. B10. **Preventive Health Checkup -** Preventive Health Check-up for tests specified in the policy, through our empanelled service provider after a block of every two continuous claim free policy years with us. B11. **Annual Preventive Health Consultation -** Annual health consultation for preventive dental check-up, eye check-up and orthopaedic consultation. B12. **Consumables Benefit -** We will pay for expenses incurred, for specified consumables	

		which are listed in 'Annexure – 1 List 1 as Optional Items' 'Items for which optional cover may be offered by insurers' under 'Master Circular on Standardization of Health Insurance Products, 2020'' and 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. **Cumulative Bonus -** We will provide 10% increase in cumulative bonus for every claim free year. In the case a claim is made during the policy year, the cumulative bonus would reduce by 10% in the following year. The total accrued Cumulative Bonus shall not exceed 100% of the base Sum Insured in any Policy Year. B14. **Medical Second Opinion -** We will provide You a medical second opinion from Network Provider, if an Insured Person is diagnosed with any of the illnesses specified in the policy. B15. **High End Diagnostics -** We will pay the insured for the diagnostic tests on OPD basis for tests listed in the policy, if required as part of a treatment subject to a maximum of Rs. 20,000 per policy year. B16. **Home Care Treatment Cover -** Reasonable and customary medical expenses incurred for treatment taken at home, for conditions/illness specified in the policy, maximum upto 10% of the sum insured (excluding accrued cumulative bonus). B17. **Wellness Services:** Services designed to assist insured persons in maintaining and improving good health and fitness. a. **Teleconsultation– General:** Maximum 12 teleconsultations per policy year. b. **Diet and Nutrition Consultation:** Consultation through telecommunication and digital communication technologies related to diet and nutrition. c. **Discounts from Network Providers:** Discounts on diagnostic tests, medicine, medical devices, health supplements and other health related services offered through our empanelled service providers. B18. **Home Assessment and Modification for**	

		Elderly Care/Disability - We/our empanelled service provider will arrange for a home assessment to evaluate and recommend modifications required in home to suit the mobility needs for elderly care/disability. In addition, a fixed amount of Rs. 5000, to undertake home alteration, if recommended by the home assessor. B19. **Cost Sharing -** a. **Mandatory Co-Payment** Mandatory co-payment of 20%. Customer shall be liable to pay 20% of the admissible claim amount of each and every claim. b. **Sub-Limits on Specified Surgical Procedure** The expenses payable during the entire policy year for cataract surgery and joint replacement surgery is limited to the amount specified in the policy.	
6.	Exclusions	1. Medical Exclusions 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. Change-of-Gender treatments: Code-Excl07 V. Cosmetic or Plastic Surgery (Code- Excl 08) VI. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code- Excl 12). VII. 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) VIII. 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)	Section (3)

IX. Refractive error (Code- Excl 15)

X. Unproven treatments (Code- Excl 16)

XI. Sterility and Infertility (Code- Excl 17)

XII. Maternity (Code - Excl 18)

2. Non-Medical Exclusions

I. Hazardous or Adventure Sports (Code- Excl 09)

II. Breach of law (Code- Excl 10)

III. Excluded Providers: (Code-Excl 11)

Specific Exclusions (Exclusions other than as those mentioned above)

1. Medical Exclusions

I. Alcoholic pancreatitis;

II. Congenital External Diseases, defects or anomalies;

III. Stem cell therapy;

IV. Growth Hormone Therapy;

V. Sleep-apnoea;

VI. Admission primarily for administration of Intra-articular or intra-lesional injections or Intravenous immunoglobulin infusion or supplementary medications

VII. Venereal disease, sexually transmitted disease or Illness;

VIII. All preventive care

IX. Dental treatment or surgery of any kind

X. Any existing disease specifically mentioned as Permanent exclusion in the Policy Schedule.

2. Non-Medical Exclusions

I. War or any act of war, invasion, act of foreign enemy, war like operations.

II. Any Insured Person's participation or involvement in naval, military or air force operation.

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. Provision or fitting of hearing aids, spectacles or contact lenses, etc. VIII. Any treatment and associated expenses for alopecia, baldness, wigs or toupees, medical supplies. IX. Any treatment or part of a treatment that is not a part of 'Reasonable and Customary charges', not medically necessary; drugs or treatments which are not supported by a prescription. X. Crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively and explicitly stated and covered in the policy). XI. 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. This is summary of exclusions. For detailed exclusions, please refer Policy wordings (Section 3)	
7.	Waiting period	I. Initial waiting period of 30 days for all illnesses (not applicable for accidents or on renewals) II. Specified Waiting periods (Not applicable for claims arising due to an accident) of 24 months for 39 listed Diseases/procedure and 48 months for 1 listed Disease/Procedure III. Pre-existing disease covered after 24 months	Section (3)
8.	Financial limits of coverage i. Sub-limit (it is a pre-defined limit and the insurance company	The policy will pay only up to the limits specified hereunder for the following diseases/procedures: **Sub-limit** • Benefit Specific Sub-limit: o Post Operative Care (Home Nursing Services)- up to Rs. 1000 Per day for a maximum period of 7 days per person in a policy year	Section (2)

will not pay any amount in excess of this limit)

ii. Co-payment (it is a specified amount/percentage of the admissible claim amount to be paid by policy holder/ insured)

iii. 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)

- o Compassionate Care- Up to Rs. 750 Per day for a maximum period of 14 days per person in a policy year
- o Road Ambulance Cover- Upto ₹5,000 per hospitalization
- o Home Care Treatment Cover- Upto 10% of Sum Insured
- o Room Eligibility- Upto Single private room

• Sub-Limits on Specified Surgical Procedure:

a. Cataract (Per eye per insured person)-

	Sum Insured Per Policy Year		
Zone of the insured (Premium Payment Zone, as specified in the policy schedule)	₹ 5 Lacs	₹ 10 Lacs	₹ 25 Lacs
Zone A	₹ 50,000	₹ 75,000	₹ 1,00,000
Zone B	₹ 47,500	₹ 70,000	₹ 95,000
Zone C	₹ 40,000	₹ 60,000	₹ 80,000

For limits applicable to you, as per your Zone and opted Sum insured mentioned in the policy schedule, please refer your Policy wordings.

b. **Joint Replacement Surgery (per insured person)-**

	Sum Insured Per Policy Year		
Zone of the insured (Premium Payment Zone, as specified in the policy schedule)	₹ 5 Lacs	₹ 10 Lacs	₹ 25 Lacs
Zone A	₹ 2,00,000	₹ 3,00,000	₹ 5,00,000
Zone B	₹ 1,90,000	₹ 2,85,000	₹ 4,75,000
Zone C	₹ 1,60,000	₹ 2,50,000	₹ 4,00,000

For limits applicable to you, as per your Zone and opted Sum insured mentioned in the policy schedule, please refer your Policy wordings

		Co-payment: Mandatory Co-Payment of 20% on each and every claim **Any Other limit:** o In-Patient Treatment- Upto Sum Insured o Pre-Hospitalization expenses- Upto Sum Insured Upto 30 days o Post-Hospitalization expenses- Upto Sum Insured Upto 60 days o Day Care Procedures- Upto Sum Insured o AYUSH Benefit- Upto Sum Insured o Consumables Benefit- Upto Sum Insured o High End Diagnostics- Upto Rs. 20,000 per policy (over and above base sum insured) o Home Assessment and Modifications for Elderly Care – Fixed amount of Rs. 5000 for Home Modification, once per policy (over and above sum insured) **TATA AIG Co-payment Waiver Add on (UIN: TATHLIA24178V012324) (For Add On applicable to you, please refer your Policy schedule)** If this Add On is opted, then above mentioned 'Mandatory Co-payment' shall not be applicable on admissible claim under the base Policy. **(For terms and conditions, please refer TATA AIG Co-payment Waiver Add On Wordings)**	
9.	Claims/Claims Procedure	**Claim procedure:** • For Cashless Service: 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 Hospitalization, then the insured must notify us within 24 hours after the treatment or Hospitalization 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.	Section (5)

		• For Reimbursement of Claim: 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 **Assistance:** 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	In case of any grievance the insured person may contact the company through • Website: www.tataaig.com • 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 7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063 Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. **Escalation level 1:** If Insured person is not satisfied with the redressal of grievance through one of the above	Section (4)

		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) **Escalation level 2:** 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. Grievance may also be lodged at IRDAI Integrated Grievance Management System (https://igms.irda.gov.in/)	
12.	Things to remember	**Free Look Period** 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. 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. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to 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. **Policy renewal** The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person. i. The Company shall endeavor to give notice for	Section (4)

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.

v. No loading shall apply on renewals based on individual claims experience.

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 on Migration.

For Detailed Guidelines on Migration, kindly refer Guidelines issued by IRDAI (Insurance Regulatory and Development Authority of India) on Consolidated Guidelines on Product Filing in Health Insurance Business – Ref: IRDAI/HLT/REG/CIR/194/07/2020) dated 22nd July 2020 and subsequent amendments thereof.

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 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability.

For Detailed Guidelines on Portability, kindly refer Guidelines issued IRDAI (Insurance Regulatory and Development Authority of India) on Consolidated Guidelines on Product Filing in Health Insurance Business – Ref: IRDAI/HLT/REG/CIR/194/07/2020) dated 22nd July 2020 and subsequent amendments thereof.

Moratorium Period

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.	
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 | Tata AIG Elder Care UIN: TATHLIP23179V012223
TATA AIG Co-payment Waiver Add on UIN: TATHLIA24178V012324