

Title	Description	Refer To Policy Clause Number
<b>Product Name</b>	<b>Tata AIG Elder Care</b>	
What am I covered for:	<ol style="list-style-type: none"> <li>1. <b>In-patient Treatment</b>- Covers medical expenses for hospitalization in a single private room for period more than 24 hrs.</li> <li>2. <b>Pre-Hospitalization expenses</b>- Medical Expenses incurred in 30 days before the date of admission to the hospital</li> <li>3. <b>Post-Hospitalization expenses</b> - Medical Expenses incurred in 60 days after the date of discharge from the hospital</li> <li>4. <b>Home Physiotherapy</b> – 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.</li> <li>5. <b>Post Operative Care</b> -             <ol style="list-style-type: none"> <li>a. <b>Home Nursing Services – Post operative</b> nursing service at home, maximum up to 7 days per person within post hospitalization period</li> <li>b. <b>Personalized Health manager</b> – Telephonic assistance of a personalized health manager for assisting in booking appointments and coordinating on call, for services listed in the policy.</li> </ol> </li> <li>6. <b>Compassionate Care</b> – 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.</li> <li>7. <b>Day-Care procedures</b>- Medical expenses for Day Care Treatment due to disease/illness/Injury during the policy period taken at a hospital or a Day Care Centre.</li> <li>8. <b>AYUSH benefit</b> - Medical Expenses incurred for In-patient treatment taken in AYUSH Hospital, subject to a maximum of 50% of the sum insured</li> <li>9. <b>Road Ambulance cover</b>-For utilizing ambulance service for transporting insured person to hospital in case of an emergency, subject to a maximum of ₹5000 per Hospitalization.</li> <li>10. <b>Preventive Health Check-up</b>- 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.</li> <li>11. <b>Annual Preventive Health Consultation</b> – Annual health consultation for preventive dental check-up, eye check-up and orthopaedic consultation.</li> <li>12. <b>Consumables Benefit</b>- 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)</li> <li>13. <b>Medical Second Opinion</b> - 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.</li> <li>14. <b>High End Diagnostics</b>- 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 ₹20,000 per policy year.</li> </ol>	Section (2)

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	<p>15. <b>Home Care Treatment Cover</b> - 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).</p> <p>16. <b>Wellness Service:</b> Services designed to assist insured persons in maintaining and improving good health and fitness.</p> <p><b>a. Teleconsultation- General:</b> Maximum 12 teleconsultations per policy year.</p> <p><b>b. Diet and Nutrition Consultation:</b> Consultation through telecommunication and digital communication technologies related to diet and nutrition.</p> <p><b>c. Discounts from Network Providers:</b> Discounts on diagnostic tests, medicine, medical devices, health supplements and other health related services offered through our empanelled service providers.</p> <p>17. <b>Home Assessment and Modification for Elderly Care/Disability</b> - 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 ₹ 5000, to undertake home alteration, if recommended by the home assessor.</p> <p>18. <b>Cost Sharing -</b></p> <p><b>a. Mandatory Co-Payment</b> Mandatory co-payment of 20%. Customer shall be liable to pay 20% of the admissible claim amount of each and every claim.</p> <p><b>b. Sub-Limits on Specified Surgical Procedure</b> The expenses payable during the entire policy year for cataract surgery and joint replacement surgery is limited to the amount specified in the policy.</p>	
What are the major exclusions in the policy:	<p>Following is a partial list of the policy exclusions. Please refer to the policy wording for the complete list of exclusions.</p> <p>We will neither be liable nor make any payment for any claim in respect of any Insured Person which is caused by, arising from or in any way attributable to any of the following exclusions, unless expressly stated to the contrary in this Policy: Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12), Alcoholic pancreatitis, Congenital External Diseases, defects or anomalies, Growth hormone therapy; Sleep-apnoea, Venereal disease, sexually transmitted disease or illness; Any existing disease specifically mentioned as Permanent exclusion in the Policy Schedule, War or any act of war, nuclear, chemical and biological weapons, ionizing radiation, Breach of law (Code - Excl10), Intentional self-injury or attempted suicide while sane or insane.</p>	Section (3)
Waiting Period	<ul style="list-style-type: none"> <li>▪ Initial waiting period of 30 days for all illnesses (not applicable for accidents or on renewals)</li> <li>▪ 24 months /48 months waiting period for specified diseases/ procedures. Please refer to the policy wordings for the complete list of diseases/treatments where 24 months and 48 months waiting period is applicable.</li> <li>▪ Pre-existing disease covered after 24 months</li> </ul>	Section (3)
Payment basis	<ul style="list-style-type: none"> <li>▪ Reimbursement of covered expenses up to specified limit.</li> <li>▪ Payout of lump sum benefit amount or payment of covered expenses up to specified limit</li> </ul>	
Loss Sharing	<ul style="list-style-type: none"> <li>▪ A mandatory co-payment of 20% will be applicable if claim is admissible under in-patient hospitalization, pre/post hospitalization, day care procedures, Ayush benefit, consumable benefit, high end diagnostic and home care treatment covers.</li> <li>▪ Co-payment shall not be applicable for claims incurred for surgical procedures specified under 'Sub-Limits on Specified Surgical Procedure' section.</li> </ul>	Section (2)

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Renewal Conditions	<ul style="list-style-type: none"> <li>▪ The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.</li> <li>▪ Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.</li> <li>▪ Grace period of 30 days for renewing the policy is provided.</li> <li>▪ There is no maximum cover ceasing age under this Policy.</li> </ul>	Section (4)
Renewal Benefits	<ul style="list-style-type: none"> <li>▪ 10% increase in cumulative bonus for every claim free year, maximum up to 100% of the sum insured</li> <li>▪ In the case a claim is made during the policy year, the cumulative bonus would reduce by 10% in the following year</li> <li>▪ Preventive health check up for the tests mentioned in the policy, once after block of every two continuous claim free policy years with us.</li> </ul>	Section (B13) and Section (B10)
Free Look Period	<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"> <li>▪ 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</li> <li>▪ 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</li> </ul> <p>Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period</p>	Section (4)
Cancellation	<ul style="list-style-type: none"> <li>▪ The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.</li> <li>▪ No refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed (including those provided under Home Physiotherapy, Post Operative Care, Compassionate Care, Preventive Health checkup, Annual Preventive Health Consultation, Medical Second Opinion, Wellness Services and Home assessment and modification service, covers of this policy) by the insured person under the policy</li> </ul>	Section (4)
How to Claim	<p><b>Claim procedure:</b></p> <ul style="list-style-type: none"> <li>o For Cashless Service:</li> <li>o Please call our designated TPA (Third Party Administrator)/Us on toll free no. 1800-266-7780 or (for Senior Citizen: 1800 22 9966) in the event of hospitalization giving rise to a claim or e-mail at general.claims@tataaig.com</li> <li>o For list of network hospitals, please refer to our website www.tataaig.com</li> <li>o For Reimbursement of Claim:</li> <li>o Please intimate our TPA/Us within 7 days of completion of treatment, consultation or procedure.</li> <li>o Please submit claim documents to our TPA/Us within 15 days of occurrence of incident.</li> </ul>	Section (5)

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	<ul style="list-style-type: none"> <li>o Kindly sent the claim documents to: A&amp;H Claims Department Tata AIG General Insurance Co. Ltd. 5th and 6th Floor, Imperial Towers, H.No 7-1-6-617/A, GHMC No - 615,616, Ameerpet, Hyderabad – 500016, Telangana, Phone-040-66864900</li> <li>o For Services :</li> <li>o Service may be availed through our website or our mobile application or through calling our call centre on the toll free number specified in the policy schedule. Alternatively, details of our empanelled service provider are available on our website (www.tataaig.com).</li> <li>o Insured Person or someone booking services on Your behalf shall provide Us with identification documentation, medical records and information We may request to establish the circumstances of the claim.</li> </ul>	
Policy Servicing/ Grievances/Complaints	<ul style="list-style-type: none"> <li>▪ <b>Redressal of Grievance</b></li> <li>o In case of any grievance the insured person may contact the company through <ul style="list-style-type: none"> <li>· Website: www.tataaig.com</li> <li>· Toll Free: 1800 266 7780 or 1800 229 966 (only for Senior Citizen policyholders)</li> <li>· Email: customersupport@tataaig.com</li> <li>· Courier: Customer Support</li> </ul> Tata AIG General Insurance Co. Ltd. 7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063 </li> <li>o Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.</li> <li>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.</li> <li>o For updated details of grievance officer, kindly refer the link (<a href="https://www.tataaig.com/grievance-redressal-policy">https://www.tataaig.com/grievance-redressal-policy</a>) <ul style="list-style-type: none"> <li>▪ 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 for redressal of grievance as per Insurance Ombudsman Rules 2017. Please refer our website <a href="http://www.cioins.co.in/ombudsman.html">www.tataaig.com</a> or for updated list and details of Insurance Ombudsman Offices, please visit website <a href="http://www.cioins.co.in/ombudsman.html">http://www.cioins.co.in/ombudsman.html</a></li> <li>▪ Grievance may also be lodged at IRDAI Integrated Grievance Management System (<a href="https://igms.irda.gov.in/">https://igms.irda.gov.in/</a>)</li> </ul> </li> </ul>	Section (4&6)
Insured's Rights	<ul style="list-style-type: none"> <li>▪ Free-look period (as mentioned above)</li> <li>▪ Lifelong renewability (except on certain specific grounds)</li> <li>▪ Right to migrate from one product to another product of the company. Please call our 24x7 Toll free number 1800-266-7780 or 1800 229 966 (for Senior Citizens) or you may email to the customer service desk at customersupport@tataaig.com to get the details.</li> <li>▪ Right to port the from one company to another company Please call our 24X7 Toll free number 1800-266-7780 or 1800 229 966 (for Senior Citizens) or you may email to the customer service desk at customersupport@tataaig.com to get the details.</li> <li>▪ Change in SI during the policy term or at the time of renewal</li> </ul>	Section (4)

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	<p>Please call our 24x7 Toll free number 1800-266-7780 and 1800 229 966 (for Senior Citizens) or you may email to the customer service desk at customersupport@tataaig.com to get the details.</p> <ul style="list-style-type: none"> <li>• <b>Notification of claim</b> <ul style="list-style-type: none"> <li>o Notice with full particulars shall be sent to the Company/TPA (if applicable) as under:           <p>Within 24 hours from the date of emergency hospitalization required</p> <ul style="list-style-type: none"> <li>i. At least 48 hours prior to admission in Hospital in case of a planned hospitalization.               <ul style="list-style-type: none"> <li>▪ Claim Settlement (provision for Penal Interest)                   <ul style="list-style-type: none"> <li>i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.</li> <li>ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.</li> <li>iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.</li> <li>iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.</li> </ul> </li> </ul> </li> </ul> </li> </ul> </li> </ul>	
Monthly Installment Premium Option	<p>If the insured person has opted for Payment of Premium on an installment basis i.e. Monthly, as mentioned in the policy Schedule, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)</p> <ul style="list-style-type: none"> <li>I. Grace Period of 15 days would be given to pay the installment premium due for the policy.</li> <li>II. During such grace period, coverage will not be available from the due date of installment premium till the date of receipt of premium by Company.</li> <li>III. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.</li> <li>IV. No interest will be charged If the installment premium is not paid on due date</li> <li>V. In case of installment premium due not received within the grace period, the policy will get cancelled.</li> <li>VI. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.</li> <li>VII. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.</li> </ul>	Endorsement for: Instalment premium
Insured's Obligations	<ul style="list-style-type: none"> <li>▪ 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.</li> </ul>	
<p><b>Legal Disclaimer Note:</b> The information must be read in conjunction with the policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.</p>		

## Tata AIG General Insurance Company Limited

**Registered Office:** Peninsula Business Park, Tower A, 15th Floor, G. K. Marg, Lower Parel, Mumbai - 400 013.  
 24x7 Toll Free No: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) | Email: customersupport@tataaig.com  
 Website: www.tataaig.com | IRDA of India Registration No.: 108 | CIN: U85110MH2000PLC128425  
 Tata AIG Elder Care UIN: TATHLIP23179V012223