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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 MediCare	
2.	Policy Number	<<Policy Number>>	
3.	Type of Insurance Policy	Both indemnity & benefit.	
4.	Sum Insured (Basis) (Along with amount)	<<Sum Insured Amount>> As per Sum Insured mentioned in Policy Schedule.	
5.	Policy Coverage	<p>B1. In-Patient Treatment - Hospitalisation for more than 24 hrs.</p> <p>B2. Pre-Hospitalisation Expenses - 60 days</p> <p>B3. Post-Hospitalisation Expenses - 90 days</p> <p>B4. Day Care Procedures</p> <p>B5. Organ Donor</p> <p>B6. Domiciliary Treatment</p> <p>B7. Restore Benefit - Once during the Policy year</p> <p>B8. AYUSH Benefit - In-Patient or Day Care Treatment</p> <p>B9. Ambulance Cover</p> <p>B10. Health Checkup</p> <p>B11. Compassionate Travel</p> <p>B12. Consumables Benefit</p> <p>B13. Global Cover</p> <p>B16. Vaccination Cover</p> <p>B17. Hearing Aid</p> <p>B18. Daily Cash for Choosing Shared Accommodation</p> <p>B19. Daily Cash for Accompanying an Insured Child</p> <p>B20. Second Opinion</p> <p>B22. No Claim Bonus - For every claim free year:</p> <p>i. Cumulative Bonus: 50% of the base Sum Insured of the expiring Policy, maximum up to 100% (50% decrease in subsequent Policy Year, in case of claim). Or</p> <p>ii. 1% Discount in Renewal Premium</p> <p>B23. Wellness Services</p> <p>Optional Cover (For applicability of this optional cover, please refer your Policy Schedule):</p>	Section (2)

TATA AIG GENERAL INSURANCE COMPANY LIMITED



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Sr. No.	Title	Description	Policy Clause No.	
		B14. Bariatric Surgery Cover B15. In-Patient Treatment - Dental		
6.	Exclusions	Standard Exclusion: Medical Exclusions: <ol style="list-style-type: none"> I. Alcoholism (Code - Excl 12) II. Obesity (Code - Excl 06) III. Investigation and Evaluation (Code - Excl 04) IV. Expenses related to Sterility and infertility (Code - Excl 17) V. Refractive Error (Code - Excl 15) VI. Change-of-Gender Treatments (Code - Excl 07) VII. Cosmetic or Plastic Surgery (Code - Excl 08) VIII. Rest cure, rehabilitation and respite care (Code - Excl 05) IX. Unproven Treatments (Code - Excl 16) X. Maternity (Code - Excl 18) XI. Admission for domestic reasons (Code - Excl 13) XII. Dietary Supplements (Code - Excl 14) Non-Medical Exclusions: <ol 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) 	B21. Accidental Death Benefit <ol style="list-style-type: none"> V. Any form of Non-Allopathic treatment (except AYUSH Treatment under section B8). VI. Any existing disease mentioned as Permanent Exclusion in the Policy Schedule; Non-Medical Exclusions: <ol style="list-style-type: none"> I. War or any act of war, invasion, act of foreign enemy, war like operations. II. Nuclear, chemical or biological attack. III. Participation or involvement in naval, military or air force operation. IV. Intentional self-Injury or attempted suicide. V. Items of personal comfort and convenience. VI. 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. VII. Provision or fitting of hearing aids, spectacles or contact lenses. VIII. Alopecia, baldness, wigs or toupees, medical supplies. IX. Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary; drugs or treatments which are not supported by a prescription. X. Crutches or any other external appliance. 	Section (3)

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Website: www.tataaig.com • IRDA of India Registration No.: 108 • CIN: U85110MH2000PLC128425 • REG-IMP-V1-300924 • TATA AIG MediCare UIN: TATHLIP26053V042526



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Sr. No.	Title	Description	Policy Clause No.	
		<p>Specific Exclusions:</p> <p>Medical Exclusions:</p> <p>I. Alcoholic pancreatitis; Congenital External Diseases, defects or anomalies; Stem cell therapy;</p> <p>II. Growth Hormone Therapy; Sleep-Apnoea;</p> <p>III. Admission primarily for administration of Intra-articular or intra-lesional injections or Intravenous immunoglobulin infusion or supplementary medications.</p> <p>IV. Venereal disease, sexually transmitted disease or Illness; All preventive care; Dental Treatment or Dental Surgery.</p>	<p>XI. 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.</p> <p>XII. Injury/accident influence of intoxicating liquor or drugs.</p> <p>XIII. Expenses which are either not supported by a prescription of a Medical Practitioner or are not related to Illness or disease for which claim is admissible under the Policy.</p> <p>This is summary of Exclusions. For detailed Exclusions, please refer Policy Wordings (Section 3).</p>	
7.	Waiting Period	<p>I. Initial Waiting Period of 30 days.</p> <p>II. Waiting periods of 24 months for Specified Disease/Procedure.</p> <p>III. Pre-Existing disease Waiting Period 36 months.</p>	Section (3)	
8.	<p>i. Financial limits of coverage</p> <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>The Policy will pay only up to the limits specified hereunder for the following diseases/procedures.</p> <p>Sub-Limit:</p> <p>Benefit Specific Sub-limit - Ambulance Cover Up to ₹3,000 per Hospitalisation.</p> <p>Co-Payment: 10% copayment shall be applicable in case you are admitted in a hospital room where the room category opted is higher than the eligible category as specified in the Policy Schedule.</p> <p>Any Other limit: In-Patient Treatment, Day Care Procedures, Organ Donor, Domiciliary Treatment, Consumables Benefit, AYUSH Benefit: Up to Sum Insured.</p> <ul style="list-style-type: none"> Pre-Hospitalisation expenses: Up to 60 days, Up to Sum Insured. Post-Hospitalisation expenses: Up to 90 days, Up to Sum Insured. Health Checkup - Up to 1% of previous Sum Insured subject to a maximum of ₹10,000/- per Policy, once after block of every two continuous claim free Policy years. (Over and above base Sum Insured), on cashless basis. Compassionate Travel - Up to ₹20,000 per Policy year. 	Section (2)	

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	<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>	<ul style="list-style-type: none"> Global Cover: Up to Sum Insured. Bariatric Surgery Cover and In-Patient Treatment - Dental: Up to Sum Insured. Vaccination Cover - Up to ₹5,000 per Policy. (Over and above base Sum Insured). Hearing Aid: Up to 50% of actual cost or ₹10,000/- per Policy, whichever is lower. (Over and above base Sum Insured). Daily Cash for choosing Shared Accommodation & Daily Cash for Accompanying an Insured Child: 0.25% of base Sum Insured and a maximum of ₹2,000 per day. (Over and above base Sum Insured). <p>Optional Cover:</p> <ul style="list-style-type: none"> Accidental Death Benefit: 100% of the base Sum Insured. (Over and above base Sum Insured). <p>Rider(s) for TATA AIG MediCare UIN TATHLIP26053V042526 (For Rider cover(s) applicable to you please refer Policy Schedule. For applicability of the Rider(s), applicable cover(s), terms and conditions, please refer Rider Wordings):</p> <p><<Name of Package 1>></p> <ol style="list-style-type: none"> <<Name of the Add-On 1>> <<UIN 1>> <ol style="list-style-type: none"> <<Coverage Name 1>> <<Coverage Details and Sum Insured/Services Limit>> <<Coverage Name 2>> <<Coverage Details and Sum Insured/Services Limit>> 	
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>	Section (5)



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		<p>For Reimbursement of Claim:</p> <p>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: 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>Assistance:</p> <p>i. Website www.tataaig.com or Call 24*7 Customer Support No.: 022 6489 8282/1800 22 9966 (For Senior Citizens) to get details on our empanelled hospitals and list of Excluded Providers / Blacklisted Hospitals.</p> <p>ii. Please refer our website www.tataaig.com to download Claim Form.</p>	
10.	Policy Servicing	Call 24*7 Customer Support No.: 022 6489 8282/1800 22 9966 (For Senior Citizens)	Section (4)
11.	Grievances/Complaints	<p>Redressal of Grievance:</p> <p>To lodge a complaint, call our 24*7 Customer Support No.: 022 6489 8282/1800 22 9966 (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:</p> <p>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>	

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		<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> <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>	



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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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