Customer Information Sheet/Know Your Policy

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 Product/Policy	TATA AIG MediCare Platinum		
2.	Policy Number	**<< Policy Number >>**		
3.	Type of Insurance Policy	Indemnity only		
4.	Sum Insured (Basis) (Along with amount)	<<Sum Insured Amount>> - As per Sum Insured mentioned in Policy Schedule.		
5.	Policy Coverage	B1. **In-Patient Treatment**– Hospitalization for more than 24 hrs. B2. **Pre-Hospitalization expenses –** 60 days B3. **Post-Hospitalization expenses -** 90 days B4. **Day Care Procedures** B5. **Organ Donor** B6. **Domiciliary Treatment** B7. **Restore benefit -** Once during the policy period B8. **AYUSH Benefit -** In-Patient or Day Care Treatment B9. **Ambulance Cover** B10. **Health Checkup –** Once per Policy Period for listed tests, for Policyholder only	B11. **Global Planned Hospitalization for Specified Illnesses** B12. **Bariatric Surgery Cover** B13. **In-Patient Treatment- Dental** B14. **OPD Treatment** B15. **No Claim Bonus-** i. Cumulative Bonus: 20% of the base Sum Insured of the expiring Policy, maximum upto 100% (20% decrease in subsequent policy period, in case of claim). Or ii. 1% Discount in Renewal Premium B16. **Wellness Services**	Section (2)
6.	Exclusions	**Standard Exclusion** **Medical Exclusions** I. Investigation and evaluation (Code- Excl 04) II. Rest cure, rehabilitation and respite care (Code-Excl05) III. Obesity/ Weight Control (Code – Excl 06) IV. Change-of-Gender treatments (Code- Excl 07)	**Non-Medical Exclusions** 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 armed forces and related operation,	Section (3)

		V. Cosmetic or Plastic Surgery (Code – Excl08) VI. Alcoholism (Code - Excl12) VII. Admission for domestic reasons. (Code -Excl13) VIII. Dietary supplements (Code -Excl14) IX. Refractive error (Code -Excl15) X. Unproven treatments (CodeExcl16) XI. Expenses related to Sterility and infertility (Code-Excl17) XII. Maternity (Code - Excl18) **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** Medical Exclusions I. Alcoholic pancreatitis; Congenital External Diseases, defects or anomalies; Stem cell therapy; II. Growth Hormone Therapy; Sleep-apnoea; III. Admission primarily for administration of Intra-articular or intra-lesional injections or Intravenous immunoglobulin infusion or supplementary medications IV. Venereal disease, sexually transmitted disease or Illness; All preventive care; Dental Treatment or Dental Surgery. 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. VII. Non payable items as mentioned in Annexure I – List I of optional items available on Our website (www.tataaig.com);	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 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. XII. Injury/accident influence of intoxicating liquor or drugs 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 This is summary of exclusions. For detailed exclusions, please refer Policy wordings (Section 3)		
7.	Waiting period	I. Initial waiting period of 30 days	II.Waiting periods of 24 months for Specified Disease/Procedure	III.Pre-existing disease Waiting Period 24 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**: Benefit Specific Sub-limit (**For limits applicable to you, please refer your Policy Schedule)**			Section (2)

	ii. Sub-limit (it is a pre-defined limit and the insurance company 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) v. Deductible (it is a specified amount: v. Up to which an insurance company will not pay any claim, and vi. Which will be deducted from total claim amount (if claim amount is more than the specified amount) ii. Any other limit (as applicable)	Ambulance Cover – Upto Rs. 10,000 per Hospitalization **Any Other limit**: • In-Patient Treatment, Day Care Procedures, Organ Donor, Domiciliary Treatment, and AYUSH Benefit: Upto Sum Insured • Pre-Hospitalisation expenses: Upto 60 days, Upto Sum Insured • Post-Hospitalisation expenses: Upto 90 days, Upto Sum Insured • Global Planned Hospitalization for Specified Illnesses: Upto Sum Insured, for listed Critical Illnesses - **For cover applicable to you, please refer your Policy Schedule** • Bariatric Surgery Cover and In-Patient Treatment - Dental: Upto Sum Insured • OPD Treatment – Upto Rs. 25,000 in a Policy Period (over and above base sum insured)	
9.	Claims/Claims Procedure	**Claim procedure:** For Cashless Service: Notify us at least 48 hours before the planned Hospitalization./ within 24 hours after the emergency treatment or Hospitalization. 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.	Section (5)

		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. Website www.tataaig.com or call to customer support number: 022 6489 8282/1800 267 1955 (For Senior Citizen)to get details on our empanelled hospitals and list of Excluded providers/ Blacklisted Hospitals. 2. Please refer our website www.tataaig.com to download claim form	
10.	Policy Servicing	24/7 customer support number: **022 6489 8282/1800 267 1955** (For Senior Citizen)	Section (4)
11.	Grievances/Complaints	**Redressal of Grievance** To lodge a complaint, call our 24/7 customer support number 022 6489 8282/1800 267 1955 (For Senior Citizens), or email us at customersupport@tataaig.com. We will investigate and respond within the regulatory turnaround time (TAT). **Escalation Level 1:** Email: manager.customersupport@tataaig.com. **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 of Policy Wordings) or lodge a grievance on the Bima Bharosa Grievance Redressal Portal: https://bimabharosa.irdai.gov. in	Section (4)
12.	Things to remember	**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. **Policy renewal:** The Policy shall ordinarily be renewable except on grounds of established fraud, non-disclosure or misrepresentation by the Insured Person. **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. **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. **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 nondisclosure, 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.	
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.	

Declaration by the Policyholder: I have read the above and confirm having noted the details.

Place: Date: (Signature of the Policyholder)

Note- In the event of no response from your end within 15 days of this Customer Information Sheet Receipt, it will be deemed that you have read the aforementioned document and confirmed having noted the details