

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 Number	
1.	Name of the Insurance Product/Policy	TATA AIG MediCare Reserve		
2.	Policy Number	<< Policy Number >>		
3.	Type of Insurance Policy	Both Indemnity and Benefit		
4.	Sum Insured (Basis) (Along with amount)	<<Sum Insured Amount>> As per Sum Insured mentioned in Policy Schedule		
5.	Policy Coverage (For covers applicable to you, please refer your Policy Schedule)	<p>B1. In-Patient Treatment– Hospitalization for more than 24 hrs. B2. Pre-Hospitalization expenses – 90 days B3. Post-Hospitalization expenses - 90 days B4. Day Care Procedures B5. Organ Donor B6. Domiciliary Treatment B7. AYUSH Benefit - In-Patient or Day Care Treatment B8. Ambulance Cover B9. Restore benefit- Once during the policy year B10. Pocket Protect B11. No Claim Bonus -</p> <p>i. Cumulative Bonus: 50% of the base Sum Insured of the expiring Policy, maximum upto 100% (50% decrease in subsequent policy year, in case of claim). Or ii. 1% Discount in Renewal Premium</p>	<p>B12. Wellness Services B13. Waiver of Aggregate Deductible</p> <p>Optional Cover:</p> <p>C1. Consumables Benefit C2. TransiCare Wallet C3. Inbound Emergency Hospitalization C4. Room Category Select</p>	Section (2)
6.	Exclusions	<p>Standard Exclusion Medical Exclusions</p> <p>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)</p>	<p>Non-Medical Exclusions</p> <p>I. War or any act of war, invasion, act of foreign enemy, war like operations. II. Nuclear, chemical or biological attack</p>	Section (3)

		<p>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)</p> <p>Non-Medical Exclusions</p> <p>I. Hazardous or Adventure Sports (Code- Excl 09) II. Breach of law (Code- Excl 10) III. Excluded Providers: (Code-Excl 11)</p> <p>Specific Exclusions</p> <p>Medical Exclusions</p> <p>I. Alcoholic pancreatitis; Congenital External Diseases, defects or anomalies; Stem cell therapy; II. Growth Hormone Therapy; Sleep-apnoea and Sleeping disorder; 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; Cost of dentures, dental implants and braces; Dental Treatment or Dental Surgery. V. Any form of Non-Allopathic treatment (except AYUSH Treatment under section B7). 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);</p>	<p>III. Participation or involvement in armed forces or related 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 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 XIV. Any claim within the deductible limit, as applicable and specified in the policy schedule</p> <p>This is summary of exclusions. For detailed exclusions, please refer Policy wordings (Section 3)</p>		
7.	Waiting period	I. Initial waiting period of 30 days	II. Waiting periods of 36 months for Specified Disease/Procedure	III. Pre-existing disease Waiting Period 36 months	Section (3)
8.	i. Financial limits of coverage ii. Sub-limit (it is a pre-defined limit and the	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures</p> <p>Sub-limit: <u>Benefit Specific Sub-limit (For limits applicable to you, please refer your Policy Schedule)</u> Room Category – Up to Single Private Room. For category applicable to you, please refer your Policy Schedule.</p>			Section (2)

	<p>insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payment (it is a specified amount/percentage of the admissible claim amount to be paid by policy holder/insured)</p> <p>v. Deductible (it is a specified amount:</p> <p>v. Up to which an insurance company will not pay any claim, and</p> <p>vi. Which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>ii. Any other limit (as applicable)</p>	<p>Aggregate Deductible, if applicable: As specified in Section No. 4 of this document.</p> <p>Any Other limit:</p> <ul style="list-style-type: none"> • In-Patient Treatment, Day Care Procedures, Organ Donor, Domiciliary Treatment, AYUSH Benefit and Ambulance Cover: Upto Sum Insured • Pre-Hospitalisation expenses: Upto 90 days, Upto Sum Insured • Post-Hospitalisation expenses: Upto 90 days, Upto Sum Insured • Pocket Protect: Cash Benefit of Rs. 10,000 per hospitalization, upto maximum 5 hospitalizations in a policy year. <p>Optional Cover (For covers applicable to you, please refer your Policy Schedule):</p> <ul style="list-style-type: none"> • Consumables Benefit – Upto Sum Insured • TransiCare Wallet: Upto Rs. 3,00,000, over and above base Sum Insured, without applicability of Aggregate Deductible • Inbound Emergency Hospitalization: Upto Rs. 3,00,000, over and above base Sum Insured, without applicability of Aggregate Deductible • Room Category Select – Option to choose from Any Room/ Shared Accommodation <p>Rider(s) for TATA AIG MediCare Reserve UIN << >> (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"> 1. <<Name of the Add On 1>> <<UIN 1>> <ol style="list-style-type: none"> I. <<Coverage Name 1>> <<Coverage Details and Sum Insured/Services Limit>> II. <<Coverage Name 2>> <<Coverage Details and Sum Insured/Services Limit>> 	
9.	<p>Claims/Claims Procedure</p>	<p>Claim procedure:</p> <p><u>For Cashless Service:</u> Notify us at least 48 hours before the planned Hospitalization/ within 24 hours after the emergency treatment or Hospitalization.</p> <p><u>For Reimbursement of Claim:</u> 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> <ol style="list-style-type: none"> 1. Website www.tataaig.com or 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 	Section (5)

10.	Policy Servicing	24/7 customer support number: 022 6489 8282/1800 267 1955 (For Senior Citizen)	Section (4)
11.	Grievances/Complaints	<p>Redressal of Grievance To lodge a complaint, call our 24*7 Customer Support Number: 022 6489 8282 / 1800 267 1955 (only for senior citizen policy holders), 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) 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. 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. Change in Sum Insured and Deductible: Sum Insured and/or Deductible can be changed only at the time of renewal subject to underwriting guidelines of the company. For increase in Sum Insured, the Waiting Period if any shall start afresh only for the enhanced portion of the Sum Insured. 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.</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.	

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