

Frequently Asked Questions

TATA AIG MediCare Reserve

1- Is TATA AIG Medicare Reserve a Top-up or a Super Top-up Plan?

TATA AIG Medicare Reserve is a Super Top-up Health Insurance Plan. Under this Policy, the Aggregate Deductible is applicable on the cumulative admissible claims incurred during a Policy Year.

Aggregate Deductible:

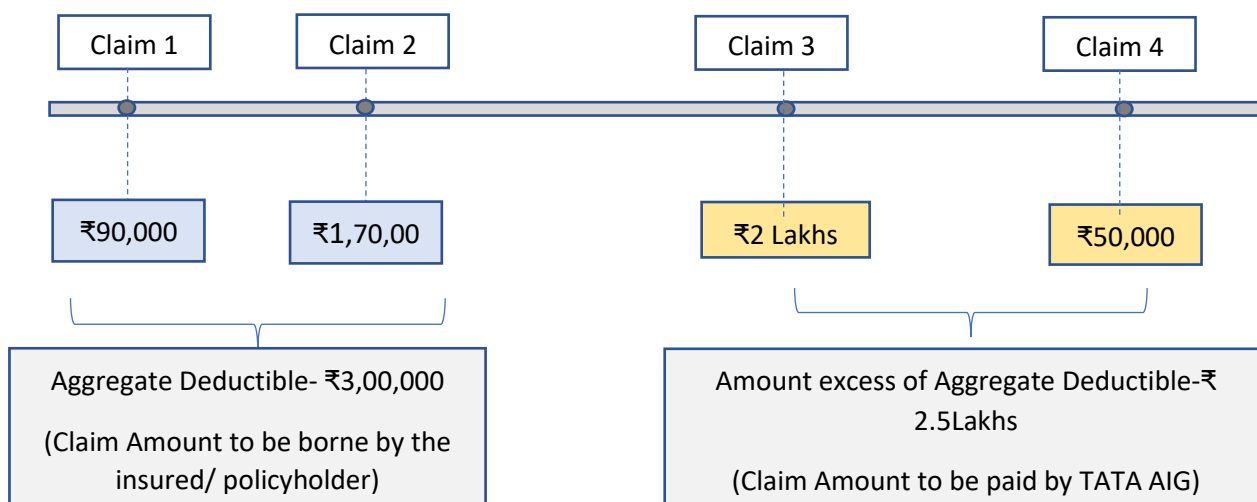
2- What is Aggregate Deductible?

Aggregate Deductible is a cost sharing requirement which provides that We will not be liable for a specified amount in aggregate for all claims during the Policy Year.

Illustration:

Sum Insured	₹ 10 Lakhs
Aggregate Deductible	₹ 3,00,000

Scenario 1:



Note- Claim admissibility is subject to TATA AIG MediCare Reserve policy terms and conditions.

Waiver of Aggregate Deductible:

3- Is there an option to waive off the opted Aggregate deductible under TATA AIG MediCare Reserve?

Yes, TATA AIG Medicare Reserve offers 'Waiver of Aggregate Deductible' under the product. This feature allows the Insured Person to waive off the opted Aggregate Deductible from the Policy upon completion of five continuous years under the policy.

Option for waiver of the Aggregate Deductible after completion of five continuous years of coverage under

4- Is underwriting required while opting for Waiver of Aggregate Deductible?

No, underwriting will not be required while opting for the Waiver of Aggregate Deductible, up to the Sum Insured opted at the inception of the Policy. However, any enhancement in the Sum Insured at the time of opting for the waiver shall be subject to underwriting.

5- Once opted, can the Aggregate Deductible be reinstated in future?

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No, once the Waiver of Aggregate Deductible is opted for, the Policy will continue without Aggregate Deductible for all subsequent renewals.

6- If new members are added to the Policy before opting for the Waiver of Aggregate Deductible, are they also required to complete 5 continuous Policy Years to become eligible for the waiver of aggregate deductible option?

No, for newly added eligible Insured Persons, the eligibility for the Waiver of Aggregate Deductible benefit shall be calculated from the first inception date of the Policy, subject to continuous coverage under the Policy.

7- Does the newly added eligible members also get waiting period continuity upon availing the waiver of aggregate deductible option?

No, all the waiting periods shall be applicable individually for each Insured Person. Newly added Insured Persons will not receive continuity for waiting periods under the Policy.

8- What are the base & optional benefits under TATA AIG Medicare reserve?

The following are the base benefits under TATA AIG Medicare Reserve:

<ul style="list-style-type: none"> • In-Patient Treatment • Pre-Hospitalization expenses • Post-Hospitalization expenses • Day Care Procedures • Organ Donor • Domiciliary Treatment • AYUSH Benefit 	<ul style="list-style-type: none"> • Ambulance Cover • Pocket Protect • Wellness Services • Waiver of Aggregate Deductible • Restore benefit • No Claim Bonus
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The following are the optional benefits under TATA AIG Medicare Reserve:

<ul style="list-style-type: none"> • TransiCare Wallet • Inbound Emergency Hospitalization • Consumables benefit

9- Are all above mentioned benefits available throughout the Policy i.e., both before and after availing the Waiver of Aggregate Deductible option?

No. Certain benefits are applicable only until the Waiver of Aggregate Deductible option is opted for, while some benefits are available after availing the waiver. The table below provides a summary of benefit availability before and after opting for the Waiver of Aggregate Deductible.

Before Opting Waiver	After Opting Waiver
Pocket Protect	Restore Benefit
Transicare Wallet (Optional Cover)	Cumulative Bonus
Inbound Emergency Hospitalization (Optional Cover)	Any Room category (Optional Cover)
	Consumables benefit(Optional Cover)

Benefits not specifically mentioned in the above table shall continue to remain available throughout the Policy tenure.

10- What is the Zone categorization of districts under TATA AIG MediCare Reserve?

Zone categorization of districts under TATA AIG MediCare Reserve is as follows:

Zone A	Mumbai (including Mumbai Metropolitan Region), Delhi (including National Capital Region, Faridabad, Ghaziabad), Ahmedabad, Surat, Baroda and Hisar
Zone B	Hyderabad (including Secunderabad), Sangareddy, Bengaluru, Kolkata (including Kolkata Metropolitan Area, Howrah, Hoogly), Indore, Gwalior, Chennai, Chandigarh (including, Mohali, Panchkula, Zirakpur), Pune (including Pimpri Chinchwad), Rajkot, Gandhinagar, Patan, Mahesana, Sabarkantha, Banaskantha, Junagadh, Navsari, Kheda, Arvalli, Mahisagar, and Surendranagar
Zone C	Rest of India

11- Is there any Co-payment for availing hospitalization in a zone higher than the one considered for premium computation?

Yes, In the event that the **Insured Person** undergoes medical treatment in a **Zone** higher than the **Zone** as opted by the **Insured Person** at the time of Policy inception or **Renewal**, a **Co-payment** as mentioned in the table below shall be applicable on the admissible claim amount.

Opted Zone	Treatment Zone	Co-Pay Applicable
B	A	10%
C	B	10%
C	A	20%

10% Higher Zone Co-payment applicable for each upward movement in zone

12- Is there an option to waive co-payment at the time of claim in a higher zone?

Yes. At the time of Policy inception or renewal, the Proposer/Insured Person may opt to pay an additional premium equivalent to the premium applicable for the higher zone, irrespective of the residential location/address declared in the proposal form.

Upon opting for such a zone upgrade and payment of the applicable additional premium, no co-payment shall apply for treatments availed within the upgraded zone.

13- Do I have an option to reverse my zone applicability for premium computation from the earliest opted Zone A/Pan-India option to my default residential address zone?

No. Once the Zone A/Pan-India premium payment option has been selected for upgradation under the Policy, the Policyholder/Proposer shall not have the option to choose to any other premium payment zone at subsequent renewals.

14- What is the room category eligibility under TATA AIG MediCare Reserve?

Under TATA AIG MediCare Reserve, by default room category eligibility is Single Private Room.

However, there is an option to modify the room category eligibility to:

- 'Any Room'-by paying additional premium

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- ‘Twin Sharing accommodation’ – in lieu of a discount

For the purpose of this product, the above room categories are defined as per below grid:

Room Category	Definition
Single Private Room	Single Private Room means an air-conditioned room in a hospital where a single patient is accommodated and which has an attached toilet (lavatory and bath). Such room type shall be the most basic and the most economical of all accommodations available as a single occupancy room in that Hospital. This does not include a deluxe room or a suite or a VIP room
Twin Sharing Accommodation	Twin Sharing Accommodation means a Hospital room with two patient beds. This definition does not apply to ICU or ICCU. Such room type shall be the most basic and the most economical of all accommodations available as twin sharing room in that Hospital

Inbuilt Eligible Room Category: Single Private Room

15- What would happen if the insured person gets admitted in a room category higher than the eligible room category?

If the Insured Person is admitted in a room whose category/room rent is higher than the eligible room category, then the Insured Person shall bear a rate able proportion of the Room Rent and the total Associated Medical Expenses, including surcharge or taxes thereon in the proportion of the ‘difference between the Room Rent actually incurred & the Room Rent of the entitled room category/room rent limit ‘to ‘the Room Rent actually incurred’.

For better understanding, “Associated Medical Expenses” shall include the applicable nursing charges, operation theatre charges, fees of Medical Practitioner including surgeon/ anesthetist/ specialist within the same Hospital where the Insured Person has been admitted. “Associated Medical Expenses” does not include cost of pharmacy & consumables, cost of implants & medical devices and cost of diagnostics.

In such cases where insured person gets admitted in a room category higher than single private room, expenses to be borne by the insured person shall be computed basis using below method:

Expenses to be borne by the Insured Person

Illustration:

Eligible Room Rent	5,000
Incurred Room Rent	8,000

Factor applicable for rateable proportion to be applied the Room Rent and the total Associated Medical Expenses, including surcharge or taxes thereon

$$= (8,000 - 5,000) / 8,000$$

- For the purpose of this Benefit “Associated Medical Expenses” shall include the applicable nursing charges, operation theatre charges, fees of Medical Practitioner including surgeon/ anesthetist/ specialist within the same Hospital where the Insured Person has been admitted. “Associated Medical Expenses” does not include cost of pharmacy & consumables, cost of implants & medical devices and cost of diagnostics.

16- Are ICU hospitalization subject to such proportionate deductions?

No, proportionate deductions will not be applied to ICU charges.

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17- Does TATA AIG MediCare Reserve offer coverage for Modern Treatment Methods and Advancement in Technologies?

Yes, however, each Claim under Modern Treatment Methods and Advancement in Technologies shall be subject to written clarification from the treating medical practitioner, justifying the requirement for such procedure(s)

18- Is there any sub-limit for the coverage of Modern Treatment Methods and Advancement in Technologies under TATA AIG Medicare Reserve?

No, Modern Treatment Methods and Advancement in Technologies under TATA AIG Medicare Reserve shall be covered upto the extent of Sum insured.

19- Does TATA AIG MediCare Reserve offer coverage for Ambulance services under the product?

Yes, TATA AIG MediCare Reserve offer coverage for road ambulance services under the product.

20- What modes of Ambulance services are covered under this benefit?

TATA AIG MediCare Reserve plan covers road ambulance services as an inbuilt offering.

21- Is there any Sum insured limit for the coverage of Ambulance benefit under TATA AIG Medicare Reserve?

Road Ambulance services are covered up to the base sum insured. However, coverage is limited to a radius of 50 kilometers for each ambulance trip under an admissible circumstance.

22- Under what circumstances can the Ambulance benefit be used under TATA AIG MediCare Reserve?

The various circumstances under which the ambulance cover can be utilized are as follows:

- 1) In case of an emergency, from site of incident to the nearest Hospital for admission
- 2) If medically necessary and prescribed by the treating practitioner, from Insured Person's residence to Hospital
- 3) From one Hospital to another Hospital for better medical facilities and treatment or from one Hospital to diagnostic center for advanced diagnostic treatment, where such facility is not available at the existing Hospital.
- 4) If medically necessary and prescribed by the treating practitioner, from Hospital to Insured Person's residence

23- Does TATA AIG MediCare Reserve offer Restore benefit under the product, and if so, how many restorations are available?

Yes, TATA AIG MediCare Reserve offers Restore benefit as an in-built feature, providing one restoration during the policy year.

24- Is Restore Benefit applicable for the first hospitalization claim in a Policy Year?

No, this benefit does not apply to the first admissible claim in a policy year. It only reinstates the Sum Insured for the subsequent claims in the same policy year.

25- How does Restore Benefit work in a Family Floater Policy?

In a Family Floater Policy, the reinstatement of the Sum Insured is available for all insured persons on a floater basis. This means that if any member of the family exhausts the Sum Insured, the restoration will trigger for the same or any other insured person covered under the same policy.

26- How does Restore Benefit work in policies with longer tenures?

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If your policy has a tenure of more than one year, this benefit will apply annually, restoring your Sum Insured once during each policy year.

27- Can I carry forward the unutilized restored Sum Insured to the next policy year?

No, unutilized restored Sum Insured cannot be carried forward to the next policy year.

Pocket Protect:

28- Is there any additional benefit for prolonged hospitalization under this Policy?

Yes, under the base benefits, the product offers Pocket Protect Benefit, a cash benefit payout provided if the Insured Person is hospitalized continuously for more than 7 days due to a covered illness, disease, or injury.

Rs 10,000 per hospitalization if the Insured Person is hospitalized continuously for more than 7 days.

29- Is the Aggregate Deductible applicable under Pocket Protect?

No. The Aggregate Deductible is not applicable for claims payable under the Pocket Protect benefit.

30- When can I start availing the Pocket Protect Benefit?

Claims under this benefit can be availed only after completion of 12 months of continuous coverage after the date of inception of the first Policy with Us.

31- How many times can this benefit be used in a Policy Year?

The benefit can be availed up to 5 hospitalizations in a Policy Year.

TransiCare Wallet

32- What is Transicare Wallet benefit in the policy and how can I opt for this benefit?

Transicare Wallet is an optional cover that can only be opted at the first inception of the policy by paying an additional premium.

Under this cover, we will cover Medical Expenses for hospitalization occurring during ninety (90) consecutive days from the termination date of the Employer-Employee Group Health Insurance Policy. The cover shall be available for benefits admissible under benefit In-patient or day-care procedure of this Policy, arising due to Illness, Disease or Injury.

33- What is the amount available under Transicare Wallet?

Transicare wallet offers Rs 3,00,00 per policy year (over & above base sum insured).

34- If there are multiple termination phases under the Employer-Employee Group Health Insurance Policy during a policy year, can the TransiCare Wallet Benefit be utilized in parts?

No. The coverage period of ninety (90) consecutive days available under the TransiCare Wallet Benefit must be utilized continuously and cannot be availed in multiple parts or split.

35- Is the Aggregate Deductible applicable under Transicare Wallet?

No. The Aggregate Deductible is not applicable for claims payable within the Transicare Wallet benefit.

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36- What is the eligibility criteria to opt for Transicare Wallet benefit?

This Cover will be applicable only to the Indian Insured Person(s) specifically covered under proposer's Employer-Employee Group Health Insurance Policy, as per the declaration and verified submitted supporting document(s).

37- What is the room category applicability for the claims admissible under Transicare Wallet benefit?

Room category applicable under this cover shall be as per the room category opted and mentioned in the Policy Schedule.

38- How does Transicare Wallet benefit work for floater policy with multiple members?

In a floater policy covering multiple members, this benefit can still be utilized on a floater level across the policy year.

39- Will payment of an admissible claim under the TransiCare Wallet be considered for the purpose of Aggregate Deductible completion during a policy year?

Yes. Admissible claims paid under the TransiCare Wallet Benefit shall be considered for the purpose of calculation and exhaustion of the Aggregate Deductible under the Policy.

Illustration:

Year	Claim No.	Particulars	Amount	Utilization
1	1	DETAILS		
		Aggregate Deductible	5,00,000	
		Sum Insured	10,00,000	
		CLAIM DETAILS		
		Claim Amount	4,00,000	
		Paid Amount	3,00,000	Transicare wallet- 3,00,000 Base Sum Insured - As deductible limit of 5 Lac has not been completed, remaining 1 Lac has to be borne by the insured)

Year	Claim No.	Particulars	Amount	Utilization
1	1	DETAILS		
		Aggregate Deductible	3,00,000	
		Sum Insured	10,00,000	
		CLAIM DETAILS		
		Claim Amount	4,00,000	
		Paid Amount	4,00,000	Transicare wallet- 3,00,000 Base Sum Insured - 1,00,000 (As deductible limit of 3 Lac has been covered from transicare wallet)

Inbound Emergency Hospitalization:

40- What is the Inbound Emergency Hospitalization benefit under the policy and how does it work?

Inbound emergency Hospitalization is an optional cover that can be opted by paying an additional premium.

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This cover is only available for Non-Resident Indian (NRI) or Overseas Citizen of India (OCI) Insured Person(s)). Under this cover, we will cover the Medical Expenses incurred towards an emergency arising out of an Accident of the Non-Resident Indian (NRI) or Overseas Citizen of India (OCI) Insured Person whilst on a trip to India. We will indemnify such Expenses until such time as the Insured Person's medical condition is stabilized, as certified by the treating Medical Practitioner.

41- Is the Aggregate Deductible applicable under Inbound Emergency Hospitalization?

No. The Aggregate Deductible is not applicable for claims payable within the Inbound Emergency Hospitalization benefit

42- What is the amount available under Inbound Emergency Hospitalization?

Inbound Emergency Hospitalization offers Rs 3,00,00 per policy year (over & above base sum insured).

Other Features/Details

43- What are the incentives for maintaining a Claim free year in this policy?

For every claim free policy year, the insured will be eligible for:

No claim Bonus: The customer has a one-time option to choose amongst the below 2 options of No Claim Bonus:

- a. Cumulative Bonus
- b. 1% Discount in Renewal premium

Once opted, the option cannot be changed at subsequent renewals.

44- What is Cumulative Bonus?

The Cumulative Bonus is an additional sum insured reward for maintaining a claim-free policy year. Each time you renew your policy without a claim in the preceding year, you will receive a bonus of 50% of the sum insured. This bonus will continue to accumulate with each claim-free policy year.

The maximum accumulation of cumulative bonus under TATA AIG MediCare Reserve shall not exceed 100% of the sum insured in any policy year.

45- How does a claim impact the Cumulative Bonus under TATA AIG MediCare Reserve?

If a claim is made in any policy year, the Cumulative Bonus for the subsequent policy year will be reduced by 50% of the Sum Insured in that year.

Note that this reduction applies only to the bonus, not the base Sum Insured.

Illustration:

Year	Base Sum Insured	Cumulative Bonus rewarded	Claim Made (Yes/No)	Accrued Cumulative Bonus	Explanation
1	1,00,000	0	No	0	Reward for a claim free year
2	1,00,000	50,000	No	50,000	Reward for a claim free year
3	1,00,000	50,000	No	1,00,000	No Cumulative bonus rewarded after a claim free year as the accumulation of the same has reached its maximum limit

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4	1,00,000	0	Yes	1,00,000	No rewards subsequent to claim in the policy year with reduction of 50% of Sum insured in the following policy year
5	1,00,000	-50,000	No	50,000	Reward for a claim free year
6	1,00,000	50,000	No	1,00,000	No Cumulative bonus rewarded after a claim free year as the accumulation of the same has reached its maximum limit

However, the customer can opt for a guaranteed bonus (bonus rewarded on each renewal, irrespective of claims) with maximum accumulation of bonus upto 300%/500% using the SuperCharge Bonus rider.

46- How does the Cumulative Bonus apply if the policy tenure is more than one year?

For policies with a tenure of more than one year, the Cumulative Bonus is applied after the completion of each policy year.

47- How does the Cumulative Bonus apply to policies in case of split of members from a family floater policy?

In case a family floater Policy is split (customer initiated/ child split/ any other scenario) at the time of renewal, the accumulated cumulative bonus of the expiring policy shall be apportioned to such renewed policies in the proportion of the Annual Sum Insured of each renewed Policy.

Illustration:

Year	Member	Policy Type	Sum Insured	Cumulative Bonus accrued for all members (in case of no split)	Cumulative Bonus accrued for all members (in case of split)
1	M1	Family Floater	50,00,000	0	NA
	M2				
	M3 (Child)				
2	M1	Family Floater	50,00,000	25,00,000	NA
	M2				
	M3 (Child)				
3	M1	Family Floater	50,00,000	50,00,000	33,33,333
	M2	Individual	50,00,000		16,66,667
	M3 (Child)				

48- How does the Cumulative Bonus apply to policies in case of merge of individual policies to family floater policy at renewal?

If the Insured Persons in the expiring Policy are covered on an individual basis and there is an accumulated Cumulative Bonus for each Insured Person under the expiring Policy, and such expiring Policy has been renewed on a floater basis then the Cumulative Bonus to be carried forward for credit in such renewed Policy shall be the lowest earned among all the Insured Persons.

Year	Member	Policy Type	Sum Insured	Cumulative Bonus
Year 1	M1	Individual	50,00,000	0

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Year 2	M1	Individual	50,00,000	25,00,000
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Year	Member	Policy Type	Sum Insured	Cumulative Bonus
Year 1	M2	Individual	5,00,000	0
Year 2	M2	Individual	5,00,000	2,50,000
Year 3	M2	Individual	5,00,000	5,00,000

Year	Member	Policy Type	Sum Insured	Cumulative Bonus
Year 1	M3	Individual	10,00,000	0
Year 2	M3	Individual	10,00,000	5,00,000



Member	Policy Type	Sum Insured	Cumulative Bonus
M1	Family Floater	25,00,000	Lowest of all earned Cumulative Bonus (5,00,000)
M2			
M3			

49- How does the Cumulative Bonus apply to policies in case of upgrade of Sum insured at renewal?

If the Annual Sum Insured under the Policy has been increased during renewal, the Cumulative Bonus shall be calculated on the Annual Sum Insured of the expiring Policy.

Year	Member	Policy Type	Sum Insured	Cumulative Bonus
1	M1	Family Floater	5,00,000	0
	M2			
2	M1	Family Floater	5,00,000	2,50,000 (50% of 5,00,000)
	M2			
3	M1	Family Floater	20,00,000	5,00,000 (carried forward Cumulative Bonus is 2,50,000 + 50% of 5,00,000 i.e sum insured of expiring policy)
	M2			

50- How does the Cumulative Bonus apply to policies in case of reduction of Sum insured renewal?

If the Annual Sum Insured under the Policy has been decreased during renewal, the Cumulative Bonus shall be reduced in the same proportion as Sum Insured reduction.

Year	Member	Policy Type	Sum Insured	Cumulative Bonus (In case sum insured is not reduced)	Cumulative Bonus (In case sum insured is reduced)
1	M1	Family Floater	20,00,000	0	0
	M2				
2	M1	Family Floater	20,00,000	10,00,000	10,00,000
	M2				
3	M1	Family Floater	5,00,000	20,00,000	5,00,000 (Reduced in the proportion of reduction of Sum
	M2				

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					insured 5Lacs/20Lacs)	i.e
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51- Can I opt for a Discount in Renewal premium after opting for cumulative bonus during the previous renewal?

No, under No Claim Bonus benefit, the Policyholder, at the time of claim free Policy renewal (after opting for waiver of aggregate deductible option), can opt for either Cumulative Bonus or Discount in Renewal Premium. Once opted, the option cannot be changed at subsequent renewals.

52- What benefits under TATA AIG MediCare Reserve are over and above base sum insured?

The following benefits under TATA AIG MediCare Reserve are over and above base sum insured:

- Pocket Protect
- Transicare wallet (Optional Cover)
- Inbound emergency hospitalization (Optional Cover)

53- What are the various discount available under TATA AIG Medicare Reserve?

The following discounts are available under TATA AIG MediCare Reserve:

A	Long term discount	<ul style="list-style-type: none"> • 9% for a policy term of 5 years • 8% for a policy term of 4 years • 7.5% for a policy term of 3 years • 5% for a policy term of 2 years <p>This discount is available only with 'Single' Premium Payment mode.</p>		
B	Family floater discount	1 member	No Discount	
		2 members	22%	
		3 members	Atleast 1 child	28%
			No child	22%
		3+ members	Atleast 2 children	32%
			Atleast 1 child	28%
No child	22%			
C	Multi-Individual Discount	5% (When more than one member are covered in a policy on individual basis)		
D	NRI Discount	30% (This discount is applicable for NRI/OCI customers)		
F	Discount in lieu of commission	Upto 15%		

The above-mentioned discounts are multiplicative.

54- How can I avail the 30% NRI/OCI discount available under TATA AIG Medicare Reserve?

To avail the 30% NRI/OCI discount, verification of the said status must be submitted by the Insured Person(s) and approved by TATA AIG.

The following documents shall be submitted to the Company for verification at the time of Policy inception and at each subsequent renewal, as may be required by the Company:

- Copy of a valid Passport along with applicable Visa stamping;
- OCI Card, in case resident status is OCI;

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- iii. Applicable tax documentation, valid Work Visa, or Employment/Work Permit evidencing residence and employment outside India;
- iv. A duly executed residential agreement (lease/rental agreement or ownership document) evidencing overseas residential address;
- v. Any other document(s) as may be required by the Company from time to time for the purpose of verification of residency status

55- Does TATA AIG MediCare Reserve offer discounts for a TATA Group Employee?

A TATA Group employee is entitled to upto 15% discount in lieu of commission.

56- Where can the policyholder find the updated list of Blacklisted hospitals/Excluded providers under TATA AIG MediCare Reserve?

The policyholder can find the updated list of Blacklisted hospitals/Excluded providers under TATA AIG MediCare Reserve on TATA AIG website (www.tataaig.com).

The same is also available in TATA AIG Customer mobile application.

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Registered office: Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai - 400013, Maharashtra, 24*7 Customer Support Number: 022 6489 8282 / 1800 267 1955 (only for senior citizen policy holders) • Email: customersupport@tataaig.com • Website: www.tataaig.com IRDA of India Registration No.: 108 • CIN: U85110MH2000PLC128425 • TATA AIG MediCare Reserve UIN: TATHLIP27059V012627