

Customer Information Sheet

Title	DESCRIPTION	Refer To Policy Clause Number
Product Name	Tata AIG MediCare	
What am I covered for:	<ol style="list-style-type: none"> 1. In-patient Benefits – Covers hospitalization expenses for period more than 24 hrs. 2. Pre-Hospitalization- Medical Expenses incurred in 60 days before the date of admission to the hospital 3. Post-Hospitalization - Medical Expenses incurred in 90 days after the date of discharge from the hospital 4. Day-Care procedures – Medical expenses for listed Day Care Treatment due to disease/illness/Injury during the policy period taken at a hospital or a Day Care Centre. 5. Organ Donor - Medical Expenses on harvesting the organ from the donor for organ transplantation. 6. Domiciliary Treatment - Medical Expenses incurred for availing medical treatment at home which would otherwise have required hospitalization. We will also cover pre and post hospitalization expenses in case of domiciliary hospitalization. 7. Restore benefit - Automatically restore the Basic Sum Insured upon exhaustion of the Sum Insured and accrued Cumulative Bonus, during the policy period. 8. AYUSH benefit - Medical Expenses incurred for In-patient treatment taken in AYUSH Hospital. 9. Ambulance cover – For utilizing ambulance service for transporting insured person to hospital in case of an emergency. 10. Health Check-up - Expenses for a Preventive Health Check-up upto 1% of previous year policy sum insured subject to a maximum of ₹10,000/- per policy after block of every two continuous claim free policy years with us. 11. Compassionate travel - In the event the Insured Person is Hospitalized for more than Five consecutive days in a place where no adult member of his immediate family is present, we will cover expenses related to a round trip economy class air ticket, or first-class railway ticket, to allow the Immediate Family Member be at his bedside for the duration of his stay in the hospital. The expenses must be incurred within India and shall not exceed ₹20,000 during a policy year. 12. Consumables Benefit - 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 'Guidelines on Standardization in Health Insurance, 2016' 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) 13. Global Cover - Medical Expenses of the Insured Person incurred outside India, upto the sum insured provided that the diagnosis was made in India and the insured travels abroad for treatment. 14. Bariatric Surgery Cover - Covers reasonable and customary expenses for Bariatric surgery if the insured fulfills: <ol style="list-style-type: none"> a. Surgery to be conducted upon the advice of the Doctor b. The member has to be 18 years of age or older and c. BMI greater than or equal to 40 or d. BMI greater than or equal to 35 in conjunction with any of the following severe comorbidities following failure of less invasive methods of weight loss: <ol style="list-style-type: none"> a) Obesity-related cardiomyopathy, b) Severe sleep apnea, c) Uncontrolled Type2 Diabetes, or d) Coronary heart disease 15. In-patient Dental Treatment - Covers expenses incurred towards hospitalization for dental treatment under anesthesia necessitated due to an accident/injury/illness. 16. Vaccination cover - We will cover for expenses related to the cost of the following vaccines: <ul style="list-style-type: none"> • Without any waiting period: <ol style="list-style-type: none"> a) Anti-rabies vaccine following an animal bite b) Typhoid vaccination 	Section (2)

	<ul style="list-style-type: none"> • After 2 years of continuous coverage with us: <ul style="list-style-type: none"> a) Human Papilloma Virus (HPV) vaccine b) Hepatitis B Vaccine 17. Hearing Aid - We will cover reasonable charges for a hearing aid every third year. The maximum payable is 50% of actual cost or Rs. 10,000/- per policy, whichever is lower. 18. Daily cash for choosing shared accommodation - We will pay a fixed amount per day as mentioned in the policy schedule if the Insured Person is Hospitalized in Shared Accommodation in a Network Hospital for each continuous and completed period of 24 hours. 19. Daily cash for accompanying an insured child - We will pay a fixed amount per day, as mentioned in the schedule, if the Insured Person Hospitalized is a child Aged 12 years or less, for one accompanying adult for each complete period of 24 hours. 20. Second Opinion - We will provide You a second opinion from Network Provider or Medical Practitioner, if an Insured Person is diagnosed with the mentioned illnesses during the Policy Period. 21. Wellness Service: This cover will provide the below mentioned wellness services designed to assist insured persons in maintaining and improving good health and fitness. <ul style="list-style-type: none"> a. Teleconsultation- General Physician We /Our empanelled Service Provider will arrange for 8 teleconsultations through telecommunication and digital communication technologies for insured person's health related complaints or preventive health care by a qualified Medical Practitioner. b. Ambulance booking facility We / Our empanelled Service Provider will provide a facility to book a road ambulance in India, for transportation of an Insured Person to a Hospital for admission or from one hospital to another hospital for better medical facilities and treatment. <p>Optional Cover: You can choose optional cover list below by paying an additional premium:</p> 22. Accidental Death Benefit - If an Insured Person suffers an accident during the policy period and this is the sole and direct cause of his death within 365 days from the date of accident, then we will pay a fixed amount of 100% of the base Sum Insured. 	
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:</p> <p>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; Maternity (Code - Excl 18) :Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period, 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"> • Initial waiting period of 30 days for all illnesses (not applicable for accidents or on renewals) • 24 months waiting period for specified diseases/ procedures • Pre-existing disease covered after 36 months 	Section (3)
Payment basis	<ul style="list-style-type: none"> • Reimbursement of covered expenses up to specified limit. • Payout of lump sum benefit amount or payment of covered expenses up to specified limit 	
Loss Sharing	<ul style="list-style-type: none"> • 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 • No co-payment shall apply due to change in zone and insured person can avail treatment in any of the zones 	Section (4)
Renewal Conditions	<ul style="list-style-type: none"> • The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person. • Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. • Grace period of 30 days for renewing the policy is provided. • There is no maximum cover ceasing age under this Policy. • In case of family floater option where the dependent child(ren) attains age of 26 years at the time of renewal, proposal for a separate policy for this member needs to be submitted. Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break. 	Section (4)

Renewal Benefits	<ul style="list-style-type: none"> • 50% increase in cumulative bonus for every claim free year • In the case a claim is made during the policy year, the cumulative bonus would reduce by 50% in the following year • Free health check up, upto 1% of previous sum insured (maximum upto ₹10,000 per policy), once after block of every two continuous claim free policy years with us. 	Section (B22) 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"> • 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 • 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 <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"> • 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. • 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 Section B23-Wellness Services of this policy) by the insured person under the policy 	Section (4)
How to Claim	<p>Claim procedure:</p> <ul style="list-style-type: none"> • For Cashless Service: <ul style="list-style-type: none"> o Please call our designated TPA (Third Party Administrator)/Us on toll free no. 1800 266 7780 or 1800 229 966 (For Senior Citizens) in the event of hospitalization giving rise to a claim or e-mail at healthclaimsupport@tataaig.com o For list of network hospitals, please refer to our website www.tataaig.com • For Reimbursement of Claim: <ul style="list-style-type: none"> o Please intimate our TPA/Us within 7 days of completion of treatment, consultation or procedure. o Please submit claim documents to our TPA/Us within 15 days of occurrence of incident. o Kindly sent 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 • For Wellness Services: <ul style="list-style-type: none"> o Services are only available at Network. To avail the same, following procedure must be followed: o Teleconsultation – General Physician: Insured Person can gain access to tele/video/digital consultation with a general physician, using Our digital Customer application. Supporting Documentation & Examination 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. o Ambulance Booking facility: Insured person can use Our digital Customer application to book an ambulance. This service will be offered on best effort basis and does not have a legal binding on us. 	Section (5)
Policy Servicing/Grievances/ Complaints	<ul style="list-style-type: none"> • Redressal of Grievance <ul style="list-style-type: none"> o In case of any grievance the insured person may contact the company through <ul style="list-style-type: none"> • Website: www.tataaig.com • Toll Free: 1800 266 7780 or 1800 22 9966 (only for Senior Citizen policyholders) • Email: customersupport@tataaig.com • Courier: A&H Claims Department, Tata AIG General Insurance Co. Ltd. 7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063 o Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. 	Section (4&6)

	<ul style="list-style-type: none"> 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. o For updated details of grievance officer, kindly refer the link (https://www.tataaig.com/grievance-redressal-policy) • 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 www.tataaig.com or for updated list and details of Insurance Ombudsman Offices, please visit website http://www.cioins.co.in/ombudsman.html • Grievance may also be lodged at IRDAI Integrated Grievance Management System (https://igms.irda.gov.in/) 	
Insured's Rights	<ul style="list-style-type: none"> • Free-look period (as mentioned above) • Lifelong renewability (except on certain specific grounds) • Right to migrate from one product to another product of the company. Please call our 24x7 Toll free number 1800-266-7780 or 1800 22 9966 (for Senior Citizens) or you may email to the customer service desk at customersupport@tataaig.com to get the details. • Right to port the from one company to another company Please call our 24x7 Toll free number 1800-266-7780 or 1800 22 9966 (for Senior Citizens) or you may email to the customer service desk at customersupport@tataaig.com to get the details. • Change in SI during the policy term or at the time of renewal Please call our 24x7 Toll free number 1800-266-7780 or 1800 22 9966 (for Senior Citizens) or you may email to the customer service desk at customersupport@tataaig.com to get the details. <ul style="list-style-type: none"> o Notice with full particulars shall be sent to the Company/TPA (if applicable) as under: <ul style="list-style-type: none"> Within 24 hours from the date of emergency hospitalization required i. At least 48 hours prior to admission in Hospital in case of a planned hospitalization. • Claim Settlement (provision for Penal Interest) <ul style="list-style-type: none"> 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. 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. 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. 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. 	Section (4)
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> <ol style="list-style-type: none"> I. Grace Period of 15 days would be given to pay the installment premium due for the policy. 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. 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. IV. No interest will be charged If the installment premium is not paid on due date V. In case of installment premium due not received within the grace period, the policy will get cancelled. VI. In the event of a claim, all subsequent premium instalments shall immediately become due and payable. VII. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy. 	Endorsement for: Instalment premium
Insured's Obligations	<ul style="list-style-type: none"> • 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. 	

Legal Disclaimer Note: 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.

Tata AIG General Insurance Company Limited

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