

TATA AIG MediCare Premier Prospectus

1. Suitability:

Entry Age: Minimum	Child- 91 days Dependent children between 91 days and 5 years can be insured only when both parents are getting insured. Adult- 18 years
Entry Age: Maximum	Child- 25 years Adult- 65 years
Cover Ceasing age	There is no maximum cover ceasing age under this policy.
Policy Term	1 Year/ 2 Years/ 3 Years
Coverage Options	Individual/Family floater
Age of Proposer	18 years or above
Relationships Covered	<p>a. The family includes spouse, economically dependent children and parents/parents-in-law. Relationships covered: Self, spouse and up to 3 dependent children, up to 2 parents and up to 2 parent-in-laws. In case of family floater, where the dependent child(ren) attains 26 years of age at renewal, the child(ren) can be covered under a separate policy with eligible continuity benefit.</p> <p>b. The Multi-individual policy covers Self, Spouse/ Partners, Upto 3 Dependent Children, Parents & Parents-in-law, Grandparents, Grandchildren, Siblings (Sister/Brother), Uncle, Aunt, Nephew, Niece, Employee, Domestic Help and Legal Guardian.</p>

2. Key Benefits:

- a. **Range of benefits:** Indemnity based health insurance cover with range of benefits without any sub-limit unless otherwise mentioned.
- b. **Network of hospitals:** We are equipped to offer you quality health care with our strong network of 11700+ hospitals across India.
- c. **Lifelong renewal:** We offer you a lifelong renewal for your policy provided premium is paid without any break. Your premiums will be basis the age, sum insured, zone and applicable discounts, if any. Your renewal premium will be basis your age on renewal and applicable discounts, if any. There will be no extra loadings based on your individual claim.
- d. **Global Cover for Planned Hospitalization:** We will 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. In case the Insured Person has opted for Sum Insured above Rs. 50 Lacs, then reasonable and customary expenses incurred towards obtaining visa for medical treatment of the insured person will be covered.

TATA AIG General Insurance Company Limited

Registered office: Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai - 400013, Maharashtra, India 24*7 Toll free No.: 1800 266 7780/1800 22 9966 (For Senior Citizens) • Email: customersupport@tataaig.com • Website: www.tataaig.com IRDA of India Registration No.: 108 • CIN: U85110MH2000PLC128425 • TATA AIG MediCare Premier UIN: TATHLIP26052V052526

- e. **Bariatric Surgery Cover-** We will Cover reasonable and customary expenses for Bariatric surgery if the insured fulfills conditions as listed in the policy.
- f. **Restore benefit:** If Your Sum Insured including cumulative bonus is insufficient to pay a claim during a policy year, an additional amount equivalent to the base Sum Insured will be restored once during the policy year and can also be used for admissions due to related illness/diseases after 45 days from the date of discharge of the earlier claim. This benefit cannot be carried forward to subsequent renewals.
- g. **High End Diagnostics-** We will pay the insured for the listed diagnostic tests on OPD basis if required as part of a treatment subject to coverage sum insured.
- h. **Emergency Air Ambulance Cover-** We will pay for ambulance transportation of the insured person in an airplane or helicopter subject to coverage sum insured.
- i. **Maternity Cover-** We will cover Maternity Expenses subject to coverage sum insured.
- j. **Consumables Benefit-** We will pay for expenses incurred, for specified consumables listed in 'annexure 1 – List 1 as optional items (Consumables Benefit)' 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 (Consumables Benefit) are available on our website (www.tataaig.com).
- k. **Home Care Treatment Cover (Applicable only for Sum Insured Rs.75 Lacs and above)-** We will cover for reasonable and customary medical expenses incurred for treatment taken at home for below specified conditions/ illness:
 - Dialysis at home
 - Chemotherapy at home
 - Pandemic Care at home for a maximum period of 15 days and maximum upto 25% of the base sum insured excluding cumulative bonus
- l. **Wellness Services-** We / our Empanelled Service Provider will provide below mentioned wellness services:
 - a. Teleconsultation - General
 - b. Teleconsultation – Specialty
 - c. Ambulance Booking facility
 - d. Emergency Help me feature
 - e. Redeemable voucher/Discount on services
 - f. Health Condition Management
- m. **Wellness Program-** We / our empanelled service provider will provide a wellness program designed to promote wellness and fitness amongst the insured persons through:
 - a. Health risk assessment
 - b. Wellness Rewards: Wellness Reward accumulated through fitness activities can be converted into monetary value and can be utilized towards the payment of services/items under below categories, available through our Network/ empanelled service provider:
 - OPD consultation/ treatment
 - Pharmaceuticals
 - Health-check-ups/ diagnostics

- Health Supplements
 - Coverage of cost of treatment of any admissible claim in respect of non-payable items that are specified under the terms and conditions of the base policy
- n. **No Claim Bonus:** Cumulative Bonus or Discount in Renewal Premium will be available for every claim free Policy year. Either of two options is to be selected.
- o. **Tax Benefit:** The premium amount paid under this policy qualifies for deduction under Section 80D of the Income Tax Act.

3. Discounts on premium:

A	Long term discount	<ul style="list-style-type: none"> 7.5% for a policy term of 3 years 5% for a policy term of 2 years This discount is available only with 'Single' Premium Payment mode.		
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	TATA Group Employee Discount	10%		
D	Discount in lieu of non-availability of 'Global Cover for Planned Hospitalization'	2% where either the policyholder or any of the Insured Person(s) is a Foreign National or their Residence Status at the time of proposal or anytime during the policy period/ renewal is Non-Resident Indian (NRI) or Overseas Citizen of India (OCI) or if the Policyholder/ Insured Person(s), as a Resident Indian National, has agreed to opt out of this Benefit at the time of proposal or at renewal.		

4. Salient Features: (Please refer Benefit Table for coverage limits)

- i. **In-Patient Treatment:** We will cover expenses for hospitalization due to disease/illness/Injury during the policy period that requires an Insured Person's admission in a hospital as an inpatient. Medical expenses directly related to the hospitalization would be payable
- ii. **Pre-Hospitalization expenses:** The Medical Expenses incurred in 60 days immediately before the Insured Person was hospitalized.

- iii. **Post-Hospitalization expenses:** The Medical Expenses incurred for specified number of days immediately after the Insured Person was discharged post Hospitalisation.
- iv. **Day Care Procedures:** We will cover expenses for Day Care Treatment due to disease/illness/Injury during the policy period taken at a hospital or a Day Care Centre.
- v. **Organ Donor:** The Medical and surgical Expenses of the organ donor for harvesting the organ where an insured person is the recipient.
- vi. **Domiciliary Treatment:** The Medical Expenses incurred by an Insured Person for availing medical treatment at his home which would otherwise have required Hospitalisation. We will also cover pre and post hospitalization expenses in case of domiciliary hospitalization
- vii. **Global Cover for Planned Hospitalization:** We will 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. The Medical Expenses payable shall be limited to Inpatient and daycare global Hospitalization only on reimbursement basis. In case the Insured Person has opted for Sum Insured above Rs. 50 Lacs, then reasonable and customary expenses incurred towards obtaining visa for medical treatment of the insured person will be covered.
 'Global Cover for Planned Hospitalization' as a Benefit is:
 - a) not available under this policy and no claim shall be admissible under this section where either the policyholder or any of the Insured Person(s) is a Foreign National or their Residence Status at the time of proposal or anytime during the policy period/ renewal is:
 - Non-Resident Indian (NRI); or
 - Overseas Citizen of India (OCI)
 - b) not available under this Policy and no claim shall be admissible under this section, if the Policyholder or any of the Insured Person(s), as a Resident Indian National, has agreed to opt out of this Benefit at the time of proposal or at renewal.

Policyholder is eligible for a premium discount in case this special condition, as mentioned above, is applicable to the Policyholder/Insured Person(s).

- viii. **Bariatric Surgery Cover-** Covers reasonable and customary expenses for Bariatric surgery if the insured fulfills:
 - i. Surgery to be conducted upon the advice of the Doctor
 - ii. The member has to be 18 years of age or older and
 - iii. BMI greater than or equal to 40 or
 - iv. 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:
 - a) Obesity-related cardiomyopathy,
 - b) Severe sleep apnea,
 - c) Uncontrolled Type2 Diabetes, or
 - d) Coronary heart disease
- ix. **In-patient Treatment - Dental** - Covers expenses incurred towards hospitalization for dental treatment under anesthesia necessitated due to an accident/injury/illness.

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- x. **Restore benefit-** Automatically restore the Basic Sum Insured upon exhaustion of the Sum Insured and accrued Cumulative Bonus, during the policy year.
- xi. **AYUSH Benefit** - Medical Expenses incurred for In-patient/Day care treatment taken in an AYUSH hospital/AYUSH day care centre, including pre and post hospitalization expenses.
- xii. **Ambulance Cover**—For utilizing ambulance service for transporting insured person to hospital in case of an emergency.
- xiii. **Maternity Cover-** We will cover Maternity Expenses subject to a waiting period of 3 years of continuous coverage under this policy.
- xiv. **Delivery Complications Cover-**We will cover medical expenses incurred for the medically necessary treatment of the new born baby for complications related to delivery. This benefit will trigger only in case where we have admitted the maternity claim.
- xv. **First year Vaccinations-**We will pay for vaccination expenses for up to one year after the birth of the child provided the child is covered with us. This benefit will trigger only in case where we have admitted the maternity claim.
- xvi. **Health Checkup-** We/Our empanelled service provider will arrange for a Preventive Health Check-up, on cashless basis.
- xvii. **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.
- xviii. **Vaccination cover-** We will cover for expenses related to the cost of the vaccines as per the Benefit Table.
- xix. **Hearing Aid-** We will cover reasonable charges for hearing aid every third year.
- xx. **Daily cash for choosing Shared Accommodation-** We will pay a fixed amount per day if the Insured Person is Hospitalized in Shared Accommodation in a Network Hospital for each continuous and completed period of 24 hours.
- xxi. **Daily cash for Accompanying an Insured Child-** We will pay a fixed amount per day if the Insured Person Hospitalized is a child Aged 12 years or less, for one accompanying adult for each complete period of 24 hours.
- xxii. **Prolonged Hospitalization Benefit-** We will pay a fixed amount in the event of insured hospitalized for a disease/illness/injury for a continuous period exceeding 10 days.
- xxiii. **High End Diagnostics-** We will pay the insured for the following diagnostic tests on OPD basis if required as part of a treatment:
 - a. Brain Perfusion imaging
 - b. CT guided Biopsy
 - c. CT Urography
 - d. Digital Subtraction Angiography (DSA)
 - e. Liver Biopsy
 - f. Magnetic Resonance Cholangiography Scan
 - g. PET CT
 - h. PET MRI
 - i. Renogram

- xxiv. **OPD Treatment-** Once the insured has completed two years of continuous coverage with us, we will pay for expenses related to consultations and pharmacy subject to policy terms and conditions.
- xxv. **OPD Treatment-Dental-** Once the insured has completed two years of continuous coverage with us, we will pay for expenses related to the following dental treatments only.
 - a. Root Canal Treatment (single or multiple sittings)
 - b. Tooth extraction(s)
 - c. Filling
- xxvi. **Emergency Air Ambulance Cover-** We will pay for ambulance transportation of the insured person in an airplane or helicopter, for emergency life threatening health conditions which require immediate and rapid ambulance transportation to the hospital/medical centre for further medical management.
- xxvii. **Compassionate travel-**
 - a) Domestic
In the event the Insured Person is Hospitalized in India for more than Five consecutive days in a place where no adult member of his immediate family is present, we will cover for 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 benefit shall be payable if an inpatient Hospitalization claim for the insured member is admissible under In-patient Treatment cover of this policy.
 - b) Global (Applicable for sum insured above Rs. 50 Lacs):
In the event the Insured person is hospitalized outside India and claim is admissible under Global cover for Planned Hospitalization, We will cover expenses related to round trip economy class air ticket, to allow the Immediate Family Member to accompany the Insured person for the purpose of planned treatment outside India.
- xxviii. **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.
- xxix. **Consumables Benefit-** We will pay for expenses incurred, for specified consumables listed in 'annexure 1 – List 1 as optional items (Consumables Benefit)' 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 (Consumables Benefit) are available on our website (www.tataaig.com).
- xxx. **Home Care Treatment Cover (Applicable only for sum insured Rs. 75 Lacs and above)-** We will cover for reasonable and customary medical expenses incurred for treatment taken at home for mentioned conditions/ illness.
- xxxi. **Wellness Services-** We / our Empanelled Service Provider will provide wellness services designed to assist insured persons in maintaining and improving good health and fitness.
- xxxii. **Wellness Program-** We / our empanelled service provider will provide a wellness program designed to promote wellness and fitness amongst the insured persons through:
 - a. Health risk assessment
 - b. Wellness Rewards

5. Sum Insured options (Rs.) :

- 5 Lacs
- 10 Lacs
- 15 Lacs
- 20 Lacs
- 25 Lacs
- 50 Lacs
- 75 Lacs
- 100 Lacs
- 200 Lacs
- 300 Lacs

6. Renewal Incentives:

- a. **No Claim Bonus:** The below mentioned 'No claim Bonus' options will be available and applicable as opted by You. Either of the two options is to be selected:
 - a) **Cumulative Bonus:** If you choose Cumulative Bonus, 50% Cumulative Bonus will be applied on the Sum Insured for every claim free policy year subject to maximum of 100% of the sum insured. In case a claim is made during the policy year, the cumulative bonus would reduce by 50% in the following year.
 - a. **Discount in Renewal Premium (No Claim Bonus)-** If you choose **Discount in Renewal Premium**, We will allow 1% discount on renewal premium for every claim free Policy Year, provided that the Policy is renewed with Us without break.

7. 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.

For Detailed Guidelines on **Portability**, kindly refer

Insurance Regulatory and Development Authority of India (Insurance Products) Regulations, 2024 F. No. IRDAI/Reg/8/202/2024 dated 20th March, 2024 and Master Circular on IRDAI (Insurance Products) Regulations 2024- Health Insurance Ref: IRDAI/HLT/CIR/PRO/84/5/ 2024 dated 29th May 2024 and their subsequent amendments thereof.

8. 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, whether received electronically or otherwise, to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to a refund of the premium paid subject to deduction of proportionate risk premium for the period of cover and the expenses, if any, incurred by Us on medical examination of the proposer and stamp duty charges

9. Waiting Period:

- i. 30 Days Waiting Period (Code-Excl03):
 - a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
 - b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
 - c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.
- ii. Specified Disease/Procedure Waiting Period (Code- Excl02):
 - a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
 - b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
 - c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
 - d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
 - e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
 - f. List of Specific Diseases/Procedures furnished below:
 - i. Tumors, Cysts, polyps including breast lumps (benign) (*Arbud, Granthi, including arbud in Sthana*)

- ii. Polycystic ovarian disease (*garbhashaya granthi*), Fibromyoma {*Aartav dushti (Sowmya arbudham)*}, Adenomyosis, Endometriosis (*Udavarthani yoni vyazpt*)
- iii. Prolapsed Uterus (*Yoni bhramsha*)
- iv. Gout and Rheumatism, (*Vaathraktha and Aamvaat / Aadhya vata*), Rheumatoid arthritis, Non-infective arthritis (*Sandhi shool {Dhatukshay janya or Avrodhjanya, both, Sandhigata vata, Vata roga}*)
- v. Ligament, Tendon or Meniscal tear (*Sira, kandara, maamsgat vaat janya shool, sandhi shola*)
- vi. Prolapsed Inter-Vertebral Disc (*Katishool, Greevashool, Grudhrasi vata*) and Spinal Diseases including spondylitis/spondylosis unless arising from Accident
- vii. Cholelithiasis (*yakrut roga*)
- viii. Pancreatitis
- ix. Fissure/fistula in anus, haemorrhoids, pilonidal sinus (*Arsha, Parikartika, bhagandar, gudagat vranshoth, nadi vrana*)
- x. Ulcer & erosion of stomach & duodenum
- xi. Gastro Esophageal Reflux Disorder (GERD) (*Parinamshool, annadravakhya shool, Amlapitta, Grahani*)
- xii. Liver Cirrhosis
- xiii. Perineal Abscesses (*bhagandhara*)
- xiv. Perianal / Anal Abscesses
- xv. Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone (*Ashmari of all types*)
- xvi. Benign Hyperplasia of prostate (*Asththila vrudhi*)
- xvii. Varicocele (*Vrudhi, Vrushanshoth*)
- xviii. Cataract (*avrana Shukla*), Retinal detachment, Glaucoma (*abhishyandha*)
- xix. Congenital Internal Diseases
- xx. Osteoarthritis and osteoporosis (*Asthikshay/ asti gata vata*)
- xxi. Systemic connective tissue disorders, inflammatory polyarthropathies

List of procedure/surgeries/treatments:

- xxii. Adenoidectomy
- xxiii. Mastoidectomy
- xxiv. Tonsillectomy
- xxv. Tympanoplasty
- xxvi. Surgery for nasal septum deviation and Nasal concha resection
- xxvii. Surgery for Turbinate hypertrophy
- xxviii. Hysterectomy
- xxix. Joint replacement (for example: Knee replacement, Hip replacement)
- xxx. Cholecystectomy

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- xxxi. Hernioplasty or Herniorraphy
 - xxxii. Surgery/procedure for Benign prostate enlargement
 - xxxiii. Surgery for Hydrocele/ Rectocele/Spermatocele
 - xxxiv. Surgery of varicose veins and varicose ulcers
 - xxxv. Obesity / Weight control procedures including Gastric bypass surgeries
- iii. Pre-existing Diseases Waiting Period (Code-Excl01)
 - a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us.
 - b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
 - c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
 - d. Coverage under the policy after the expiry of 24 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

10. General Exclusions:

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.

Medical Exclusions:

- i. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof .(Code-Excl12)
- ii. Alcoholic pancreatitis
- iii. Expenses related to surgical treatment of obesity that does not fulfil the below conditions (Code-Excl06):
 - a. Surgery to be conducted is upon the advice of the Doctor
 - b. The surgery/Procedure conducted should be supported by clinical protocols
 - c. The member has to be 18 years of age or older and
 - d. Body Mass Index (BMI);
 - i. greater than or equal to 40 or
 - ii. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - 1. Obesity-related cardiomyopathy
 - 2. Coronary heart disease
 - 3. Severe Sleep Apnea
 - 4. Uncontrolled Type2 Diabetes

- iv. Congenital External Diseases, defects or anomalies;
- v. Stem cell therapy ; however hematopoietic stem cells for bone marrow transplant for haematological conditions will be covered under benefit In-Patient Treatment or Day Care Procedures of this policy;
- vi. Growth hormone therapy;
- vii. Sleep-apnoea
- viii. Admission primarily for administration of Intra-articular or intra-lesional injections or Intravenous immunoglobulin infusion or supplementary medications like Zolendronic Acid
- ix. Investigation and evaluation (Code-Excl04):
 - a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
 - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
- x. Venereal disease, sexually transmitted disease or illness;
- xi. Expenses related to Sterility and infertility (Code-Excl17). This includes:
 - i. Any type of contraception, sterilization
 - ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - iii. Gestational Surrogacy
 - iv. Reversal of sterilization
- xii. Refractive error (Code -Excl15): Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.
- xiii. Change-of-Gender treatments (Code- Excl 07): Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex
- xiv. Cosmetic or Plastic Surgery (Code – Excl08) : Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
- xv. Rest cure, rehabilitation and respite care (Code-Excl05):
 - a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

- xvi. All preventive care, vaccination including inoculation and immunisations (except in case of post- bite treatment and other vaccines explicitly covered);
- xvii. Unproven treatments (Code-Excl16) : Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
- xviii. Dental treatment or surgery of any kind except as specified in 'Inpatient Treatment – Dental'.
- xix. Maternity (Code - Excl18):
 - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period
- xx. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code -Excl13)
- xxi. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Code -Excl14)
- xxii. Any form of Non-Allopathic treatment (except AYUSH Benefit), Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or any other form of indigenous system of medicine.
- xxiii. Any existing disease specifically mentioned as Permanent exclusion in the Policy Schedule

Non-Medical Exclusions:

- I. War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, ionising radiation.
- II. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense.

For the purpose of this exclusion:

- Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death
- Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
- Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including

genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

- III. Any Insured Person's participation or involvement in naval, military or air force operation,
- IV. Hazardous or Adventure Sports (Code Excl09) : Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving
- V. Breach of law (Code Excl10): Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
- VI. Intentional self-injury or attempted suicide while sane or insane.
- VII. Items of personal comfort and convenience like television (wherever specifically charged for), charges for access to telephone and telephone calls, internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service
- VIII. Treatment rendered by a Medical Practitioner which is outside his discipline
- IX. Doctor's fees charged by the Medical Practitioner sharing the same residence as an Insured Person or who is an immediate relative of an Insured Person's family.
- X. Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy unless explicitly stated and covered in the policy,
- XI. Any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.
- XII. 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.
- XIII. Crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively and explicitly stated and covered in the policy).
- XIV. Any illness diagnosed or injury sustained or 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
- XV. Excluded Providers (Code-Excl11): Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim .
- XVI. If the Insured Person is under the influence of intoxicating liquor or drugs or other intoxicants, except where the Insured Person is not directly responsible for the injury/accident though under influence of intoxication.
- XVII. 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.

11.Claim Procedure:

The final decision on all claims is taken by TATA AIG General Insurance Company Limited.

TATA AIG General Insurance Company Limited

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a. Intimation & Assistance:

Please contact our designated TPA/Us atleast 48 hours prior to an event which might give rise to a claim. For any emergency situations, kindly contact our TPA within 24 hours of the event.

b. Claim Related Information:

For any claim related query, intimation of claim and submission of claim related documents, You can contact us through:

Claims Servicing Details	
Name	TAGIC Health Claims
Claims Administrator Address	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
Email ID	healthclaimsupport@tataaig.com
Toll-Free No.:	1800 266 7780 or 1800 229 966 (For Senior Citizens)
Website	www.tataaig.com

c. Procedure for reimbursement claims:

- Our TPA/We must be informed within 7 days of completion of such treatment, consultation or procedure using the Claim Intimation Form.
- Please send the duly signed claim form and all the information/documents mentioned therein to our TPA/Us within 15 days of the occurrence of the Incident.
- Please refer to claim form for complete documentation.
- If there is any deficiency in the documents/information submitted by you, our TPA/We will send the deficiency letter within 7 working days of receipt of the claim documents.
- On receipt of the complete set of claim documents, We will send the payment for the admissible amount, along with a settlement statement within 15 days.
- The payment will be sent in the name of the proposer/ Nominee in case of death of Proposer.

d. Procedure for availing cashless facility:

- For any emergency Hospitalisation, our TPA/We must be informed within 24 hours after hospitalization.
- For any planned hospitalization, kindly seek cashless authorization from our TPA/Us atleast 48 hours prior to the hospitalization.
- TPA/We will check your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the documents sent, the same shall be communicated to the hospital by TPA/Us.
- In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider by TPA/Us.

Note:

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- Insured person is entitled for cashless coverage only in our empanelled hospitals.
- Please refer to our website(www.tataaig.com) or call us on our toll free number at <<1800-266-7780>> for empaneled hospital list.
- Rejection of cashless facility in no way indicates rejection of the claim.

e. Claim Settlement (provision for Penal Interest)

- i. The Company shall settle or reject a claim, as the case may be, within 15 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.

f. Claims Payment

- i. This Policy only covers claims incurred within India (except in case of benefit B13-Global cover for Planned Hospitalization, wherever applicable), and payments under this Policy shall only be made in Indian Rupees within India.
- ii. The benefits/services/claims offered/payable under this policy including but not limited to Health Checkup, Wellness Services and Wellness Program can be availed within India only.

Claim procedure and management of Wellness Services & Wellness Program

i. Utilise Wellness Points:

Utilisation of Wellness points is only available at network service providers. To avail products or services, Insured Person must visit our Customer application and buy the required product/ services. On successful purchase, an amount equivalent to the monetary value of the Earned Wellness points will be deducted from Your policy.

ii. Avail services under Benefits:

Services are only available at network. To avail the same, following procedure must be followed:

- Teleconsultation:

Insured person can gain access to tele/video/digital consultation with a general physician/specialist/psychiatrist, using our digital customer application.

- 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.
- Emergency - Help me feature:
 In case of an emergency, insured person can use Our Customer application to alert designated caregiver, at a push of a button. An alert message will be sent to the designated caregiver, informing him/her about the emergency. By opting this feature, the insured person authorizes us/our empanelled service provider to share their geo-location with the designated caregiver.
 This service will be offered on best effort basis and does not have a legal binding on us.

12. Renewal of Policy:

The policy shall ordinarily be renewable except on grounds of established fraud, non-disclosure or misrepresentation by the insured person.

- i. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- ii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iii. Single premium payment mode Policy can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period after the end of the policy period. If not renewed under the Grace Period, the Policy shall terminate at the end of the Grace period.
- iv. The grace period for payment of the premium during the Policy Period, for instalment premium shall be fifteen days where premium payment mode is monthly and thirty days in all other cases (Annual/Half-Yearly/ Quarterly/ Limited Premium paying term).
- v. Coverage during such grace period (in case of instalment premium):
 - a. Within the policy period - coverage will be available from the due date of instalment premium till the date of receipt of premium by Company within the grace period.
 - b. At the end of the policy period - the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period after the end of the policy period.
- vi. The insured person will get the accrued continuity benefit to the extent of Sum Insured, No Claim Bonus, Specified Waiting Periods, waiting periods for pre-existing diseases,

Moratorium period, as applicable, in the event of payment of premium within the stipulated grace Period.

- vii. No loading shall apply on renewals based on individual claims experience

13. Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company may revise or modify the terms of the Policy including the premium rates. The Insured Person shall be notified three months before the changes are effected.

14. 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.

For Detailed Guidelines on Migration, kindly refer

- Insurance Regulatory and Development Authority of India (Insurance Products) Regulations, 2024 F. No. IRDAI/Reg/8/202/2024 dated 20th March, 2024 and Master Circular on IRDAI (Insurance Products) Regulations 2024- Health Insurance Ref: IRDAI/HLT/CIR/PRO/84/5/ 2024 dated 29th May 2024 and subsequent amendments thereof.

15. Withdrawal of the policy:

- a. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- b. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as No Claim Bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

16. 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.

17.Nomination:

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

18.Requirement:

- Completed proposal form,
- Supporting Medical papers (wherever applicable),
- Previous policy copies, IRDAI portability form (as applicable)

19.Pre-policy medical check-up:

Pre-Policy Check-up at our network may be required based upon the age and/or Sum Insured. 100% of the expenses incurred per insured person will be payable by TATA AIG only on the acceptance of the proposal. The medical reports are valid for a period of 90 days from the date of Pre-Policy Checkup.

Pre-policy medical examination grid:

Age(Yrs)/Sum Insured	Sum Insured up to Rs.50 Lacs	Sum Insured above Rs.50 Lacs
Upto age 45	Tele MER (only if positive medical declaration)	Tele MER
46-55	Tele MER	Tele MER
56 to 65	Tele MER	*MER, Urine Routine, CBC with ESR, LFT, RFT, Lipid Profile, TMT/ (2D Echo+ECG), USG Abdomen & Pelvis, Hba1c, HBsAg, X ray chest, Sonomammography (female), PSA (male)

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- i. In case of adverse medical declaration, we may call for TeleMER/additional medical tests
- ii. Tele-MER means Tele Medical Examination Reporting.
- iii. 100% of TeleMER cost would be borne by the Company, in case of proposal acceptance.
- iv. *At least 50% of pre-policy medical checkup cost would be borne by the Company in case where proposal is accepted.
- v. Financial underwriting may be done in case of higher sum insured options

20. Premium Rates & Payment Zones::

- a. The premium will be charged on the completed age of the Insured Person.
- b. Premium rates are subject to change
- c. The premium for the policy will remain the same for the policy period as mentioned in the policy schedule.
- d. For family floater, premium is calculated by adding the premium of respective individual members and applying family floater discount.
- e. Monthly/Quarterly/Half-Yearly/Annual/Limited Premium paying term instalment option would be allowed and following loadings shall be applicable as per the selected instalment option and Policy Tenure:

Loading %			
Installment Option/Tenure	1 Year Policy	2 Year Policy	3 Year Policy
Monthly	5.00%	9.00%	13.00%
Quarterly	4.00%	8.00%	12.00%
Half-Yearly	2.50%	7.00%	11.00%

Limited Premium paying term:

EMI Tenure / Policy Tenure	Loading %		
	1 Year	2 Year	3 Year
2 Months	0.50%	0.50%	0.50%
3 Months	1.25%	1.25%	1.25%
6 Months	2.50%	2.50%	2.50%
12 Months	5.00%	5.00%	5.00%

If the insured person has opted for Payment of Premium on an installment basis as mentioned in the policy Schedule, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

- I. Grace Period of 15 days would be given to pay the installment premium due for the policy where premium payment mode is monthly and 30 days in all other cases (Annual/Half-Yearly/ Quarterly/ Limited Premium paying term) during the policy period.
- II. During such grace period, coverage shall 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. In such scenario, in case of Limited Premium paying term mode, premium will be refunded on pro rata basis after deducting administrative costs (if any), subject to no claims under the Policy.
- 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.

For premium rates, kindly visit our website www.tataaig.com

Premium Payment Zones:

For the purpose of premium computation, the country is divided into following three Zones and premium payable under this Policy will be computed based on the zone as applicable for the Address' of the proposer/ Insured Person:

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

Here 'Address' implies the place where the person ordinarily resides. In case proposed prospect(s) reside at multiple addresses, then address of the person residing in the highest zone will be considered.

21.Loadings:

- i. We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance).
- ii. The loading shall only be applied basis an outcome of Our medical underwriting.
- iii. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us and on the applicable sum insured for each Policy Year including increased sum insured, if any.
 - a. We will inform You about the applicable risk loading through a counter offer letter.
 - b. You need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter.
 - c. In case, you neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund/ release the amount subject to deduction of the Pre-Policy Check up charges, as applicable.
- iv. Please note that We will issue Policy only after getting Your consent.

22.Cancellation:

The policyholder may cancel this **Policy** by giving 7 days written notice and in such an event, the Company shall refund proportionate premium for unexpired policy period. No refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit under this **Policy** has been availed by the **Insured Person**.

The Company may cancel the policy at any time on grounds of established fraud, misrepresentation or non-disclosure of material facts by the Policyholder/ Insured Person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of established fraud, misrepresentation or non-disclosure of material facts.

23.Redressal of Grievance:

At TATA AIG, we strive to provide the best service to our customers. If you're not satisfied and wish to lodge a complaint, please call our 24/7 toll-free number **1800-266-7780/ 1800 22 9966** (For Senior Citizen) or **022-66939500** (toll charges apply), or email us at customersupport@tataaig.com. We will investigate and respond within the regulatory turnaround time (TAT).

Escalation Level 1

If you do not receive a response or are not satisfied with the resolution, please contact us at manager.customersupport@tataaig.com.

Escalation Level 2

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If you still need assistance, reach out to the Head of Customer Services at head.customerservices@tataaig.com. We will provide our final response within the regulatory TAT.

If you're still not satisfied after this process, you may approach the Insurance Ombudsman of concerned jurisdiction.

You can also lodge a grievance on the Bima Bharosa Grievance Redressal Portal: <https://bimabharosa.irdai.gov.in>

The name and address of the Insurance Ombudsman of competent jurisdiction is provided under Annexure A of this **Policy**.

24. Section 41 of Insurance Act 1938 (Prohibition of Rebates), as amended by Insurance Laws (Amendment) Act, 2015:

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
2. Any person making default in complying with the provision of this section shall be liable for penalty which may extend to ten lakh rupees.

Note: Policy Term and Conditions & Premium rates are subject to change

Disclaimer:

This is only a summary of the product features. The actual benefits available are as described in the policy, and will be subject to the policy terms, conditions and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarification.

“Insurance is a subject matter of solicitation”. For more details on benefits, exclusions, limitations, terms & conditions, please refer sales brochure/ policy wordings carefully, before concluding a sale.”

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

IRDAI REGULATION: This policy is subject to Insurance Regulatory and Development Authority of India (Protection of Policyholders’ Interests, Operations and Allied Matters of Insurers) Regulations, 2024 .

Benefit Table:

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Cover/Sum Insured (In Rs.)	Coverage				
	Up to 50 Lacs	75 Lacs	100 Lacs	200 Lacs	300 Lacs
In-Patient Treatment	Upto Sum Insured				
Pre-Hospitalization expenses	Upto 60 days				
Post-Hospitalization expenses	Upto 90 days	Upto 200 days			
Day Care Procedures	Upto Sum Insured				
Organ Donor					
Domiciliary Treatment					
Restore benefit					
AYUSH Benefit					
Ambulance cover	Upto Rs. 5000 per Hospitalization	Upto Rs. 7500 per Hospitalization	Upto Rs. 10000 per Hospitalization	Upto Rs. 20000 per Hospitalization	Upto Rs. 30000 per Hospitalization
Health Checkup	Upto 1% of Sum Insured; maximum Rs.10,000 per policy (on cashless basis)	Upto 1% of Sum Insured; maximum Rs.15,000 per policy (on cashless basis)	Upto 1% of Sum Insured; maximum Rs.20,000 per policy (on cashless basis)	Upto 1% of Sum Insured; maximum Rs.25,000 per policy (on cashless basis)	Upto 1% of Sum Insured; maximum Rs.25,000 per policy (on cashless basis)
Compassionate travel	Upto Rs.20,000 per policy year	Upto Rs.50,000 per policy year			
Global Cover for Planned Hospitalization	Upto Sum Insured For applicability refer to Special condition as mentioned under ‘Global Cover for Planned Hospitalization’				
Consumables Benefit	Upto Sum Insured				
Bariatric Surgery Cover					
In-Patient Treatment - Dental					
Vaccination cover					
Hearing Aid	50% of actuals; maximum Rs.10,000 per policy				
Daily Cash for choosing Shared Accommodation	0.25% of base Sum Insured; maximum Rs. 2000 per day				
Daily Cash for Accompanying an Insured Child	0.25% of base Sum Insured; maximum Rs. 2000 per day				
Second Opinion	Covered				
Maternity Cover	Rs. 50,000 (Rs. 60,000 for birth of girl child)	Rs. 1,00,000 (Rs.1,20,000 for birth of girl child)			
Delivery Complications Cover	Up to Rs. 10000	Up to Rs. 25000			
First year Vaccinations	Upto Rs. 10000 (Rs.15000 for girl child) (The limit is a lifetime limit and not a policy limit which will be applicable for each child.)				
Prolonged Hospitalization Benefit	1% of Sum Insured				
High End Diagnostics	Upto Rs.25,000 per policy year	Upto Rs.50,000 per policy year			

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OPD Treatment	Upto Rs.5,000, per policy year	Upto Rs.7500, per policy year	Upto Rs.10,000, per policy year	Upto Rs.15,000, per policy year	Upto Rs.20,000, per policy year
OPD Treatment - Dental	Upto Rs. 10,000, per policy year	Upto Rs.12,500, per policy year	Upto Rs.15,000, per policy year	Upto Rs.20,000, per policy year	Upto Rs.25,000, per policy year
Emergency Air Ambulance Cover	Upto Rs. 5,00,000	Up to Rs. 500,000 for out of Network; Upto Sum Insured within our Network			
Accidental Death Benefit	100% of base Sum Insured	Rs. 50,00,000			
Home Care Treatment Cover	-	Upto Sum Insured for a) Dialysis at home b) Chemotherapy at home c) Up to 25% of Sum Insured for Pandemic Care at home, max up to 15 days in a policy year			
No Claim Bonus	For every claim free year: 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 i. ii) 1% Discount in Renewal Premium				
Wellness Services	i. Unlimited Teleconsultation General ii. Unlimited Teleconsultation – Specialist iii. Health Condition Management iv. Diet & Weight Management Program v. Stress Management Program vi. Redeemable voucher/Discount on services vii. Ambulance Booking facility viii. Emergency Help me feature				
Wellness Program	Available				