

Note: The Information must be read in conjunction with the product brochures and policy document. In case of any conflict between the Key Features Document and the policy document the terms and conditions mentioned in the policy document shall prevail.

Title	Description	Refer to Policy Clause Number
Product Name	MediPlus Policy	
What am I covered for:	<p>Benefits</p> <ul style="list-style-type: none"> In-patient Treatment - Medical Expenses for Hospitalisation above 24 hrs. Pre-Hospitalisation - Medical Expenses incurred in 60 days before the admission in the Hospital. Post-Hospitalisation - Medical Expenses incurred in 90 days after the discharge from Hospital. Day-Care procedures - Medical Expenses for enlisted 140 Day care procedures Organ Donor- Medical Expenses on harvesting the organ from the donor for organ transplantation. Emergency Ambulance- Actual expenses incurred or Rs. 2,000 whichever is lower per Hospitalisation for utilizing ambulance service for transporting Insured Person to Hospital in case of an Emergency. Domiciliary Treatment - The Medical Expenses incurred by an Insured Person for availing medical treatment at his home which would otherwise have required Hospitalisation. 	<p>Section 1 a) Section 1 b) Section 1 c) Section 1 d) Section 1 e) Section 1 f) Section 1 g)</p>
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>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. 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. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12). Obesity and any weight control: (Code- Excl06). Sleep-apnoea. vi)xi) Congenital internal or external diseases, defects or anomalies; Maternity (Code- Excl18). Sterility and Infertility : (Code- Excl17). Change of Gender Treatment: (Code- Excl07). Refractive error: (Code- Excl15). Circumcisions. Cosmetic or Plastic Surgery: (Code- Excl08). Unproven treatments (Code- Excl16), Investigation and evaluation:(Code- Excl04). Rest cure, sanatorium treatment, rehabilitation and measures, private duty nursing, respite care, long-term nursing care or custodial care.: (Code- Excl05). Treatments received in heath hydros, 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). 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). any non allopathic treatment, Any non medical expenses</p>	Section 2
Waiting Period	<ul style="list-style-type: none"> 30 Days Waiting Period(Code- Excl03) for all illnesses (except accident) in the first year and is not applicable in subsequent renewals 24 months for Specified Disease/Procedure Waiting Period (Code- Excl02) and is not applicable in subsequent renewals Pre-existing Diseases Waiting Period (Code- Excl01). 	<p>Section 2 a) Section 2 b) Section 2 c)</p>
Payout basis	<ul style="list-style-type: none"> Reimbursement of covered expenses up to specified limit. 	Section 1

Title	Description	Refer To Policy Clause Number
Cost Sharing	<ul style="list-style-type: none"> • We will pay Medical Expenses exceeding the Deductible • Deductible applicable mentioned in the Policy Schedule. 	Section 1, 3g)
Renewal Conditions	<p>The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.</p> <ol style="list-style-type: none"> i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal. ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years. iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. iv. 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. v. No loading shall apply on renewals based on individual claims experience. 	Section 3 o)
Renewal Benefits	<ul style="list-style-type: none"> • Not Applicable 	
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> <ol style="list-style-type: none"> i. 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 ii. 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 iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period 	Section 3u)
Cancellation	<ul style="list-style-type: none"> • The policyholder may cancel this policy by giving 15 days written notice and in such an event, the Company shall refund premium for the unexpired policy period as per the short rate table • Notwithstanding anything contained herein or otherwise, 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 by the insured person under the policy. • 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. 	Section 3 s)
How to Claim	<ul style="list-style-type: none"> • In case of any hospitalisation or an event which might give rise to a claim, please contact Our designated TPA at 1800-425-4033 & 040- 23552899 (for Senior Citizens) 	Section 5

Note: Pre-Policy Checkup at Our network may be required based upon the Age. We will reimburse 50% of the expenses incurred on the acceptance of the proposal. The medical reports are valid for a period of 90 days from the date of Pre-Policy Checkup.

Tata AIG General Insurance Company Limited

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 MediPlus UIN: TATHLIP21258V022021