

The information mentioned below is illustrative and not exhaustive. 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
<b>Product Name</b>	<b>MediRaksha Policy</b>	
What am I covered for:	a. In-patient Treatment - Covers Medical Expenses for hospitalization for period more than 24 hrs. b. Pre-Hospitalization - Upto 1% of admissible claim amount or actual expenses whichever is less per hospitalization towards medical expenses incurred in 30 days before hospitalization c. Post-Hospitalization - Upto 1% of admissible claim amount or actual expenses whichever is less per hospitalization towards medical expenses incurred in 60 days after discharge post hospitalization d. Day-Care procedures - Medical expenses for enlisted 144 day care procedures if treatment is taken as in-patient in hospital or stand alone day care centre for which hospitalization required is for less than 24 hrs. Treatment in out patient department of hospital or day care centre is not covered. e. Organ Donor - Medical expenses on harvesting the organ from the donor for organ transplantation.	Section 1, a) Section 1, b) Section 1, c) Section 1, d) Section 1, e)
What are the major exclusions in the policy:	Following is a partial list of the policy exclusions. Please refer to the policy wording for the complete list of exclusions. 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 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). 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	Section 3, C.d
Waiting Period	We will not pay any claim under the waiting periods for specified benefits except due to an Accident. <ul style="list-style-type: none"> <li>• 30 Days Waiting Period ( Code- Excl03) in the first year and is not applicable in subsequent renewals.</li> <li>• 24 months for Specified Disease/Procedure Waiting Period (Code- Excl02) and is not applicable in subsequent renewals.</li> <li>• Pre-existing Diseases Waiting Period (Code- Excl01).</li> </ul>	Section 3, C.a. Section 3, C.b. Section 3, C.c.
Payout basis	Reimbursement of covered expenses up to specified limit.	Section 1

Title	Description	Refer To Policy Clause Number												
Cost Sharing	<p><b>a) Sublimits on Room Rent and Boarding Expenses</b></p> <table border="1" data-bbox="416 185 1173 324"> <thead> <tr> <th>Sum Insured per Policy [Rs.]</th> <th>50,000</th> <th>75,000</th> <th>100,000</th> </tr> </thead> <tbody> <tr> <td>Room rent per day [Rs.]</td> <td>500</td> <td>750</td> <td>1,000</td> </tr> <tr> <td>ICU rent per day [Rs.]</td> <td>1,000</td> <td>1,500</td> <td>2,000</td> </tr> </tbody> </table> <p><b>b) Co-Payment</b></p> <ul style="list-style-type: none"> <li>15% for each and every claim under this policy</li> </ul>	Sum Insured per Policy [Rs.]	50,000	75,000	100,000	Room rent per day [Rs.]	500	750	1,000	ICU rent per day [Rs.]	1,000	1,500	2,000	Section 3, A       Section 3, B
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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"> <li>The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.</li> <li>Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.</li> <li>Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.</li> <li>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.</li> <li>No loading shall apply on renewals based on individual claims experience.</li> </ol>	Section 4 p.												
Renewal Benefits	<b>Health -Checkup-</b> Upto 1% of the Sum Insured in the fourth year policy subject to a maximum of Rs. 1,000 per Insured Person only once at the end of a block of every continuous four claim free years	Section 2												
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"> <li>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</li> <li>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</li> <li>Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period</li> </ol>	Section 4 u												
Cancellation	<ul style="list-style-type: none"> <li>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</li> <li>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.</li> <li>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.</li> </ul>	Section 4 t												
How to Claim	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 6.												

**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

**Registered Office:** Peninsula Business Park, Tower A, 15th Floor, G. K. Marg, Lower Parel, Mumbai - 400 013.

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MediRaksha UIN: TATHLIP21259V022021