

Customer information sheet

Title	Description	Refer To Policy Clause No.
Product Name	Tata AIG MediCare Premier	
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. 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. 8. 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 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 9. In-patient Dental Treatment- Covers expenses incurred towards hospitalization for dental treatment under anesthesia necessitated due to an accident/injury/illness. 10. Restore benefit- Automatically restore the Basic Sum Insured upon exhaustion of the Sum Insured and accrued Cumulative Bonus, during the policy period. 11. AYUSH benefit - Medical Expenses incurred for In-patient treatment taken under Ayurveda, Unani, Sidha or Homeopathy. 12. Ambulance cover- For utilizing ambulance service for transporting insured person to hospital in case of an emergency. 13. Maternity Cover- We will cover Maternity Expenses upto a maximum of Rs. 50,000/- (Rs.60,000 in case of birth of girl child) per policy subject to a waiting period of 4 years of continuous coverage under this policy subject to IRDAI portability guidelines. 14. New Born Baby Cover- We will cover medical expenses incurred for the medically necessary treatment of the new born baby upto Rs.10, 000 for complications related to delivery. This benefit will trigger only in case where we have admitted the maternity claim. 15. First year Vaccinations- We will pay for vaccination expenses for up to one year after the birth of the child subject to a limit of Rs.10,000/- (Rs.15,000/- in case of girl child) provided the child is covered with us. This benefit will trigger only in case where we have admitted the maternity claim. 16. Health Check-up- Expenses for a Preventive Health Check-up upto 1% of policy sum insured subject to a maximum of Rs. 10,000/- per policy. 17. 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. 18. 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 ● After 2 years of continuous coverage with us: <ol style="list-style-type: none"> a) Human Papilloma Virus (HPV) vaccine b) Hepatitis B Vaccine 19. 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. 20. 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. 21. 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. 	Section (1)

<p>What am I covered for:</p>	<p>22. Prolonged hospitalization Benefit- We will pay a fixed amount of 1% of sum insured, in the event of insured hospitalized for a disease/illness/injury for a continuous period exceeding 10 days.</p> <p>23. High End Diagnostics- We will pay the insured for the following diagnostic tests on OPD basis if required as part of a treatment subject to Rs.25,000 per policy year annually:</p> <ol style="list-style-type: none"> Brain Perfusion imaging CT guided Biopsy CT Urography Digital Subtraction Angiography (DSA) Liver Biopsy Magnetic Resonance Cholangiography Scan PET CT PET MRI Renogram <p>24. 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 Rs. 5000 per policy year annually subject to policy terms and conditions.</p> <p>25. 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 subject to Rs.10000 per policy year annually.</p> <ol style="list-style-type: none"> Root Canal Treatment (single or multiple sittings) Tooth extraction(s) Filling <p>26. Emergency Air Ambulance Cover- We will pay for ambulance transportation of the insured person in an airplane or helicopter subject to maximum of Rs. 500,000, for emergency life threatening health conditions which require immediate and rapid ambulance transportation to the hospital/medical centre for further medical management.</p> <p>27. 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 Rs. 20,000 during a policy year.</p> <p>28. 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.</p> <p>29. Consumables Benefit- We will pay for expenses incurred, for consumables which are listed in 'Items for which optional cover may be offered by insurers' under 'Guidelines on Standardization in Health Insurance, 2016', which are consumed during the period of hospitalization directly related to the insured's medical or surgical treatment of illness/disease/injury.</p>	<p>Section (1)</p>
<p>What are the major exclusions in the policy:</p>	<p>Following is a partial list of the policy exclusions. Please refer to the policy wording for the complete list of exclusions.</p> <p>This entire Policy does not provide benefits for any loss resulting in whole or in part from, or expenses incurred, directly or indirectly in respect of:</p> <p>War or any act of war, nuclear, chemical and biological weapons, ionizing radiation, breach of law with criminal intent, intentional or attempted suicide, participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing, abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, idiopathic/alcoholic pancreatitis, Psychiatric, mental disorders, congenital external diseases, defects or anomalies,; sleep apnoea, expenses arising from HIV or AIDs and related diseases, sterility, treatment to effect or to treat infertility, any fertility, sub-fertility, surrogate or vicarious pregnancy, birth control, laser treatment for correction eye due to refractive error, plastic surgery or cosmetic surgery unless required due to an Accident, Cancer or Burns.</p>	<p>Section (3)</p>
<p>Waiting Period</p>	<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/illnesses/procedures Pre-existing disease covered after 24 months 	<p>Section (3)</p>
<p>Payment basis</p>	<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 	
<p>Loss Sharing</p>	<ul style="list-style-type: none"> Not applicable 	
<p>Renewal Conditions</p>	<ul style="list-style-type: none"> Policy is ordinarily lifelong renewable, subject to application for renewal and the renewal premium in full has been received by the due dates and realisation of premium. 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. 	<p>Section (4)</p>
<p>Renewal Benefits</p>	<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 Every year free health check would be offered for the insured members subject to maximum of 1% of sum insured (maximum upto Rs.10,000 per policy) 	<p>Section (B16) and Section (B30)</p>

Free Look Period	<ul style="list-style-type: none"> You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy. 	Section (4)
Cancellation	<ul style="list-style-type: none"> This policy would be cancelled by us on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by any Insured Person, upon giving 15 days notice. No refund of premium will be allowed if policy is cancelled on the grounds of misrepresentation, fraud, or non-disclosure of material facts. In case policy is cancelled by us on the grounds of non-cooperation or you cancel the policy by giving 15 days notice then you will be refunded balance premium after retaining premium for the period policy was in force on short period rate basis. No refund of premium will be allowed if claim has been made on 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"> Please call our designated TPA (Third Party Administrator)/Us on toll free no.18004254033 or 040-23552899 (for Senior Citizens) in the event of hospitalization giving rise to a claim or e-mail at info@fhpl.net For list of network hospitals, please refer to www.fhpl.net For Reimbursement of Claim: <ul style="list-style-type: none"> Please intimate our TPA within 7 days of completion of treatment, consultation or procedure. Please submit claim documents to our TPA within 15 days of occurrence of incident. Kindly sent the claim documents to: Claims Department, Family Health Plan Insurance (TPA) Limited, Srinilaya-Cyber Spazio, Suite#101,102,109 & 110,Gr. Floor, Road no.2, Banjara Hills, Hyderabad-500034 	Section(5)
Policy/ Servicing/ Grievances/ Complaints	<ul style="list-style-type: none"> Company Officials: <ul style="list-style-type: none"> If you are not satisfied with our services and wish to lodge a complaint, please call our 24X7 Toll free number 1800-266-7780 or 022-66939500 (tolled) or 1800 22 9966 (for Senior Citizens) or you may email to the customer service desk at customersupport@tataaig.com IRDAI: <ul style="list-style-type: none"> In case of no reply from Us with 15 days, You can approach Grievance Redressal Cell of the Consumer Affairs Department of IRDA of India by calling Toll Free Number 155255 (or) 1800 4254 732 or send email to complaints@irda.gov.in Ombudsman: <ul style="list-style-type: none"> Details as mentioned in the policy wordings or alternatively please refer our web-site www.tataaig.com. 	Section (6)
Insured's Rights	<ul style="list-style-type: none"> Free-look period (as mentioned above) Policy is ordinarily lifelong renewable, subject to application for renewal and the renewal premium in full has been received by the due dates and realization of premium Option to migrate: <ul style="list-style-type: none"> In the likelihood of this product being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy. You will have the option to migrate to similar health insurance product available with us at the time of renewal with all the accrued continuity benefits such as waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDA of India. Portability: <ul style="list-style-type: none"> You will have the option to migrate to similar health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDA of India. Please write to us: customersupport@tataaig.com 	Section (3) and Section (4)
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.