TATA AIG INSURANCE

WITH YOU ALWAYS

STAY ONE STEP AHEAD OF YOUR NEEDS

Presenting

TATA AIG

MediCare PLUS

TATA AIG

MediCare PLUS

Choose all-round care for your health with our Trusted Naam, Fantastic Kaam!

We bring to you a health companion you can rely on. This is a health insurance top-up plan designed as an economical and affordable option supplementing over and above the basic health insurance policy. Tata AIG MediCare Plus is built with benefits and features to suit your needs ensuring complete well-being and protection to you and your loved ones. With a legacy built on trust, rest assured that there will be no compromise when it comes to you and your loved one's health.

Product Highlights

- Longer tenure upto 3 years
- Higher sum insured options up to 1 Crore
- Global Cover (optional)
- No PPC, only Tele MER
- Consumables Benefit
- Higher Cumulative Bonus
- Deductible options available are ₹2 Lakh, ₹3 Lakh, ₹5 Lakh, ₹10 Lakh, ₹15 Lakh & ₹20 Lakh

Tata AIG MediCare Plus UIN: TATHLIP21253V022021

Key Features*

In-Patient Benefits - Covers 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.

Pre-Hospitalization - Medical Expenses incurred up to 60 days before the date of admission to the hospital.

Post-Hospitalization - Medical Expenses incurred up to 90 days after the date of discharge from the hospital.

Day-Care procedures - Covers expenses for 540+ Day Care Treatment due to disease/ illness/Injury during the policy period taken at a hospital or a Day Care Centre.

Organ Donor - Covers Medical and surgical expenses of the organ donor for harvesting the organ where an Insured Person is the recipient.

Domiciliary Treatment - Covers 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.

In-Patient Dental Treatment - Covers expenses incurred towards hospitalization for dental treatment under anesthesia necessitated due to an accident/injury/illness.

AYUSH Benefit - Covers Medical Expenses incurred for In-Patient/Day care treatment taken in an AYUSH hospital/AYUSH day care centre, including pre and post hospitalization expenses.

Ambulance Cover - Covers expenses incurred on transportation of Insured Person in a registered ambulance to a hospital in case of an emergency or from one hospital to another, for better medical facilities & treatment, subject to ₹3000 per Hospitalization.

Second Opinion - Provides You a second opinion from Network Provider or Medical Practitioner, if an Insured Person is diagnosed with the mentioned Illnesses during the Policy Period.

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 once in block of every two continuous claim free policy years with us.

Cumulative Bonus - 50% increase in cumulative bonus for every claim free year, upto a maximum of 100%. In the case a claim is made during the policy year, the cumulative bonus would reduce by 50% in the following year. Alternately, No Claim Discount in premium can be opted, in which case policy will not be entitled for Cumulative Bonus.

Consumables Benefit - Covers expenses incurred, for specified consumables, which are consumed during the period of hospitalization directly related to the insured person's medical or surgical treatment of illness/disease/injury.

Global Cover (Optional Cover) - Covers Medical Expenses related to Inpatient & Day Care Hospitalization of the Insured Person incurred outside India, provided that the diagnosis was made in India.

*Please refer Policy wordings & terms and conditions for complete details

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Other Benefits

1. **Network of hospitals:** Cashless facility available at 11000+ network hospitals across India.
2. **Lifelong renewal:** Offers a lifelong renewal for your policy provided premium is paid without any break. Your premiums will be basis the age, sum insured, deductible and plan. Your renewal premium will be basis your age on renewal and there will be no extra loadings based on your individual claim.
3. **Cumulative bonus:** 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. Alternately, No Claim Discount in premium can be opted, in which case policy will not be entitled for Cumulative Bonus.
4. **Aggregate Deductible:** All claims under the policy benefits shall be payable only if the aggregate of covered medical expenses, in respect to hospitalizations in a policy year is in excess of deductible specified in policy schedule. In case of family floater policy, the deductible shall be per policy per year and in case of individual policy, the deductible shall be per insured person per year.

Sum Insured options: (In ₹)

3 Lakh	5 Lakh	10 Lakh	15 Lakh
20 Lakh	25 Lakh	50 Lakh	1 Crore

Deductible Options: (In ₹)

2 Lakh	3 Lakh	5 Lakh
10 Lakh	15 Lakh	20Lakh

You can choose any combination of Sum Insured and Deductible

Premium is excluding taxes.
If customer opts for global cover, an additional premium of 10% will be applicable.

Deductible Amount (₹): 2 Lakh

Age Band/Sum Insured (₹)	3 Lakh	5 Lakh	10 Lakh	15 Lakh	20 Lakh	25 Lakh	50 Lakh	1 Crore
91 days - 18 yrs	1,427	2,237	2,860	3,210	4,020	4,359	5,249	6,937
19-35yrs	2,163	3,238	4,914	6,087	6,579	7,285	7,793	9,722
36-45yrs	2,493	3,578	5,811	6,675	7,516	8,132	8,452	10,613
46-50yrs	4,044	6,009	9,135	10,110	12,292	13,182	14,134	17,585
51-55yrs	5,401	7,952	11,301	13,079	14,460	16,230	17,238	21,427
56-60yrs	5,800	8,583	12,679	14,810	16,754	18,159	19,902	25,121
61-65yrs	7,280	12,707	22,035	25,765	28,556	32,063	34,242	42,576
66-70yrs^	9,202	13,767	24,343	29,308	32,933	35,127	37,343	46,263
71+yrs^	11,658	17,645	28,624	36,339	40,553	45,302	47,813	59,023

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Deductible Amount (₹): 3 Lakh

Age Band/Sum Insured (₹)	3 Lakh	5 Lakh	10 Lakh	15 Lakh	20 Lakh	25 Lakh	50 Lakh	1 Crore
91 days - 18 yrs	1,201	1,784	2,293	3,124	3,902	4,311	5,245	6,754
19-35yrs	1,623	2,263	3,333	4,771	5,326	5,778	6,335	8,047
36-45yrs	1,940	2,782	4,135	5,445	6,170	6,590	7,138	9,157
46-50yrs	3,111	4,506	6,983	8,762	10,279	11,427	12,159	15,383
51-55yrs	4,269	6,376	9,418	11,288	11,903	13,217	14,647	18,506
56-60yrs	4,617	6,878	10,257	12,478	13,518	15,236	16,634	21,510
61-65yrs	5,674	9,984	16,993	21,939	25,119	27,906	29,559	37,363
66-70yrs^	7,363	11,299	18,913	25,405	27,818	30,808	32,464	40,817
71+yrs^	9,564	15,770	25,465	31,795	35,613	38,534	41,103	51,413

Deductible Amount (₹): 5 Lakh

Age Band/Sum Insured (₹)	3 Lakh	5 Lakh	10 Lakh	15 Lakh	20 Lakh	25 Lakh	50 Lakh	1 Crore
91 days - 18 yrs	692	1,010	1,361	1,945	2,435	2,697	3,264	4,203
19-35yrs	841	1,177	1,797	2,528	3,139	3,466	3,800	4,827
36-45yrs	992	1,441	2,179	3,094	3,859	4,267	4,628	5,938
46-50yrs	1,285	1,884	2,973	4,260	5,336	5,907	6,286	7,953
51-55yrs	1,693	2,559	3,849	5,516	6,910	7,649	8,481	10,716
56-60yrs	1,856	3,109	4,722	6,772	8,484	9,391	10,276	13,288
61-65yrs	1,916	3,410	5,910	8,477	10,621	11,755	12,483	15,779
66-70yrs^	2,568	3,986	6,791	9,743	12,207	13,510	14,275	17,690
71+yrs^	2,950	4,920	8,083	11,599	14,533	16,084	17,233	21,239

Deductible Amount (₹): 10 Lakh

Age Band/Sum Insured (₹)	3 Lakh	5 Lakh	10 Lakh	15 Lakh	20 Lakh	25 Lakh	50 Lakh	1 Crore
91 days - 18 yrs	486	710	1,029	1,356	1,688	1,973	2,382	3,060
19-35yrs	582	811	1,335	1,934	2,163	2,520	2,755	3,491
36-45yrs	746	1,098	1,743	2,343	2,659	3,104	3,416	4,328
46-50yrs	1,010	1,502	2,437	3,085	3,675	4,298	4,589	5,835
51-55yrs	1,544	2,364	3,640	4,466	4,753	5,560	6,168	7,831
56-60yrs	1,799	2,752	4,287	5,324	5,831	6,821	7,478	9,717
61-65yrs	1,861	2,872	4,760	6,292	7,295	8,533	9,093	11,550
66-70yrs^	1,999	3,144	5,486	7,550	8,382	9,804	10,432	13,169
71+yrs^	2,413	4,078	6,860	8,774	9,974	11,669	12,589	15,529

Deductible Amount (₹): 15 Lakh

Age Band/Sum Insured (₹)	3 Lakh	5 Lakh	10 Lakh	15 Lakh	20 Lakh	25 Lakh	50 Lakh	1 Crore
91 days - 18 yrs	461	661	1,021	1,288	1,603	1,874	2,263	2,907
19-35yrs	536	770	1,268	1,837	2,055	2,394	2,618	3,317
36-45yrs	709	1,043	1,656	2,226	2,526	2,949	3,245	4,112
46-50yrs	960	1,499	2,315	2,931	3,491	4,083	4,360	5,543
51-55yrs	1,467	2,246	3,458	4,243	4,515	5,282	5,859	7,440
56-60yrs	1,675	2,588	4,072	5,058	5,539	6,480	7,104	9,231
61-65yrs	1,768	2,729	4,522	5,977	6,930	8,107	8,638	10,972
66-70yrs^	1,899	2,987	5,212	7,173	7,963	9,314	9,910	12,511
71+yrs^	2,292	3,875	6,517	8,336	9,476	11,085	11,959	14,752

Deductible Amount (₹): 20 Lakh

Age Band/Sum Insured (₹)	3 Lakh	5 Lakh	10 Lakh	15 Lakh	20 Lakh	25 Lakh	50 Lakh	1 Crore
91 days - 18 yrs	438	564	882	1,224	1,523	1,780	2,150	2,761
19-35yrs	525	732	1,205	1,745	1,952	2,274	2,487	3,151
36-45yrs	673	991	1,573	2,115	2,400	2,802	3,083	3,906
46-50yrs	912	1,342	2,199	2,784	3,317	3,879	4,142	5,266
51-55yrs	1,394	2,134	3,285	3,990	4,290	5,018	5,566	7,068
56-60yrs	1,624	2,434	3,869	4,805	5,263	6,156	6,748	8,769
61-65yrs	1,680	2,592	4,296	5,678	6,584	7,701	8,206	10,424
66-70yrs^	1,804	2,838	4,951	6,814	7,565	8,849	9,415	11,885
71+yrs^	2,178	3,644	6,191	7,919	9,002	10,531	11,361	14,015

Premium is excluding GST.
If customer opts for global cover, additional premium of 10% will be applicable.
^Premium rates for age above 65 is for renewal.

Discounts on Premium

Individual Premiums		*Family Floater Discount*	*Long Term Discount*	*Total Premium*
You		**20%** for 2 members	**5%** for 2yrs tenure	*Family Floater* **Discount**
Spouse		**28%** for 3 members	**10%** for 3yrs tenure	*Long Term* **Discount**
upto 3 Children		**32%** for more than 3		
upto 2 Dependent Parents				
TOTAL		Apply discount TOTAL	Apply discount TOTAL	

Premium calculated are Exclusive of GST

Tele Medical Examination

Pre-policy Tele MER grid:

Age (in years)/ Sum Insured	Upto 50 lakhs	> 50 lakhs
Up to 45	No PPC	Tele MER
46 - 65	Tele MER	Tele MER

Customer might have to undergo Pre-Policy Check-Up (PPC) basis declaration under Tele-MER.

Additional Medical Test Expenses to be borne by Tata AIG General Insurance Company. 50% for policy tenure of 1 year, 100% for 2 years & 100% for 3 years policy tenure.

General Exclusions

Medical Exclusions:

- Alcoholic pancreatitis.
- Investigation and evaluation.
- Congenital External Diseases, defects or anomalies.
- Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

Non-Medical Exclusions:

- Treatment rendered by a Medical Practitioner which is outside his discipline.
- Intentional self-injury or attempted suicide while sane or insane.
- Any Insured Person attempting to commit a breach of law with criminal intent.

Please refer to policy wordings for complete list of Benefits and Exclusions.

Waiting Period

- Policy coverage starts 30 days from the first inception of the policy (except accident).
- Any listed illnesses/treatments will be covered after a waiting period of 24 months.
- Any pre-existing condition will be covered after a waiting period of 36 months.

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Tax Benefit

The premium amount paid under this policy qualifies for deduction under 80D of Income Tax (Amendment) Act, 1986. This benefit is not applicable for premium paid in cash/ or by demand draft. Tax benefits are subject to changes in Income Tax Law.

Free Look Period

Free Look cancellation of 30 days is available after receipt of the policy document to review the policy terms and conditions. In case of any policy related objections, you have the option to cancel the policy and premium would be refunded as per the free-look cancellation clause mentioned in the policy.

Claim Procedure

- Intimation & Assistance: Please contact Us atleast 48 hours prior to an event which might give rise to a claim. For any emergency situations, kindly contact Us within 24 hours of the event.
- Claim Related Information: For any claim related query, intimation of claim and submission of claim related documents, You can contact Us through:
  Name: TAGIC Health Claims
  Email: healthclaimsupport@tataaig.com
  Toll Free: 1800 266 7780 or 1800 229 966 (For Senior Citizens)
  Website: www.tataaig.com
  Submit claim: 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 the list of network hospitals, please visit website.

Terms and Conditions

- Minimum entry age for adults is 18 years & maximum is 65 years. Dependent children between 91 days & 5 years can be insured only when both parents are insured. However, persons in the age group of 5 years onwards can be insured on an individual basis also.
- Policy Tenure Options - 1/2/3 Years.
- Covers upto 7 members (Self, Spouse, upto 3 dependent children and upto 2 dependent parents).
- Free Look cancellation of 30 days is available after receipt of the policy document to review the policy terms and conditions. In case of any policy related objections, you have the option to cancel the policy and premium would be refunded as per the free look cancellation clause mentioned in the policy.
- We may apply risk loading (max. individual loading upto 100% of premium per medical condition) based on individual's health status. Maximum overall risk loading shall not exceed 150% of premium per individual.
- There will be no premium refund in case of cancellation due to established fraud, mis-representation and/or non-disclosure of material facts.

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- The policy is lifelong renewable upon timely payment of premium. Grace period of 30 days as per regulation laid down by IRDAI is available for renewal post policy expiry.
- In case you want to port your policy to Us, apply at least 45 days prior to policy renewal date and IRDAI portability guidelines shall apply.
- Any product revision/modification/future withdrawal will be intimated to You at least 3 months in advance. In case of withdrawal, you have an option to migrate to our similar health insurance product.
- The policy is renewable except in case of established fraud or non-disclosure or misrepresentation by the Insured Person.

Prohibition of Rebates:

Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

- 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 the 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.
- Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Grievance Redressal Procedure

As per Regulation 25 of IRDA of India (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024.

Section 64 VB of the Insurance Act, 1938

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

24x7 Helpline
1800 266 7780
For Senior Citizens
1800 229 966

24x7 Claims Helpline
1800 266 7780
(Toll Free)

Write to us
customersupport@tataaig.com

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Disclaimer: Insurance is a subject matter of solicitation. For more details on benefits, exclusions, limitations, terms and conditions, please read policy wordings carefully available on our website www.tataaig.com before concluding a sale.

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TATA AIG GENERAL INSURANCE COMPANY LIMITED

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Website: www.tataaig.com | IRDA of India Registration No: 108 | CIN: U85110MH2000PLC128425
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