Corona Kavach Policy, Tata AIG General Insurance Company Ltd. – Prospectus

1. Suitability

a. Policy can be availed by persons between the age of 18 years up to 65 years, as Proposer. Proposer with higher age can obtain policy for family, without covering self.
b. Policy can be availed for Self and the following family members
   i. Legally wedded spouse.
   ii. Parents and Parents-in-law.
   iii. Dependent Children (i.e. natural or legally adopted) between the day 1 of age to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible.

c. The policy will be issued for a period of Three and half Months (3 ½ Months), Six and half Months (6 ½ Months), Nine and half Months (9 ½ Months) (including waiting period).
d. This policy can be issued to an individual as well as on family floater basis.

2. Key Benefits

a. Range of benefits: COVID Hospitalization cover with Home Care Treatment Expenses
b. Network of hospitals: We are equipped to offer you health care with our network of 4000+ hospitals across India.
c. 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. Family floater discount on premium:
   - 2 members -15%
   - 3 members -20%
   - > 3 members-25%
b. An additional discount of 5% shall be provided to health care workers.

4. Salient Coverages

The covers listed below are in-built Policy benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

Base Cover:

4.1. Covid Hospitalization Cover

The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy period for the treatment of Covid on Positive diagnosis of Covid in a government authorized diagnostic center including the expenses incurred on treatment of any comorbidity along with the treatment for Covid up to the Sum Insured specified in the policy schedule, for,

i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home.
ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses.
iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital
iv. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, ventilator charges, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, PPE Kit, gloves, mask and such similar other expenses.
v. Road Ambulance subject to a maximum of Rs.2000/- per hospitalization for the Ambulance services offered by a Hospital or by an Ambulance service provider, provided that the Ambulance is availed only in relation to Covid Hospitalization for which the Company has accepted a claim under section. This also includes the cost of the transportation of the Insured Person from a Hospital to the another Hospital as prescribed by a Medical Practitioner.

Note:

1. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible.

4.2 Home Care Treatment Expenses:

Home Care Treatment means Treatment availed by the Insured Person at home for Covid on positive diagnosis of Covid in a Government authorized diagnostic Centre, which in normal course would require care and treatment at a hospital but is actually taken at home maximum up to 14 days per incident provided that:

a) The Medical practitioner advices the Insured person to undergo treatment at home.
b) There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment.
c) Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.
d) Insured shall be permitted to avail the services as prescribed by the medical practitioner. Cashless or reimbursement facility shall be offered under home care expenses subject claim settlement policy disclosed in the website.
e) In case the insured intends to avail the services of non network provider, claim shall be subject to reimbursement, a prior approval from the insurer needs to be taken before availing such services.

In this benefit, the following shall be covered if prescribed by the treating medical practitioner and is related to treatment of COVID,

a. Diagnostic tests undergone at home or at diagnostics centre
b. Medicines prescribed in writing
c. Consultation charges of the medical practitioner
d. Nursing charges related to medical staff
e. Medical procedures limited to parenteral administration of medicines
f. Cost of Pulse Oximeter, Oxygen cylinder and nebulizer

4.3 AYUSH Treatment

The Company shall indemnify medical expenses incurred for inpatient care treatment for Covid on Positive diagnosis of COVID test in a government authorized diagnostic centre including the expenses incurred on treatment of any comorbidity along with the treatment for Covid under Ayurveda,Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during the Policy Period up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital.

Covered expenses shall be as specified under Covid Hospitalization Expenses (Section 4.1)

4.4 Pre Hospitalization

The company shall indemnify pre-hospitalization/home care treatment medical expenses incurred, related to an admissible hospitalization/home care treatment, for a fixed period of 15 days prior to the date of admissible hospitalization/home care treatment covered under the policy.

4.5 Post Hospitalization

The company shall indemnify post hospitalization/home care treatment medical expenses incurred, related to an admissible hospitalization/home care treatment for a fixed period of 30days from the date of discharge from the hospital, following an admissible hospitalization covered under the policy.

4.6 The expenses that are not covered in this policy are placed under List-I of Annexure-A. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II,List-III and List-IV of Annexure-A respectively.

Please refer our website (www.tataaig.com) for these annexures.

Optional cover:

The cover listed below is Optional Policy benefit and shall be available to Insured Persons in accordance with the terms set out in the Policy, if the listed cover is opted

Hospital Daily Cash: The Company shall pay the Insured Person 0.5% of sum insured per day for each 24 hours of continuous hospitalization for which the Company has accepted a claim under Section- 4.1 Hospitalization Cover.

The benefit shall be payable maximum up to 15 days during a policy period in respect of every insured person.
The total amount payable in respect of Covers 4.1, 4.2, 4.3, 4.4, 4.5, 5.1, shall not exceed 100% of the Sum Insured during a policy period.

5. Sum Insured options (₹)

Sum insured options available are from ₹ 50,000 to 5 Lacs (Multiples of ₹ 50,000)

6. Waiting Period

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

6.1. First Fifteen Days Waiting Period

Expenses related to the treatment of Covid within 15 days from the policy commencement date shall be excluded.

7. Exclusions

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

7.1Investigation & Evaluation (Code- Excl04)

Expenses related to any admission primarily for diagnostics and evaluation purposes. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment

7.2 Rest Cure, rehabilitation and respite care (Code- Excl05)

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.

7.3 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 Home care treatment.

7.4 Unproven Treatments:
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. However, treatment authorized by the government for the treatment of COVID shall be covered.

7.5 Any claim in the relation to COVID where it has been diagnosed prior to policy start date

7.6 Any expenses incurred on Day Care treatment and OPD treatment

7.7 Diagnosis /Treatment outside the geographical limits of India

7.8 Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy

7.9 All covers under this Policy shall cease if the Insured Person travels to any country placed under Travel restriction by the Government of India.

8. Claim Procedure

8.1 Procedure for Cashless claims:
(i) Treatment may be taken in a network provider and is subject to pre authorization by the Company or its authorized TPA. (ii) Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization. (iii) The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification. (iv) At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses. (v) The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details. (vi) In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement.

8.2 Procedure for reimbursement of claims:
For reimbursement of claims the insured person may submit the necessary documents to TPA (if applicable)/Company within the prescribed time limit as specified hereunder.

Si. No.	**Type of Claim**	**Prescribed Time limit**

1.	Reimbursement of hospitalization and pre hospitalization expenses	Within thirty days of date of discharge from hospital
2.	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment
3	Reimbursement of Home Care expenses	Within thirty days from completion of home care treatment

8.3 Notification of Claim

Notice with full particulars shall be sent to the Company/TPA (if applicable) as under:

i. Within 24 hours from the date of emergency hospitalization/cashless home care treatment.

ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

8.4 Documents to be submitted:

The claim is to be supported with the following documents and submitted within the prescribed time limit.

Benefits	Claims Documents Required
1. Covid Hospitalization Cover	i. Duly filled and signed Claim Form ii. Copy of Insured Person's passport, if available (All pages) iii. Photo Identity proof of the patient (if insured person does not own a passport) iv. Medical practitioner's prescription advising admission v. Original bills with itemized break-up vi. Payment receipts vii. Discharge summary including complete medical history of the patient along with other details. viii. Investigation reports including Insured Person's Test Reports from Authorized Diagnostic Centre for COVID ix. OT notes or Surgeon's certificate giving details of the operation performed, wherever applicable x. Sticker/Invoice of the Implants, wherever applicable. xi. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque xii. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines xiii. Legal heir/succession certificate, wherever applicable

	xiv. Any other relevant document required by Company/TPA for assessment of the claim.
2. Home Care expenses	i. Duly filled and signed Claim Form ii. Copy of Insured Person's passport, if available (All pages) iii. Photo Identity proof of the patient (if insured person does not own a passport) iv. Medical Practitioner's prescription advising hospitalization v. A certificate from Medical Practitioner advising treatment at home or consent from the insured person on availing home care benefit. vi. Discharge Certificate from medical practitioner specifying date of start and completion of home care treatment. vii. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained

Note:

1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company
3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person

8.5 Claim Settlement (provision for Penal Interest)

i. The Company shall settle or reject a claim, as the case may be, within 30 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 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 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 at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

8.6 Services Offered by TPA(To be stated where TPA is involved)

Servicing of claims, i.e., claim admissions and assessments, under this Policy by way of pre-authorization of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the policy.

The services offered by a TPA shall not include

i. Claim settlement and claim rejection;

ii. Any services directly to any insured person or to any other person unless such service is in accordance with the terms and conditions of the Agreement entered into with the Company.

8.7 Payment of Claim

All claims under the policy shall be payable in Indian currency only.

9. TeleMER/Medical Examination

a. Medical Examination or a Tele MER may be conducted for individuals:
  - Where there is disclosed pre-existing disease
  - If such cases require, then we may conduct medical/diagnostics tests of such prospects

b. In the event of any adverse disclosure in the Proposal Form we may underwrite the prospect

10. Premium Rates

a. The premium will be charged on the completed age of the Insured Person.

b. The premium for the policy will remain the same for the policy period as mentioned in the policy schedule.

c. For family floater, premium is calculated by adding the premium of respective individual members and applying family floater discount.

Base Cover (Per Member)

The gross premium (₹) per member (Pre-Tax) table by age and sum insured for 9.5 months is:

Age/ Sum Insured	50000	100000	150000	200000	250000	300000	350000	400000	450000	500000
0-40yrs	605	1,044	1,433	1,668	1,966	2,261	2,553	2,843	3,131	3,419
41-65yrs	844	1,654	2,432	3,186	3,952	4,717	5,481	6,243	6,973	7,660

The gross premium (₹) table (Pre-Tax) by age and sum insured for 6.5 months is:

Age/ Sum Insured	50000	100000	150000	200000	250000	300000	350000	400000	450000	500000
0-40yrs	484	835	1,147	1,334	1,573	1,809	2,042	2,274	2,505	2,735
41-65yrs	675	1,323	1,946	2,549	3,162	3,774	4,385	4,995	5,578	6,128

The gross premium (₹) table (Pre-Tax) by age and sum insured for 3.5 months is:

Age/ Sum Insured	50000	100000	150000	200000	250000	300000	350000	400000	450000	500000
0-40yrs	353	609	836	973	1,147	1,319	1,489	1,658	1,827	1,994
41-65yrs	492	965	1,419	1,858	2,306	2,752	3,197	3,642	4,068	4,468

Optional Cover – Hospital Daily Cash (Per Member)

The gross premium (₹) per member table (Pre-tax) by age and sum insured for optional cover for 9.5 months is :

Age/ Sum Insured	50000	100000	150000	200000	250000	300000	350000	400000	450000	500000
0-40yrs	13	26	39	53	66	79	92	105	118	131
41-65yrs	53	105	158	211	264	316	369	422	475	527

The gross premium (₹) per member table (pre-tax) by age and sum insured for optional cover for 6.5 months is :

Age/ Sum Insured	50000	100000	150000	200000	250000	300000	350000	400000	450000	500000
0-40yrs	11	21	32	42	53	63	74	84	95	105
41-65yrs	42	84	127	169	211	253	295	338	380	422

The gross premium (₹) per member table(pre-tax) by age and sum insured for optional cover 3.5 months is :

Age/ Sum Insured	50000	100000	150000	200000	250000	300000	350000	400000	450000	500000
0-40yrs	8	15	23	31	38	46	54	61	69	77
41-65yrs	31	62	92	123	154	185	215	246	277	308

11. Premium Loadings

The Company may apply a risk loading on the premium payable (based upon the declarations made in the proposal form, medical history noted during the TeleMER and the health status of the persons proposed for insurance).

The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person.

The loading shall only be applied basis an outcome of the Company's medical underwriting.

These loadings are applied from Commencement Date of the Policy. The Company will inform Insured Person about the applicable risk loading through a counter offer letter.

a. Insured Person need to revert to the Company with consent and additional premium (if any), within 30 days of the issuance of such counter offer letter.
b. In case, you neither accept the counter offer nor revert to the Company within 30 days, the Company shall cancel Insured Person's application and refund the premium paid subject to deduction of the Pre-Policy Check up charges, as applicable.

Please note that the Company will issue Policy only after getting Insured Person consent.

12. Cancellation

The Company may cancel the Policy at any time on grounds of mis-represenation, non-disclosure of material facts, fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of mis-represenation, non-disclosure of material facts or fraud.

13. Redressal of Grievance

In case of any grievance the insured person may contact the company through

Website:	www.tataaig.com
Toll free:	1800 266 7780 or 1800 22 9966 (only for Senior Citizen policyholders)
E-mail:	customersupport@tataaig.com
Fax:	022 66938170
Courier:	Customer Support, Tata AIG General Insurance Company Limited A-501 Building No. 4 IT Infinity Park, Dindoshi, Malad (E), Mumbai – 400097

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at manager.customersupport@tataaig.com.

For updated details of grievance officer, kindly refer the link (https://www.tataaig.com/product/tata-aig-customer-redressal-policy)

Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 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 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.

2. 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.

Disclaimer:

"Insurance is the subject matter of the solicitation". For more details on benefits, exclusions, limitations, terms & conditions, please refer 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.

Tata AIG General Insurance Company Limited
Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel,
Mumbai 400013, Maharashtra, India
24X7 Toll Free No: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) Fax: 022 6693 8170
Email:customersupport@tataaig.com Website: www.tataaig.com IRDA of India Registration No: 108
CIN: U85110MH2000PLC128425