



WITH YOU ALWAYS

INTRODUCING

Arogya Sanjeevani Policy,
TATA AIG General Insurance Company Limited

A standard health insurance to keep you
and your family protected in case
of medical emergencies. Comprehensive yet simple!



Introducing Arogya Sanjeevani Policy, TATA AIG General Insurance Company Limited - a standard health insurance to keep you and your family protected in case of any medical emergencies.

Comprehensive yet simple, this is a health insurance plan designed keeping in mind the rising medical costs, this policy covers basic medical needs and provides financial help in times of emergency for you and your loved ones.

Covers*



Hospitalization



Room Rent & ICU



Day Care Procedures



Cataract



Cumulative Bonus



AYUSH Benefit

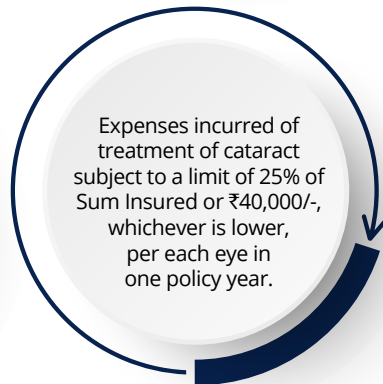
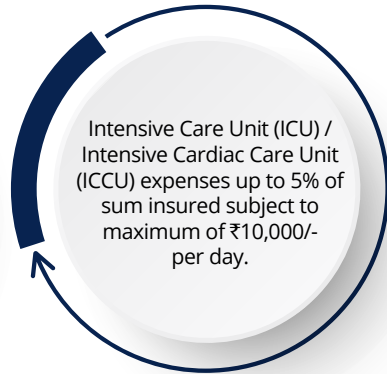


Pre & Post Hospitalization

*Terms and Conditions Apply.

Hospitalization

The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy year, up to the Sum Insured and Cumulative Bonus specified in the Policy Schedule, for the below:



Note – Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment.

Pre-Hospitalization

This covers pre-hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 30 days prior to the date of admissible hospitalization covered under the policy.

Post Hospitalisation

This covers post hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 60 days from the date of discharge from the hospital, following an admissible hospitalization covered under the policy.

AYUSH Treatment

Expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to the limit of Sum Insured as specified in the policy schedule in any AYUSH Hospital.

Cumulative Bonus (CB)

Cumulative Bonus will be increased by 5% in respect of each claim free policy year (Where no claims reported), provided the policy is renewed with the Company without a break subject to maximum of 50% of the Sum Insured under the current policy year. If a claim is made in any particular year, the cumulative bonus accrued shall be reduced at the same rate at which it has accrued. However, Sum Insured will be maintained and will not be reduced in the policy year.

Other Benefits



Network of hospitals:
Offers health care with our network of 4000+ hospitals across India.



Lifelong renewal: We offer you a lifelong renewal for your policy provided premium is paid with out any break. Your premium will be basis the age, Sum Insured, and plan. Your renewal premium will be basis your age on renewal and there will be no extra loadings based on your individual claim.



Modes of premium payment:** All the modes (Yearly, Half yearly, Quarterly, Monthly) including ECS (Auto Debit facility) are allowed for this policy.

**Additional premium loading in case of installment shall be applicable

Suitability

- This policy covers persons in the age group of 3 months onwards (Dependent children (i.e. natural or legally adopted) between the age 3 months to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals). The minimum entry age for adults is 18 years and maximum entry age is 65 years.

- The policy tenure is 1 year.
- This policy can be issued to an individual and/or family. The family includes legally wedded spouse, Parents and Parents-in-law and dependent children.
- The policy also offers coverage on family floater basis.

Sum Insured options: (in ₹)

Sum Insured options available are from INR 1 to 5 Lakhs (Multiples of Rs. 50,000)

Premium Chart: (in ₹)

- The premium will be charged on the completed age of the Insured Person.
- Premium rates are subject to change with prior approval from IRDAI.
- The premium for the policy will remain the same for the policy period as mentioned in the policy schedule.
- For family floater, premium is calculated by adding the premium of respective individual members and applying family floater discount.

Gross Premium (Pre-tax) per member (INR):

Age band (years)/SI	100000	150000	200000	250000	300000	350000	400000	450000	500000
0-18	3,356	3,426	3,496	3,524	3,553	3,794	4,036	4,312	4,588
19-35	4,368	4,513	4,658	4,796	4,935	5,331	5,727	6,040	6,353
36-45	5,109	5,279	5,448	5,655	5,863	6,345	6,827	7,063	7,300
46-50	7,552	7,902	8,253	8,524	8,796	9,880	10,964	11,170	11,377
51-55	9,434	9,977	10,521	10,784	11,047	12,473	13,898	15,051	16,204
56-60	12,947	13,553	14,159	14,661	15,162	16,330	17,498	18,342	19,186
61-65	16,297	16,977	17,656	18,206	18,755	19,061	19,367	21,302	23,237
66-70	21,774	22,319	22,864	23,435	24,007	24,817	25,628	26,755	27,883
71+	25,677	26,447	27,216	28,012	28,808	29,777	30,745	32,103	33,461

Discounts on premium

Family floater discount on premium:



Pre-policy medical calling (Tele-MER)

Pre-Policy medical calling would be done based upon the age. The Tele MER (Tele Medical Examination Report) expenses incurred per insured person will be payable by the Company for all proposals. Based on the type of medical conditions disclosed to us at the time of Tele MER, the Company may call for additional medical tests, if required. In such cases, 50% of additional medical test expenses incurred per insured person will be payable by Tata AIG only on acceptance of proposal.

Pre-policy Tele MER Grid:

Age (in years)	Any Sum Insured option
0-45	No TeleMER
46-50	Tele MER and Medical if required
51-55	Tele MER and Medical if required
56-60	Tele MER and Medical if required
61-65	Tele MER and Medical if required

^General Exclusions:

- Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
- Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
- Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.
- Any expenses incurred on Domiciliary Hospitalization and OPD treatment
- Treatment taken outside the geographical limits of India

^Please refer to policy wordings for complete list of benefits and exclusions.

Waiting Period

We will 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:

Pre-Existing Diseases

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with us.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

First Thirty Days Waiting Period

- a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

Specific Waiting Period:

- a) Expenses related to the treatment of the listed conditions, surgeries/treatments under the policy, surgeries/treatments shall be excluded until the expiry of 24/48 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

For complete list, please refer policy wordings

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.

Terms of Renewal

The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. The Company is not bound to give notice that it is due for renewal.

Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.

Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.

At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.

If not renewed within Grace Period after due renewal date, the Policy shall terminate.

A Grace Period of 30 days for renewing the Policy is provided under this Policy (For cases other than Premium payment in installment.)

Free Look Period

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting the policy. The insured shall be allowed a period of fifteen days from date of receipt of the Policy to review the terms and conditions of the Policy, and to return the same if not acceptable.

- i. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to 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, 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;

Claim Procedure

Claims under this policy will be administered by a specified Third Party Administrator (TPA) duly licensed by IRDAI.

- Intimation & Assistance: Please contact our designated TPA/Us at least 48 hours prior to an event which might give rise to a claim. For any emergency situations, kindly contact our TPA 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 TPA through:

Name of TPA: Family Health Plan Insurance TPA Ltd (FHPL)

Email: info@fhpl.net, seniorcitizensdesk@fhpl.net (for Senior Citizens)

Toll Free: 1800-425-4033, 040- 23552899 (for Senior Citizens)

Fax: +91 40 23541400 **Website:** www.fhpl.net

Submit claim: Claims Department, Family Health Plan (TPA) Ltd,
Srinilaya - Cyber Spazio, Suite # 101,102,109 & 110, Ground Floor,
Road No. 2, Banjara Hills, Hyderabad, 500 034

For list of network hospitals, please visit our/TPA website.

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, day care 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

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 required or before the Insured Person's discharge from Hospital, whichever is earlier.
- ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

Co-payment

Each and every claim under the Policy shall be subject to a Co-payment of 5% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the co-payment

Grievance Redressal Procedure

As per Regulation 17 of IRDA of India (Protection of Policyholders Interests) Regulation, 2017.

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 be taking out or renewing or continuing a policy except 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.

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.

DON'T
Compromise!

Call us **24x7** on: **1800 266 7780**
For Senior Citizens **1800 229 966**

Disclaimer: Insurance is a subject matter of solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please read sales brochure/policy wordings carefully, before concluding a sale. Purchase of Tata AIG General Insurance Company Limited products are purely on voluntary basis.

Tata AIG General Insurance Company Limited

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