





PRESENTING

MediCare LITE

Ensuring the safety of your loved ones at the time of health and medical uncertainties is a crucial responsibility. However, this duty should not translate into a financial burden. TATA AIG MediCare LITE empowers you to prioritize the well-being of your loved ones without sacrificing on medical coverages. Because taking care of your family's health should not compromise your peace of mind.

Key Features



Restore Benefit

Automatically reinstate 100% of the Sum Insured, once in a Policy Year, if the balance Sum Insured and accrued Cumulative Bonus are insufficient to pay an admissible claim.



Cumulative Bonus

We will provide Cumulative Bonus in the form of 50% of the base Sum Insured of the expiring Policy, on each Renewal of the Policy, after every claim free Policy Year, provided that the Policy is renewed with Us without a break. The total accumulated Cumulative Bonus shall not exceed 100% of the base Sum Insured in any Policy Year.



Health Checkup

We will arrange for medical tests listed in the Policy Wordings, every Policy Year, irrespective of claim, on cashless basis.



Wellness Services

Teleconsultation - General: We will arrange for teleconsultations upon your request through tele and digital communication for your health related complaints or preventive health care by a qualified Health Care Professional.

Product Table

Minimum entry age: 91 Days

Maximum entry age: 65 Years

Policy tenure options: 1 / 2 / 3 Years

Plan type: Individual / Family Floater

Relationships covered: Self, spouse and upto 3 dependent children, upto 2 parents or parents-in-

law

Benefit Name	Coverage Limit	
In - Patient Treatment	Upto Sum Insured	
Pre - Hospitalization Expenses	Upto 60 Days	
Post - Hospitalization Expenses	Upto 180 Days	
Day Care Treatment	Upto Sum Insured	
Organ Donor	Upto Sum Insured	
Domiciliary Treatment	Upto Sum Insured	
Restore Benefit	Available; Once in a policy year	
AYUSH Benefit	Upto Sum Insured	
Ambulance Cover	Upto ₹3,000 per hospitalization	
Health Checkup	Once every policy year for listed tests in the Policy Wordings, only on Cashless basis	
Compassionate Travel	Upto ₹20,000 per policy year, over and above base Sum Insured	
Bariatric Surgery Cover	Upto Sum Insured	
In - Patient Treatment - Dental	Upto Sum Insured	
Vaccination Cover	Upto ₹5,000 per policy year as per the list, over and above base Sum Insured	
Hearing Aid	50% of actuals; maximum ₹10,000 per policy, every third year of continuous coverage under this Policy, over and above base Sum Insured	
Daily Cash for choosing Shared Accommodation	0.25% of base Sum Insured; maximum ₹2000 per day, over and above base Sum Insured Benefit applicable only if hospitalization is in Our network of Valued Provider – Pan India	T&C apply
Daily Cash for Accompanying an Insured Child	0.25% of base Sum Insured; maximum ₹2000 per day, over and above base Sum Insured Benefit applicable only if hospitalization is in Our network of Valued Provider – Pan India	
Second Opinion	Covered for listed illnesses in the Policy Wordings	
Cumulative Bonus	50% of the base Sum Insured of the expiring Policy, on each Renewal of the Policy after every claim free Policy Year, maximum upto 100% of the base Sum Insured in any Policy Year	2V012324
Accidental Death Benefit (Optional Cover)	100% of base Sum Insured This benefit is not available for insured children or Insured Person less than 18 years of Age	Tata AIG MediCare LITE UIN: TATHLIP24132V012324
Wellness Services	Teleconsultation – General: Available	are LITE I
Room Category	Single Private Room Proportionate deduction of Associated Medical Expenses applicable in case insured person is admitted in a room category that is higher than the Single Private Room.	Tata AIG MediCa

Network Applicable	Valued Provider – Pan India Valued Provider - Pan India' is a specific network of Hospital(s), designated as such and mentioned in the Policy Schedule. It consists of a defined list of Hospital(s) or health care providers enlisted by Us, and/or TPA to provide medical services to an Insured Person by a Cashless Facility. "Valued Provider - Pan India" network list is different from Our standard list of "Network Provider". The updated list of Valued Provider - Pan India is available on Our website (www.tataaig.com).
	Cost Sharing
Age Linked Co - Payment	20% co - payment for each admissible claim applicable if the entry Age of the Insured Person is 61 years or above at the time of first coverage under this Policy
Co - payment for treatment availed out of Our Network of Valued Provider – Pan India	30% co - payment for each such admissible claim applicable where the Insured Person avails treatment outside Our network of "Valued Provider - Pan India".

Note: These are brief summary of coverages / benefits. For further details on benefits, limits, co - payments, terms & conditions, please refer to the policy wordings on our website (www.tataaig.com).

Premium Calculation

- The premium will be charged on the completed age of the Insured Person and as per the applicable zone.
- For family floater, premium is calculated by adding the premium of respective individual members and applying family floater discount.

Discounts on Premium

- 5% and 10% long term discount in case insured opts policy term of 2 years and 3 years respectively.
- Family floater discount:

2 members – 20% 3 mem

3 members – 28%

3+ members - 32%

- 10% discount to all TATA Group employees*
 - *Subject to terms & conditions

Exclusions#

Medical Exclusions

- Congenital External Diseases, defects or anomalies;
- Alcoholic pancreatitis or Alcoholic liver disease;
- Non payable items as mentioned in Annexure I List I of optional items available on Our website (www.tataaig.com)

T&C apply

- Intentional self injury or attempted suicide while sane or insane.
- Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
- Treatment rendered by a Medical Practitioner which is outside his discipline.

Waiting Period

Non - Medical Exclusions

- Policy coverage for treatment of any illness starts after 30 days from the first inception of the policy (except accident).
- Listed illnesses / treatments in the Policy will be covered after a waiting period of 24 months.
- Declared Pre existing condition will be covered after a waiting period of 36 months.

Terms and Conditions

- Free look cancellation You have a period of 15 days from the date of 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.
- **Risk Loading -** We may apply risk loading based on individual's health status.
- Cancellation There will be no premium refund in case of cancellation due to non-disclosure of material facts, mis-representation or fraud.
- Grace Period Grace period of 30 days from the policy expiry is available. Coverage is not available during the grace period.
- Portability 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.
- Possibility of Revision The Company, as per IRDAI Regulations, may revise or modify the terms of the Delign including the promism rates. The Delign holder shall be perified three months before the Possibility of Revision. Policy including the premium rates. The Policyholder shall be notified three months before the changes are effected.
- Possibility of Withdrawal In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the Policy. Insured Person will have the option to migrate to similar health insurance product, as per IRDAI Regulation.

Pre - Policy Medical Checkup

- The Company may conduct Tele MER / Video MER / Pre Policy Medical Checkup/etc. based on age/Sum Insured medical declaration or any other underwriting criteria.
- Pre Policy Checkup (PPC), if required, will be conducted at our Network. The medical reports are valid for a period of 90 days from the date of Pre - Policy Checkup.
- In case of adverse medical declaration/findings we may call for additional medical tests.
- At least 50% of Pre Policy Medical Checkup cost would be borne by TATA AIG in case Pre Policy Checkup (PPC) is conducted and proposal is accepted by us.

Tata AIG MediCare LITE UIN: TATHLIP24132V012324

^{*}Please refer to the policy wordings for complete list of benefits, exclusions, limitations, terms and conditions.

PER PERSON ANNUAL PERMIUM IN ₹ (EXCLUSIVE OF GST)

Zone A					
Age (in years) / Sum Insured	5 Lakhs	7.5 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs
91 Days – 17	5,162	5,496	5,604	6,282	6,496
18 - 35	7,937	8,359	8,521	9,511	10,158
36 - 40	9,642	10,044	10,440	11,549	12,210
41 - 45	10,397	10,832	11,255	12,456	13,171
46 - 50	14,556	15,058	15,585	17,572	17,939
51 - 55	19,222	20,173	20,715	22,989	23,517
56 - 60	23,465	24,589	24,701	27,199	28,589
61 - 65	29,541	30,988	31,059	34,563	35,935
66 - 70^	45,939	48,847	48,970	55,088	57,075
71+^	57,384	60,484	61,848	69,472	71,197

Zone A: Mumbai/Mumbai Metropolitan Region, Delhi/National Capital Region/Faridabad/Ghaziabad, Ahmedabad, Surat & Baroda

Zone B					
Age (in years) / Sum Insured	5 Lakhs	7.5 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs
91 Days – 17	4,812	5,236	5,276	6,007	6,219
18 - 35	6,851	7,330	7,990	8,998	9,417
36 - 40	8,267	8,816	9,761	11,081	11,413
41 - 45	8,912	9,507	10,520	11,949	12,308
46 - 50	13,342	14,186	14,683	16,530	17,029
51 - 55	17,017	18,057	18,367	20,496	21,379
56 - 60	20,767	21,943	22,068	24,959	25,659
61 - 65	25,918	27,940	28,101	31,021	32,676
66 - 70^	40,227	43,964	44,171	49,756	51,669
71+^	50,822	53,256	55,524	61,152	64,902

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Zone C					
Age (in years) / Sum Insured	5 Lakhs	7.5 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs
91 Days - 17	4,050	4,310	4,377	4,951	5,098
18 - 35	6,273	6,506	6,742	7,632	7,786
36 - 40	7,575	7,991	8,097	9,244	9,594
41 - 45	8,160	8,611	8,719	9,961	10,340
46 - 50	11,306	11,849	12,071	13,456	14,196
51 - 55	15,284	15,577	15,767	17,888	18,486
56 - 60	18,241	19,160	19,479	21,303	22,140
61 - 65	22,905	24,183	24,238	27,154	28,358
66 - 70^	35,391	37,360	37,552	41,610	44,115
71+^	44,959	46,577	47,759	54,191	55,598

Zone C: Rest of India

Accidental Death Benefit (Optional Cover)					
Sum Insured	5 Lakhs	7.5 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs
Annual Per Person Rates in ₹	279	418	558	836	1,115

[^]Premium rates for age above 65 is for renewal.

Please note that the above-mentioned categorization of zones is subject to change at Our sole discretion.

Tax Benefit

The premium amount paid under this policy qualifies for deduction under Section 80D of Income Tax Act and its amendments. This benefit is applicable for premium paid through modes as approved by relevant regulatory body. Tax benefits are subject to changes in Income Tax Law.

T&C apply

Claim Procedure

Every claim needs to be notified to Us either in writing or email or through a call to Our tollfree number within the stipulated timelines. Timely intimation of claim is a pre-condition for admission of liability.

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 / Us within 24 hours of the event.

Claim related information: For any claim related query, intimation of claim and submission of claim related documents, the Policyholder / Insured Person can contact us through:

Name of Claims Administrator : TAGIC Health Claims

• Website : www.tataaig.com

• Email : general.claims@tataaig.com

• Toll Free : 1800 266 7780

: 1800 22 9966 (for Senior Citizens)

Submit Claim : A&H Claims Department,

TATA AIG General Insurance Co. Ltd.,

5th and 6th Floor, Imperial Towers, H.No 7 – 1 – 6 – 617 / A,

No – GHMC 615,616, Ameerpet, Hyderabad – 500016,

Telangana,

Phone - 040 - 66864900

Note: This Policy only covers claims incurred within India except Accidental Death Benefit (Optional Cover wherever applicable), and payments under this Policy shall only be made in Indian Rupees within India.

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 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 prospectus or tables of the insurer.
- Any person making default in complying with the provision of this section shall be liable for penalty which may extend to ten lakh rupees.

T&C apply

Tata AIG MediCare LITE UIN: TATHLIP24132V012324

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.

Grievance Redressal Procedure

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



Trusted Naam, Fantastic Kaam!

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

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai – 400013 | 24x7 Toll Free No: 1800 266 7780 or 1800 229966 (For Senior Citizens) | Email: customersupport@tataaig.com | Website: www.tataaig.com | IRDA of India Registration No: 108

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