



Key Exclusions

Intentionally self-inflicted Injury or illness; Conditions related to or arising out of HIV; AIDS; War; Congenital anomalies; Pregnancy and all related conditions; Abuse of drugs and alcohol and addiction or overdose etc. Please refer to policy wordings for complete list of detailed benefits and exclusions.

Indicative list of documents for claims

(1) Signed Claim Form (2) First consultation letter and subsequent prescription (3) Original detailed discharge card (4) Day care summary from the hospital (5) Original Bills / Receipts from Hospital / Medicines / Investigations / Implants and any other document as required for processing claim (6) Original Photo identify proof along with the cashless card. Any other additional document as required for processing claim by TPA or Insurance Company.

Contact details for claims

Family Health Plan (TPA) Ltd. Claims Department, Tata AIG General Insurance Company Limited (Tata AIG), Ground Floor, Srinilaya – Cyber Spazio, Road No: 2, Banjara Hills, Hyderabad Pin : 500 034. FHPL Toll Free Number: 1800 425 4090. 040- 23552899 (for Senior Citizens)

Terms and Conditions


- The minimum entry age under this policy is 61 years.
- Waiting Period: Policy coverage starts 30 days from the 1st 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 48 months.
- In MediSenior, policy can be issued to an individual and / or family on individual sum insured basis. The family includes self and spouse only.
- We may apply a risk loading on the premium payable based upon the declarations made in the proposal form and the health status of the person proposed for insurance. The maximum overall risk loading shall not exceed 150% per person. We will issue policy only after getting your consent in case of risk loading.
- 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.
- Your Policy is lifelong renewable, unless fraudulent or any misrepresentation. Renew within the due date to ensure renewal benefit like coverage for pre-existing diseases. Your renewal premium will be basis your revised age band and there will be no extra loadings based on your individual claim. You can renew your policy within 30 days from the expiry of the policy.
- All applications for renewal must be received by Us before the end of the Policy Period. If the application for renewal and the renewal premium has been received by Us before the expiry of the Policy Period We will ordinarily offer renewal terms for life unless We believe that You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person has acted in an improper, dishonest or fraudulent manner or any misrepresentation under or in relation to this Policy or the renewal of the Policy poses a moral hazard or non cooperation by the insured.
- We may at any time terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person by sending an endorsement to Your address shown in the Schedule of the Policy. In the event of termination of this Policy on grounds of mis-representation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium. In the event the policy is terminated on grounds of non-cooperation of the insured or If you terminate the Policy, the premium shall be computed in accordance with Our short rate

table for the period the Policy has been in force, upon 30 days notice by sending an endorsement to Your address provided no claim has occurred up to the date of termination. In the event a claim has occurred in which case there shall be no return of premium.


- Tata AIG understands your need to buy a policy basis your life stage and therefore we offer you an option to migrate to similar health insurance Policy with Us and certainly at the time of renewal only, provided that you are covered under this policy as a dependant and are at the end of specified exit age. You will be offered continuity of coverage & suitable credits, if any, for all the previous policy years, provided the policy has been maintained without a break.
- Sum Insured Enhancement – Sum insured can be enhanced only at the time of renewal subject

to no claim have been lodged/ paid under the policy. If the insured enhances the basic sum insured one grid up, no fresh medicals shall be required. In cases where the basic sum insured enhanced is more than one grid up, the case shall be subject to medicals. In case of enhancement in the basic sum insured waiting period will apply afresh in relation to the amount by which the basic sum insured has been enhanced. However the quantum of enhancement shall be at our sole discretion.

- In the event of revision / modification of the product, you will be informed 3 months before the expiry of the policy. You will have the option to either continue with such modified product or migrate to similar health insurance policy available with us at the time of renewal with all the accrued continuity benefits.


Claims Registration
SMS 'CLAIM' to 5616181,
e-mail:
general.claims@tata-aig.com


Call
24x7 Toll Free helpline
18002667780
Or 1800 22 9966
(only for senior citizen policy holders)


Write to us
Accident & Health Claims,
Tata AIG General Insurance Company Ltd.
A-501, 5th Floor, Building No. 4,
Infinity Park, Dindoshi, Malad (E),
Mumbai, India - 400 097.

Section 41 of Insurance Act 1938 (Prohibition of rebates):

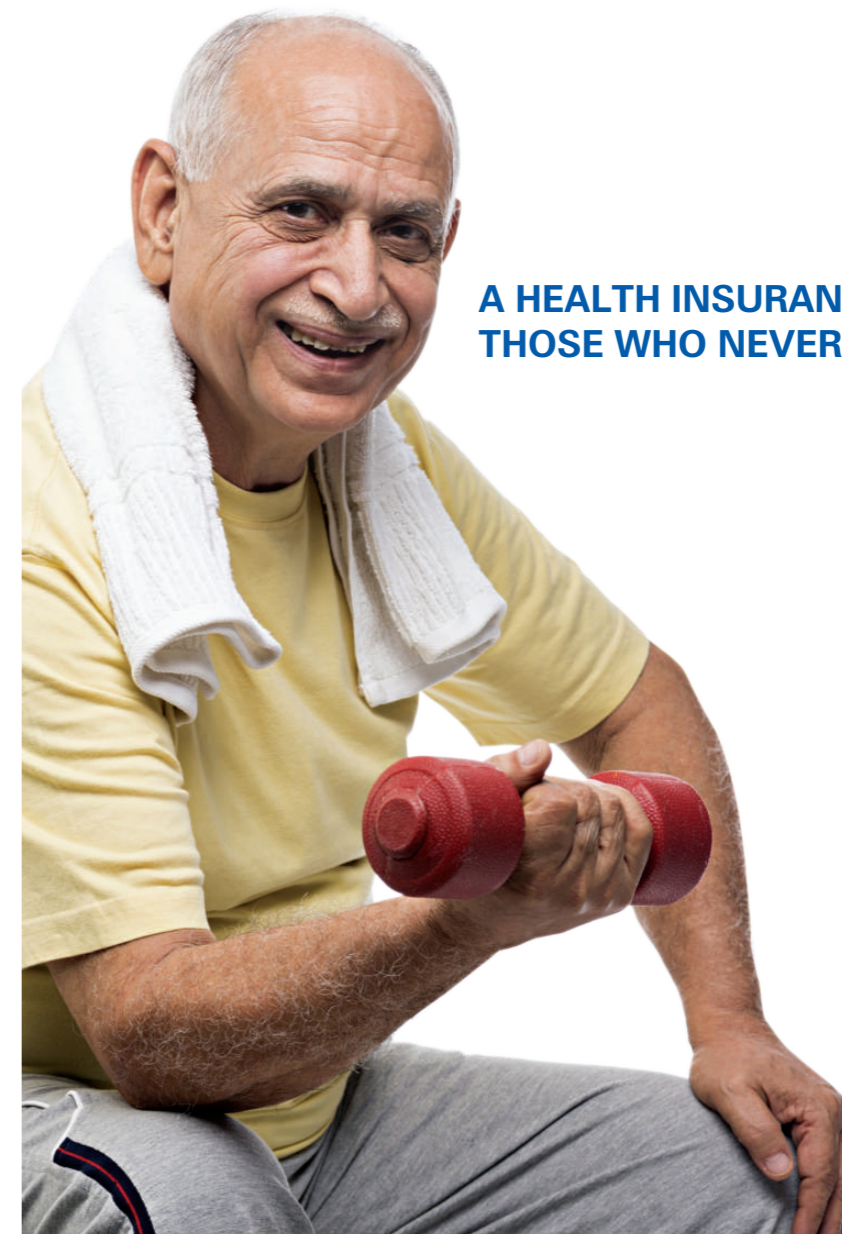
1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium 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 prospectus or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

IRDA REGULATION NO 5: This policy is subject to regulation 5 of IRDA (Protection of Policyholder's Interests) Regulation.

Insurance is the subject matter of the solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please refer sales brochure/ policy wordings carefully, before concluding a sale.

Reach us at: www.tataaiginsurance.in

Tata AIG General Insurance Company Limited
Registered Office: Peninsula Business Park, Tower A, 15th Floor, G. K. Marg, Lower Parel, Mumbai- 400013.
IRDA Registration No.: 108 CIN No.: U85110MH2000PLC128425



A HEALTH INSURANCE PLAN FOR THOSE WHO NEVER RETIRE!

Best Product Innovation Award for MediPrime
The Indian Insurance Awards 2013

MediSenior+



WITH YOU ALWAYS



You have successfully negotiated the sharp turns of life and achieved this status. People look up to you with respect and seek your guidance. You have never depended on anyone but yourself and we are sure you would want to continue to do so even when retired. Old age comes with its own highs & possible lows and age related illnesses are one of them. What if any unforeseen health emergency strikes unannounced? Will it be the end of your physical and financial freedom? **Tata AIG** understands this and has hence designed MediSenior a health insurance policy that covers hospitalization & other medical expenses as given below, so that you continue to be self reliant in your golden years.



In – patient Treatment¹



Pre and Post Hospitalisation²



Day Care Procedures³



Domiciliary Treatment⁴



Organ Donor⁵



Emergency Ambulance⁶



Portability⁷



Network of Hospitals⁸



Settlement of your Claims⁹



Lifelong Renewal¹⁰



Optional Two years Term¹¹



Tax Savings¹²

Salient Features of MediSenior:

In – patient Treatment¹: Includes room rent, ICU, nursing, medicines drugs & consumables covered.

Pre and Post Hospitalization²: Expenses incurred upto 30 days immediately before hospitalization and upto 60 days immediately after discharge are covered.

Day Care Procedures³: The policy covers medical expenses for 140 different day care treatments which do not require 24 hours hospitalization.

Domiciliary Treatment⁴: The policy covers for

the medical expenses incurred for availing medical treatment at home which would otherwise have required Hospitalisation. This is applicable only when attending medical practioner advises that insured person could not be transferred to hospital or hospital bed was unavailable.

Organ Donor⁵: The policy covers inpatient medical expenses incurred on the insured (i.e. recipient) and the organ donor for harvesting.

Emergency Ambulance⁶: Actual expenses incurred or Rs. 2000/- whichever is lower per hospitalisation for utilizing ambulance service for transporting



insured person from a hospital to the nearest hospital which is prepared to provide necessary services.

Portability⁷: A policy holder desirous of porting (shifting) his policy to us shall apply at least 45 days before the premium renewal date of his existing policy. The accrued benefits and time bound exclusions will also be transferred without any interruption. Portability will be provided in accordance to IRDA guidelines issued from time to time.

Settlement of your Claims⁹: We settle your claims hassle-free and quickly so that you can focus on quality and timely recovery rather than managing the funding of the treatment, subject to submission of all required documents.

Network of Hospitals⁸: We are equipped to offer you quality health care in your city with our strong network of 3000+ hospitals across India. Kindly carry original photo identity proof along with

This is only a summary of the product features. The actual benefits available are as described in the policy, and will be subject to the policy terms, conditions and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarification.

MediSenior Annual Premium Table including Service Tax & Education cess @ 12.36% (All figures in Rs)

Annual Premium inclusive of service tax (All figures in INR)			
Age Group / Sum Insured (Rs.)	2,00,000	3,00,000	5,00,000
61-65 Yrs	13,407	16,421	25,341
66-70 Yrs	17,008	21,574	34,516
71-75 Yrs	20,637	26,951	44,301
76-80 Yrs	27,212	35,538	58,568
81-85 Yrs	36,013	47,678	79,606
> 85 Yrs	47,750	64,081	1,08,317



Premiums and Discounts

- Premium rates are for one policy year. Premiums are subject to change with prior approval from IRDA
- Get 5% family discount if 2 family members (self & spouse) are covered under MediSenior policy
- Get an additional 7.5% discount¹¹ by paying premium of 2 years in advance.



Special Terms and Conditions

(A) Co-Payment applicable on accommodation type

Accommodation Type (Except for Day Care Procedures)	Co-Payment (Percentage to be borne by Customer as a percentage of the admissible claim amount)
Shared Accommodation or any lower accommodation type	15%
Single occupancy or any higher accommodation type	30%

A Co-payment of 15% shall be applicable to all enlisted Day Care Procedures.

(B) Co-Payment applicable on specified Illnesses/surgeries

If an Inpatient claim has been admitted in respect of any of the following Illnesses/Surgeries then, the customer shall bear 30% of the claim amount payable under the Policy and The Company will pay in excess of that sum and would be limited to the Sum Insured.

S.No	Illnesses/Surgeries
i.	Cataract (each eye)
ii.	Hysterectomy
iii.	Cholecystectomy
iv.	Transurethral resection of the prostate (TURP)/ Benign prostate surgery
v.	Surgery of Hernia
vi.	Angiography (CT Angiogram excluded)
vii.	Arthroscopy
viii.	PID-Discectomy
ix.	Mastectomy
x.	Joint Replacement
xi.	PTCA (Angioplasty)
xii.	Hydrocele
xiii.	Major Organ Transplant
xiv.	CABG

Note- If we accept a claim for above mentioned specified illnesses/surgeries under Section (B) then no additional Copayment shall be applicable under Section (A) for the same claim i.e at any given point of time, no two different Co-payment will be applied for a single claim.

Pre-Policy Check-up Grid:

Age\SI	2,00,000	3,00,000	5,00,000
61-65	ME, RUA, FBS, CBC, Lipids, TMT or (ECG & 2D ECHO), SGOT, Total Proteins, Sr Creatinine, PSA (males), USG Abd (females)	ME,RUA,FBS,CBC,Lipids,TMT or (ECG & 2D ECHO), LFT, Sr Creatinine, PSA (males), USG Abd (females)	ME, RUA, FBS, CBC, Lipids, TMT or (ECG & 2D ECHO), LFT, Sr Creatinine, PSA (males),USG Abd (females)
66 onwards	ME,RUA,FBS,CBC,Lipids,TMT or (ECG & 2D ECHO), LFT, Sr Creatinine, PSA (males), USG Abd (females)	ME,RUA,FBS,CBC,Lipids,TMT or (ECG & 2D ECHO), HbA1c, LFT, RFT, PSA (males), USG Abd (females)	ME, RUA, FBS, CBC, Lipids, TMT or (ECG & 2D ECHO), HbA1c, LFT, RFT, PSA (males), USG Abd (females)

ME = Medical Examination (Report), CBC = Complete Blood Count, ECG = Electro Cardio Gram, FBS = Fasting Blood Sugar, Lipids = Lipid Profile, Sr Creatinine = Serum Creatinine, PSA = Prostate Specific antigen, RUA = Routine Urine Examination, TMT = Treadmill Test, USG = Ultrasonogram, SGOT - Serum Glutamic Oxaloacetic Transaminase, HbA1c - Glycoslated Hb, LFT= Liver Function Test, RFT= Renal Function Test, ECG- Electro Cardio Gram, 2 D Echo -2 Dimensional Echocardiogram

Note- the ME must be done by an MD physician only and must include ophthalmological (Eye) examination, TMT must be done under close supervision of a qualified cardiologist only.

Pre-Policy Check-up at our network is compulsory under this Policy. We will reimburse 50% of the expenses incurred on the acceptance of the proposal. The medical reports are valid for a period of 90 days from the date of Pre-Policy Check-up.