



++ Terms and Conditions

- Entry age is 18 years to 65 years for the proposer. The premium rates mentioned in the premium table for age Above 66* years are only for renewal cases.
- 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.
- You can cover a maximum of 7 members under individual policy. The policy can be issued to an individual and/ or family. The policy offers coverage on individual sum insured basis.
- In MediPlus, you can insure yourself, your spouse, upto 3 dependent children (aged between 91 days to 21 years, if unmarried) and your dependent parents. Child between 91 days to 5 years can be insured only when either parent is getting insured under this policy.
- 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.

239
Ver 1/All

- 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.
- 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.
- You have an option to change the deductible at the time of policy renewal, subject to our underwriting guidelines.



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

TAGIC/B/MPLUS/Apr14/2

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 SMART PLAN FOR THE
SMART DECISION MAKERS!**

MediPlus+



WITH YOU ALWAYS

Best Product Innovation Award for MediPrime
The Indian Insurance Awards 2013



Managing health requires one to lead a healthy life and be primed for the emergencies should there be one. To be prepared for the unseen you have purchased health insurance for the entire family and readied funds. But is that sufficient? What could happen when the funds get used or the Sum Insured is exhausted. **Tata AIG** understands your need of covering your risks adequately and efficiently and hence created MediPlus, a smart top up health insurance policy which is a cost efficient way of securing your health. In MediPlus the coverage triggers only once the pre-set limit of your primary health insurance policy or your own resources are exhausted; the premium rates work out to be more efficient than regular health insurance.

How does a deductible work?

A deductible is the amount you pay for medical services before Tata AIG's MediPlus Health Insurance begins to pay.

For example, if your deductible is 2 lacs, you would pay 100 percent of your health care charges until the amount you paid reaches 2 lacs. Once the amount exceeds 2 lacs, the company will look after the medical expenses up to the sum insured limit chosen by you and as per policy terms and conditions.

Deductible is also commonly known as Threshold Limit.

What is your deductible/threshold limit?



Mr. Rohit Sharma, 35 years, works for a MNC in a managerial position. He is married and has 2 children. His employer provides him with a group health insurance cover of Rs. 2 lacs for himself, his spouse and his 2 children.



If Mr. Sharma's hospitalisation expenses exceed Rs. 2 lacs, he would either need to dip into his savings account or break a FD to meet the expenditure.



With Tata AIG's MediPlus, Mr. Sharma can now decide his threshold limit/deductible i.e., when he wants his own health insurance cover to start?



For the first 2 lacs, his company will take care of the hospitalisation expenses. If the hospitalisation expenses go beyond Rs. 2 lacs, Tata AIG's MediPlus will tick in and help him meet the expenses up to a specified limit.



Salient Features

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

Pre and Post Hospitalization²: Expenses incurred upto 60 days immediately before hospitalization and upto 90 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 practitioner 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 Claims⁸: 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 Hospitals⁹: 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 cashless card to avail cashless hospitalization in network hospitals.

Lifelong Renewal¹⁰: We offer you a lifelong renewal for your policy provided premium is paid without any break Your premiums will be basis the age and coverage. Your renewal premium will be basis your revised age band and there will no extra loadings based on your individual claim.

Tax Savings¹²: If one purchases a health insurance policy for self /spouse/children, he/she can claim a tax deduction of upto Rs 15,000. When one purchases a health insurance policy for parents (a senior citizen), he/she is eligible for an additional tax deduction benefit upto Rs 20,000. Tax benefit under section 80D of Income Tax Act 1961. Tax benefits are subject to changes in tax laws.

Deductible: A deductible is the amount you pay for medical services before Tata AIG's MediPlus Health Insurance begins to pay.

Waiver of Deductible: We will offer the Insured Person to migrate to our indemnity health insurance Policy (without any Deductible) for a 5 Lacs sum Insured provided that:

- Insured Person has enrolled with Us for first time under this Policy before the age of 50 years and has renewed with Us continuously and without interruption,
- This option can be exercised by the Insured Person in the age group 58 - 60 years at the time of renewal only,
- Insured Person will be offered continuity of coverage in terms of waiver of waiting periods to the extent of benefits covered in this Policy.
- In all other cases, No benefits shall accrue to any Insured Person by virtue of continuity of coverage in the event of discontinuation of this Policy and shifting to any other Health Insurance Policy with us.

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.

MediPlus Annual Premium inclusive of service tax & Education cess @ 12.36% (All figures in INR)

| Sum Insured | 500,000 | 500,000 | 500,000 | 500,000 | 500,000 |
|------------------|---------|---------|---------|---------|---------|
| Deductible | 100,000 | 200,000 | 300,000 | 400,000 | 500,000 |
| 91 Days-35 Years | 2246 | 1179 | 1010 | 898 | 785 |
| 36-45 Years | 3090 | 1685 | 1573 | 1461 | 1348 |
| 46-60 Years | 5408 | 3287 | 2438 | 2264 | 2090 |
| 61-75 Years* | 11355 | 6409 | 3901 | 2830 | 2612 |
| >75 Years* | 27026 | 16016 | 10214 | 7746 | 7461 |



Premiums and Discounts

- Premium rates are for one policy year. Premiums are subject to change with prior approval from IRDA
- Get 10% family discount if 2 or more family members are covered under same policy.
- Get an additional 7.5% discount¹¹ by paying premium of 2 years in advance.

Pre- Policy Checkup

Pre-Policy Checkup at our network may be required based upon the age and sum insured as mentioned below:

| Sum Insured (Rs.) | 500,000 | 500,000 | 500,000 | 500,000 | 500,000 |
|-------------------|---------|---------|---------|---------|---------|
| Deductible (Rs.) | 100,000 | 200,000 | 300,000 | 400,000 | 500,000 |
| 18-45 Yrs | Nil | Nil | Nil | Nil | Nil |
| 46-55 Yrs | Cat 3 | Cat 3 | Cat 1 | Cat 1 | Cat 1 |
| 56-60 Yrs | Cat 4 | Cat 4 | Cat 2 | Cat 2 | Cat 2 |
| 61-65 Yrs | Cat 6 | Cat 6 | Cat 5 | Cat 5 | Cat 5 |

| Category | Tests |
|----------|--|
| Cat 1 | ME, FBS, ECG |
| Cat 2 | ME, RUA, FBS, ECG |
| Cat 3 | ME, RUA, FBS, ECG, CBC, TC |
| Cat 4 | ME, RUA, FBS, CBC, Lipids, ECG |
| Cat 5 | ME, RUA, FBS, CBC, Lipids, TMT, SGOT, Total Proteins, Sr Creat, PSA (males), USG Abd (females) |
| Cat 6 | ME, ME ,RUA, FBS, CBC, Lipids, TMT, LFT, Sr Creat, 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, TC-Total Cholesterol, LFT-Liver Function Test

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.

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:

- Signed Claim Form
- First consultation letter and subsequent prescription
- Original detailed discharge card
- Day care summary from the hospital
- Original Bills / Receipts from Hospital / Medicines / Investigations / Implants and any other document as required for processing claim
- 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



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