Prospectus

1. Suitability:

   a. This policy covers persons in the age group 91 days onwards (Dependent children between 91 days and 5 years can be insured only when both parents are getting insured). The maximum entry age is 65 years.
   b. There is no maximum cover ceasing age under this policy.
   c. The policy will be issued for a period 1/2/3 years.
   d. This policy can be issued to an individual and/or family.
   e. The family includes spouse and economically dependent children and parents/parents-in-law.
   f. The policy offers coverage on family floater basis.
   g. Maximum 7 members of a family are covered in one Individual Plan Policy (Self, spouse, 3 dependent children , 2 parents and 2 parent-in-laws).
   h. Maximum 7 members are covered in one Family Floater Plan policy (Self, spouse, 3 dependent children (Up to the age of 25 Years) , 2 parents and 2 parent-in-laws. In case of family floater, where age of the dependent child is crossing 25 years, the child can be covered under a separate policy with eligible continuity benefit.

2. Key Benefits:

   i. **Range of benefits:** Indemnity based health insurance cover with range of benefits without any sub-limit unless otherwise mentioned.
   ii. **Network of hospitals:** We are equipped to offer you quality health care with our strong network of 7000+ hospitals across India.
   iii. **Lifelong renewal:** We offer you a lifelong renewal for your policy provided premium is paid without any break.
   iv. **Global Cover for Planned Hospitalization:** We will cover Medical Expenses of the Insured Person incurred outside India upto the sum insured provided that the diagnosis was made in India and the insured travels abroad for treatment. In case the Insured Person has opted for Sum Insured above Rs. 50 Lacs, then reasonable and customary expenses incurred towards obtaining visa for medical treatment of the insured person will be covered.
   v. **Bariatric Surgery Cover-** We will Cover reasonable and customary expenses for Bariatric surgery if the insured fulfills conditions as listed in the policy.
   vi. **Sum Insured Restore Benefit:** If Your Sum Insured including cumulative bonus is insufficient to pay a claim during a policy year, an additional amount equivalent to the base Sum Insured will be restored once during the policy year and can also be used for admissions due to related illness/diseases after 45 days from the date of discharge of the earlier claim. This benefit cannot be carried forward to subsequent renewals.
   vii. **High End Diagnostics-** We will pay the insured for the listed diagnostic tests on OPD basis if required as part of a treatmentsubject to coverage sum insured.

viii. **Emergency Air Ambulance Cover-** We will pay for ambulance transportation of the insured person in an airplane or helicopter subject to coverage sum insured.

ix. **Maternity Cover-** We will cover Maternity Expenses subject to coverage sum insured.

x. **Consumables Benefit-** We will pay for expenses incurred, for specified consumables listed in 'annexure 1 – List 1 as optional items' which are consumed during the period of hospitalization directly related to the insured's medical or surgical treatment of illness/disease/injury. Details of Annexure I-List I-Optional items are available on our website (www.tataaig.com).

xi. **Home Care Treatment Cover (Applicable only for Sum Insured Rs.75 Lacs and above)**- We will cover for reasonable and customary medical expenses incurred for treatment taken at home for below specified conditions/ illness:

- Dialysis at home
- Chemotherapy at home
- Pandemic Care at home for a maximum period of 15 days and maximum upto 25% of the base sum insured excluding cumulative bonus

xii. **Wellness Services**- We / our Empanelled Service Provider will provide below mentioned wellness services:

a. Teleconsultation - General
b. Teleconsultation – Specialty
c. Ambulance Booking facility
d. Emergency Help me feature
e. Redeemable voucher/Discount on services
f. Health Condition Management

xiii. **Wellness Program-** We / our empanelled service provider will provide a wellness program designed to promote wellness and fitness amongst the insured persons through:

a. Health risk assessment
b. Wellness Rewards: Wellness Reward accumulated through fitness activities can be converted into monetary value and can be utilized towards the payment of services/items under below categories, available through our Network/ empanelled service provider:
    - OPD consultation/ treatment
    - Pharmaceuticals
    - Health-check-ups/ diagnostics
    - Health Supplements
    - Coverage of cost of treatment of any admissible claim in respect of non-payable items that are specified under the terms and conditions of the base policy

xiv. **Cumulative Bonus/No Claim Discount:** You have the option to choose between Cumulative Bonus and No Claim Discount. If you choose Cumulative Bonus, sum insured will increase by 50% for every claim free policy year subject to maximum of 100% of sum insured. In case a claim is made during the policy year, the cumulative bonus would reduce by 50% in the following year. Cumulative Bonus shall be provided only if No Claim Discount has not been availed for the claim free previous Policy Year. If you Choose No Claim Discount, We will allow 1% discount on renewal premium for every claim free Policy Year, provided that the Policy is renewed with Us without break.

xv. **Tax Benefit:** The premium amount paid under this policy qualifies for deduction under Section 80D of the Income Tax Act.

3. Discounts on premium:

i. 10% long term discount on premium in case insured opts policy term of 3 years

ii. 5% long term discount on premium in case insured opts policy term of 2 years

iii. Family floater discount on premium:

- 2 members -20%
- 3 members -28%
- > 3 members-32%

iv. 2% discount is applicable in lieu of non-availability of 'Global Cover for Planned Hospitalization' where either the policyholder or any of the Insured Person(s) is a Foreign National or their Residence Status at the time of proposal or anytime during the policy period/ renewal is Non-Resident Indian (NRI) or Overseas Citizen of India (OCI) or if the Policyholder/ Insured Person(s), as a Resident Indian National, has agreed to opt out of this Benefit at the time of proposal or at renewal.

4. Salient Features: (Please refer Benefit Table for coverage limits)

1. **In-patient Treatment:** We will cover expenses for hospitalization due to disease/illness/Injury during the policy period that requires an Insured Person's admission in a hospital as an inpatient. Medical expenses directly related to the hospitalization would be payable
2. **Pre-Hospitalisation:** The Medical Expenses incurred in 60 days immediately before the Insured Person was hospitalized.
3. **Post-Hospitalisation:** The Medical Expenses incurred for specified number of days immediately after the Insured Person was discharged post Hospitalisation.
4. **Day Care Procedures:** We will cover expenses for Day Care Treatment due to disease/illness/Injury during the policy period taken at a hospital or a Day Care Centre.
5. **Organ Donor:** The Medical and surgical Expenses of the organ donor for harvesting the organ where an insured person is the recipient.
6. **Domiciliary Treatment:** The Medical Expenses incurred by an Insured Person for availing medical treatment at his home which would otherwise have required Hospitalisation. We will also cover pre and post hospitalization expenses in case of domiciliary hospitalization
7. **Global Cover for Planned Hospitalization:** We will cover Medical Expenses of the Insured Person [3]outside India, upto the sum insured provided that the diagnosis was made in India and the insured travels abroad for treatment. The Medical Expenses payable shall be limited to Inpatient and daycare global Hospitalization only on reimbursement basis. In case the Insured Person has opted for Sum Insured above Rs. 50 Lacs, then reasonable and customary expenses incurred towards obtaining visa for medical treatment of the insured person will be covered.

'Global Cover for Planned Hospitalization' as a Benefit is:

a) not available under this policy and no claim shall be admissible under this section where either the policyholder or any of the Insured Person(s) is a Foreign National or

their Residence Status at the time of proposal or anytime during the policy period/ renewal is:

- Non-Resident Indian (NRI); or
- Overseas Citizen of India (OCI)

b) not available under this Policy and no claim shall be admissible under this section, if the Policyholder or any of the Insured Person(s), as a Resident Indian National, has agreed to opt out of this Benefit at the time of proposal or at renewal.

Policyholder is eligible for a premium discount in case this special condition, as mentioned above, is applicable to the Policyholder/Insured Person(s).

8. **Bariatric Surgery Cover-** Covers reasonable and customary expenses for Bariatric surgery if the insured fulfills:
    i. Surgery to be conducted upon the advice of the Doctor
    ii. The member has to be 18 years of age or older and
    iii. BMI greater than or equal to 40 or
    iv. BMI greater than or equal to 35 in conjunction with any of the following severe comorbidities following failure of less invasive methods of weight loss:
        a) Obesity-related cardiomyopathy,
        b) Severe sleep apnea,
        c) Uncontrolled Type2 Diabetes, or
        d) Coronary heart disease
9. **In-patient Dental Treatment-** Covers expenses incurred towards hospitalization for dental treatment under anesthesia necessitated due to an accident/injury/illness.
10. **Restore benefit-** Automatically restore the Basic Sum Insured upon exhaustion of the Sum Insured and accrued Cumulative Bonus, during the policy year.
11. **AYUSH benefit** - Medical Expenses incurred for In-patient/Day care treatment taken in an AYUSH hospital/AYUSH day care centre, including pre and post hospitalization expenses.
12. **Ambulance cover**–For utilizing ambulance service for transporting insured person to hospital in case of an emergency.
13. **Maternity Cover-** We will cover Maternity Expenses subject to a waiting period of 4 years of continuous coverage under this policy.
14. **Delivery Complications Cover**-We will cover medical expenses incurred for the medically necessary treatment of the new born baby for complications related to delivery. This benefit will trigger only in case where we have admitted the maternity claim.
15. **First year Vaccinations**-We will pay for vaccination expenses for up to one year after the birth of the child provided the child is covered with us. This benefit will trigger only in case where we have admitted the maternity claim.
16. **Health Check-up-** We will pay for expenses for a Preventive Health Check-up
17. **Second Opinion-** We will provide You a second opinion from Network Provider or Medical Practitioner, if an Insured Person is diagnosed with the mentioned Illnesses during the Policy Period.

18. **Vaccination cover-** We will cover for expenses related to the cost of the vaccines as per the Benefit Table.
19. **Hearing Aid-** We will cover reasonable charges for hearing aid every third year.
20. **Daily cash for choosing shared accommodation-** We will pay a fixed amount per day if the Insured Person is Hospitalized in Shared Accommodation in a Network Hospital for each continuous and completed period of 24 hours.
21. **Daily cash for accompanying an insured child-** We will pay a fixed amount per day if the Insured Person Hospitalized is a child Aged 12 years or less, for one accompanying adult for each complete period of 24 hours.
22. **Prolonged hospitalization benefit-** We will pay a fixed amount in the event of insured hospitalized for a disease/illness/injury for a continuous period exceeding 10 days.
23. **High End Diagnostics-** We will pay the insured for the following diagnostic tests on OPD basis if required as part of a treatment:
    a. Brain Perfusion imaging
    b. CT guided Biopsy
    c. CT Urography
    d. Digital Subtraction Angiography (DSA)
    e. Liver Biopsy
    f. Magnetic Resonance Cholangiography Scan
    g. PET CT
    h. PET MRI
    i. Renogram
24. **OPD Treatment-** Once the insured has completed two years of continuous coverage with us, we will pay for expenses related to consultations and pharmacy subject to policy terms and conditions**.**
25. **OPD Treatment-Dental-** Once the insured has completed two years of continuous coverage with us, we will pay for expenses related to the following dental treatments only.
    a. Root Canal Treatment (single or multiple sittings)
    b. Tooth extraction(s)
    c. Filling
26. **Emergency Air Ambulance Cover-** We will pay for ambulance transportation of the insured person in an airplane or helicopter, for emergency life threatening health conditions which require immediate and rapid ambulance transportation to the hospital/medical centre for further medical management.
27. **Compassionate travel-**
    a) Domestic

    In the event the Insured Person is Hospitalized in India for more than Five consecutive days in a place where no adult member of his immediate family is present, we will cover for expenses related to a round trip economy class air ticket, or first-class railway ticket, to allow the Immediate Family Member be at his bedside for the duration of his stay in the hospital. The benefit shall be payable if an inpatient Hospitalization claim for the insured member is admissible under In-patient Treatment cover of this policy.

    b) Global (Applicable for sum insured above Rs. 50 Lacs):

    In the event the Insured person is hospitalized outside India and claim is admissible under Global cover for Planned Hospitalization, We will cover expenses related to round trip

economy class air ticket, to allow the Immediate Family Member to accompany the Insured person for the purpose of planned treatment outside India.

28. **Accidental Death Benefit-**If an Insured Person suffers an accident during the policy period and this is the sole and direct cause of his death within 365 days from the date of accident, then we will pay a fixed amount.
29. **Consumables Benefit-** We will pay for expenses incurred, for specified consumables listed in 'annexure 1 – List 1 as optional items' which are consumed during the period of hospitalization directly related to the insured's medical or surgical treatment of illness/disease/injury. Details of Annexure I-List I-Optional items are available on our website (www.tataaig.com).
30. **Home care treatment cover (Applicable only for sum insured Rs. 75 Lacs and above)-** We will cover for reasonable and customary medical expenses incurred for treatment taken at home for mentioned conditions/ illness.
31. **Wellness Services-** We / our Empanelled Service Provider will provide wellness services designed to assist insured persons in maintaining and improving good health and fitness.
32. **Wellness Program-** We / our empanelled service provider will provide a wellness program designed to promote wellness and fitness amongst the insured persons through:
    a. Health risk assessment
    b. Wellness Rewards

5. Sum Insured options (Rs.) :

- 5 Lacs
- 10 Lacs
- 15 Lacs
- 20 Lacs
- 25 Lacs
- 50 Lacs
- 75 Lacs
- 100 Lacs
- 200 Lacs
- 300 Lacs

6. Renewal Incentives:

i. **Cumulative Bonus:** We will offer Cumulative Bonus of 50% of the Sum Insured for every claim free year accumulating up to 100% of sum insured. In the event of a claim, the cumulative bonus shall be reduced by 50% at the time of renewal. Cumulative Bonus shall be provided only if No Claim Discount has not been availed for the claim free previous Policy Year**.**

7. Portability:

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines. If such person is

presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on **Portability**, kindly refer
Insurance Regulatory and Development Authority of India (Insurance Products) Regulations, 2024 F. No. IRDAI/Reg/8/202/2024 dated 20th March, 2024 and Master Circular on IRDAI (Insurance Products) Regulations 2024- Health Insurance Ref: IRDAI/HLT/CIR/PRO/84/5/ 2024 dated 29th May 2024 and their subsequent amendments thereof.

8. Free Look Period:

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of thirty days from date of receipt of the policy document, whether received electronically or otherwise, to review the terms and conditions of the policy, and to return the same if not acceptable.

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 subject to deduction of proportionate risk premium for the period of cover and the expenses, if any, incurred by Us on medical examination of the proposer and stamp duty charges

9. Waiting Period:

i. 30 Days Waiting Period (Code-Excl03):

   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.

ii. Specified Disease/Procedure Waiting Period (Code- Excl02):

   a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. 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.
f. List of Specific Diseases/Procedures furnished below:

I. Tumors, Cysts, polyps including breast lumps (benign)
II. Polycystic ovarian disease
III. Fibromyoma
IV. Adenomyosis
V. Endometriosis
VI. Prolapsed Uterus
VII. Non-infective arthritis
VIII. Gout and Rheumatism
IX. Osteoporosis
X. Ligament, Tendon or Meniscal tear
XI. Prolapsed Inter Vertebral Disc
XII. Cholelithiasis
XIII. Pancreatitis
XIV. Fissure/fistula in anus, haemorrhoids, pilonidal sinus
XV. Ulcer & erosion of stomach & duodenum
XVI. Gastro Esophageal Reflux Disorder (GERD)
XVII. Liver Cirrhosis
XVIII. Perineal Abscesses
XIX. Perianal / Anal Abscesses
XX. Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone.
XXI. Benign Hyperplasia of prostate
XXII. Varicocele
XXIII. Cataract
XXIV. Retinal detachment
XXV. Glaucoma
XXVI. Congenital Internal Diseases

The following treatments are covered after a waiting period of two years irrespective of the illness for which it is done:

XXVII. Adenoidectomy
XXVIII. Mastoidectomy
XXIX. Tonsillectomy

XXX. Tympanoplasty
XXXI. Surgery for nasal septum deviation
XXXII. Nasal concha resection
XXXIII. Surgery for Turbinate hypertrophy
XXXIV. Hysterectomy
XXXV. Joint replacement surgeries Eg: Knee replacement, Hip replacement
XXXVI. Cholecystectomy
XXXVII. Hernioplasty or Herniorraphy
XXXVIII. Surgery/procedure for Benign prostate enlargement
XXXIX. Surgery for Hydrocele/ Rectocele
XL. Surgery of varicose veins and varicose ulcers

iii. Pre-existing Diseases Waiting Period (Code-Excl01)

a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 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 24 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

10. General Exclusions:

We will neither be liable nor make any payment for any claim in respect of any Insured Person which is caused by, arising from or in any way attributable to any of the following exclusions, unless expressly stated to the contrary in this Policy.

Medical Exclusions:

i. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof .(Code-Excl12)
ii. Alcoholic pancreatitis
iii. Expenses related to surgical treatment of obesity that does not fulfil the below conditions (Code-Excl06):
    a. Surgery to be conducted is upon the advice of the Doctor
    b. The surgery/Procedure conducted should be supported by clinical protocols
    c. The member has to be 18 years of age or older and
    d. Body Mass Index (BMI);
        i. greater than or equal to 40 or
        ii. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

1. Obesity-related cardiomyopathy
2. Coronary heart disease
3. Severe Sleep Apnea
4. Uncontrolled Type2 Diabetes

iv. Congenital External Diseases, defects or anomalies;

v. Stem cell therapy ; however hematopoietic stem cells for bone marrow transplant for haematological conditions will be covered under benefit In-Patient Treatment or Day Care Procedures of this policy;

vi. Growth hormone therapy;

vii. Sleep-apnoea

viii. Admission primarily for administration of Intra-articular or intra-lesional injections or Intravenous immunoglobulin infusion or supplementary medications like Zolendronic Acid

ix. Investigation and evaluation (Code-Excl04):

a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.

b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

x. Venereal disease, sexually transmitted disease or illness;

xi. Expenses related to Sterility and infertility (Code-Excl17). This includes:

i. Any type of contraception, sterilization

ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

iii. Gestational Surrogacy

iv. Reversal of sterilization

xii. Refractive error (Code -Excl15): Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

xiii. Change-of-Gender treatments (Code- Excl 07): Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex

xiv. Cosmetic or Plastic Surgery (Code – Excl08) : Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

xv. Rest cure, rehabilitation and respite care (Code-Excl05):

a. 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.

xvi. All preventive care, vaccination including inoculation and immunisations (except in case of post- bite treatment and other vaccines explicitly covered);

xvii. Unproven treatments (Code-Excl16) : 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.

xviii. Dental treatment or surgery of any kind except as specified in 'Inpatient Treatment – Dental'.

xix. Maternity (Code - Excl18):

a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period

xx. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code -Excl13)

xxi. 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 day care procedure. (Code -Excl14)

xxii. Any existing disease specifically mentioned as Permanent exclusion in the Policy Schedule

Non-Medical Exclusions:

I. War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, ionising radiation.

II. Any Insured Person's participation or involvement in naval, military or air force operation,

III. Hazardous or Adventure Sports (Code Excl09) : Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving

IV. Breach of law (Code Excl10): Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

V. Intentional self-injury or attempted suicide while sane or insane.

VI. Items of personal comfort and convenience like television (wherever specifically charged for), charges for access to telephone and telephone calls, internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service

VII. Treatment rendered by a Medical Practitioner which is outside his discipline

VIII. Doctor's fees charged by the Medical Practitioner sharing the same residence as an Insured Person or who is an immediate relative of an Insured Person's family.

IX. Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy unless explicitly stated and covered in the policy,

X. Any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.

XI. Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary; drugs or treatments which are not supported by a prescription.

XII. Crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively and explicitly stated and covered in the policy).

XIII. Any illness diagnosed or injury sustained or where there is change in health status of the member after date of proposal and before commencement of policy and the same is not communicated and accepted by us

XIV. Excluded Providers (Code-Excl11):Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim .

11. Claim Procedure:

The final decision on all claims is taken by Tata AIG General Insurance Company Limited.

a. Intimation & Assistance:

Please contact our designated TPA/Us atleast 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.

b. Claim Related Information:

For any claim related query, intimation of claim and submission of claim related documents, You can contact us through:

Claims Servicing Details	
Name	TAGIC Health Claims
Claims Administrator Address	TATA AIG General Insurance Company Limited, 5th and 6th Floor, Imperial Towers, H.No 7-1-6-617/A, GHMC No - 615,616, Ameerpet, Hyderabad – 500016, Telangana, Phone: 040-66864900
Email ID	healthclaimsupport@tataaig.com
Toll-Free No.:	1800 266 7780 or 1800 229 966 (For Senior Citizens)
Website	www.tataaig.com

c. Procedure for reimbursement claims:

- Our TPA/We must be informed within 7 days of completion of such treatment, consultation or procedure using the Claim Intimation Form.
- Please send the duly signed claim form and all the information/documents mentioned therein to our TPA/Us within 15 days of the occurrence of the Incident.

- Please refer to claim form for complete documentation.
- If there is any deficiency in the documents/information submitted by you, our TPA/We will send the deficiency letter within 7 working days of receipt of the claim documents.
- On receipt of the complete set of claim documents, We will send the payment for the admissible amount, along with a settlement statement within 30 days.
- The payment will be sent in the name of the proposer/ Nominee in case of death of Proposer.

d. Procedure for availing cashless facility:

- For any emergency Hospitalisation, our TPA/We must be informed within 24 hours after hospitalization.
- For any planned hospitalization, kindly seek cashless authorization from our TPA/Us atleast 48 hours prior to the hospitalization.
- TPA/We will check your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the documents sent, the same shall be communicated to the hospital by TPA/Us.
- In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider by TPA/Us.

Note:

- Insured person is entitled for cashless coverage only in our empanelled hospitals.
- Please refer to our website(www.tataaig.com) or call us on our toll free number at <<1800-266-7780>> for empaneled hospital list.
- Rejection of cashless facility in no way indicates rejection of the claim.

e. 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 to the policyholder 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 or reject 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 to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

f. Claims Payment

i. This Policy only covers claims incurred within India (except in case of benefit B13-Global cover for Planned Hospitalization, wherever applicable), and payments under this Policy shall only be made in Indian Rupees within India.

ii. The benefits/services/claims offered/payable under this policy including but not limited to Health Checkup, Wellness Services and Wellness Program can be availed within India only.

Claim procedure and management of Wellness Services & Wellness Program

i. **Utilise Wellness Points**:

Utilisation of Wellness points is only available at network service providers. To avail products or services, Insured Person must visit our Customer application and buy the required product/ services. On successful purchase, an amount equivalent to the monetary value of the Earned Wellness points will be deducted from Your policy.

ii. Avail services under Benefits:

Services are only available at network. To avail the same, following procedure must be followed:

- Teleconsultation:
  Insured person can gain access to tele/video/digital consultation with a general physician/ specialist/psychiatrist, using our digital customer application.

- Ambulance booking facility:
  Insured person can use our digital customer application to book an ambulance. This service will be offered on best effort basis and does not have a legal binding on us.

- Emergency - Help me feature:
  In case of an emergency, insured person can use Our Customer application to alert designated caregiver, at a push of a button. An alert message will be sent to the designated caregiver, informing him/her about the emergency. By opting this feature, the insured person authorizes us/our empanelled service provider to share their geo-location with the designated caregiver. This service will be offered on best effort basis and does not have a legal binding on us.

12. Renewal of Policy:

The policy shall ordinarily be renewable except on grounds of established fraud, non-disclosure or misrepresentation by the insured person.

i. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
ii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
iii. Single premium payment mode Policy can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period after the end of the policy period. If not renewed under the Grace Period, the Policy shall terminate at the end of the Grace period.
iv. The grace period for payment of the premium during the Policy Period, for instalment premium shall be fifteen days where premium payment mode is monthly.

v. Coverage during such grace period (in case of instalment premium):
   a. Within the policy period - coverage will be available from the due date of instalment premium till the date of receipt of premium by Company within the grace period.
   b. At the end of the policy period - the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period after the end of the policy period.

vi. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.

vii. No loading shall apply on renewals based on individual claims experience

13. Possibility of Revision of Terms of the Policy Including the Premium Rates

The Companymay revise or modify the terms of the Policy including the premium rates. The Insured Person shall be notified three months before the changes are effected.

14. Migration:

- The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on Migration.

For Detailed Guidelines on **Migration**, kindly refer

- Insurance Regulatory and Development Authority of India (Insurance Products) Regulations, 2024 F. No. IRDAI/Reg/8/202/2024 dated 20th March, 2024 and Master Circular on IRDAI (Insurance Products) Regulations 2024- Health Insurance Ref: IRDAI/HLT/CIR/PRO/84/5/ 2024 dated 29th May 2024 and subsequent amendments thereof.

15. Withdrawal of the policy:

i. 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.

ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

16. Moratorium Period

After completion of five continuous years of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This continuous period of five years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever the sum insured is enhanced, completion of five continuous years would be applicable from the date of enhancement of sums insured only on the enhanced limits. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

17. Nomination:

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

18. Requirement:

- Completed proposal form,
- Supporting Medical papers (wherever applicable),
- Previous policy copies, IRDAI portability form (as applicable)

19. Pre-policy medical check-up:

Pre-Policy Check-up at our network may be required based upon the age and/or Sum Insured. 100% of the expenses incurred per insured person will be payable by Tata AIG only on the acceptance of the proposal. The medical reports are valid for a period of 90 days from the date of Pre-Policy Checkup.

Pre-policy medical examination gird:

Age(Yrs)/Sum Insured	Sum Insured up to Rs.50 Lacs	Sum Insured above Rs.50 Lacs
Upto age 45	Tele MER (only if positive medical declaration)	Tele MER
46-55	Tele MER	Tele MER
56 to 65	Tele MER	*MER, Urine Routine, CBC with ESR, LFT, RFT, Lipid Profile, TMT/ (2D Echo+ECG), USG Abdomen & Pelvis, Hba1c, HBsAg, X ray chest, Sonomammography (female), PSA (male)

- In case of adverse medical declaration, we may call for TeleMER/additional medical tests
- Tele-MER means Tele Medical Examination Reporting.
- 100% of TeleMER cost would be borne by the Company, in case of proposal acceptance.
- *At least 50% of pre-policy medical checkup cost would be borne by the Company in case where proposal is accepted.
- Financial underwriting may be done in case of higher sum insured options

20. Premium Rates & Payment Zones::

i. The premium will be charged on the completed age of the Insured Person.
ii. Premium rates are subject to change
iii. The premium for the policy will remain the same for the policy period as mentioned in the policy schedule.
iv. For family floater, premium is calculated by adding the premium of respective individual members and applying family floater discount.
v. Monthly instalment option would be allowed and following loadings shall be applicable:

Term of Policy	Loading%
1 year Policy	5%
2 year Policy	9%
3 year Policy	13%

If the insured person has opted for Payment of Premium on an installment basis i.e. Monthly, as mentioned in the policy Schedule, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

I. Grace Period of 15 days would be given to pay the installment premium due for the policy, during the policy period.
II. During such grace period, coverage shall be available from the due date of installment premium till the date of receipt of premium by Company.
III. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
IV. No interest will be charged lf the installment premium is not paid on due date
V. In case of installment premium due not received within the grace period, the policy will get cancelled.
VI. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
VII. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

Premium Payment Zones:

For the purpose of premium computation, the country is divided into following three Zones and premium payable under the policy will be computed based on the residential location/address as provided by the proposer/insured person in the proposal form:

i. Zone A: Mumbai (including Mumbai Metropolitan Region), Delhi (including National Capital Region, Faridabad, Ghaziabad), Ahmedabad, Surat & Baroda

ii. Zone B: Hyderabad (including Secunderabad), Bengaluru, Kolkata, Indore, Chennai, Chandigarh (including, Mohali, Punchkula, Zirakpur), Pune (including Pimpri Chinchwad) and Rajkot

iii. Zone C: Rest of India

Zone A (Annual)Per Person Rates(Rs.) (Exclusive of taxes)

Age\Sum Insured (Rs.)	5 Lacs	10 Lacs	15 Lacs	20 Lacs	25 Lacs	50 Lacs	75 Lacs	100 Lacs	200 Lacs	300 Lacs
91 days-17yrs	7,205	7,947	8,730	9,016	9,300	10,467	12,688	14,198	18,791	22,984
18-35yrs	10,227	11,579	12,983	13,871	14,575	17,218	20,685	22,681	29,136	34,942
36-45yrs	12,820	13,876	15,427	16,530	17,318	20,056	25,377	28,119	36,413	43,727
46-50yrs	18,090	20,363	22,882	24,004	25,084	29,804	36,379	40,510	53,217	64,529
51-55yrs	22,092	24,799	27,831	29,153	30,426	35,964	45,015	50,323	66,685	81,314
56-60yrs	29,199	32,592	36,570	38,248	39,855	46,801	58,532	65,454	87,139	1,06,626
61-65yrs	38,235	42,525	47,819	50,002	52,094	61,092	77,767	87,135	1,17,174	1,44,354
66-70yrs	60,573	66,608	74,834	78,120	81,260	94,680	1,20,700	1,35,113	1,82,519	2,25,984
71+yrs	74,264	80,995	91,110	95,102	98,900	1,15,106	1,46,261	1,63,305	2,20,515	2,73,069

Zone B (Annual)Per Person Rates(Rs.) (Exclusive of taxes)

Age\Sum Insured	5 Lacs	10 Lacs	15 Lacs	20 Lacs	25 Lacs	50 Lacs	75 Lacs	100 Lacs	200 Lacs	300 Lacs
91 days-17yrs	6,306	6,961	7,629	7,873	8,116	9,116	11,161	12,526	16,583	20,278
18-35yrs	8,868	10,092	11,448	12,131	12,797	15,239	18,340	20,105	25,709	30,724
36-45yrs	10,869	12,282	13,654	14,630	15,329	17,750	22,707	25,186	32,505	38,914
46-50yrs	15,896	17,963	20,176	21,185	22,157	26,435	32,371	36,100	47,320	57,251

51-55yrs	19,425	21,881	24,539	25,721	26,862	31,853	40,001	44,799	59,276	72,153
56-60yrs	24,919	27,911	31,283	32,732	34,125	40,179	50,441	56,532	75,140	91,767
61-65yrs	32,557	36,317	40,790	42,664	44,463	52,247	66,678	74,887	1,00,626	1,23,809
66-70yrs	51,511	56,732	63,656	66,452	69,131	80,626	1,03,076	1,15,656	1,56,258	1,93,399
71+yrs	62,944	68,748	77,249	80,636	83,866	97,693	1,24,446	1,39,230	1,88,049	2,32,810

Zone C (Annual)Per Person Rates(Rs.) (Exclusive of taxes)

Age\Sum Insured	**5 Lacs**	**10 Lacs**	**15 Lacs**	**20 Lacs**	**25 Lacs**	**50 Lacs**	**75 Lacs**	**100 Lacs**	**200 Lacs**	**300 Lacs**
91 days-17yrs	5,430	5,995	6,545	6,746	6,947	7,775	9,588	10,803	14,306	17,486
18-35yrs	7,525	8,617	9,785	10,397	10,996	13,703	15,933	17,460	22,184	26,382
36-45yrs	9,620	11,043	12,424	13,118	13,792	16,821	19,747	21,929	28,157	33,550
46-50yrs	13,519	15,357	17,233	18,114	18,967	22,749	27,920	31,197	40,748	49,127
51-55yrs	16,524	18,701	20,944	21,970	22,962	27,340	34,424	38,649	51,002	61,902
56-60yrs	21,148	23,784	26,616	27,862	29,063	34,321	43,219	48,566	64,422	78,486
61-65yrs	27,507	30,794	34,536	36,134	37,673	44,370	56,792	63,962	85,849	1,05,447
66-70yrs	43,448	47,944	53,709	56,069	58,336	68,110	87,362	98,301	1,32,809	1,64,283
71+yrs	52,873	57,852	64,918	67,765	70,487	82,189	1,05,003	1,17,765	1,59,073	1,96,855

21. Loadings:

i. 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 persons proposed for insurance).

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

iii. The loading shall only be applied basis an outcome of Our medical underwriting.

iv. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured).

a. We will inform You about the applicable risk loading through a counter offer letter.

b. You need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter.

c. In case, you neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within next 10 days subject to deduction of the Pre-Policy Check up charges, as applicable.

v. Please note that We will issue Policy only after getting Your consent.

22. Cancellation:

The policyholder may cancel this **Policy** by giving 7 days written notice and in such an event, the Company shall refund proportionate premium for unexpired policy period. provided no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit under this **Policy** has been availed by the **Insured Person** under the **Policy**.
The Company may cancel the policy at any time on grounds of established fraud, misrepresentation or non-disclosure of material factsby the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of established fraud, misrepresentation or non-disclosure of material facts.

23. Redressal of Grievance:

At TATA AIG, we strive to provide the best service to our customers. If you're not satisfied and wish to lodge a complaint, please call our 24/7 toll-free number **1800-266-7780** or **022-66939500** (toll charges apply), or email us at customersupport@tataaig.com. We will investigate and respond within the regulatory turnaround time (TAT).

Escalation Level 1

If you do not receive a response or are not satisfied with the resolution, please contact us at manager.customersupport@tataaig.com.

Escalation Level 2

If you still need assistance, reach out to the Head of Customer Services at head.customerservices@tataaig.com. We will provide our final response within the regulatory TAT.

If you're still not satisfied after this process, you may approach the Insurance Ombudsman of concerned jurisdiction.

You can also lodge a grievance on the Bima Bharosa Grievance Redressal Portal: https://bimabharosa.irdai.gov. in

The name and address of the Insurance Ombudsman of competent jurisdiction is provided under Annexure A of this **Policy**.

24. Section 41 of Insurance Act1938 (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 prospectus or tables of the insurer.
2. Any person making default in complying with the provision of this section shall be liable for penalty which may extend to ten lakh rupees.

IRDAI REGULATION: This policy is subject to Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024 .

Note: Policy Term and Conditions & Premium rates are subject to change

Disclaimer:

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.

"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."

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

Benefit Table:

Cover/Sum Insured (In Rs.)	Coverage				
	Up to 50 Lcas	**75 Lacs**	**100 Lacs**	**200 Lacs**	**300 Lacs**
In-patient Treatment	Upto Sum Insured				
Pre-Hospitalization expenses	Upto 60 days				
Post-Hospitalization expenses	Upto 90 days	Upto 200 days	Upto 200 days	Upto 200 days	Upto 200 days
Day Care procedures	Upto Sum Insured				
Organ Donor	Upto Sum Insured				
Domiciliary Treatment	Upto Sum Insured				
Restore benefit	Upto Sum Insured				
AYUSH benefit	Upto Sum Insured				
Ambulance cover	Upto Rs. 5000 per Hospitalization	Upto Rs. 7500 per Hospitalization	Upto Rs. 10000 per Hospitalization	Upto Rs. 20000 per Hospitalization	Upto Rs. 30000 per Hospitalization
Health Check-up	Upto 1% of Sum Insured; maximum Rs.10,000 per policy	Upto 1% of Sum Insured; maximum Rs.15,000 per policy	Upto 1% of Sum Insured; maximum Rs.20,000 per policy	Upto 1% of Sum Insured; maximum Rs.25,000 per policy	Upto 1% of Sum Insured; maximum Rs.25,000 per policy
Compassionate travel	Upto Rs.20,000 per policy year	Upto Rs.50,000 per policy year	Upto Rs.50,000 per policy year	Upto Rs.50,000 per policy year	Upto Rs.50,000 per policy year
Consumables Benefit	Upto Sum Insured				
Global Cover for Planned Hospitalization	Upto Sum Insured For applicability refer to Special condition as mentioned under '**Global Cover for Planned Hospitalization'**				
Bariatric Surgery Cover	Upto Sum Insured				
In-patient Treatment - Dental	Upto Sum Insured				
Vaccination cover	Upto Sum Insured				
Hearing Aid	50% of actuals; maximum Rs.10,000 per policy				
Daily cash for choosing shared accommodation	0.25% of base Sum Insured; maximum Rs. 2000 per day				

Daily cash for accompanying an insured child	0.25% of base Sum Insured; maximum Rs. 2000 per day				
Second Opinion	Covered				
Maternity Cover	Rs. 50,000 (Rs. 60,000 for birth of girl child)	Rs. 1,00,000 (Rs.1,20,000 for birth of girl child)	Rs. 1,00,000 (Rs.1,20,000 for birth of girl child)	Rs. 1,00,000 (Rs.1,20,000 for birth of girl child)	Rs. 1,00,000 (Rs.1,20,000 for birth of girl child)
Delivery Complications Cover	Up to Rs. 10000	Up to Rs. 25000	Up to Rs. 25000	Up to Rs. 25000	Up to Rs. 25000
First year Vaccinations (The limit is a lifetime limit and not a policy limit which will be applicable for each child.)	Upto Rs. 10000 (Rs.15000 for girl child)				
Prolonged Hospitalization Benefit	1% of Sum Insured				
High End Diagnostics	Upto Rs.25,000 per policy year	Upto Rs.50,000 per policy year	Upto Rs.50,000 per policy year	Upto Rs.50,000 per policy year	Upto Rs.50,000 per policy year
OPD Treatment (The limit is per policy year)	Upto Rs.5,000	Upto Rs.7500	Upto Rs.10,000	Upto Rs.15,000	Upto Rs.20,000
OPD Treatment - Dental	Upto Rs. 10,000	Upto Rs.12,500	Upto Rs.15,000	Upto Rs.20,000	Upto Rs.25,000
Emergency Air Ambulance Cover	Upto Rs. 5,00,000	Up to Rs. 500,000 for out of Network; Upto Sum Insured within our Network	Up to Rs. 500,000 for out of Network; Upto Sum Insured within our Network	Up to Rs. 500,000 for out of Network; Upto Sum Insured within our Network	Up to Rs. 500,000 for out of Network; Upto Sum Insured within our Network
Accidental Death Benefit	100% of base Sum Insured	Rs. 50,00,000	Rs. 50,00,000	Rs. 50,00,000	Rs. 50,00,000
Home care treatment cover	-	Upto Sum Insured for a) Dialysis at home b) Chemotherapy at home	Upto Sum Insured for a) Dialysis at home b)	Upto Sum Insured for a) Dialysis at home	Upto Sum Insured for a) Dialysis at home b)

		c) Up to 25% of Sum Insured for Pandemic Care at home, max up to 15 days in a policy year	Chemotherapy at home c) Up to 25% of Sum Insured for Pandemic Care at home, max up to 15 days in a policy year	b) Chemotherapy at home c) Up to 25% of Sum Insured for Pandemic Care at home, max up to 15 days in a policy year	Chemotherapy at home c) Up to 25% of Sum Insured for Pandemic Care at home, max up to 15 days in a policy year
Cumulative Bonus/ No Claim Discount	- 50% increase in cumulative bonus for every claim free year. In the case a claim is made during the policy year, the cumulative bonus would reduce by 50% in the following year. Cumulative Bonus shall be provided only if No Claim Discount has not been availed for the claim free previous Policy Year. - Alternately, No Claim Discount in premium can be opted, in which case policy will not be entitled for Cumulative Bonus.				
Wellness Services	i. Unlimited Teleconsultation General ii. Unlimited Teleconsultation – Specialist iii. Health Condition Management a. Diet & Weight Management Program b. Stress Management Program iv Redeemable voucher/Discount on services v Ambulance Booking facility vi Emergency Help me feature				
Wellness Program	Available				