

Prospectus

1. Suitability:

- This Policy can be issued to an individual and/or family. However, in case of family, the coverage shall be available on individual basis only.
- All the other eligibility conditions, entry age limits, relationships covered under this Rider will be applicable as per the base Policy.
- Minimum one benefit from the Rider has to be opted by the Policyholder.

2. Rider Conditions:

- Rider can only be opted along with the base Policy and cannot be opted in isolation or as a separate product.
- The Riders are provided in lieu of additional premium and subject to the terms, conditions and exclusions as stated in the Rider Wordings in addition to the base Policy terms, conditions and Exclusions.
- These Rider(s), if selected, shall be mentioned in the Policy Schedule and will be available up to the limit specified therein, for female Insured Person(s) covered under the underlying base Policy, unless stated otherwise.
- Terms and conditions of the Riders are to be read in conjunction with the terms and conditions of the base Policy.
- The continuance of risk cover under the base Policy is necessary precondition for continuance of cover under Riders.
- The scope of coverage under these Riders are restricted to the geography of India.
- Admission of liability under any cover in this Rider shall not have any bearing on admissibility of a claim under the base Policy on any ground including non-disclosure of material fact or pre-existing disease.
- Coverage under this Rider shall be availed during the Policy Period only.
- Benefits under this Rider have separate limits (Over and above the base Sum Insured), as specified in the Policy Schedule, and does not affect Cumulative Bonus in the base Policy, if applicable.

3. Benefit:

R1.She Care+:

In consideration of additional premium paid and notwithstanding the exclusion mentioned under base Policy with respect to Sterility and Infertility (Code-Excl 17) and Maternity (Code-Excl 18), We/Our empanelled service provider will arrange for the below mentioned consultations at Your request, at our empanelled service provider in India.

- a) Gynaecologist Consultation
- b) Premenstrual Syndrome (PMS) Counseling
- c) Menarche Counseling





- d) Menopause Counseling
- e) Infertility Counseling
- f) Dermatologist Consultation

These consultations will be provided through various specified modes of communications (including but not limited to) like In-person, audio, video, online portal, chat, digital customer application or any other digital mode.

R2. Polycystic Ovarian Cover:

In consideration of additional premium paid and notwithstanding the exclusion mentioned under base Policy with respect to Specified Disease/Procedure Waiting Period (Code-Excl 02), We/Our empanelled Service Provider will:

- i. Arrange for the below mentioned covers in India:
 - a. In person consultation with a Medical Practitioner for Polycystic ovarian disease/syndrome.
 - b. Following diagnostic tests as prescribed by the treating Medical Practitioner:
 - i. Prolactin, Serum
 - ii. Testosterone
 - iii. Thyroid Function Test
 - iv. HbA1c
 - v. CBC ESR
 - vi. Luteinizing Hormone (LH)
 - vii. Follicular Stimulating Hormone (FSH)
 - viii.LH: FSH Ratio
- ii. Cover the Reasonable and Customary Charges towards the treatment of Polycystic ovarian disease/syndrome, as prescribed by the treating Medical practitioner.

R3. Women+ Screening & Vaccination Cover:

In consideration of additional premium paid and notwithstanding the exclusion mentioned under base Policy with respect to all preventive care including Health Check-Ups, vaccination including inoculation and immunizations, We/Our empanelled Service Provider will:

- i. Arrange for the below mentioned cancer screening in India, at Your request:
 - a) Breast cancer Screening Mammography
 - b) Ovarian Cancer Screening Ultrasound and CA 125
 - c) Cervical Cancer Screening Pap Smear





ii. Cover the Reasonable and Customary Charges for the Cervical Cancer Vaccination including the cost of vaccine, provided the vaccination is availed at our network of empanelled service provider. However, the expenses related to the doctor, nurse or any other incidental expenses shall not be payable if the cancer vaccination has been availed.

R4. Maternity Protect:

In consideration of additional premium paid, this benefit shall offer below covers:

a) Infertility Treatment:

Notwithstanding the exclusion mentioned under base Policy with respect to Sterility and Infertility (Code – Excl 17), We will cover the Reasonable and Customary Charges for the cost of the following Treatment(s), if the Insured Person(s) is medically prescribed by the treating Medical Practitioner to procure the same for the treatment of infertility:

- Intrauterine Insemination (IUI)
- In-Vitro Fertilization (IVF)
- Embryo Transfer

The benefit is payable only for one such treatment cycle for each female Insured Person(s) per Policy Year.

b) Sterilization Treatments:

Notwithstanding the Exclusion mentioned under base Policy with respect to Sterility and Infertility (Code-Excl 17), We will cover the Reasonable and Customary Charges for Medical Expenses towards the voluntary sterilization of a female adult Insured Person(s) after a waiting period of two continuous years with us under this cover.

For availing this benefit, the Female Insured must be a married person and her age should be 22 years or above during the treatment.

The treatment is covered once in the lifetime of the Insured Person under this cover. We shall not pay for the expenses incurred towards reversal treatments of such sterilization, under this cover.

c) Ante-Natal & Post-Natal Care:

Notwithstanding the exclusion mentioned under base Policy with respect to Maternity (Code-Excl 18), We will arrange for the following Ante-Natal & Post-Natal Check-Ups, on an outpatient basis. Ante-Natal consultation shall be covered since the date of confirmation of pregnancy and Post-Natal consultation shall be covered for a period up to six weeks post delivery.

- i. Ante-Natal check up shall include:
 - 1. 5 In person consultations with gynaecologist
 - 2. One Ultrasound
 - 3. Evaluation of Hypertension



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- 4. One Blood Test
 - a. Blood Group Antibodies
 - b. HIV, Syphilis, Rubella, Hepatitis
 - c. Rhesus Negative Status
 - d. Anaemia
 - e. Vitamin D
 - f. HbA1c
- 5. Urine Culture
- ii. Post-Natal Checkup shall include:
 - 1. Five In person consultations with gynaecologist
 - 2. Lactation Consultation
 - 3. Up to two in person consultation for post-partum depression with psychiatrist

d) Maternity Buddy Program:

We/Our empanelled Service Provider will arrange for Health Care Professional who will advise and conduct sessions on matters related to pregnancy and child birth for the Insured Person provided you are covered for Maternity benefit under the base Policy.

This program will be provided through various specified modes of communications (including but not limited to) like audio, video, online portal, chat, digital customer application or any other digital mode.

e) Home Assessment and Modification for Baby Care/Infant Care:

We/Our empanelled service provider will arrange for a home assessment to evaluate and recommend the modifications required in home to suit the safety and mobility needs for an infant.

In addition, We will pay a fixed amount as mentioned in the Policy Schedule to undertake home alteration, if recommended by the home assessor arranged by Us. Coverage under this Rider is available subject to request for assessment received within 24 months post-delivery. However, under this benefit claim will be paid only once in the policy lifetime for similar type of modification recommended by our assessor.

This benefit becomes payable only if a claim is admissible under Maternity Cover under the base Policy.



R5. Personalized Health Care Manager:

In consideration of additional premium paid, We/Our empanelled service provider will offer telephonic assistance of a personalized health care manager, who will assist in booking appointments of the Insured Person and coordinating with providers for below listed services in India, as per Insured Person's requirement.

Personalized Health Care Manager shall only be responsible for booking and coordination on call, whereas, booking fees, cost of items or service charges, if any, shall be borne by the Insured Person. Coverage under this benefit will be subject to below conditions:

- i. Services of Personalized Health Care Manager will be available only during the Post Hospitalization period after a claim.
- ii. A Hospitalization claim under the base Policy is admissible by Us for medically necessary surgery under In-Patient Treatment and Day Care Treatments/Procedures cover of the base Policy.

Personalized Health Manager will help in arranging and coordinating below services:

- Assistance on availing consultations, booking screening test etc.
- Appointment at Hospital / Diagnostic Center
- Claim Assistance
- Ambulance Booking
- Vaccination Appointment
- Availing any Home Care Services

R6. Loss of Pay - Bereavement:

In consideration of additional premium paid and in case of death of an immediate family member (spouse/ child/ parent, covered under the base Policy), due to an accident or illness, requires leave by one of the Insured Persons from work which results in Leave Without Pay (LWP), We will pay a daily cash benefit towards loss of pay as specified in the Policy Schedule. The claim under this cover is payable subject to the following condition:

- 1. Bereavement leave is availed within first thirty days from the death of the immediate family member (spouse/child/parent);
- 2. The Insured Person has suffered loss of pay for the bereavement leave availed;
- 3. Daily cash under this cover is payable only within first thirty days from the death of the immediate family member (spouse/child/parent) and for a maximum of up to thirty days.

4. Premium Rates:

Refer Rate Table





5. Terms and Conditions:

All the general terms and conditions, waiting periods, exclusions and claim procedure shall be applicable as per the base Policy.

Benefit Table:

Sr.	Benefit Name	Sub Benefit Name	Base Sum Insured		
No.			<₹20 Lakhs	₹20 Lakhs - up to ₹50 Lakhs	>₹50 Lakhs
1	She Care+ (Number of Consultation)	-	Up to 10	Up to 15	Up to 20
2	Polycystic Ovarian Cover	Cost for Listed Diagnostic Tests (In ₹)	Up to ₹2,500	Up to ₹3,000	Up to ₹3,500
		Treatment Cost for Polycystic Ovarian Disease/Syndrome (In ₹)	Up to ₹5,000	Up to ₹8,000	Up to ₹10,000
3	Women+ Screening & Vaccination Cover	Cancer Screening	Annually		Bi-Annually
		Cervical Cancer Vaccination Cost (In ₹)	Up to ₹5,000		
4	Maternity Protect	Infertility Treatment	Up to ₹1,00,000		Up to ₹3,00,000
		Sterilization Treatments	Up to ₹25,000		
		Ante-Natal Care & Post-Natal Care	Up to ₹3,000	Up to ₹5,000	Up to ₹10,000
		Maternity Buddy Program	Available		
		Home Assessment and Modification for Baby Care/Infant Care	Up to ₹5,000	Up to ₹8,000	Up to ₹10,000
5	Personalized Health Care Manager	-	Available		
6	Loss of Pay - Bereavement	Daily Pay on death of an immediate family member, maximum up to 30 days	₹800		

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