

Policy Wordings

Section 1: Preamble

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 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 all Insured Person(s) covered under the underlying base Policy, unless stated otherwise.

The Riders shall offer coverage subject to below conditions:

- 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 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 only be offered if prescribed by the treating Medical Practitioner except for doctor consultations.
- Coverage/Services under this Rider can be availed only during the Policy Period, subject to the condition that the insured person contracts any disease or suffers from any illness or sustains bodily injury through accident, within the Policy Period.
- 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.

Section 2: General Definitions

All Standard and Specific Definitions as defined in the respective base Policy shall also apply for Riders, wherever applicable.

Additional Specific Definitions:

1. Health Care Professional:

A Health Care Professional is a person who holds a valid qualification from regulatory body as set up by the Government of India or a State Government or any other relevant authority and is engaged in actions with an objective of maintaining and improving individual's good health.

2. Service Provider:

Service Provider means the providers empanelled and engaged by Us for arranging/providing services under Riders mentioned in the base Policy Schedule.

Section 3: Rider Benefit

R1. Out-patient Treatment and Consultation:

In consideration of additional premium paid, We will cover the Reasonable and Customary Charges for in-person consultations and diagnostic tests subject to below conditions:

- i. The Insured Person is suffering from any illness or injury and is not availing the services for preventive consultations;
- ii. Diagnostic test is prescribed by the treating Medical Practitioner.

R2. Out-patient Treatment - Dental:

In consideration of additional premium paid, We will cover:

- I. Reasonable and Customary Charges for expenses related to in-person consultations with Dental Specialist on an Out-patient basis.
- II. Reasonable and Customary Charges for expenses related to following dental treatments/procedures as prescribed by the treating Medical Practitioner and availed by the Insured Person, subject to limits and waiting period as specified in the Policy Schedule.
 - i. Root Canal Treatment (Single or multiple sittings)
 - ii. Tooth Extraction(s)
 - iii. Restoration/Filling
 - iv. All Forms of Dental X-ray
 - v. Crown
 - vi. Pulpectomy
 - vii. Therapeutic Pulpotomy

In view of this coverage getting extended, dental exclusion (Dental treatment or surgery of any kind) of the base Policy will not be applicable for this particular Rider.

In case of Accidental Damage to natural teeth following the accident, the claim under this Rider will be admissible only if the treatment for the same shall be taken immediately within thirty (30) days following damage.

The claim under this Rider shall not be payable:

- If the damage was caused as a result of consumption of pan masala, gutka, tambaku, alcohol, or any substance use/abuse;
- Towards scaling/polishing, bleaching, cap of teeth, braces, aligner, tooth replacement or any other cosmetic or aesthetic treatment.

R3. OPD - Vision Care:

In consideration of additional premium paid, We will cover:

- i. Reasonable and Customary Charges for expenses related to in person consultations with Ophthalmologist on an Out-patient basis, including Medically necessary procedures and Medically Prescribed diagnostic tests associated to eye/vision, subject to limits and waiting period as specified in the Policy Schedule.

- ii. Reasonable and Customary Charges for corrective spectacle lenses as prescribed by the Ophthalmologist or Optometrist once after every block of two continuous Policy Year with Us under this Rider, irrespective of claim in the base Policy.

This cover excludes cost of tinted / reactive lenses, sunglasses, non-corrective contact lenses, and/or similar expenses, whether medically prescribed or not, under this cover.

R4. OPD - Pharmacy:

In consideration of additional premium paid, We will cover the Reasonable and Customary Charges for expenses related to purchase of medicines, drugs and medical consumables, as prescribed by the treating Medical Practitioner under the following cover(s) and availed by the Insured Person on an Out-patient basis.

- i. Out-patient Treatment and Consultation
- ii. Out-patient Treatment - Dental
- iii. OPD - Vision Care
- iv. Teleconsultation - General
- v. Teleconsultation - Specialty

Under this cover, amount for below listed products shall be restricted to 50% of the OPD Pharmacy Sum Insured, as specified in the Policy Schedule:

- Health supplements,
- Nutraceuticals,
- Foods for special dietary use/special medical purpose/ with added probiotics and/or foods with added prebiotics,
- Vaccinations,
- Vitamins, tonics or other related products.

For the purpose of this Benefit, the exclusion mentioned under Code-Excl 14 (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) shall not be applicable.

R5. High End Diagnostics Rider:

In consideration of additional premium paid, We will cover for the Reasonable and Customary Charges incurred for the following diagnostic tests only on OPD basis if required as part of a medically necessary treatment subject to the limits as specified in the Policy Schedule:

- I. Brain Perfusion Imaging
- II. Computed Tomography (CT) Guided Biopsy
- III. Computed Tomography (CT) Urography
- IV. Digital Subtraction Angiography (DSA)
- V. Liver Biopsy
- VI. Magnetic Resonance Cholangiography Scan

VII. Positron Emission Tomography Computed Tomography (PET CT)

VIII. Positron Emission Tomography Magnetic Resonance Imaging (PET MRI)

IX. Renogram

R6. OPD Physiotherapy:

In consideration of additional premium paid, We/Our empanelled service provider will arrange for physiotherapy sessions from qualified Physiotherapist to treat illness/injury or deformity suffered by the Insured Person during the Policy Period, on an Out-patient basis, subject to the following conditions:

- Physiotherapy being advised in writing by the treating Medical Practitioner.
- The limit on physiotherapy sessions is applicable to each Insured Person, per Policy Year.

R7. Teleconsultation - General Rider:

In consideration of additional premium paid, We/Our empanelled service provider will arrange for teleconsultations upon Insured Person's request through telecommunications and digital communication technologies for Insured Person's health related complaints or preventive health care by a qualified Medical Practitioner/Health Care Professional, as per the limit specified in Your base Policy Schedule.

This service can only be availed subject to condition below:

Consultation will be provided through various specified modes of communication like audio, video, online portal, chat, digital customer application or any other digital mode.

R8. Teleconsultation - Specialty Rider:

In consideration of additional premium paid, We/Our empanelled service provider will arrange for teleconsultations upon Insured Person's request through telecommunications and digital communication technologies for Insured Person's health related complaints or preventive health care by a qualified & specialist Medical Practitioner/Health Care Professional, as per the limit/speciality specified in your Policy Schedule.

This service can only be availed subject to conditions below:

Consultation, will be provided through various specified modes of communication like audio, video, online portal, chat, digital customer application or any other digital mode.

R9. Medical Devices Cover Rider:

In consideration of additional premium paid, We will cover reasonable and customary expenses incurred by the Insured Person towards renting or purchase of below mentioned medical devices during the Policy Year only if the same is prescribed by the treating Medical Practitioner under OPD Consultation, where OPD Consultation is admissible under the Out-patient treatment Rider.

List of medical devices:

- i. Wheel Chair

- ii. Air Mattress
- iii. Walker
- iv. Belts
- v. Collar
- vi. Caps
- vii. Splints
- viii. Braces
- ix. Stockings
- x. Crutches
- xi. Commode Chair
- xii. Walking Stick

The benefit to the extent covered here shall supersede the exclusion for external appliance and/or device ("Any external appliance and/or device used for diagnosis or treatment except when used intra-operatively") mentioned in the base Policy.

Disclaimers:

- 1) Any service under this Rider will only be provided on the request of the insured person through our empanelled service providers on cashless basis only.
- 2) Availing the services under this Rider is upon the Insured Person's sole discretion and risk.
- 3) For services that are provided through empanelled Service Providers, we are acting as a facilitator; hence would not be liable for any incremental costs or the services. Any additional services availed, or expenses incurred on such services or benefits which are other than those covered under this policy and explicitly excluded by this Policy, shall not be covered under this Policy and all expenses incurred shall be borne by the Insured Person.
- 4) We shall not be responsible for or liable for, any action, claim, demand, loss, damage, cost, charges and expenses which Insured Person claims to have suffered, sustained or incurred, by way of and/or on account of the benefit. We shall not be liable for any deficiency or discrepancy in the services provided by empanelled service provider/network provider under this Policy.
- 5) Insured Person may consult any medical/service professional at any network provider/empanelled service provider at his/her sole discretion. The cost of service arising out of insured Person choice of medical professional at any network provider/empanelled service provider shall be completely borne by the Insured Person unless covered otherwise. However, the services under this Policy should not be construed to constitute medical advice and/or substitute the Insured Person's visit/consultation to an independent Medical Practitioner/Healthcare professional.
- 6) The Medical/service Practitioner may suggest/recommend/prescribe over the counter medications based on the information provided, if required on a case-to-case basis. Provided that any recommendation under this Policy shall not be valid for any medico legal purposes.
- 7) The Insured Person is free to choose whether or not to act on the recommendation after seeking consultation.

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- 8) Any advice, recommendation or suggestion made by any medical/service professional shall be solely based on the information and documentation provided by the Insured Person to such medical/service professional. We shall not be liable towards any loss or damage (immediate or consequential) arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the medical/service professional from whom we have availed services or taken benefit or for any consequence of any act or omission in reliance thereon.
- 9) Above mentioned services are non-portable, annual contracts, independent of policy contract and not lifelong renewable. The services provided may be added / deleted / modified at our discretion.
- 10) Provision of these services is subject to availability as per the duration specified by Us/the empanelled service provider. Details are available on our website (www.tataaig.com).
- 11) We reserve the right to change any service provider during the currency of the Policy or at renewal. The same shall be intimated to the Insured Person atleast 15 days prior to the effective date of change. During such change, all the credits earned by the insured Person shall be transferred to the new service provider.
- 12) In case We or the Assistance/Empanelled Service Provider fails to provide any of the services as mentioned in this Policy or is unable to implement, in whole or in part due to Force Majeure, non-availability of Services, change in law, rule or regulations which affects the Services, or if any regulatory or governmental agency having jurisdiction over a party takes a position which affects the services, then the Assistance Services' suspended, curtailed or limited performance shall not constitute Breach of Contract and the Company or the Assistance/Empanelled Service Provider shall have no liability whatsoever including but not limited to any loss or damage resulting therefrom.
- 13) We shall not accept any liability towards quality of the services made available by Service Provider. The Service Provider is responsible for providing the availed services and We are not liable for any defects or deficiencies on the part of the Service Provider.
- 14) The above-mentioned assistance services are purely on referral or arrangement basis, We/Our empanelled service provider shall not be responsible for any third-party expenses incurred and it shall be the responsibility of the Insured Person.

Section 4 – 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.

i. Standard Exclusions:

1. Exclusions with Waiting Periods:

i. 30 Days Waiting Period (Code-Excl 03):

- 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. Pre-Existing Diseases Waiting Period (Code-Excl 01):

- a. Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of months of continuous coverage as mentioned in the Policy Schedule after the date of inception of the first Policy with us.
- b. In case of enhancement of Sum Insured/change of plan/ 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 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 months as mentioned in the Policy Schedule for any Pre-Existing Disease is subject to the same being declared at the time of application and accepted by us.

2. Medical Exclusions:

i. 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.

ii. Cosmetic or Plastic Surgery (Code-Excl 08):

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 Person. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

- iii. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof **(Code-Excl 12)**.
- iv. Treatments received in health 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-Excl 13)**.
- v. 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-Excl 14)**.

vi. Unproven Treatments (Code-Excl 16):

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.

vii. Sterility and Infertility (Code-Excl 17):

Expenses related to Sterility and Infertility. 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

viii. Maternity (Code-Excl 18):

1. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy;
2. Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Policy Period.

3. Non-Medical Exclusions:

i. Hazardous or Adventure Sports (Code-Excl 09):

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.

ii. Breach of Law (Code-Excl 10):

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

ii. Specific Exclusions (Exclusions other than as those mentioned under Section 4 (i) subsection 1, 2 & 3 above):

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.

1. Medical Exclusions:

- i. Alcoholic pancreatitis or alcoholic liver disease;

- ii. Congenital External Diseases, defects or anomalies;
- iii. Venereal disease, sexually transmitted disease or Illness;
- iv. Any existing disease specifically mentioned as Permanent exclusion in the Policy Schedule.
- v. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
- vi. Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or treatment related to any unrecognized systems of medicine.
- vii. Expenses related to rest cure, rehabilitation and respice care:
 - a. Expenses incurred primarily towards 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.

2. 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. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
 - Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
 - Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

- iii. Any Insured Person's participation or involvement in naval, military or air force operation.
- iv. Intentional self-Injury or attempted suicide while sane or insane.
- v. Charges for, cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service.
- vi. Doctor's/Physiotherapist'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.
- vii. Any treatment and associated expenses for alopecia, baldness, wigs or toupees, medical supplies including diabetic test strips and similar products.
- viii. Any treatment or part of a treatment that does not form part of 'Reasonable and Customary Charges', nor is medically necessary.
- ix. Expenses which are either not supported by a prescription of a Medical Practitioner or are not related to Illness/injury or disease.
- x. Any external appliance and/or device used for diagnosis or treatment except when used intra-operatively.
- xi. 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.
- xii. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, remodeling clinic or similar institutions.

Section 5: Process for Availing the Benefits

Step 1: Register Yourself on Customer Application

Please download TATA AIG customer application on your device and complete registration process by providing Policy and Insured Person's details.

Link to download TATA AIG Customer Application:

For Android: <https://play.google.com/store/apps/details?id=com.tataaig.android>

For iOS: <https://apps.apple.com/in/app/tata-aig-insurance/id1586595850>

Step 2: Select the Service Required

Please select the desired service from the list of services available on the Home Page of the application.

Step 3: Please provide the required information and follow the prescribed process for availing the services.

Disclaimer: Insurance is the subject matter of solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please refer sales brochure/policy wordings on www.tataaig.com carefully, before concluding a sale. The trade logo displayed above belongs to Tata Sons Private Limited and AIG and is used by TATA AIG General Insurance Company Limited under License.

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