A safer tomorrow starts today. So be future ready!



with

TATA AIG

CRITI MediCare

Get covered for up to 100 Critical Illnesses.

















TATA AIG INSURANCE

WITH YOU ALWAYS

Health problems can often come in the way of a future you've been waiting for. The strain on relationships and finances becomes severe when a Critical Illness has been diagnosed. We understand that in such times, it's important to have a support that puts your health first.

With TATA AIG Criti-medicare, our aim is to provide support to you and your family. With coverage for up to 100 Critical Illnesses, this comprehensive plan seeks to make your journey to recovery seamless and worry-free.

With us, take a step towards securing your and your family's tomorrow.

This Product offers flexibility in choosing the benefits and has 3 Base Benefit Sections and 1 Optional benefit as:

Section A: Critical Illness,

Section B: Cancer 360 Degree Indemnity Cover

Section C: Hospital Cash and

Section D: Wellsurance Benefit (Optional).

Minimum one Section from the Base Benefit Sections has to be opted and all proposed members will have same plan.

Key features | Critical Illness

Section A

Plan	Smart Century Premier Plan	Smart Half Century Plan
No. of Critical Illness	100	50
Critical Illness	Pays a lump sum amount as mentioned in Policy Schedule if the Insured Person is diagnosed to be suffering from listed Critical Illness.	
Health Check-up	Covers expenses for a Preventive Health Check-up up to 1% of previous year Policy Sum Insured, maximum up to ₹10,000/- per Insured Person once in a year if no claim has been reported in the previous three consecutive Policy Years with Us. This Benefit is payable over and above the Sum Insured.	
Smart Cancer Care	Provides specified percentage of Sum Insured if the Insured Person is diagnosed to be suffering from Cancer of the nature as specified and survives the duration as mentioned in the Policy Schedule. This benefit is over and above Critical Illness Sum Insured. • Staggered payment based on Cancer staging I. Early Stage: 20% of Sum Insured II. Major Stage: 30% of Sum Insured III. Advanced Stage: 50% of Sum Insured	
Second Medical Opinion	Provides you a second medical opinion once in a Policy Year, from Network Provider or Medical Practitioner, if an Insured Person is diagnosed with the covered Critical Illness during the Policy Period.	
Waiver of Premium	Waiver of 70% of payable renewal premium for next three Policy Years in case first claim has been admitted by the company	Not Applicable
Multipay Feature	Maximum up to 3 Claims once each under Category A/B/C payable during the lifetime of the Policy.	
Survival Period	Option to choose Survival Period from 0/7/15 Days.	

T&C apply

For list of covered Critical Illness & further details, please refer to our policy wordings.

Cancer 360 Degree - Indemnity Cover

Section B

In-patient Treatment	Covers Medical Expenses up to the Sum Insured for Treatment of Cancer (including In-situ Cancer or any pre-cancerous lesions).
Day Care Treatment	Covers Medical expenses for Day Care Treatments up to the Sum Insured which an Insured Person undergoes due to Cancer (including In-situ Cancer or any pre-cancerous lesions).
Home Care (Cancer)	Covers Medical expenses for Home Care Treatment for cancer up to the Sum Insured for the Insured Person's Medically necessary Treatment at his/her home
Chemotherapy and Radiotherapy Cover	Covers Medical Expenses up to the Sum Insured for availing Chemotherapy (including Oral Chemotherapy) and Radiotherapy treatment, provided that the Medical Expenses are related to Cancer.
Advanced Treatment for Cancer	Covers Medical Expenses incurred for availing Advanced Treatments for Cancer up to the Sum Insured.
High-end Diagnostics	Covers the Insured Person for the listed diagnostic tests on OPD basis if required as part of a medically necessary treatment subject to ₹25,000 per Policy Year.
Psychiatric Counselling	Covers expenses incurred for a consultation with a psychologist up to an amount of ₹2,000 per session if the same is availed by the Insured Person for dealing with emotional/mental trauma after being diagnosed with Cancer. Maximum 8 sessions can be availed under this benefit.
Global Cover	Covers Medical Expenses related to In-patient & Day Care Hospitalization only on reimbursement basis of the Insured Person incurred outside India, provided that the diagnosis was made in India.
Other Benefits	**1.** Pre-hospitalization Expenses **2.** Post-hospitalization Expenses **3.** Organ Donor Expenses **4.** OPD Cover (Outpatient) **5.** Hotel Accommodation **6.** Transportation Expenses **7.** Ambulance Cover **8.** Palliative Care for Cancer **9.** Health Check-up **10.** Second Medical Opinion **11.** Consumable Benefits

Hospital Cash

Section C

In-patient Hospital Cash	Covers Fixed Daily Cash Benefit for each continuous and completed 24 hours of hospitalization for medically necessary treatment of the Insured Person.
Prolonged Hospital Cash Benefit	Covers a fixed amount of ₹10,000 in the event of Insured Person's hospitalization for an illness/injury exceeds continuous period of 10 days.
ICU Cash Benefit	Provides twice the In-patient Hospital Cash Benefit for the duration of stay in Intensive Care Unit (ICU) for each continuous and completed 24 Hours of Hospitalization for medically necessary treatment.

Accidental Hospitalization Cash Benefit	Provides twice the In-patient Hospital Cash Benefit for each continuous and completed 24 Hours of Hospitalization in case Insured Person's Hospitalization is due to an accidental injury.
Accidental Hospitalization ICU Cash Benefit	Provides twice the ICU Cash Benefit for the duration of stay in Intensive Care Unit (ICU) for each continuous and completed 24 Hours of Hospitalization in case Insured Person's Hospitalization is due to an accidental injury.

Wellsurance Benefit (Optional)

Section D

Benefits/Plan	Classic	Supreme	Elite
i. Minor Surgeries	Pays lump sum benefit, in the event of an Insured Person undergoing any Medically necessary Covered Minor Surgery which is not due to any Pre-existing Condition.		
a. Appendectomy/Removal of Kidney stones/Haemorrhoids	₹10,000	₹10,000	₹15,000
b. Cholecysectomy/ Removal of Gall bladder Stones/ Hernia/ Biopsy or growth	₹15,000	₹20,000	₹20,000
ii. Major Surgeries	Pays lump sum benefit, in the event of an Insured Person undergoing any Medically necessary Covered Major Surgery which is not due to any Pre-existing Condition.		
a. Post-traumatic Surgery	₹50,000	₹75,000	₹1,00,000
b. Knee Replacement/Knee Ligament Surgery	₹75,000	₹1,25,000	₹1,50,000
c. Hip Replacement	₹75,000	₹1,00,000	₹1,50,000
d. Cosmetic Reconstructive Surgery (in case of Accidents)	₹50,000	₹1,00,000	₹2,00,000
iii. Post-operative Expenses (Physiotherapy)	Pays lump sum amount for Physiotherapy for any covered Major or Minor Surgery as mentioned above post discharge from Hospital.		
	₹3,500	₹5,000	₹7,000
iv. Ambulance Service	Pays lump sum amount towards road Ambulance while admitting and/or while discharging from the Hospital		
	₹2,000	₹2,000	₹2,000

Personal Accident

Section E

Section E: Personal Accident (only applicable for Section A: Critical Illness)

Provides ₹3 Lakh of Sum Insured, if the Insured Person suffers an injury due to an accident during the Policy Year/Policy Period which is the sole and direct cause of death of Insured Person within 12 months from the date of Accident.

This benefit is applicable if no claim is reported in the expiring Policy Year under Section A: Critical Illness (Section A1 or A5)

SUM INSURED OPTIONS

Critical Illness	₹5 Lakh - ₹2 Cr. (in multiples of ₹5 Lakh) in each category (Category A/B/C). Plans options available are Smart Century Premier (100 Critical Illnesses) and Smart Half Century (50 Critical Illnesses).
Cancer 360 Degree (Indemnity Cover)	₹5 Lakh to ₹2 Cr. in multiples of ₹5 Lakh.
Hospital Cash	₹500 per day to ₹20,000 per day (in multiple of 500's); Maximum Payable days in a Policy Year: 30 days/60 days/180 days.

Note: Sum Insured is on individual basis, separately covered under the same Policy (applicable to each Insured Person)

Premium Calculation

Illustration 1:

Cover: Critical Illness - Smart Half Century Plan (with Health Check-up & PA cover of 3 Lakh); Survival Period of 15 days

Age	Sum Insured	CI - Smart Half Century Plan	Health Check-up	PA Cover	Cancer 360 Degree-Indemnity Cover	Hospital Cash	Wellsurance Benefit	Gross Premium
35 Years	₹5,00,000	₹1,755	₹134	₹76.2	NA	NA	NA	₹1,965.2

₹5,00,000 (Sum Insured) x 3.51/1,000 (Per Millie Rate)

Illustration 2:

Cover: Critical Illness- Smart Half Century Plan (with Health Check-up & PA cover of 3 Lakh; Survival Period of 15 days + Cancer 360 Degree-Indemnity Cover + Hospital Cash (₹500 per for 30 Days) + Wellsurance Benefit (Classic)

Age	Sum Insured	CI - Smart Half Century Plan	Health Check-up	PA Cover	Cancer 360 Degree-Indemnity Cover	Hospital Cash	Wellsurance Benefit	Gross Premium
35 Years	₹5,00,000	₹1,755	₹134	₹76.2	₹642	₹370.17	₹363	₹3,340.37

After Multi-cover discount of 2.5%; Premium = ₹3, 257

DISCOUNT ON PREMIUM

- 10% long term discount on premium in case insured opts Policy term of 3 Years
- 5% long term discount on premium in case insured opts Policy term of 2 Years
- **Multi-individual discount:** 7.5% where > 2 individuals covered in a single Policy
- **E-policy discount:** 2.5%
- **Multi cover discount:** 2.5% in case more than 1 sections are opted under the Policy
- **TATA AIG customer discount:** 2.5% in case customer holders any other TATA AIG Policy (active)

LOADING

- Insured has an option to choose Survival Period for 0/7/15 days (only applicable for Section A: Critical Illness cover). Survival Period loading applicable for 7 days is 5% and for 0 days is 7.5% on the Critical Illness premium.

TELE MEDICAL EXAMINATION

Pre-Policy Tele MER Grid:

A. Critical Illness

Age	Up to ₹25 Lakh	> ₹25 Lakh
<= 45 Years	NA	Tele MER
>46 Years	PPC	PPC

B. Cancer 360 Degree – Indemnity Cover

Age	All Sum Insured Options
<= 45 Years	NA
>46 Years	Tele MER

C. Hospital Cash

Age	All Sum Insured Options
Up to 65 Years	NA

100% of TeleMER cost would be borne by the Company, in case of proposal acceptance.
At least 50% of Pre-policy medical check-up cost would be borne by the Company in case where proposal is accepted.
In case of adverse medical declaration, we may call for TeleMER/additional medical tests In case insured person opts for multiple sections, then highest of PPC/TeleMER shall be applicable.

GENERAL EXCLUSIONS

A. Medical Exclusions:

1. Treatment for Alcoholism, Drug or Substance Abuse
2. Obesity and Weight control
3. Investigation and Evaluation

B. Non-medical Exclusions:

1. Any Insured Person attempting to commit a breach of law with criminal intent.
2. Intentional self-injury or attempted suicide while sane or insane.
3. Treatment rendered by a Medical Practitioner which is outside his discipline.

Please refer to Policy wordings for complete list of Benefits and Exclusions.

WAITING PERIOD

- Initial period of 90 days (applicable for Section A: Critical Illness and Section B: Cancer 360 Degree Indemnity Cover) and 30 days (applicable for Section C: Hospital Cash) from the first inception of the Policy (except accident).
- Any pre-existing condition will be covered after a waiting period of 36 months.
- Any listed illnesses/treatments will be covered after a Specified Disease waiting period of 24 months (Applicable only for Section C: Hospital Cash).

TAX BENEFIT

The premium amount paid under this Policy qualifies for deduction under Section 80D of Income Tax (Amendment) Act, 1986. This benefit is not applicable for premium paid in cash/or by demand draft. Tax benefits are subject to changes in Income Tax Law.

CLAIM PROCEDURE

Intimation & Assistance: Please contact Us atleast 48 hours prior to an event which might give rise to a claim. For any emergency situations, kindly contact Us within 24 hours of the event.

Claim Related Information: For any claim related query, intimation of claim and submission of claim related documents, You can contact Us through:

Name: TAGIC Health Claims

Email: General.Claims@tataaig.com

24*7 Customer Support No: 022 6489 8282/1800 267 1955 (For Senior Citizens)

Website: www.tataaig.com

Submit claim: A&H Claims Department

TATA AIG General Insurance Co. Ltd. 7th and 8th Floor, Romell Tech Park,

Cama Industrial Estate, Western Express Highway, Goregaon (E), Mumbai, Maharashtra 400063

For list of network hospitals, please visit website.

Cashless Service is applicable for Cancer 360 Degree - Indemnity Cover

TERMS AND CONDITIONS

- Entry age for all sections is as below:

Section	Section Name	Minimum entry age	Maximum entry age
A	Critical Illness	18 Years	65 Years
B	Cancer 360 Degree - Indemnity	91 Days	65 Years
C	Hospital Cash	91 Days	65 Years
D	Wellsurance Benefit	18 Years	65 Years

- Policy Tenure Options-1/2/3 Years
- Covers multi-individuals (Self, spouse, dependent children, parents, parents-in-law, grand children, brother, sister, brother-in-law/sister-in-law, nephew/niece.)
- Minimum one Section from the base benefit sections i.e. Section A, Section B or Section C has to be chosen by the Policyholder.
- Free-look cancellation of 30 days is available after the date of receipt of the Policy document to review the Policy terms and conditions. In case of any Policy related objections, you have the option to cancel the Policy and premium would be refunded as per the free-look cancellation clause mentioned in the Policy.
- We may apply risk loading (maximum individual loading up to 100% of premium per medical condition) based on individual's health status. Maximum overall Loading per person is capped at 150% for covers other than Critical Illness cover. For Critical Illness cover, the maximum over all loading is capped at 157.5%.
- There will be no premium refund in case of cancellation due to established fraud, misrepresentation or non-disclosure of material facts.
- The Policy is lifelong renewable upon timely payment of premium. Grace period of 30 days from the Policy expiry is available.

- Sum Insured can be enhanced only at the time of renewal subject to our underwriting guidelines.
- Any product revision/modification/future withdrawal will be intimated to you at least 3 months in advance. In case of withdrawal, you have an option to migrate to our similar health insurance product.
- The Policy is renewable except in case of established fraud or non-disclosure or misrepresentation by the Insured Person.

PROHIBITION OF REBATES

Section 41 of Insurance Act 1938 as amended by Insurance Laws (Amendment) Act, 2015

- 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 the 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 prospectuses or tables of the insurer.
- Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ₹10 Lakh.

GRIEVANCE REDRESSAL PROCEDURE:

As per regulation Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024

SECTION 64 VB OF THE INSURANCE ACT, 1938:

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

BE FUTURE READY

Disclaimer: Insurance is a subject matter of solicitation. For more details on benefits, exclusions, limitations, terms and conditions, please read policy wordings carefully available on our website www.tataaig.com before concluding a sale.

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TATA AIG GENERAL INSURANCE COMPANY LIMITED

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Website: www.tataaig.com | IRDA of India Registration No: 108 | CIN:U85110MH2000PLC128425
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