

## **FAQs: Tata AIG General Insurance**

Q1: What is 45 days cooling period for Restore benefit?

A: In case an insured person is hospitalized for the same disease/illness, restore will trigger after a waiting period of 45 days from the discharge date of the previous hospitalization.

Q2: If a person is diagnosed with a disease to be treated outside India and after reaching there, he is diagnosed 1st time with another disease there, what would be the coverage scenario?

A: The policy will only cover the disease diagnosed in India. Treatment can be availed globally for diagnosis done in India.

Q3: If a person goes outside India for treatment under this policy, will he be eligible to take our Travel policy?

A: He can take a travel policy subject to travel policy terms and conditions.

Q4: Is Air Ambulance cover applicable to be paid under the Global Cover section?

A: No, it's not applicable.

Q5: Is 2nd Opinion applicable in Global Cover Coverage?

A: No, it's not applicable. The second opinion is a separate cover.

Q6: Child Vaccination – In case Twins are born (One boy and one girl), do we give a maximum limit for both children and per child basis?

A: The maximum limit for both children is given.

Q7: Health Check-up – Is it per member basis or total amount for the whole family?

A: This is a policy level limit applicable to the whole family.

Q8: High-End Diagnostics – These tests are covered on a per-member basis in Family Floater?

A: This is a policy level limit applicable to the whole family.

Q9: Any limit for consumable expenses?

A: No, there is no limit for consumable expenses.

Q10: In-Patient treatment – Under Medicare Protect what does the higher category means?

A: Any category other than the shared room is considered a higher category.

Q11: For purpose of computation of Cumulative Bonus, the percentage (%) of Cumulative Bonus will be applied on the base Sum Insured only. Restored sum insured will not be taken into consideration.

A: Yes. Cumulative Bonus will be calculated on the base sum insured only.

Q12: Health Checkup - how will it be given to the Insured after the respective number of Claim free years - Coupon/they have to call Toll Free number?

A: The policy will reimburse for expenses up to the limit specified in the policy.

Q13: Can multiple immediate family members visit the insured at the hospital – for example, mother and son travel at a cost of Rs 6000 each for a total of Rs 12,000? How much is reimbursed? Rs 6,000 or Rs 12,000?

A: The policy reimburses expenses up to the limit specified in the policy. Any number of people can use the amount.

Q14: In event of a claim, does the Consumable Benefit get deleted fully, or will it go down by 1 slab? - if one person has a Consumable Benefit of 100% and he claims a very small amount, will his Consumable Benefit go down to 0% or will it go down to the slab below which is 50% (analogy: will it operate like our long term 2 wheeler policy NCB or will it operate like the 1-year policy period NCB?)

A: It will go down by one slab.

Q15: In event of a Discharge from the Hospital happening 20 days before the policy expiry period, and the same/related illness repeating during the renewal policy period within 15 days - will Restore Benefit be generated again or will 45-day condition for the Same/related illness apply?

A: The policy will get renewed and the claim will be payable from the renewed sum insured.

Q16: Daily Cash for Choosing Shared Accommodation & Daily Cash for Accompanying an Insured Child- In a family floater policy if the insured child gets admitted, will both the daily cash benefit will trigger?

A: Yes, it will trigger.

Q17: Second opinion- Can Insured avail his preferred consultation of Second Opinion (Even if from Abroad) and what is the capping for the same?

A: The company will arrange for a second opinion in any of the network hospitals.

Q18: In the Accidental Death Benefits section, will it also cover Total Disability or Dismemberment?

A: Only accidental death is covered.

Q19: Is it allowed to include members above age 45 years in the Family Floater plan?

A: No. As per the features of the Medicare plan, the maximum permitted entry age is 45 years. This is due to underwriting norms followed by the Insurance partner. No quotation will be available for a family floater or Self plans with one or more members having age or any other member of age above 45 years.

Q20: What is the minimum entry age for the insurance plan? Can a new-born child be included as a member in a family floater plan?

A: The minimum age of entry for a child in a family floater plan is 5 years. However, if both parents of the child are also included, a child of age between 91 days and up to 5 years can also be included as an insured.

As explained above, a new-born child cannot be enrolled in the plan.