

Group Health & Personal Accident Plan Specially designed for Canara Bank customers by TATA AIG

TERMS & CONDITIONS - GROUP MEDICARE HEALTH PLAN

1. SCOPE:

The Insured Person will be indemnified towards hospitalisation expenses (as an in-patient) incurred due to Illness/Accident subject to the terms, conditions and exclusions of the said policy.

2. SUM INSURED

The Sum Insured offered is on individual/family floater basis.

3. ELIGIBILITY

The eligible members to be covered under this policy are Insured Person, Spouse, up to four dependent children and either set of dependent parents or parents in law. The entry age for Insured Person, Spouse and Dependent Parents/Parents in law can vary between 18 years to 69 years, whereas the entry age for dependent child can vary between 91 days to 25 years for all new customers.

For Renewals of the existing customers, the age band will be 18 years to 69 years.

4. COVERAGE

TATA AIG General Company Limited will cover all the Insured Persons under this Policy up to the Sum Insured. The insurance cover is governed by, and subject to, the terms, conditions and exclusions of this Policy.

The following benefits are applicable when

- An Insured Person suffers an Accident or Illness, which is covered under this Policy; AND
- Hospitalisation is necessary & is done for treatment OR
- Day care treatment is necessary and is done OR
- Domiciliary Hospitalization is necessary and is done for treatment

We will cover the Medical Expenses for:

B1. In-Patient Treatment

We will cover for 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 provided:

This includes

- Hospital room rent or boarding
- Nursing;
- Intensive Care Unit
- Medical Practitioners (Fees)
- Anaesthesia
- Blood
- Oxygen
- Operation theatre
- Surgical appliances;
- Medicines, drugs & consumables;
- Diagnostic procedures.

B2. Pre-Hospitalization expenses

We will cover the Pre-Hospitalization expenses for consultations, investigations and medicines incurred up to 60 days as specified in your policy schedule/Certificate of Insurance.

The benefit is payable if We have admitted a claim under In-patient Treatment/Day Care Procedures benefit/Domiciliary hospitalization.

B3. Post-Hospitalization expenses

We will cover the Post-Hospitalization expenses for consultations, investigations and medicines incurred up to 90 days, as specified in your policy schedule/Certificate of Insurance.

The benefit is payable if We have admitted a claim under In-patient Treatment/Day Care Procedures benefit/Domiciliary hospitalization.

B4. Day Care Procedures

We will cover expenses for listed Day Care Treatment due to disease/illness/Injury during the policy period taken at a hospital or a Day Care Centre. The list of such day care procedures covered is available in annexure I attached below.

This benefit under the policy will be limited to the amount specified in the Policy Schedule/ Certificate of Insurance.

Treatment normally taken on out-patient basis is not included in the scope of this cover.

B5. Domiciliary Treatment

Domiciliary hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

- i. the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
- ii. The patient takes treatment at home on account of non-availability of room in a hospital.

We will cover for expenses related to Domiciliary Hospitalization of the insured person if the treatment exceeds beyond three days. The treatment must be for management of an illness and not for enteral feedings or end of life care.

This benefit under the policy will be limited to the amount specified in the Policy Schedule/ Certificate of Insurance.

B6. Organ Donor

We will cover for Medical and surgical Expenses of the organ donor for harvesting the organ where an Insured Person is the recipient provided that:

- i. The organ donor is any person whose organ has been made available in accordance and in compliance with The Transplantation of Human Organs Act(Amended) , 1994 and other applicable laws and rules and the organ donated is for the use of the Insured Person, and
- ii. We have accepted an inpatient Hospitalization claim for the insured member under In Patient Hospitalization Treatment (section B1).

This benefit under the policy will be limited to the amount specified in the Policy Schedule/ Certificate of Insurance.

B7. Ambulance Cover

We will cover for expenses incurred on transportation of Insured Person in a registered ambulance to a Hospital for admission in case of an Emergency or from one hospital to another hospital for better medical facilities and treatment, subject to amount as specified on the policy schedule/Certificate of Insurance. Emergency Ambulance Services up to Rs.2000/- per hospitalisation

For this claim to be paid, the claim must be admissible under section In-patient Treatment or Day Care Procedures of this policy.

B8. AYUSH Benefit

We will cover for expenses incurred on in-patient treatment taken under Ayurveda, Unani, Sidha and Homeopathy in any of the following:

- i. government hospital or in any institute recognized by government and/or accredited by Quality Council of India / National Accreditation Board for Hospitals and Healthcare Providers excluding center for spas, massage and health rejuvenation procedures.
- ii. Teaching hospitals of AYUSH colleges recognized by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH)
- iii. AYUSH Hospitals having registration with a Government authority under appropriate Act in the State/UT and complies with the following as minimum criteria:
 - has at least fifteen in-patient beds;
 - has minimum five qualified and registered AYUSH doctors;
 - has qualified paramedical staff under its employment round the clock;
 - has dedicated AYUSH therapy sections;
 - maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

This benefit shall be applicable to <<All insured persons/Primary Insured Person/Dependents of Primary insured person>> for an amount as specified on the policy schedule/Certificate of insurance.

The Benefit under this cover shall be part of inpatient sum insured.

Cancer of specified severity means:

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded:

- i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 and CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;

- iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0;
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification;
- viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- ix. All tumors in the presence of HIV infection.

B9. Critical Illness (Indemnity based) - if opted

An additional limit of Rs 1, 2,3 or 5 lacs shall be available for coverage of expenses incurred on Inpatient and Day Care Treatment of the below as opted on individual basis listed number of critical illnesses.

- 1 Blindness
- 2 Cancer
- 3 Open Chest CABG
- 4 Creutzfeldt Jakob Disease
- 5 Kidney Failure Requiring Regular Dialysis
- 6 Open Heart Replacement or Repair of Heart Valves
- 7 Major organ Transplant
- 8 Motor Neuron Disease with permanent symptoms
- 9 Multiple Sclerosis with persisting symptoms
- 10 Myocardial Infarction (First Heart Attack of specific severity)
- 11 Permanent Paralysis of Limbs
- 12 Primary Pulmonary Hypertension
- 13 Progressive Scleroderma
- 14 Stroke resulting in permanent symptoms
- 15 Third Degree Burns

B10. Restore Benefit

We will automatically restore the Inpatient Sum Insured upon exhaustion of the Sum Insured during the policy period. This benefit can be availed once during the policy period subject to the following conditions:

- i. This benefit shall be applicable to <<All insured persons/Primary Insured Person/Dependents of Primary insured person>>
- ii. The restored sum insured can be used for all claims made by the insured person(s) who have not claimed earlier under Sections - Inpatient Treatment, Pre/post Hospitalization expenses and day care procedures. In case the insured has claimed under these sections, then this automatic restoration benefit is available for admissions due to unrelated illness/diseases. However, this benefit for related illness/diseases would be available, in case of claimed insured person(s), for admissions after 45 days from the date of discharge of the earlier claim.
- iii. In case of Family Floater policy, Reinstatement of Sum Insured will be available for all Insured Persons in the Policy on floater basis
- iv. This benefit shall be applicable annually for policies with tenure of more than 1 year.
- v. The unutilized restored sum insured cannot be carried forward.

B11. Hospital Daily Cash

If an Insured Person suffers an Illness or an Accident during the Policy Period that requires that Insured Person's Hospitalisation as an inpatient, then

i) We will pay Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is Hospitalised subject to maximum number of days as specified in the below table

Sum Insured	Per Day	Maximum No. of Days
Upto 5 lacs	500	30
Above 5 lacs	1000	30

- i. This benefit shall be applicable to <<All insured persons/Primary Insured Person/Dependents of Primary insured person>>
- ii. In case of Hospitalization << in Intensive Care Unit and/or due to accident >>, the Daily Cash Benefit will be twice the Hospital Daily Cash Benefit amount specified in the Policy Schedule/ Certificate of Insurance under cover for which the claim qualifies.
- iii. For this claim to be paid, the main claim must be admissible under sections - Inpatient Treatment or Day care procedures of this policy.
- iv. The Benefit under this cover will be over and above inpatient sum insured.

B12. Preventive Health Check-Up

We will reimburse the reasonable costs incurred by an Insured Person of obtaining a health check upto INR 4000/- per policy.

Sl	1 lacs	2 lacs	3 lacs	5 lacs	6 Lacs	7.5 lacs	10 lacs	12 Lacs	15 lacs
Benefit Amt.	1500	2000	2200	2500	2800	3000	3500	3700	4000

We will pay the reasonable and customary Charges incurred, in respect of health checkup, during the Policy Year in, up to the limit specified in the Policy Schedule/ Certificate of Insurance, provided that:

- i. This benefit shall be applicable to <<All insured persons/Primary Insured Person/Dependents of Primary insured person>>
- ii. The benefit payable would be over and above inpatient sum insured.
- iii. This benefit is NOT applicable in the first year. This benefit is applicable only after renewal with TATA AIG.
- iv. This means a package of medical test(s) undertaken for general assessment of health status, it does not include any diagnostic or investigative medical tests for evaluation of illness or disease.
- v. This benefit if unclaimed cannot be carried forward and would not be provided if the group policy is not renewed further.

B13. Emergency Air ambulance cover

We will pay for ambulance transportation of the Insured Person in an airplane or helicopter subject to amount specified on the policy schedule/Certificate of Insurance, for emergency life threatening health conditions which require immediate and rapid ambulance transportation to the hospital/medical Centre for further medical management. Emergency Air Ambulance covered up to Rs. 100000/-

The Medical Evacuation should be prescribed by a Medical Practitioner and should be Medically Necessary.

This benefit shall only be payable if we have accepted an inpatient treatment claim for the Insured member under In Patient Treatment benefit.

This benefit shall be applicable to <<All insured persons/Primary Insured Person/Dependents of Primary insured person>>.

The Benefit under this cover shall be part of inpatient sum insured.

B14. Psychiatric/Mental Disorder Treatment on Inpatient basis

We will cover the Medical Expenses up to the limit specified in the Policy Schedule /Certificate of Insurance for In-patient treatment in a recognized psychiatric unit of a Hospital including consultations, diagnostics, counselling and/or therapy and medication. The In-patient treatment under this Benefit must at all times be administered under the direct control of a registered psychiatrist. Psychiatric ailments covered up to Rs. 25000/- on Inpatient basis.

This benefit shall be applicable to <<All insured persons/Primary Insured Person/Dependents of Primary insured person>>.

The Benefit under this cover shall be part of inpatient sum insured.

All other policy terms and conditions remain unaltered.

EXCLUSIONS

In addition to the policy exclusions, following exclusions shall be applicable for this critical illness cover. We will not pay for critical illness benefits for any loss resulting in whole or in part from, or expenses incurred, directly or indirectly in respect of:

- i. Any Pre-existing Condition, or its related conditions arising from it, or
- ii. Any Critical Illness resulting from a physical condition which existed prior to first risk inception date which was not disclosed , or
- iii. Any Critical Illness/Disability based on a Diagnosis made by the Insured or his/her Immediate Family Member or anyone who is living in the same household as the Insured or by a herbalists, acupuncturist or any other non-traditional health care provider.

The following exclusions will be applicable in addition to the exclusions under the Base Cover -Section 3:

- i. Any Pre-existing injury/disability, or any complication arising from it, or
- ii. Any physical disability which existed prior to first risk inception date which was not disclosed , or
- iii. Intentional self- Injury, suicide,
- iv. Arising or resulting from the insured person(s) committing any breach of law with criminal intent; or
- v. Being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed; or
- vi. War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power; or
- vii. Serving in any branch of the Military or Armed Forces of any country, whether in peace or War, and in such an event We, upon written notification by You, shall return the pro rata premium for any such period of service; or

- viii. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or
- ix. The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or
- x. Arising out of or resulting directly or indirectly caused by, resulting from or in connection with any act of terrorism.
- xi. Participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sport, any bodily contact sport or any other hazardous or potentially dangerous sport for which you are trained or untrained; or
- xii. Disability based on a Diagnosis made by the Insured or his/her Immediate Family Member or anyone who is living in the same household as the Insured or by a herbalists, acupuncturist or any other non-traditional health care provider.

Claims Procedures:

This section explains about the procedures involved to file a valid claim by the insured member and processes related in managing the claim by TPA or Us. All the procedures and processes such as notification of claim, availing cashless service, supporting claim documents and related claim terms of payment are explained in this section.

1. Notification of Claim

	Treatment, Consultation or Procedure:	We or Our TPA* must be informed:
1	If any treatment for which a claim may be made and that treatment requires planned Hospitalisation:	At least 48 hours prior to the Insured Person's admission.
2	If any treatment for which a claim may be made and that treatment requires emergency Hospitalisation	Within 24 hours of the Insured Person's admission to Hospital.

Failure to furnish such intimation within the time required shall not invalidate nor reduce any claim if You can satisfy us that it was not reasonably possible for You to give proof of such delay within such time. The Company may relax these timelines only in special circumstances and for the reasons beyond the control of the insured.

2. Cashless Service

	Treatment, Consultation or Procedure:	Treatment, Consultation or Procedure Taken at:	Cashless Service is Available:	We must be given notice that the Insured Person wishes to take advantage of the cashless service accompanied by full particulars:
	If any planned treatment, consultation or procedure for which a claim may be made:	Network Hospital	We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital.	At least 48 hours before the planned treatment or Hospitalisation
	If any treatment, consultation or procedure for which a claim may be made, requiring emergency hospitalisation	Network Hospital	We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital.	Within 24 hours after the treatment or Hospitalisation

3. Procedure for Cashless Service

- i. Cashless Service is only available at Network Hospitals.
- ii. In order to avail cashless treatment, the following procedure must be followed by You:
 - a. Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You must call our designated TPA/Us and request pre-authorization.
 - b. For any emergency Hospitalization, our designated TPA/We must be informed no later than 24 hours of the start of Your hospitalization/ treatment.
 - c. For any planned hospitalization, our designated TPA/We must be informed at least 48 hours prior to the start of your hospitalization/treatment.
 - d. Our designated TPA/We will check your coverage as per the eligibility and send an authorization letter to the provider. You have to provide the ID card issued to you along with any other information or documentation that is requested by the TPA/Us to the Network Hospital.
 - e. In case of deficiency in the documents sent to TPA/Us for cashless authorization, the same shall be communicated to the hospital by TPA/Us within 6 hours of receipt of the documents.
 - f. In case the ailment /treatment is not covered under the policy or cashless is rejected due to insufficient documents submitted, a rejection letter would be sent to the hospital within 6 hours.

- g. Rejection of cashless in no way indicates rejection of the claim. You are required to submit the claim along with required documents for us to decide on the admissibility of the claim.
- h. If the cashless is approved, the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital.
- i. Pre-authorization does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy.

4. Supporting Documentation & Examination

- i. You or someone claiming on Your behalf shall provide Us with documentation, medical records and information We or Our TPA may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days or earlier of Our request or the Insured Person's discharge from Hospitalisation or completion of treatment.
- ii. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if you can satisfy us that it was not reasonably possible for you to give proof within such time.
- iii. We may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the Insured Person.
- iv. **Such documentation will include the following:**
 - a. Our claim form, duly completed and signed for on behalf of the Insured Person. We, upon receipt of a notice of claim, will furnish Your representative with such forms as We may require for filing proofs of loss or you may download the claim form from our Web site.
 - b. Original Bills (pharmacy purchase bill, consultation bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.
 - c. All medical reports, case histories, investigation reports, indoor case papers/ treatment papers (in reimbursement cases, if available), discharge summaries.
 - d. A precise diagnosis of the treatment for which a claim is made.
 - e. A detailed list of the individual medical services and treatments provided and a unit price for each in case not available in the submitted hospital bill.
 - f. Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. In case of pre/post hospitalization claim Prescriptions must be submitted with the corresponding Doctor/hospital invoice.
 - g. All pre and post investigation, treatment and follow up (consultation) records pertaining to the present ailment for which claim is being made, if and where applicable.
 - h. Treating doctor's certificate regarding missing information in case histories e.g. Circumstance of injury and Alcohol or drug influence at the time of accident, if available
 - i. Copy of settlement letter from other insurance company or TPA
 - j. Stickers and invoice of implants used during surgery
 - k. Copy of MLC (Medico legal case) records, if carried out and FIR (First information report) if registered, in case of claims arising out of an accident and available with the claimant.

- l. Regulatory requirements as amended from time to time, currently mandatory NEFT (to enable direct credit of claim amount in bank account) and KYC (recent ID/Address proof and photograph) requirements
- m. Legal heir/succession certificate , if required
- n. PM report (wherever applicable and conducted)
- v. Note: In case You are claiming for the same event under an indemnity based policy of another insurer and are required to submit the original documents related to Your treatment with that particular insurer, then You may provide Us with the attested copies of such documents along with a declaration from the particular insurer specifying the availability of the original copies of the specified treatment documents with it.

We at our own expense, shall have the right and opportunity to examine insured persons through Our Authorised Medical Practitioner whose details will be notified to insured person when and as often as We may reasonably require during the pendency of a claim hereunder.

5. Claims Payment

- i. We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and We have been provided with the documentation and information We or Our TPA has requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- ii. We will only make payment to You under this Policy. Your receipt shall be considered as a complete discharge of Our liability against any claim under this Policy.
- iii. In the event of your death, we will make payment to the Nominee (as named in the Schedule).
- iv. This Policy only covers medical treatment taken within India and payments under this Policy shall only be made in Indian Rupees within India.
- v. We shall settle or reject a claim, as may be the case, within 30 days of the receipt of the last 'necessary' document
- vi. We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days from the date of receipt of last necessary document.
- vii. In the case of delay in the payment of a claim, we shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate. For the purpose of this clause, 'bank rate' shall mean bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
- viii. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Interests Regulation), 2017.

Mis-representation, or non-disclosure of material facts

- i. In case of employer-employee policies, if any mis-representation or non-disclosure of material facts or incorrect coverage or claim experience information provided at the time of request for proposal, the policy shall be void ab-initio without any premium refund.
- ii. In case of non-employer-employee policies, We will not be liable to pay under the policy if any Mis-representation or non-disclosure of material facts is noted at the time of claim or otherwise, whether by You or any Insured Person or anyone acting on behalf of You or an Insured Person, & certificate of insurance shall be void ab-initio without any premium refund.

TERMINATION

- i. You may terminate this Policy / Certificate of Insurance at any time by giving Us written notice, and the Policy/Certificate of Insurance shall terminate when such written notice is received.
- ii. In case of master policy, each Certificate of Insurance will get terminated on the earliest of the following dates:
 - a. The date You or We cancel the Certificate of Insurance
 - b. The member opts out of the scheme
 - c. Foreclosure/closure of loan availed (wherever applicable)
- iii. If no claim has been made under the Policy/Certificate of Insurance, then We will refund premium in accordance with the short rate table below :

Length of time Policy in force	1
Upto 1 Month	85.00%
>1 month & Upto 3 Months	70.00%
>3 months & Upto 6 Months	50.00%
>6 months & Upto 12 Months	Nil

- iv. We may at any time terminate this Policy /Certificate of insurance on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person by sending an endorsement to Your address shown in the Schedule to this Policy.
- v. In the event of termination of this Policy/Certificate of insurance on grounds of misrepresentation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium.
- vi. In the event the policy/Certificate of insurance is terminated on grounds of non-cooperation of the Insured Person the premium shall be computed in accordance with Our short rate table for the period the Policy has been in force, upon 15 days' notice by sending an endorsement to Your address shown in the Schedule provided no claim has

occurred up to the date of termination. In the event a claim has occurred in which case there shall be no return of premium.

DEFINITIONS OF COVERED CRITICAL ILLNESSES

1.1 Inclusion of Critical Illness Cover on Indemnity basis

If an Insured Person is diagnosed with any of the listed & defined Critical Illnesses during the Policy Year, We will pay the expenses incurred in relation to In-patient Treatment, Pre-Hospitalization Expenses, Post-hospitalization Expenses, Day Care Procedures, Domiciliary Treatment and Organ Donor Expenses up to the Sum Insured specified in the Policy Schedule/ Certificate Of Insurance, provided that:

- i. This cover shall be applicable to <<All insured persons/Dependents of Primary insured person>>.
- ii. Our total and cumulative liability during the Policy Year for an Insured Person under this cover will be limited to the Critical Illness Sum Insured opted **over and above** the In-patient Sum Insured and Corporate Floater (if opted).
- iii. This Benefit payable will be on an indemnity basis.
- iv. Any Restored Sum Insured will not be available for coverage under this Section. Restored sum insured shall mean the Inpatient Sum Insured reinstated upon exhaustion of the Sum Insured during the policy period.

1.2 Definitions of Critical Illness

A “Critical Illness” shall mean any one of the following critical illness with specific meaning as defined in the policy:

Sl.No.	Critical Illness
1	Blindness
2	Cancer
3	Open Chest CABG
4	Creutzfeldt Jakob Disease
5	Kidney Failure Requiring Regular Dialysis
6	Open Heart Replacement or Repair of Heart Valves
7	Major organ Transplant
8	Motor Neuron Disease with permanent symptoms
9	Multiple Sclerosis with persisting symptoms
10	Myocardial Infarction (First Heart Attack of specific severity)
11	Permanent Paralysis of Limbs
12	Primary Pulmonary Hypertension
13	Progressive Scleroderma
14	Stroke resulting in permanent symptoms
15	Third Degree Burns

1 Blindness

- I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- II. The Blindness is evidenced by:
 - i. corrected visual acuity being 3/60 or less in both eyes or ;
 - ii. the field of vision being less than 10 degrees in both eyes.
- III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

2 Cancer

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded:

- x. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 and CIN-3.
- xi. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- xii. Malignant melanoma that has not caused invasion beyond the epidermis;
- xiii. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0;
- xiv. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- xv. Chronic lymphocytic leukaemia less than RAI stage 3
- xvi. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification;
- xvii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- xviii. All tumors in the presence of HIV infection.

3 Open Chest CABG

- i. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
- ii. The following are excluded:
 - a. Angioplasty and/or any other intra-arterial procedures

4 Creutzfeldt-Jakob disease

A Diagnosis of Creutzfeldt-Jakob disease must be made by a Specialist Medical Practitioner (Neurologist). There must be permanent clinical loss of the ability in mental and social functioning for a minimum period of 30 days to the extent that permanent supervision or assistance by a third party is required.

Social functioning is defined as the ability of the individual to interact in the normal or usual way in society.

Mental functioning would mean functions /processes such as perception, introspection, belief, imagination reasoning which we can do with our minds.

5 Kidney Failure requiring regular dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

6 Major Organ Transplant

- i. The actual undergoing of a transplant of:
 - a. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - b. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

- ii. The following are excluded:
 - a. Other stem-cell transplants
 - b. Where only Islets of Langerhans are transplanted

7 Motor Neuron Disease with Permanent Symptoms

Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

8 Multiple Sclerosis with persisting symptoms

- i. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - a. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - b. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- ii. Other causes of neurological damage such as SLE and HIV are excluded.

9 Myocardial Infarction (First Heart Attack of specific severity)

- i. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
 - a. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
 - b. New characteristic electrocardiogram changes
 - c. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- ii. The following are excluded:
 - a. Other acute Coronary Syndromes
 - b. Any type of angina pectoris
 - c. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

10 Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

11 Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

12 Primary (Idiopathic) Pulmonary Hypertension

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- II. The NYHA Classification of Cardiac Impairment are as follows:
 - i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

13 Progressive Scleroderma

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following conditions are excluded:

- a. Localised scleroderma (linear scleroderma or morphea);
- b. Eosinophilic fasciitis; and
- c. CREST syndrome.

14 Stroke resulting in permanent symptoms

- i. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- ii. The following are excluded:
 - a. Transient ischemic attacks (TIA)
 - b. Traumatic injury of the brain
 - c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

15 Third Degree Burns

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

A1.3 Specific Conditions Applicable to Critical Illness Cover

- i. The claim is admissible for first time diagnosis of listed critical illnesses or undergoing the listed surgical procedures for the first time.

- ii. Waiting Period as specified in the policy schedule /Certificate of Insurance shall be applicable for this benefit from the policy commencement date.
- iii. Survival Period as specified in the policy schedule /Certificate of Insurance shall be applicable for this benefit from the date of diagnosis.

A1.4 Specific Exclusions Applicable to Critical Illness Cover

In addition to the policy exclusions, following exclusions shall be applicable for this critical illness cover. We will not pay for critical illness benefits for any loss resulting in whole or in part from, or expenses incurred, directly or indirectly in respect of:

- iv. Any Pre-existing Condition, or its related conditions arising from it, or
- v. Any Critical Illness resulting from a physical condition which existed prior to first risk inception date which was not disclosed , or
- vi. Any Critical Illness/Disability based on a Diagnosis made by the Insured or his/her Immediate Family Member or anyone who is living in the same household as the Insured or by a herbalists, acupuncturist or any other non-traditional health care provider.

Customer Grievance Redressal Procedure:

The Company is committed to extend the best possible services to its customers. However, if **you** are not satisfied with **our** services and wish to lodge a complaint, please feel free to call **our** 24X7 Toll free number 1800-266-7780/022-66939500 (tolled) or **you** may email to the customer service desk at customersupport@tataaig.com. Senior citizens can call our dedicated line at 1800 22 9966.

Nodal Officer

Please visit **our** website at www.tataaig.com to know the contact details of the nodal officer for **your** servicing branch.

After investigating the grievance internally and subsequent closure, **we** will send **our** response within a period of 10 days from the date of receipt of the complaint by the Company or its office in Mumbai. In case the resolution is likely to take longer time, **we** will inform **you** of the same through an interim reply.

Escalation Level 1

For lack of a response or if the resolution still does not meet your expectations, you can write to manager.customersupport@tataaig.com. After investigating the matter internally and subsequent closure We will send Our response within a period of 8 days from the date of receipt at this email id.

Escalation Level 2

For lack of a response or if the resolution still does not meet your expectations, you can write to the Head - Customer Services at head.customerservices@tataaig.com. After examining the matter, We will send you our final response within a period of 7 days from the date of receipt of your complaint on this email id.

Within 30 days of lodging a complaint with us, if you do not get a satisfactory response from us and you wish to pursue other avenues for redressal of grievances, you may approach Insurance Ombudsman appointed by IRDAI under the Insurance Ombudsman Scheme.

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai 400013

24X7 Toll Free No: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) Fax: 022 6693 8170

Email:customersupport@tataaig.com Website: www.tataaig.com IRDAI Registration No: 108 CIN: U85110MH2000PLC128425

UIN NO. TATHLGP19012V011819

ANNEXURE I

List of Day Care Procedures

List of Day Care Procedures

A. Cardiology Related:

1. Coronary Angiography

B. Critical Care Related:

2. Insert Non - Tunnel CV Cath

3. Insert PICC CATH (Peripherally Inserted Central Catheter)

4. Replace PICC CATH (Peripherally Inserted Central Catheter)

5. Insertion Catheter, Intra Anterior

6. Insertion of Portacath

C. Dental Related:

7. Suturing Lacerated Lip

8. Suturing Oral Mucosa

9. Oral Biopsy In Case Of Abnormal Tissue Presentation

10. FNAC

D. ENT Related:

11. Myringotomy With Grommet Insertion

12. Tympanoplasty (closure Of An Eardrum Perforation reconstruction Of The Auditory Ossicles)

13. Removal Of A Tympanic Drain

14. Keratosis Removal Under GA

15. Operations On The Turbinates (nasal Concha)

16. Removal Of Keratosis Obturans

17. Stapedotomy To Treat Various Lesions In Middle Ear

18. Revision Of A Stapedectomy

19. Other Operations On The Auditory Ossicles

20. Myringoplasty (post-aura/endaural Approach As Well As Simple Type-I Tympanoplasty)

21. Fenestration of The Inner Ear

22. Revision Of A Fenestration Of The Inner Ear

23. Palatoplasty

24. Transoral Incision and Drainage Of A Pharyngeal Abscess

25. Tonsillectomy Without Adenoidectomy

26. Tonsillectomy With Adenoidectomy

27. Excision And Destruction Of A Lingual Tonsil

28. Revision Of A Tympanoplasty

29. Other Microsurgical Operations On The Middle Ear

30. Incision Of The Mastoid Process And Middle Ear

31. Mastoidectomy

32. Reconstruction Of The Middle Ear

33. Other Excisions Of The Middle And Inner Ear

34. Incision (opening) And Destruction (elimination) Of The Inner Ear

35. Other Operations On The Middle And Inner Ear

36. Excision And Destruction Of Diseased Tissue Of The Nose

37. Other Operations On The Nose
38. Nasal Sinus Aspiration
39. Foreign Body Removal From Nose
40. Other Operations On The Tonsils And Adenoids
41. Adenoidectomy
42. Labyrinthectomy For Severe Vertigo
43. Stapedectomy Under GA
44. Stapedectomy Under LA
45. Tympanoplasty (type IV)
46. Endolymphatic Sac Surgery For Meniere's Disease
47. Turbinectomy
48. Endoscopic Stapedectomy
49. Incision And Drainage Of Perichondritis
50. Septoplasty
51. Vestibular Nerve Section
52. Thyroplasty Type I
53. Pseudocyst Of The Pinna - Excision
54. Incision And Drainage - Haematoma Auricle
55. Tympanoplasty (Type II)
56. Reduction Of Fracture Of Nasal Bone
57. Thyroplasty Type II
58. Tracheostomy
59. Excision Of Angioma Septum
60. Turbinoplasty
61. Incision & Drainage Of Retro Pharyngeal Abscess
62. Uvulo Palato Pharyngo Plasty
63. Adenoidectomy With Grommet Insertion
64. Adenoidectomy Without Grommet Insertion
65. Vocal Cord Lateralisation Procedure
66. Incision & Drainage Of Para Pharyngeal Abscess
67. Tracheoplasty
68. Total excision of Pinna
69. Middle ear polypectomy
70. Nasal septum cauterisation (and bilateral)
71. Excision of lesion of Internal nose

E. Gastroenterology Related:

72. Cholecystectomy And Choledocho-jejunostomy/Duodenostomy / Gastrostomy / Exploration Common Bile Duct
73. Esophagoscopy, Gastroscopy, Duodenoscopy With Polypectomy/Removal Of Foreign Body/diathermy Of Bleeding Lesions
74. Pancreatic Pseudocyst Eus & Drainage
75. RF Ablation For Barrett's Oesophagus
76. ERCP And Papillotomy
77. Esophagoscope And Sclerosant Injection
78. EUS + Submucosal Resection

79. Construction Of Gastrostomy Tube
80. EUS + Aspiration Pancreatic Cyst
81. Small Bowel Endoscopy (therapeutic)
82. Colonoscopy, Lesion Removal
83. ERCP
84. Colonoscopy Stenting Of Stricture
85. Percutaneous Endoscopic Gastrostomy
86. EUS And Pancreatic Pseudo Cyst Drainage
87. ERCP And Choledochoscopy
88. Proctosigmoidoscopy Volvulus Detorsion
89. ERCP And Sphincterotomy
90. Esophageal Stent Placement
91. ERCP + Placement Of Biliary Stents
92. Sigmoidoscopy W / Stent
93. EUS + Coeliac Node Biopsy
94. UGI Scopy And Injection Of Adrenaline, Sclerosants Bleeding Ulcers

F. General Surgery Related:

95. Incision Of A Pilonidal Sinus / Abscess
96. Fissure In Ano Sphincterotomy
97. Surgical Treatment Of A Varicocele And A Hydrocele Of the Spermatic Cord
98. Orchidopexy
99. Abdominal Exploration In Cryptorchidism
100. Surgical Treatment Of Anal Fistulas
101. Division Of The Anal Sphincter (sphincterotomy)
102. Epididymectomy
103. Incision Of The Breast Abscess
104. Operations On The Nipple
105. Excision Of Single Breast Lump
106. Incision And Excision Of Tissue In The Perianal Region
107. Surgical Treatment Of Hemorrhoids
108. Other Operations On The Anus
109. Ultrasound Guided Aspirations
110. Sclerotherapy, Etc.
111. Laparotomy For Grading Lymphoma With Splenectomy / liver/ lymph Node Biopsy
112. Therapeutic Laparoscopy With Laser
113. Appendicectomy With/without Drainage
114. Infected Keloid Excision
115. Axillary Lymphadenectomy
116. Wound Debridement And Cover
117. Abscess-decompression
118. Cervical Lymphadenectomy
119. Infected Sebaceous Cyst
120. Inguinal Lymphadenectomy
121. Incision And Drainage Of Abscess
122. Suturing Of Lacerations

123. Scalp Suturing
124. Infected Lipoma Excision
125. Maximal Anal Dilatation
126. Piles
 - a. Injection Sclerotherapy
 - b. Piles Banding
127. Liver Abscess- Catheter Drainage
128. Fissure In Ano- Fissurectomy
129. Fibroadenoma Breast Excision
130. Oesophageal Varices Sclerotherapy
131. ERCP - Pancreatic Duct Stone Removal
132. Perianal Abscess I&d
133. Perianal Hematoma Evacuation
134. UGI Scopy And Polypectomy Oesophagus
135. Breast Abscess I& D
136. Feeding Gastrostomy
137. Oesophagoscopy And Biopsy Of Growth Oesophagus
138. ERCP - Bile Duct Stone Removal
139. Ileostomy Closure
140. Colonoscopy
141. Polypectomy Colon
142. Splenic Abscesses Laparoscopic Drainage
143. UGI Scopy And Polypectomy Stomach
144. Rigid Oesophagoscopy For FB Removal
145. Feeding Jejunostomy
146. Colostomy
147. Ileostomy
148. Colostomy Closure
149. Submandibular Salivary Duct Stone Removal
150. Pneumatic Reduction Of Intussusception
151. Varicose Veins Legs - Injection Sclerotherapy
152. Rigid Oesophagoscopy For Plummer Vinson Syndrome
153. Pancreatic Pseudocysts Endoscopic Drainage
154. Zadek's Nail Bed Excision
155. Subcutaneous Mastectomy
156. Excision Of Ranula Under GA
157. Rigid Oesophagoscopy For Dilation Of Benign Strictures
158. Eversion Of Sac
 - unilateral
 - bilateral
159. Lord's Plication
160. Jaboulay's Procedure
161. Scrotoplasty
162. Circumcision For Trauma
163. Meatoplasty
164. Intersphincteric Abscess Incision And Drainage

165. PSOAS Abscess Incision And Drainage
166. Thyroid Abscess Incision And Drainage
167. Tips Procedure For Portal Hypertension
168. Esophageal Growth Stent
169. Pair Procedure Of Hydatid Cyst Liver
170. Tru Cut Liver Biopsy
171. Photodynamic Therapy Or Esophageal Tumour And Lung Tumour
172. Excision Of Cervical Rib
173. Laparoscopic Reduction Of Intussusception
174. Microdocheotomy Breast
175. Surgery For Fracture Penis
176. Sentinel Node Biopsy
177. Parastomal Hernia
178. Revision Colostomy
179. Prolapsed Colostomy- Correction
180. Testicular Biopsy
181. Laparoscopic Cardiomyotomy(Hellers)
182. Sentinel Node Biopsy Malignant Melanoma
183. Laparoscopic Pyloromyotomy(Ramstedt)

G. Gynecology Related:

184. Operations On Bartholin's Glands (cyst)
185. Incision Of The Ovary
186. Insufflations Of The Fallopian Tubes
187. Other Operations On The Fallopian Tube
188. Dilatation Of The Cervical Canal
189. Conisation Of The Uterine Cervix
190. Therapeutic Curettage With Colposcopy / Biopsy /Diathermy / Cryosurgery
191. Laser Therapy Of Cervix For Various Lesions Of Uterus
192. Other Operations On The Uterine Cervix
193. Incision Of The Uterus (hysterectomy)
194. Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas
195. Incision Of Vagina
196. Incision Of Vulva
197. Culdotomy
198. Salpingo-oophorectomy Via Laparotomy
199. Endoscopic Polypectomy
200. Hysteroscopic Removal Of Myoma
201. D&c
202. Hysteroscopic Resection Of Septum
203. Thermal Cauterisation Of Cervix
204. Mirena Insertion
205. Hysteroscopic Adhesiolysis
206. Leep
207. Cryocauterisation Of Cervix

208. Polypectomy Endometrium
209. Hysteroscopic Resection Of Fibroid
210. LLETZ
211. Conization
212. Polypectomy Cervix
213. Hysteroscopic Resection Of Endometrial Polyp
214. Vulval Wart Excision
215. Laparoscopic Paraovarian Cyst Excision
216. Uterine Artery Embolization
217. Laparoscopic Cystectomy
218. Hymenectomy(Imperforate Hymen)
219. Endometrial Ablation
220. Vaginal Wall Cyst Excision
221. Vulval Cyst Excision
222. Laparoscopic Paratubal Cyst Excision
223. Repair Of Vagina (Vaginal Atresia)
224. Hysteroscopy, Removal Of Myoma
225. TURBT
226. Ureterocoele Repair - Congenital Internal
227. Vaginal Mesh For POP
228. Laparoscopic Myomectomy
229. Surgery For SUI
230. Repair Recto- Vagina Fistula
231. Pelvic Floor Repair(Excluding Fistula Repair)
232. URS + LL
233. Laparoscopic Oophorectomy
234. Normal Vaginal Delivery And Variants
235. Excision of lesion of vulva
236. Amputation of cervix uteri
- H. Neurology Related:**
237. Facial Nerve Glycerol Rhizotomy
238. Spinal Cord Stimulation
239. Motor Cortex Stimulation
240. Stereotactic Radiosurgery
241. Percutaneous Cordotomy
242. Intrathecal Baclofen Therapy
243. Entrapment Neuropathy Release
244. Diagnostic Cerebral Angiography
245. VP Shunt
246. Ventriculoatrial Shunt
- I. Oncology Related:**
247. Radiotherapy For Cancer
248. Cancer Chemotherapy
249. IV Push Chemotherapy

250. HBI-hemibody Radiotherapy
251. Infusional Targeted Therapy
252. SRT-stereotactic ARC Therapy
253. SC Administration Of Growth Factors
254. Continuous Infusional Chemotherapy
255. Infusional Chemotherapy
256. CCRT-concurrent Chemo + RT
257. 2D Radiotherapy
258. 3D Conformal Radiotherapy
259. IGRT- Image Guided Radiotherapy
260. IMRT- Step & Shoot
261. Infusional Bisphosphonates
262. IMRT- DMLC
263. Rotational Arc Therapy
264. Tele Gamma Therapy
265. FSRT-fractionated SRT
266. VMAT-volumetric Modulated Arc Therapy
267. SBRT-stereotactic Body Radiotherapy
268. Helical Tomotherapy
269. SRS-stereotactic Radiosurgery
270. X-knife SRS
271. Gammaknife SRS
272. TBI- Total Body Radiotherapy
273. Intraluminal Brachytherapy
274. Electron Therapy
275. TSET-total Electron Skin Therapy
276. Extracorporeal Irradiation Of Blood Products
277. Telecobalt Therapy
278. Telecesium Therapy
279. External Mould Brachytherapy
280. Interstitial Brachytherapy
281. Intracavity Brachytherapy
282. 3D Brachytherapy
283. Implant Brachytherapy
284. Intravesical Brachytherapy
285. Adjuvant Radiotherapy
286. Afterloading Catheter Brachytherapy
287. Conditioning Radiotherapy For BMT
288. Nerve Biopsy
289. Muscle Biopsy
290. Epidural Steroid Injection
291. Extracorporeal Irradiation To The Homologous Bone Grafts
292. Radical Chemotherapy
293. Neoadjuvant Radiotherapy
294. LDR Brachytherapy
295. Palliative Radiotherapy

- 296. Radical Radiotherapy
- 297. Palliative Chemotherapy
- 298. Template Brachytherapy
- 299. Neoadjuvant Chemotherapy
- 300. Adjuvant Chemotherapy
- 301. Induction Chemotherapy
- 302. Consolidation Chemotherapy
- 303. Maintenance Chemotherapy
- 304. HDR Brachytherapy

J. Operations On The Salivary Glands & Salivary Ducts:

- 305. Incision And Lancing Of A Salivary Gland And A Salivary Duct
- 306. Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct
- 307. Resection Of A Salivary Gland
- 308. Reconstruction Of A Salivary Gland And A Salivary Duct
- 309. Other Operations On The Salivary Glands And Salivary Ducts
- 310. Open extraction of calculus from parotid duct

K. Operations On The Skin & Subcutaneous Tissues:

- 311. Other Incisions Of The Skin And Subcutaneous Tissues
- 312. Surgical Wound Toilet (wound Debridement) And Removal Of Diseased Tissue Of The Skin And Subcutaneous Tissues
- 313. Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues
- 314. Other Excisions Of The Skin And Subcutaneous Tissues
- 315. Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues
- 316. Free Skin Transplantation, Donor Site
- 317. Free Skin Transplantation, Recipient Site
- 318. Revision Of Skin Plasty
- 319. Other Restoration And Reconstruction Of The Skin And Subcutaneous Tissues.
- 320. Chemosurgery To The Skin.
- 321. Destruction Of Diseased Tissue In The Skin And Subcutaneous Tissues
- 322. Reconstruction Of Deformity/defect In Nail Bed
- 323. Excision Of Bursitis
- 324. Tennis Elbow Release

L. Operations On The Tongue:

- 325. Incision, Excision And Destruction Of Diseased Tissue Of The Tongue
- 326. Partial Glossectomy
- 327. Glossectomy
- 328. Reconstruction Of The Tongue
- 329. Other Operations On The Tongue

M. Ophthalmology Related:

- 330. Surgery For Cataract
- 331. Incision Of Tear Glands
- 332. Other Operations On The Tear Ducts
- 333. Incision Of Diseased Eyelids

334. Excision And Destruction Of Diseased Tissue Of The Eyelid
335. Operations On The Canthus And Epicanthus
336. Corrective Surgery For Entropion And Ectropion
337. Corrective Surgery For Blepharoptosis
338. Removal Of A Foreign Body From The Conjunctiva
339. Removal Of A Foreign Body From The Cornea
340. Incision Of The Cornea
341. Operations For Pterygium
342. Other Operations On The Cornea
343. Removal Of A Foreign Body From The Lens Of The Eye
344. Removal Of A Foreign Body From The Posterior Chamber Of The Eye
345. Removal Of A Foreign Body From The Orbit And Eyeball
346. Correction Of Eyelid Ptosis By Levator Palpebrae Superioris Resection (bilateral)
347. Correction Of Eyelid Ptosis By Fascia Lata Graft (bilateral)
348. Diathermy/cryotherapy To Treat Retinal Tear
349. Anterior Chamber Paracentesis / Cyclodiathermy /Cyclocryotherapy / Goniotomy
Trabeculotomy And Filtering And Allied Operations To Treat Glaucoma
350. Enucleation Of Eye Without Implant
351. Dacryocystorhinostomy For Various Lesions Of Lacrimal Gland
352. Laser Photocoagulation To Treat Retinal Tear
353. Biopsy Of Tear Gland
354. Treatment Of Retinal Lesion
355. Curettage/cryotherapy of lesion of eyelid
- N. Orthopedics Related:**
356. Surgery For Meniscus Tear
357. Incision On Bone, Septic And Aseptic
358. Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
359. Suture And Other Operations On Tendons And Tendon Sheath
360. Reduction Of Dislocation Under GA
361. Arthroscopic Knee Aspiration
362. Surgery For Ligament Tear
363. Surgery For Hemoarthrosis/pyoarthrosis
364. Removal Of Fracture Pins/nails
365. Removal Of Metal Wire
366. Closed Reduction On Fracture, Luxation
367. Reduction Of Dislocation Under GA
368. Epiphyseolysis With Osteosynthesis
369. Excision Of Various Lesions In Coccyx
370. Arthroscopic Repair Of Acl Tear Knee
371. Closed Reduction Of Minor Fractures
372. Arthroscopic Repair Of PCL Tear Knee
373. Tendon Shortening
374. Arthroscopic Meniscectomy - Knee
375. Treatment Of Clavicle Dislocation
376. Haemarthrosis Knee- Lavage

377. Abscess Knee Joint Drainage
378. Carpal Tunnel Release
379. Closed Reduction Of Minor Dislocation
380. Repair Of Knee Cap Tendon
381. ORIF With K Wire Fixation- Small Bones
382. Release Of Midfoot Joint
383. ORIF With Plating- Small Long Bones
384. Implant Removal Minor
385. K Wire Removal
386. Closed Reduction And External Fixation
387. Arthrotomy Hip Joint
388. Syme's Amputation
389. Arthroplasty
390. Partial Removal Of Rib
391. Treatment Of Sesamoid Bone Fracture
392. Shoulder Arthroscopy / Surgery
393. Elbow Arthroscopy
394. Amputation Of Metacarpal Bone
395. Release Of Thumb Contracture
396. Incision Of Foot Fascia
397. Partial Removal Of Metatarsal
398. Repair / Graft Of Foot Tendon
399. Revision/removal Of Knee Cap
400. Amputation Follow-up Surgery
401. Exploration Of Ankle Joint
402. Remove/graft Leg Bone Lesion
403. Repair/graft Achilles Tendon
404. Remove Of Tissue Expander
405. Biopsy Elbow Joint Lining
406. Removal Of Wrist Prosthesis
407. Biopsy Finger Joint Lining
408. Tendon Lengthening
409. Treatment Of Shoulder Dislocation
410. Lengthening Of Hand Tendon
411. Removal Of Elbow Bursa
412. Fixation Of Knee Joint
413. Treatment Of Foot Dislocation
414. Surgery Of Bunion
415. Tendon Transfer Procedure
416. Removal Of Knee Cap Bursa
417. Treatment Of Fracture Of Ulna
418. Treatment Of Scapula Fracture
419. Removal Of Tumor Of Arm/ Elbow Under RA/GA
420. Repair Of Ruptured Tendon
421. Decompress Forearm Space
422. Revision Of Neck Muscle (torticollis Release)

- 423. Lengthening Of Thigh Tendons
- 424. Treatment Fracture Of Radius & Ulna
- 425. Repair Of Knee Joint

O. Other Operations On The Mouth & Face:

- 427. External Incision And Drainage In The Region Of The Mouth, Jaw And Face
- 428. Incision Of The Hard And Soft Palate
- 429. Excision And Destruction Of Diseased Hard And Soft Palate
- 430. Incision, Excision And Destruction In The Mouth
- 431. Other Operations In The Mouth
- 432. Operations on uvula

P. Pediatric Surgery Related:

- 433. Excision Of Fistula-in-ano
- 434. Excision Juvenile Polypos Rectum
- 435. Vaginoplasty
- 436. Dilatation Of Accidental Caustic Stricture Oesophageal
- 437. Presacral Teratomas Excision
- 438. Removal Of Vesical Stone
- 439. Excision Sigmoid Polyp
- 440. Sternomastoid Tenotomy
- 441. Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy
- 442. Excision Of Soft Tissue Rhabdomyosarcoma
- 443. Mediastinal Lymph Node Biopsy
- 444. High Orchiectomy For Testis Tumours
- 445. Excision Of Cervical Teratoma
- 446. Rectal-myomectomy
- 447. Rectal Prolapse (delorme's Procedure)
- 448. Detorsion Of Torsion Testis
- 449. EUA + Biopsy Multiple Fistula In Ano

Q. Plastic Surgery Related:

- 450. Construction Skin Pedicle Flap
- 451. Gluteal Pressure Ulcer-excision
- 452. Muscle-skin Graft, Leg
- 453. Removal Of Bone For Graft
- 454. Muscle-skin Graft Duct Fistula
- 455. Removal Cartilage Graft
- 456. Myocutaneous Flap
- 457. Fibro Myocutaneous Flap
- 458. Breast Reconstruction Surgery After Mastectomy
- 459. Sling Operation For Facial Palsy
- 460. Split Skin Grafting Under RA
- 461. Wolfe Skin Graft
- 462. Plastic Surgery To The Floor Of The Mouth Under GA

R. Thoracic Surgery Related:

463. Thoracoscopy And Lung Biopsy
464. Excision Of Cervical Sympathetic Chain Thoracoscopic
465. Laser Ablation Of Barrett's Oesophagus
466. Pleurodesis
467. Thoracoscopy And Pleural Biopsy
468. EBUS + Biopsy
469. Thoracoscopy Ligation Thoracic Duct
470. Thoracoscopy Assisted Empyema Drainage
471. Operations for drainage of pleural cavity

S. Urology Related:

472. Haemodialysis
473. Lithotripsy/nephrolithotomy For Renal Calculus
474. Excision Of Renal Cyst
475. Drainage Of Pyonephrosis/perinephric Abscess
476. Incision Of The Prostate
477. Transurethral Excision And Destruction Of Prostate Tissue
478. Transurethral And Percutaneous Destruction Of Prostate Tissue
479. Open Surgical Excision And Destruction Of Prostate Tissue
480. Radical Prostatovesiculectomy
481. Other Excision And Destruction Of Prostate Tissue
482. Operations On The Seminal Vesicles
483. Incision And Excision Of Periprostatic Tissue
484. Other Operations On The Prostate
485. Incision Of The Scrotum And Tunica Vaginalis Testis
486. Operation On A Testicular Hydrocele
487. Excision And Destruction Of Diseased Scrotal Tissue
488. Other Operations On The Scrotum And Tunica Vaginalis Testis
489. Incision Of The Testes
490. Excision And Destruction Of Diseased Tissue Of The Testes
491. Unilateral Orchiectomy
492. Bilateral Orchiectomy
493. Surgical Repositioning Of An Abdominal Testis
494. Reconstruction Of The Testis
495. Implantation, Exchange And Removal Of A Testicular Prosthesis
496. Other Operations On The Testis
497. Excision In The Area Of The Epididymis
498. Operations On The Foreskin
499. Local Excision And Destruction Of Diseased Tissue Of The Penis
500. Amputation Of The Penis
501. Other Operations On The Penis
502. Cystoscopic Removal Of Stones
503. Lithotripsy
504. Biopsy Of temporal Artery For Various Lesions
505. External Arterio-venous Shunt
506. AV Fistula - Wrist

507. URSL With Stenting
508. URSL With Lithotripsy
509. Cystoscopic Litholapaxy
510. ESWL
511. Bladder Neck Incision
512. Cystoscopy & Biopsy
513. Cystoscopy And Removal Of Polyp
514. Suprapubic Cystostomy
515. Percutaneous Nephrostomy
516. Cystoscopy And "SLING" Procedure.
517. TUNA- Prostate
518. Excision Of Urethral Diverticulum
519. Removal Of Urethral Stone
520. Excision Of Urethral Prolapse
521. Mega-ureter Reconstruction
522. Kidney Renoscopy And Biopsy
523. Ureter Endoscopy And Treatment
524. Vesico Ureteric Reflux Correction
525. Surgery For Pelvi Ureteric Junction Obstruction
526. Anderson Hynes Operation
527. Kidney Endoscopy And Biopsy
528. Paraphimosis Surgery
529. Injury Prepuce- Circumcision
530. Frenular Tear Repair
531. Meatotomy For Meatal Stenosis
532. Surgery For Fournier's Gangrene Scrotum
533. Surgery Filarial Scrotum
534. Surgery For Watering Can Perineum
535. Repair Of Penile Torsion
536. Drainage Of Prostate Abscess
537. Orchiectomy
538. Cystoscopy And Removal Of FB
539. Endoscopic anti-reflux procedure (and bilateral)
540. Excision of urethral caruncle
541. Dilatation of urethra (including cystoscopy)

ANNEXURE II

CONTACT DETAILS	JURISDICTION
AHMEDABAD Office of the Insurance Ombudsman, 2nd floor, Ambica House,	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.

<p>Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad - 380 014 Tel.:- 079-27546150/139 Fax:- 079-27546142 Email:- bimalokpal.ahmedabad@gbic.co.in</p>	
<p>BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru-560 078. Tel.:- 080-26652048 / 26652049 Email:- bimalokpal.bengaluru@gbic.co.in</p>	<p>Karnataka.</p>
<p>BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp.Airtel Office, Near New Market, Bhopal - 462 033. Tel.:- 0755-2769200/201/202 Fax:- 0755-2769203 Email:- bimalokpalbhopal@gbic.co.in</p>	<p>States of Madhya Pradesh and Chattisgarh.</p>
<p>BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.:- 0674-2596461 / 2596455 Fax:- 0674-2596429 Email:- bimalokpal.bhubaneswar@gbic.co.in</p>	<p>State of Orissa.</p>
<p>CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.:- 0172-2706196/5861 / 2706468 Fax:- 0172-2708274 Email:- bimalokpal.chandigarh@gbic.co.in</p>	<p>States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh</p>
<p>CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet,</p>	<p>State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).</p>

<p>CHENNAI - 600 018. Tel.: - 044-24333668 / 24335284 Fax:- 044-24333664 Email:- bimalokpal.chennai@gbic.co.in</p>	
<p>DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: - 011-23239611/7539/7532 Fax:- 011-23230858 Email:- bimalokpal.delhi@gbic.co.in</p>	<p>State of Delhi</p>
<p>ERNAKULAM Office of the Insurance Ombudsman, 2nd floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, Ernakulum - 682 015. Tel.: - 0484-2358759/2359338 Fax:- 0484-2359336 Email:- bimalokpal.ernakulum@gbic.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry</p>
<p>GUWAHATI Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: - 0361- 2132204 / 2132205 Fax:- 0361-2732937 Email:- bimalokpal.guwahati@gbic.co.in</p>	<p>States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: - 040-65504123/23312122 Fax:- 040-23376599 Email:- bimalokpal.hyderabad@gbic.co.in</p>	<p>States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory</p>
<p>JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi-II Bldg., Ground Floor, Bhawani Singh Marg, Jaipur - 302005. Tel.: - 0141-2740363 Email:- bimalokpal.jaipur@gbic.co.in</p>	<p>State of Rajasthan.</p>

<p>KOLKATA Office of the Insurance Ombudsman, Hindustan Building Annexe, 4th floor, 4, CR Avenue, Kolkata - 700 072. Tel.:- 033-22124339 / 22124340 Fax:- 033-22124341 Email:- bimalokpal.kolkata@gbic.co.in</p>	<p>States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands.</p>
<p>LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522-2231330 / 2231331 Fax:- 0522-2231310. Email:- bimalokpal.lucknow@gbic.co.in</p>	<p>District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar.</p>
<p>MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022-26106928/360/889 Fax:- 022-26106052 Email:- bimalokpal.mumbai@gbic.co.in</p>	<p>States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>
<p>NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Gautam Budh Nagar, Noida Email:- bimalokpal.noida@gbic.co.in</p>	<p>States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Email:- bimalokpal.patna@gbic.co.in</p>	<p>States of Bihar and Jharkhand.</p>

PUNE

Office of the Insurance Ombudsman,
Jeevan Darshan Building, 3rd Floor,
CTS Nos. 195 to 198,
NC Kelkar Road, Narayan Peth,
Pune - 411 030
Tel: 020 -32341320
[Email:- bimalokpal.pune@gbic.co.in](mailto:bimalokpal.pune@gbic.co.in)

States of Maharashtra, Area of
Navi Mumbai and Thane excluding
Mumbai Metropolitan Region.

TERMS AND CONDITIONS - GROUP PERSONAL ACCIDENT INSURANCE

The Benefit under Personal Accident Covers have a separate sum insured.

A11.1 Accidental Death

If an Insured Person suffers an accident during the policy period and this is the proximate cause of his death within 365 days from the date of accident then We will pay to Insured person's beneficiary or legal representative the benefit Sum Insured specified in the Policy schedule/Certificate of insurance

2. SUM INSURED

The Sum Insured offered is on individual basis under the policy i.e. Coverage is offered on individual Sum Insured basis.

A11.2 Permanent Total Disability

We will pay the sum insured as specified in the policy schedule/Certificate of Insurance if injury to you results in you suffering Permanent Total Disability. The injury must occur within the policy period as mentioned in the policy schedule/Certificate of insurance and the disability should continue for 365 days from the date of accident which caused the injury. This waiting period of 365 days is not applicable for severance or amputation cases.

If the Insured Person suffers more than one below mentioned loss as a result of the same accident, our liability shall be restricted to the sum insured mentioned on the policy schedule/Certificate of Insurance.

For the purpose of this cover, Permanent Total Disability shall mean either of the following:

- Irrecoverable Loss of sight of both eyes
- Physical Separation of or the irrecoverable loss of ability to use both hands or both feet
- Physical Separation of or the irrecoverable loss of ability to use one hand and one foot
- Irrecoverable Loss of sight of one eye and the physical separation of or the irrecoverable loss of ability to use either one hand or one foot.

This benefit shall be applicable to <<All insured persons/Primary Insured Person/Dependents of Primary insured person>>.

In addition to the claim documents mentioned under Section 5 (4-iv) of base cover policy wordings, we would require certificate from Civil Surgeon or Medical Superintendent/Dean of government hospital/medical board,, confirming the Disability percentage / period and prognosis.

A11.3 Transportation of mortal remains

If we have accepted a claim under Accidental Death benefit, then we will in addition pay fixed amount as specified in the policy schedule/Certificate of insurance towards transporting the mortal remains of the insured from the place of the accident or the hospital to his residence.

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel,
Mumbai 400013

24X7 Toll Free No: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) Fax: 022 6693 8170

Email: customersupport@tataaig.com Website: www.tataaig.com IRDAI Registration No: 108 CIN:

U85110MH2000PLC128425

UIN NO. TATHLGP19012V011819