

Policy Wordings

Section 1: Preamble

Rider can only be opted along with the base Policy and cannot be opted in isolation or as a separate product. The Riders are provided in lieu of additional premium and subject to the terms, conditions and exclusions as stated in the Rider Wordings in addition to the Base Policy Terms, Conditions and Exclusions.

These Rider(s), if selected, shall be mentioned in the Policy Schedule and will be available up to the limits specified therein, for female Insured Person(s) covered under the underlying base Policy, unless stated otherwise.

The Riders shall offer coverage during the Policy Period subject to below conditions:

- Terms and conditions of the Riders are to be read in conjunction with the terms and conditions of the base Policy.
- The continuance of risk cover under the Base Policy is necessary precondition for continuance of cover under Riders.
- The scope of coverage under these Riders are restricted to the geography of India.
- Admission of liability under any Rider shall not have any bearing on admissibility of a claim under the base Policy on any ground including non-disclosure of material fact or Pre-Existing Disease.
- Coverage under this Rider shall be availed during the Policy Period only.
- Benefits under this Rider have separate limits (over and above the base Sum Insured), as specified in the Policy Schedule, and does not affect Cumulative Bonus in the base Policy, if applicable.

Section 2: General Definitions

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

Additional Specific Definitions:

1. Health Care Professional:

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

2. Service Provider:

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

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Registered office: Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai - 400013, Maharashtra, India

24*7 Toll free No.: 1800 266 7780/1800 22 9966 (For Senior Citizens) • Email: customersupport@tataaig.com • Website: www.tataaig.com

IRDA of India Registration No.: 108 • CIN: U85110MH2000PLC128425 • EmpowerHer UIN: TATHLIA25036V012425

Section 3: Rider Benefits

R1. She Care+:

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

- a) Gynaecologist Consultation
- b) Premenstrual Syndrome (PMS) Counseling
- c) Menarche Counseling
- d) Menopause Counseling
- e) Infertility Counseling
- f) Dermatologist Consultation

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

R2. Polycystic Ovarian Cover:

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

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

R3. Women+ Screening & Vaccination Cover:

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

- i. Arrange for the below mentioned cancer screening in India, at Your request:
 - a) Breast cancer Screening – Mammography
 - b) Ovarian Cancer Screening – Ultrasound and CA 125
 - c) Cervical Cancer Screening – Pap Smear
- ii. Cover the Reasonable and Customary Charges for the Cervical Cancer Vaccination including the cost of vaccine, provided the vaccination is availed at our network of empanelled service provider. However, the expenses related to the doctor, nurse or any other incidental expenses shall not be payable if the cancer vaccination has been availed.

R4. Maternity Protect:

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

a) Infertility Treatment:

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

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

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

b) Sterilization Treatments:

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

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

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

c) Ante-Natal & Post-Natal Care:

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

i. Ante-Natal check up shall include:

1. 5 in-person consultations with gynecologist
2. One Ultrasound
3. Evaluation of Hypertension
4. One Blood Test
 - a. Blood Group Antibodies
 - b. HIV, Syphilis, Rubella, Hepatitis
 - c. Rhesus Negative Status
 - d. Anaemia
 - e. Vitamin D
 - f. HbA1c
5. Urine Culture

ii. Post-Natal Checkup shall include:

1. 5 In person consultations with gynaecologist
2. Lactation Consultation
3. Up to two in-person consultation for post-partum depression with psychiatrist

d) Maternity Buddy Program:

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

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

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

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

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

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

R5. Personalized Health Care Manager:

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

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

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

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

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

R6. Loss of Pay - Bereavement:

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

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

Disclaimers:

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

- 10) Provision of these services is subject to availability as per the duration specified by Us/the empanelled service provider. Details are available on our website (www.tataaig.com).
- 11) Any service availed by the Insured Person under these Benefits will not impact Cumulative Bonus under the Base Policy, if applicable.
- 12) We reserve the right to change any service provider during the currency of the Policy or at renewal. The same shall be intimated to the Insured Person atleast 15 days prior to the effective date of change. During such change, all the credits earned by the insured Person shall be transferred to the new service provider.
- 13) In case We or the Assistance/empanelled Service Provider fails to provide any of the services as mentioned in this Policy or is unable to implement, in whole or in part due to Force Majeure, non-availability of Services, change in law, rule or regulations which affects the Services, or if any regulatory or governmental agency having jurisdiction over a party takes a position which affects the services, then the Assistance Services' suspended, curtailed or limited performance shall not constitute Breach of Contract and the Company or the Assistance/empanelled Service Provider shall have no liability whatsoever including but not limited to any loss or damage resulting therefrom
- 14) We shall not accept any liability towards quality of the services made available by Service Provider. The Service Provider is responsible for providing the availed services and We are not liable for any defects or deficiencies on the part of the Service Provider.
- 15) The above-mentioned assistance services, as applicable, are purely on referral or arrangement basis, We/Our empanelled service provider shall not be responsible for any third-party expenses incurred and it shall be the responsibility of the Insured Person.

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

TATA AIG GENERAL INSURANCE COMPANY LIMITED

Registered office: Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai - 400013, Maharashtra, India

24*7 Toll free No.: 1800 266 7780/1800 22 9966 (For Senior Citizens) • Email: customersupport@tataaig.com • Website: www.tataaig.com

IRDA of India Registration No.: 108 • CIN: U85110MH2000PLC128425 • EmpowerHer UIN: TATHLIA25036V012425