

Group Medicare Policy Schedule

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Details Of Coverage:

PCGMCARE-20240813-23427

Coverage	Coverage Details	Sum insured Details
In patient Treatment	Flat Sum Insured of 300000 Family Definition Employee only Inclusion of LGBTQ members Policy will also provide cover for LGBTQ members. However gender reassignment surgery and hormonal therapy shall be excluded	Upto ₹ 300000
Pre Post Hospitalization 30/60	30 to 60 days	Upto ₹ 300000
Day Care	List of 541 Day Care procedure attached in Policy Terms and Conditions is covered	Upto 100% of In-patient Treatment Sum Insured
Organ Donor	Medical and surgical Expenses of the organ donor for harvesting the organ where an Insured Person is the recipient limited to the In-Patient Sum Insured	Upto ₹300000
Ambulance	Road Ambulance Covered upto 1% of SI with maximum amount of INR 2000 Per Hospitalisation	Upto ₹2000
Family Transportation Benefit	Covered upto INR 5000	5000

Details Of Additional Covers:

PCGMCARE-20240813-23427

Coverage	Coverage Details	Sum insured Details

Nursing Allowance	Covered for INR 100 per day upto a maximum of 15 days with a deductible of 2 days	Flat Amount in ₹1500
Refractive Error Correction	Covered if correction index is +/- 6.5 D	Applicable for Self 100% of inpatient treatment sum insured and within sum insured limit
Hospital Cash	Hospital Cash Benefit is covered for Rs 500 per day for 7 days Only if Hospitalisation is more than 5 days	Applicable for Self 7 days within sum insured limit Per day amount ₹500
Emergency Air Ambulance	Emergency Air Ambulance is covered with per event limit of INR 100000	Applicable for Self Maximum amount payable Upto ₹100000
Psychiatric or Mental Disorder treatment	Policy also covers hospitalization arising out of Psychiatric ailments within a limit of ₹ 50000 per family	Applicable for Self
Congenital External Cover	Covered in Life threatening condition only	Upto 100% of In-patient Treatment Sum Insured
AYUSH	Covered in Govt. Recognised hospitals only upto 25% of Sum Insured	Applicable for Self 25% of inpatient treatment sum insured
Limit on Room Rent	2% of SI for Normal and 4% for ICU. Normal Room Rent is inclusive of Nursing Charges Proportionate Clause In the event of insured getting admitted in higher room category all hospital related expenses will be on proportionate basis to the eligibility limit as per room rent restriction. All other related charges in accordance with the room rent restriction or actuals whichever is lower	Applicable for Metro 4% of In-patient Treatment Sum Insured
Limit on Treatment/Illness/Surgery	Age Band 18 Years - 90 Years Congenital Internal diseases Covered Health Card Type E-cards Beneficiary (Reimbursement Claims) Employee Terrorism Any Hospitalisation due to terrorism activities will be covered upto IPD Sum Insured Portability is available on this product as per TATA AIG Retail Health Norms and product features Dental Treatment Covered in case of hospitalization due to accident on IPD basis only Cataract Limit (INR) No Limit Cochlear Implant treatment restricted to 50% of SI Functional Endoscopic Sinus Surgery Policy also covers hospitalization arising out of Functional Endoscopic Sinus Surgery within a limit of 35000 per family within the Family Floater SI Lucentis is covered upto Rs 50000 per family within Family Floater Sum Insured COVID 19 Covered from Day 1 Termination Policy will cease to be in effect from the date of termination of relationship with the organisation Modern Treatments* IRDAI specified 12 Modern Treatments covered with 50% Co-pay Metro cities includes Mumbai Delhi NCR Chennai Bengaluru Kolkata Hyderabad Pune and Ahmedabad Modern Treatments Limit Uterine Artery Embolization and HIFU(High intensity focused ultrasound) Covered with 50% Co Pay Balloon Sinuplasty Covered with 50% Co Pay Deep Brain stimulation Covered with 50% Co Pay Oral chemotherapy Covered with 50% Co Pay Immunotherapy- Monoclonal Covered with 50% Co Pay Intravitreal injections (Except Lucentis) Covered with 50% Co Pay Robotic surgeries Covered with 50% Co Pay Vaporisation of the prostate (Green laser treatment or holmium laser treatment) Covered with 50% Co Pay Bronchial Thermoplasty Covered with 50% Co Pay Stereotactic radio surgeries Covered with 50% Co Pay Intra Operative Neuro Monitoring Covered with 50% Co Pay	Applicable for Metro

	Stem cell therapy Covered with 50% Co Pay		
CoPayment Option	Co-Pay on all Claims No Co-payment on claims. Co-pay for Specified illness Cyberknife treatment covered with 50% Co Pay		Applicable for Self 0% Co-pay for all claims applicable 50% Co-pay for Specified illness applicable
30 Days Waiting Period	Waived Off		NA
Specified Disease Waiting Period	Waived Off		NA
PED Waiting Period	Waived Off		NA
Disease Wise Capping/Sublimit	Limit on Treatment/Illness/Surgery	Metro	NonMetro
	Appendix	No Capping	No Capping
	Eye related	No Capping	No Capping
	Gall Bladder	No Capping	No Capping
	Hernia	No Capping	No Capping
	Hydrocele	No Capping	No Capping
	Hysterectomy	No Capping	No Capping
	Joint Replacement	No Capping	No Capping
	Piles	No Capping	No Capping
	Urinary Stone	No Capping	No Capping

Claims Administrator Details :

Details of Claims Administrator:

- Name : TATA AIG CORPORATE HEALTH CLAIMS
- Address : TATA AIG GENERAL INSURANCE COMPANY LIMITED, 5TH AND 6TH FLOOR, IMPERIAL TOWERS, H. NO 7-1-6-617/A, GHMC NO - 615, 616, AMEERPET, HYDERABAD, 500016
- Contact details :
 - Toll Free No. 18002677123
 - Email ID GMCCCLAIMS@TATAAIG.COM
 - Fax No. : NA
 - Website (updated network hospital list)