

Customer Information Sheet

Description is illustrative and not exhaustive

Sl. No	Title	Description	Refer to Policy Clause Number
1	Product Name	Arogya Sanjeevani Policy, Magma HDI	
2	What am I covered for	a. Hospitalisation Expenses: Expenses incurred on hospitalization for minimum period of 24 hours including pre-hospitalization expenses for a period of 30 days and post hospitalization expenses for a period of 60 days b. Day Care Procedures: Medical Expenses for day care procedures c. AYUSH Coverage: Expenses incurred on hospitalization under AYUSH treatment d. Expenses incurred on treatment of cataract e. Expenses incurred on dental treatment and plastic surgery- Necessitated due to disease or injury f. Ambulance charges: Expenses on road ambulance subject to a maximum of Rs 2,000 per hospitalization	D D D D D D
3	What are the major exclusions in the policy:	Following is the partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions: a. Admission primarily for investigation and evaluation b. Admission primarily for rest cure, rehabilitation and respite care c. Expenses related to the surgical treatment of obesity that does not fulfil certain conditions d. Change of gender treatments e. Expenses for cosmetic or plastic surgery f. Expenses related to any treatment necessitated due to participation in hazardous or adventure sports	E E E E E E
4	Waiting Period	a. Pre-existing diseases will be covered after a waiting period of forty eight (48) months of continuous coverage	E
		b. Expenses related to treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident	E
		c. Specified surgeries/treatments/diseases are covered after specific waiting period of 24 months	E
		d. Specified surgeries/treatments/diseases are covered after specific waiting period of 48 months	E
5	Payment basis	Payment on indemnity basis (Cashless / Reimbursement)	
6	Loss Sharing	In case of a claim, this policy requires you to share the following costs: a. Expenses exceeding the following sub-limits: i. Room charges (Hospitalization) a. Room rent: up to 2% of SI, subject to max of INR 5,000 per day b. ICU charges: up to 5% of SI, subject to max of INR 10,000 per day c. in case of Room rent exceeds the limits specified the claim shall be subject to the proportional deduction	D

		ii Cataract: up to 25% of Sum insured or Rs 40,000 whichever is lower	D									
		iii Modern treatment methods and advancements in technology: Upto 50% of Sum Insured	D									
		b. Each and every claim under the policy shall be subject to a Co-payment of 5% applicable to claim amount admissible and payable as per the terms and conditions of this Policy	F.i									
7	Renewal Conditions	This Policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by Insured person. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.	F.i									
8	Renewal Benefits	Cumulative Bonus: a. Increase in Sum insured by 5% in respect of each claim free year subject to a maximum of 50% of SI b. In the event of claim the cumulative bonus shall be reduced at the same rate.	F.i									
9	Cancellation	a. The Insured may cancel this Policy by giving 15 days' written notice and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed in the policy terms and conditions.	F.ii									
		b. The Company may cancel this Policy at any time on grounds of misrepresentation, non-disclosure of any material facts, fraud by the insured Person by giving 15 days' written notice.										
10	Claims	a. For cashless service: The updated Network Hospital List may be obtained at our website www.magmahdi.com and also from the website of our TPA. Please note the Network Hospitals of the TPA are subject to change.	F.ii									
		b. For Reimbursement of Claim: For reimbursement of claims the insured person may submit the necessary documents to TPA/Company within the prescribed time limit as specified hereunder. <table border="1"><thead><tr><th>S. No.</th><th>Type of Claim</th><th>Prescribed time limit</th></tr></thead><tbody><tr><td>1</td><td>Reimbursement of hospitalization, day care and pre hospitalization expenses</td><td>Within thirty days of date of discharge from hospital</td></tr><tr><td>2</td><td>Reimbursement of post hospitalization expenses</td><td>Within fifteen days from completion of post hospitalization treatment</td></tr></tbody></table>	S. No.	Type of Claim	Prescribed time limit	1	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within thirty days of date of discharge from hospital	2	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment	F.ii
		S. No.	Type of Claim	Prescribed time limit								
1	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within thirty days of date of discharge from hospital										
2	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment										
For details on claim procedure please refer the policy document.												
11	Policy Servicing/ Grievances/Co mplaints	a. Details of Grievance redressal officer: https://www.magmahdi.com/grievance-redressal b. IRDAI Integrated Grievance Management System- http://igms.irda.gov.in c. Insurance Ombudsman- The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document.	F.i									
12	Insured's Rights	a. Free Look period of 15 days from the date of receipt of the policy shall be applicable at the inception.	F.i									
		b. Lifelong renewability (except on specific grounds)	F.i									

		c. Right to migrate from one product to another product of the company Please contact Us at 1800 266 3202 or e-mail at customercare@magma-hdi.co.in	F.i
		d. Right to port from one company to another company. Please contact Us at 1800 266 3202 or e-mail at customercare@magma-hdi.co.in	F.i
		e. Change in SI at the time of renewal. Please contact Us at 1800 266 3202 or e-mail at customercare@magma-hdi.co.in	F.i
		The pre-authorization request shall be responded to at the earliest- maximum within 24 hours of receiving complete information Reimbursement claims under this Policy shall be settled or rejected, as the case may be, within 30 days of the receipt of the last necessary document	
13	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.	
Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.			