

Customer Information Sheet -Saksham Health Insurance

Description is illustrative and not exhaustive

Sl. No	Title	Description	Policy Clause Number
1	Product Name	Saksham Health Insurance, Magma HDI General Insurance Co. Ltd.	
2	What am I covered for	a) Hospitalization expenses – Expenses incurred on hospitalization for a 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. Time limit of 24 hrs shall not apply when the treatment is undergone in a Day Care Centre. b) AYUSH Coverage – Expenses incurred on hospitalization under AYUSH Treatment. c) Expenses incurred for treatment of cataract. d) Expenses incurred on hospitalisation for Modern Treatment listed procedures. e) Expenses on road Ambulance are subject to a maximum of Rs. 2000/- per hospitalization.	Section 4
3	What are the major exclusions in the policy:	Following is a partial list of the policy exclusions, please refer to the policy document for the complete list of exclusions: a. Admission primarily for investigation & 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 expenses related to any treatment necessitated due to participation in hazardous or adventure sports	Section 8
4	Waiting Period	a. Pre-Existing Diseases (other than pre-existing HIV/AIDS and Disability) will be covered after a waiting period of forty-eight (48) months of continuous coverage. b. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident c. Expenses related to the treatment of Pre-existing Disability covered after 24 months of continuous coverage from date of commencement of policy. d. Specified surgeries/ treatments/ diseases are covered after a specific waiting period of 24 months.	Section 5
5	Payout basis	Payment on an indemnity basis (Cashless/ Reimbursement)	Section 10
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): • Room Rent, Boarding, Nursing Expenses – Up to 1% of SI, per day	Section 4

		• ICU charges/ Intensive Cardiac Care Unit (ICCU) – Up to 2 % of SI, per day b) Cataract – up to Rs.40,000/- per each eye in one policy year c) Modern treatment methods and Advancements in technology: Up to 50% of the Sum Insured. d) AYUSH Treatment expenses covered up to 50% of Sum insured during each policy year e) Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalisation. f) Each and every claim under the policy shall be subject to a co-payment of 20% applicable to claim amount admissible and payable as per the terms and conditions of the policy. This co-payment can be waived off by paying an additional premium. (optional)										
7	Renewal Conditions	The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, or misrepresentation by the insured person. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years For details on the renewal please refer to the policy document.	Section 9.1.10									
8	Cancellation	a. The Insured may cancel this Policy by giving 15 days written notice and in such an event, the Company shall refund the premium on short-term rates for the unexpired Policy Period as per the rates detailed in the policy terms and conditions. b. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, or fraud by the Insured Person by giving 15 days written notice	Section 9.1.7									
9	Claims	a. For Cashless Service: • Hospital Network details can be obtained: www.magmahdi.com • Toll Free No- 1800 266 3202 b. For Reimbursement of claims: For reimbursement of claims the insured person may submit the necessary documents to the 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 prehospitalization 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 of post hospitalization treatment</td></tr></tbody></table> For details on the claim procedure please refer to the policy document.	S. No	Type of Claim	Prescribed Time limit	1.	Reimbursement of hospitalization, day care and prehospitalization expenses	Within thirty days of date of discharge from hospital	2.	Reimbursement of post hospitalization expenses	Within fifteen days from of post hospitalization treatment	Section 10
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10	Policy Servicing	In case the Insured Person is aggrieved in any way, the Insured Person may contact Us at: Call us at: 1800 266 3202	Section 9.1.15									

		Address: Any of Our branch offices or corporate office during business hours	
11	Grievances/ Complaints	a. Details of Grievance redressal officer, Email: Gro@magma-hdi.co.in b. IRDAI Integrated Grievance Management System – https://igms.irda.gov.in/ or https://bimabharosa.irdai.gov.in c. Insurance Ombudsman – The contact details of the Insurance Ombudsman offices have been provided as Annexure-I of the Policy document	Section 9.1.15
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. b. Lifelong renewability (except on certain specific grounds). c. Right to migrate from one product to another product of the company. Customer Service Cell: 1800 266 3202 d. Right to port from one company to another company: e. Change in SI during the policy term or at the time of renewal f. 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 g. Notice of claim: Please contact us at least 72 hours before admission in case of planned hospitalization. For emergency hospitalization, kindly contact is within 24 hours of admission to Hospital. h. Processing of pre authorization requests: All hospitalization related requests /queries would be decided at the earliest, maximum within 24 hours of the request being received by the TPA / Claims Team of Magma HDI.	Section 9
13	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in the 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.			

Annexure Benefit Premium Illustration