

## CUSTOMER INFORMATION SHEET/ KNOW YOUR POLICY- ONEHEALTH

This document provides key information about your policy. You are advised to go through your policy document and policy schedule.

| Sr No | Title                                                                    | Description<br>(Please refer to the Policy Clause Number in next column)                                                                                                                                                                                                                                                                                                                                     | Policy Clause Number              |
|-------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 1     | Name of Insurance Product/ Policy                                        | OneHealth 10.0                                                                                                                                                                                                                                                                                                                                                                                               |                                   |
| 2     | Policy Number                                                            | XXXX                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |
| 3     | Type of Insurance Product/Policy                                         | <b>Both Indemnity and Benefit</b><br><input type="checkbox"/> Indemnity (Where insured losses are covered up to the Sum Insured under the policy.<br><input type="checkbox"/> Benefit: Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event.<br><input checked="" type="checkbox"/> Both Indemnity and Benefit: (where policy has elements of both the above) |                                   |
| 4     | Sum Insured (Basis)<br>(Along with the amount)                           | <input checked="" type="checkbox"/> Individual Sum Insured- Where each member has a separate sum insured under the policy)<br>OR<br><input checked="" type="checkbox"/> Floater Sum Insured – Where all members under the policy have a single sum insured limit which may be utilized by any or all members                                                                                                 |                                   |
| 5     | Policy Coverage<br>(What the policy covers?)<br>(Policy Clause Number/s) | <b>Expenses in respect of:</b>                                                                                                                                                                                                                                                                                                                                                                               |                                   |
|       |                                                                          | <b>In-patient Care:</b> Admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours.                                                                                                                                                                                                                                                                                              | 2.1 Inpatient Care:               |
|       |                                                                          | <b>Pre-Hospitalisation Expenses</b> (treatment prior to admission in hospital) of XX days.                                                                                                                                                                                                                                                                                                                   | 2.2 Pre-Hospitalisation Expenses  |
|       |                                                                          | <b>Post-Hospitalisation Expenses:</b> (treatment after discharge from hospital) within XX days from date of discharge from the hospital.                                                                                                                                                                                                                                                                     | 2.3 Post-Hospitalisation Expenses |
|       |                                                                          | <b>Day Care Treatment:</b> Listed procedures requiring less than 24 hours of hospitalization (day care).                                                                                                                                                                                                                                                                                                     | 2.4 Day Care Treatment            |
|       |                                                                          | <b>Road Ambulance Cover:</b> Reasonable Charges up to Rs. XX for ambulance expenses incurred to transfer the Insured Person by road transport following an Emergency to the nearest Hospital. This specified limit is per hospitalisation limit.                                                                                                                                                             | 2.5 Road Ambulance Cover          |
|       |                                                                          | <b>Organ Donor Expenses:</b> Medical Expenses incurred towards In Patient Hospitalization of an organ donor for Insured's organ transplant Surgery.                                                                                                                                                                                                                                                          | 2.6 Organ Donor Expenses          |
|       |                                                                          | <b>Domiciliary Hospitalisation:</b> Medical Expenses for medical treatment taken at home if the treatment continues for an uninterrupted period of at least 3 days.                                                                                                                                                                                                                                          | 2.7 Domiciliary Hospitalisation   |
|       |                                                                          | <b>Inpatient AYUSH Treatment:</b> Medical expenses up to SI for in-patient AYUSH Treatment.                                                                                                                                                                                                                                                                                                                  | 2.8 Inpatient AYUSH Treatment     |
|       |                                                                          | <b>IVF Treatment Cover:</b> Medical expenses up to Rs. 1,00,000 incurred for IVF treatment provided this treatment is undergone before 40 years of age.                                                                                                                                                                                                                                                      | 2.9 IVF Treatment Cover           |

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|  | <b>Bariatric Surgery Cover:</b> Medical expenses up to Rs. 1,00,000 incurred for undergoing medical necessary Bariatric surgery                                                                                                                                                                                                                                                                                                                                                                              | <b>2.10 Bariatric Surgery Cover</b>               |
|  | <b>Psychiatric treatment Cover:</b> Medical In-patient treatment expenses up to SI, with sublimit of Rs. 50,000 for specified Psychiatric conditions.                                                                                                                                                                                                                                                                                                                                                        | <b>2.11 Psychiatric treatment Cover</b>           |
|  | <b>HIV/AIDS Cover:</b> In-patient Hospitalization, Day care treatment and Pre-post Hospitalization expenses for HIV/AIDS related treatment.                                                                                                                                                                                                                                                                                                                                                                  | <b>2.12 HIV/AIDS Cover</b>                        |
|  | <b>Modern Treatment Procedures:</b> Coverage for listed Modern treatment procedures Up to INR XXXX                                                                                                                                                                                                                                                                                                                                                                                                           | <b>2.13 Modern treatment Procedures</b>           |
|  | <b>Cumulative Bonus:</b> Cumulative Bonus will be accrued at the rate of XX% per year. Max up to 100%.                                                                                                                                                                                                                                                                                                                                                                                                       | <b>2.14 Cumulative Bonus</b>                      |
|  | <b>Recharge of Sum Insured:</b> 100% Recharge of the Sum Insured unlimited times in a Policy Year from 2 <sup>nd</sup> claim onwards in a policy year, in case base sum insured and Cumulative Bonus is insufficient due to previous claims in the policy year                                                                                                                                                                                                                                               | <b>2.15 Recharge of Sum Insured</b>               |
|  | <b>Companion Benefit:</b> A daily cash amount of Rs XX will be payable in case of Hospitalization of an Insured below age 12 years                                                                                                                                                                                                                                                                                                                                                                           | <b>2.16 Companion Benefit</b>                     |
|  | <b>Fitness Rewards and Wellness Services:</b> Points can be earned maximum up to 10% of existing Policy Premium which can be redeemed as discount on premium at the time of Renewal of the Policy. Points can be earned by undergoing medical check-up or through participation in various fitness activities as specified in policy document.<br>Wellness services like Doctor on Call, Specialist's e-opinion, Nutritional e-counselling and information of healthcare related offers can also be availed. | <b>2.17 Fitness Rewards and Wellness Services</b> |
|  | <b>Optional Covers</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                   |
|  | <b>Critical Illness Cover:</b> A lump sum payment equal to SI or Rs. 1,00,00,000 whichever is lower on diagnosis of any of the 11 listed Critical Illness specified in the Policy document                                                                                                                                                                                                                                                                                                                   | <b>Optional Cover 1</b>                           |
|  | <b>Personal Accident Cover:</b> A lump sum payment XX on Death or Permanent Total Disablement due to Accidental Injury.                                                                                                                                                                                                                                                                                                                                                                                      | <b>Optional Cover 2</b>                           |
|  | <b>Aggregate Deductible:</b> Our liability to make payment under the Policy in respect of any claim made in that Policy Year will only commence once the Deductible of Rs. XX has been exhausted during the Policy Year.                                                                                                                                                                                                                                                                                     | <b>Optional Cover 3</b>                           |
|  | <b>Voluntary Co-Payment:</b> For each and every claim You shall bear XX percentage of admissible claim amount.                                                                                                                                                                                                                                                                                                                                                                                               | <b>Optional Cover 4</b>                           |
|  | <b>Hospital Cash:</b> Lump sum Benefit of Rs. XXXX per day per day for each continuous and completed period of 24 hours of Hospitalization.                                                                                                                                                                                                                                                                                                                                                                  | <b>Optional Cover 5</b>                           |
|  | <b>Maternity Benefits:</b><br><br><b>OPTION A</b><br><b>Maternity Cover:</b> Medical expenses up to Rs. XXXX for the delivery of Insured Person's child<br><b>New Born baby Cover:</b> Medical expenses up to Rs. 50,000 for Hospitalization of Insured's New Born Baby                                                                                                                                                                                                                                      | <b>Optional Cover 6</b>                           |

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|  |  | <p><b>Vaccination for New Born Baby:</b> vaccination expenses up to Rs. 25,000 of the New Born Baby for the specified vaccinations.</p> <p><b>Pre and Post Natal Inpatient hospitalization:</b> Medical expenses up to Rs. 15,000 for Inpatient Pre and Post Natal hospitalisation</p> <p>Maternity Waiting Period is 24 Months</p> <p><b>OPTION B</b></p> <p><b>Maternity Cover:</b> Medical expenses up to Rs. XXXX for the delivery of Insured Person's child</p> <p><b>New Born baby Cover:</b> Medical expenses up to Rs. 50,000 for Hospitalization of Insured's New Born Baby</p> <p><b>Vaccination for New Born Baby:</b> vaccination expenses up to Rs. 25,000 of the New Born Baby for the specified vaccinations.</p> <p><b>Pre and Post Natal Inpatient hospitalization:</b> Medical expenses up to Rs. 15,000 for Inpatient Pre and Post Natal hospitalisation</p> <p>Maternity Waiting Period is 12 Months</p> |                          |
|  |  | <p><b>Home treatment Additional Daily Cash:</b> A daily cash amount of Rs. 1,000 per day will be payable for home care treatment by a service provider authorised by Us.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Optional Cover 7</b>  |
|  |  | <p><b>Non-payable expense Cover:</b> Expenses as listed under "List I – Item for which coverage in not available in the policy" of Annexure II of this Policy will be covered.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Optional Cover 8</b>  |
|  |  | <p><b>Smart Flexi Saver:</b> We give you an option to waive the deductible and convert your OneHealth 10.0 policy with Aggregate deductible into a base policy after 4 policy years with continuity benefit.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Optional Cover 9</b>  |
|  |  | <p><b>Air Ambulance Cover:</b> Expenses incurred towards Your transportation in an airplane or helicopter certified to be used as an ambulance to the nearest Hospital with adequate facilities in an Emergency following an Illness or Injury upto Rs. XXXXXX</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Optional Cover 10</b> |
|  |  | <p><b>Removal of Mandatory Co Payment:</b> This optional benefit allows the Insured / Insured Person to get a waiver of mandatory co payment which is applicable on admissible claim amount if at policy inception the Insured person is aged 61 years or more.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Optional Cover 11</b> |
|  |  | <p><b>Outpatient Cover:</b> Medical Expenses incurred for medically necessary consultations, Diagnostic tests and medicines on out-patient basis upto Rs. XXX</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Optional Cover 12</b> |
|  |  | <p><b>Switch on Switch off Cover:</b><br/>If this cover is opted and in the event of your travel outside India, upon your written request, we shall alter your geographical scope of the policy to Worldwide for a maximum continuous period of 90 days in a policy year and to the extent of the benefit mentioned below and provided all the other terms and conditions are fulfilled. We will cover the Medical Expenses incurred outside India in relation to You up to Rs. XXX</p>                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Optional Cover 13</b> |
|  |  | <p><b>Global Cover:</b> Medical Expenses of the Insured Person incurred outside India, provided that the diagnosis was made in India and the insured travels abroad for treatment.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Optional Cover 14</b> |

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|  | <b>Enhanced sub limits for Cataract:</b> This optional benefit allows the Insured / Insured Person to opt for increase in limits of surgery for cataract. <b>Sub Limits:</b> XXXXXXXX.                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Optional Cover 15</b> |
|  | <b>Enhanced Coverage:</b> With this optional cover, the Sum Insured would be 2 times the Base Sum Insured and is applicable to the first claim in the in the life of the Policy                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Optional Cover 16</b> |
|  | <b>Durable Equipment Cover:</b> On availing this Optional Cover, We shall reimburse the expenses towards the cost of buying or renting any of listed Durable Medical Equipment for a combined sub-limit of INR 5 Lacs or up to Base SI, whichever is lower                                                                                                                                                                                                                                                                                                                                                                                      | <b>Optional Cover 17</b> |
|  | <b>Surrogacy Cover:</b> This Benefit is available for the surrogate mother, in the age group of 25-35 years, who is an altruistic surrogate for a period of 36 months of Policy period<br><br>Sub Limits as below:-<br>For SI upto 7.5L–Rs. 25,000<br>For SI above 7.5L to 25L– Rs. 50,000<br>For SI above 25L – Rs. 1,00,000                                                                                                                                                                                                                                                                                                                   | <b>Optional Cover 18</b> |
|  | <b>Oocyte Donor Cover:</b> This Benefit is available for the Oocyte donor, in the age group of 23-35 years, who is an Oocyte Donor for a period of 12 months or Policy period.<br><br>Sub Limits as below:-<br>For SI upto 7.5L–Rs. 25,000<br>For SI above 7.5L to 25L– Rs. 50,000<br>For SI above 25L – Rs. 1,00,000                                                                                                                                                                                                                                                                                                                           | <b>Optional Cover 19</b> |
|  | <b>Bonus Booster Plus:</b> With this optional cover, Cumulative Bonus limits applicable to the policy will be 100% of SI, subject to a maximum of 700%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Optional Cover 20</b> |
|  | <b>Infinite Bonus Booster:</b> With this optional cover, Cumulative Bonus limits applicable to the policy will be 100% of SI, subject to a maximum of unlimited Sum Insured                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Optional Cover 21</b> |
|  | <b>Unlimited Xtra Recharge of Sum Insured:</b> Unlimited recharge of Sum Insured up to 150% of base sum insured, in case base sum insured and Cumulative Bonus is insufficient due to previous claims in the policy year                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Optional Cover 22</b> |
|  | <b>Insta Cover:</b> The company shall indemnify Medical Expenses incurred for the hospitalization of the Insured Person(s) admissible under In-patient Treatment or Day Care Treatment or AYUSH Treatment for the listed diseases / illnesses / conditions from 1 <sup>st</sup> Day of the Policy Start date as mentioned in the policy schedule.<br>1. Asthma<br>2. Blood Pressure medically known as Hypertension<br>3. Cholesterol known as Hyperlipidemia<br>4. Diabetes<br>5. Obesity<br>6. Coronary Artery Disease with PTCA<br>7. Coronary Artery Bypass Graft<br>8. Chronic Obstructive Pulmonary Disease (COPD)<br><br>Option to cover | <b>Optional Cover 23</b> |

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|  | 1. All illness (Insta8)<br>2. 1st four illness (Insta4)                                                                                                                                                                                                                                                                                                                                                                                 |                          |
|  | <b>Unlimited Care:</b> We will cover the Medical Expenses incurred in respect of Hospitalization of the Insured Person under clauses In-Patient Treatment / Daycare Procedures/Treatment/ In-Patient AYUSH Hospitalization/ for any one claim during the lifetime of the Policy upon the request of the policyholder without any limits on the Sum Insured.                                                                             | <b>Optional Cover 24</b> |
|  | <b>Futuristic Cover:</b> We will provide continuity benefit for all waiting periods served by the member; Initial waiting period, Pre-Existing Disease (PED) waiting period, Specific disease Waiting Period and Maternity Waiting Period (if maternity option/s is / are opted) to the spouse and children added in future and this will be offered only if the proposed newly added spouse age at the time of entry is up to 35 years | <b>Optional Cover 25</b> |
|  | <b>Room Rent Modifier:</b> If the Insured Person has opted for this Optional Cover, the Insured Person shall have an option to below room category instead of Single Private AC Room:<br><br>A. To Modify the room rent eligibility to any room category without any restriction or<br><br>B. To modify the room rent eligibility to twin sharing room                                                                                  | <b>Optional Cover 26</b> |
|  | <b>Smart Network Benefit:</b> On availing this Optional Cover, the Policyholder will be entitled to take cashless treatment as applicable under Section In-patient Care in a Hospital listed as 'Smart Network' only. In case of emergency care hospitalization, the policyholder may choose to avail treatment in any hospital.                                                                                                        | <b>Optional Cover 27</b> |
|  | <b>Reduction of First Thirty Days Waiting Period:</b> This optional benefit allows the Insured / Insured Person to opt for reduced First Thirty Days Waiting Period (Code- Excl03) to XXXXX Days.                                                                                                                                                                                                                                       | <b>Optional Cover 28</b> |
|  | <b>Reduction of Specific disease Waiting period:</b> This optional benefit allows the Insured / Insured Person to opt for reduced Specific Diseases Waiting Period to the period to 1 Year                                                                                                                                                                                                                                              | <b>Optional Cover 29</b> |
|  | <b>Reduction of Pre-existing disease waiting period (Other than those listed under Insta Cover):</b> This optional benefit allows the Insured / Insured Person to opt for reduced pre-existing waiting period to XXXXX Year/s/Days                                                                                                                                                                                                      | <b>Optional Cover 30</b> |
|  | <b>Convalescence Benefit:</b> We will pay a lump sum amount of Rs.20000/- towards convalescence for Hospitalization beyond 15 days.                                                                                                                                                                                                                                                                                                     | <b>Optional Cover 31</b> |
|  | <b>Enhanced Road Ambulance Cover:</b> This optional benefit allows the Insured / Insured Person to opt for increase in limits of Ambulance Cover under Section 2.5 Road Ambulance Cover Up to INR 10,000 per hospitalization.                                                                                                                                                                                                           | <b>Optional Cover 32</b> |
|  | <b>Modern treatment Modifier:</b><br>This optional benefit allows the Insured / Insured Person to opt for increase/decrease in limits of Modern treatment Procedures under Section 2.13 Upto Sum Insured/1 Lac.                                                                                                                                                                                                                         | <b>Optional Cover 33</b> |
|  | <b>Freeze your Price:</b> If this optional cover is in force, the Insured age is locked at entry when they buy the policy, till a claim is paid under any section from 2.1 to 2.13.                                                                                                                                                                                                                                                     | <b>Optional Cover 34</b> |

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|   |                                                        | <b>Room Eligibility cover for Road Traffic Accident:</b> If this optional cover is in force, and the insured person is admitted to hospital due to injury suffered as a result of severe road traffic accident, then the room eligibility is automatically modified to any room category without any restriction.                                                                                                                                                                                                                                                                                                                                                                     | <b>Optional Cover 35</b> |
|   |                                                        | <b>Everything Payable:</b> If this optional cover is in force, We shall cover expenses as listed in your itemised hospital bill under Section 2.1 (Inpatient Care) and Section 2.4 (Day Care treatment) provided they are reasonable and customary.                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Optional Cover 36</b> |
|   |                                                        | <b>Upgrade Your Coverage:</b> If this optional cover is in force, you have an option to upgrade your sum insured under Section 2.1 (Inpatient Care) and Section 2.4 (Day Care treatment) once in lifetime of this policy. You can exercise this option anytime during policy renewal or anytime during a claim. You have an option to upgrade your Sum Insured to Rs. 20L, 50L or 1Cr. If this cover is triggered for accidental injuries, you have an option to continue with your existing Sum insured for subsequent renewals. If this cover is triggered for illness other than accidental injuries, you have to continue with your upgraded Sum insured for subsequent renewals. | <b>Optional Cover 37</b> |
|   |                                                        | <b>Waiver of 'No active line of treatment':</b> If this optional cover is in force, We shall cover expenses related to diagnosis and treatment of any illness and injury even if there is no positive existence or presence of any illness or injury provided that it is medically necessary and requires continuous medical monitoring in a Hospital due to a clinical indication. This benefit does not cover diagnostics without any clinical indication which can be availed on OPD basis.                                                                                                                                                                                        | <b>Optional Cover 38</b> |
|   |                                                        | <b>Occupation Care</b> If this optional cover is in force, We shall additionally cover expenses related to below listed Occupational Hazards for the listed occupations. We will provide this coverage to maximum 2 Insureds within a single policy per year.<br><br>Option to cover<br>1. IT Professionals<br>2. Shop Owner                                                                                                                                                                                                                                                                                                                                                          | <b>Optional Cover 39</b> |
|   |                                                        | <b>Annual Health Check-up</b> – Annual health check-up for insured members as per plan opted per policy year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Optional Cover 40</b> |
| 6 | <b>Exclusions<br/>(What the policy does not cover)</b> | Standard Exclusions<br>1. Investigation & Evaluation (Code- Excl04)<br>2. Rest Cure, Rehabilitation and respite Care (Code- Excl05)<br>3. Change of Gender treatment (Code - Excl07)<br>4. Cosmetic or Plastic Surgery (Code - Excl08)<br>5. Hazardous or Adventure sports: (Code - Excl09)<br>6. Breach of law (Code - Excl10)<br>7. Excluded Providers (Code - Excl11)<br>8. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.<br>9. Treatment received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached                                             | Section 3                |

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|  |  | <p>to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code - Excl13)</p> <p>10. Dietary supplements and substances that can be purchased without prescription including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Code - Excl14)</p> <p>11. Refractive Error (Code - Excl15)</p> <p>12. Unproven treatments (Code - Excl16)</p> <p>13. Sterility and Infertility (Code - Excl17)</p> <p>14. Maternity expenses (Code Excl18) Note: This exclusion does not apply to Maternity Benefits (Optional Cover 6)</p> <p><b>Specific Exclusions</b></p> <ol style="list-style-type: none"> <li>Any Alternative Treatment except for the Benefits under Section 2.8 (AYUSH Treatment)</li> <li>Charges related to a Hospital stay not expressly mentioned as being covered. Service charges levied by the Hospital under whatever head. Complete list of these excluded expenses are mentioned in Annexure II of this Policy</li> <li>Expenses for Artificial life maintenance, including life support machine used to sustain a person, incurred after confirmation by the treating doctor that the patient is in vegetative state</li> <li>Circumcision unless necessary for the treatment of an Illness or disease or necessitated by an Accident.</li> <li>Treatment for any Illness or Injury resulting from nuclear or chemical contamination, war, riot, revolution or acts of terrorism (other than natural disaster or calamity).</li> <li>Treatment for any External Congenital Anomaly</li> <li>Any drugs or Surgical dressings that are provided or prescribed in the case of OPD treatment, or for the Insured Person to take home on leaving the Hospital, for any condition, except as included in Post-hospitalization Medical Expenses under Section 2.3 above. This exclusion does not apply to Outpatient Cover (Optional Cover 12)</li> <li>We will not pay for routine eye examinations, contact lenses spectacles, hearing aids, dentures and artificial teeth. This exclusion does not apply for Outpatient Cover (Optional Cover 12)</li> <li>Any treatment arising from and/or taken for Crohn's Disease, Ulcerative colitis, Cystic kidneys, Neurofibromatosis, Factor V Leiden Thrombophilia, Familial Hypercholesterolemia, Haemophilia, Hereditary Fructose Intolerance, Hereditary Hemochromatosis, Hereditary Spherocytosis.</li> <li>Private nursing/attendant's charges incurred during pre-hospitalization or post-hospitalization.</li> <li>Drugs or treatment not supported by prescription.</li> <li>Issue of fitness certificate and fitness examinations.</li> <li>Any charges incurred to procure any treatment/ Illness related documents pertaining to any period of Hospitalization/Illness.</li> <li>External and/ or durable medical/non-medical equipment used for diagnosis and/ or treatment, CPAP, CAPD, infusion pump.</li> <li>Ambulatory devices, walkers, crutches, belts, collars, caps, splints, slings, braces, stockings of any kind, diabetic foot wear, glucometer/</li> </ol> |  |
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|  |  | <p>thermometer and also any medical equipment which is subsequently used at home except upto the extent of optional cover 17, Durable Equipment Cover.</p> <ol style="list-style-type: none"> <li>16. OPD treatment is not covered. However this exclusion does not apply for: Optional Cover 12, Outpatient Cover and Optional Cover 6, Maternity Benefit</li> <li>17. All preventive care, vaccination including inoculation and immunisations except in case of Vaccination for New Born Baby as Optional Cover 6, Maternity Benefit</li> <li>18. Treatment for, or arising from, an Injury that is intentionally self-inflicted, including attempted suicide.</li> <li>19. Treatment for sleep apnea, snoring, or any other sleep-related breathing problem.</li> <li>20. Any treatment received outside India. This exclusion does not apply for optional cover 13. Switch on Switch off Cover and optional cover 14. Global Cover</li> <li>21. Treatment provided by a Medical Practitioner who is not recognized by the Medical Council of India. This exclusion does not apply for optional cover 13. Switch on Switch off Cover and optional cover 14. Global Cover.</li> <li>22. Treatment provided by anyone with the same residence as the Insured Person or who is a member of the Insured Person's immediate family.</li> <li>23. X-Ray or laboratory examinations or other diagnostic studies, not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, whether or not requiring Hospitalization. This exclusion does not apply for optional cover 38. Waiver of 'No active line of treatment'.</li> </ol> <p><b>Additional Exclusions for Optional Cover 2, Personal Accident Cover</b></p> <ul style="list-style-type: none"> <li>• Injury or treatment related to addictive conditions and disorders resulting from any kind of substance abuse or misuse including alcohol abuse or misuse.</li> <li>• Participation in Adventure Sports.</li> <li>• Insured person committing any breach of law with criminal intent or participation in any riots, civil commotion, or felony.</li> <li>• Any intentional self-injury, suicide or attempted suicide, insanity, or stress</li> <li>• Congenital Anomaly whether Internal Congenital Anomaly or External Congenital Anomaly, congenital internal or external diseases, defects or in consequence thereof.</li> <li>• Bacterial infections (except pyogenic infection which occurs through a cut or wound due to Accident).</li> <li>• Condition resulting due to any disease or infection unless arising directly and solely due to accident</li> </ul> |  |
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|   |                | <ul style="list-style-type: none"> <li>Any change of profession after inception of policy which results in increase in risk, unless declared by insured person and accepted &amp; endorsed by Us.</li> <li>Any change of profession after Inception Date which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Policy Schedule.</li> <li>Medical or Surgical Procedure except as necessarily required, solely and directly as a result of an Accident</li> <li>Whilst mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any scheduled airlines in the world or in any aircraft whether privately owned or chartered or operated by scheduled airlines</li> <li>Insured person operating or learning to operate any aircraft or performing duties as member of crew on any aircraft or scheduled airlines or any airline personnel</li> <li>War or war like operations, Civil War, invasion, act of foreign enemies, revolution, insurrection, mutiny, terrorism, military or usurped power, seizure, capture, arrest, restraint, or detainment, confiscation, or nationalisation or requisition by or under the order of any government or public authority.</li> <li>Any act of Nuclear, Chemical, Biological Terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss</li> <li>Radioactive, chemical, nuclear contamination, or ionizing radiation</li> <li>Any insured person's participation or involvement in any branch of naval, air force or military operations or any paramilitary forces.</li> <li>Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's family.</li> <li>Any expenses (other than as mentioned therein) specified in List of Non-Medical Expenses as set out in Annexure</li> <li>Existing diseases disclosed by the Insured Person provided the same is applied at the underwriting and consented by You/ Insured Person.</li> </ul> |                                                         |
| 7 | Waiting Period | <ul style="list-style-type: none"> <li><b>First Thirty Days Waiting Period (Code- Excl03):</b> 30 days for all illnesses (not applicable on renewal or for accidents)</li> <li><b>Initial Waiting Period for Critical Illness:</b> 90 days for all critical illness as specified in the Policy document.</li> <li><b>Specific Waiting Periods:</b> 24 months on treatment towards specified diseases<br/>List of these diseases is:<br/>1. Cataract<br/>2. Stones in biliary and urinary systems<br/>3. Hernia / Hydrocele<br/>4. Hysterectomy for any benign disorder</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Section 3.1.3<br><br>Section 3.2.1<br><br>Section 3.1.2 |

|   |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                 |
|---|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
|   |                              | <p>5. Lumps / cysts / nodules / polyps / internal tumours unless malignant</p> <p>6. Gastric and Duodenal Ulcers</p> <p>7. Surgery on tonsils / adenoids</p> <p>8. Osteoarthritis/ Arthritis/ Gout/ Rheumatism/ Spondylosis/ Prolapse Spondylitis/ Intervertebral Disc and Spinal Diseases unless arising from accident</p> <p>9. Fissure / Fistula / Haemorrhoid</p> <p>10. Sinusitis / Deviated Nasal Septum / Tympanoplasty/ Chronic Suppurative Otitis Media</p> <p>11. Benign Prostatic Hypertrophy</p> <p>12. Knee/Hip Joint replacement and any ligament, tendon or muscle tear</p> <p>13. Dilatation and Curettage</p> <p>14. Varicose veins</p> <p>15. Dysfunctional Uterine Bleeding / Fibroids/ Prolapse Uterus/ Endometriosis</p> <p>16. Chronic Renal Failure or end stage Renal Failure</p> <p>17. Internal congenital anomalies/diseases/defects</p> <ul style="list-style-type: none"> <li>• Pre-Existing Diseases (Code- Excl01): A waiting period of 3 Years for coverage of declared and accepted Pre-existing diseases is applicable</li> <li>• For IVF Cover: a waiting period of 3 years from Policy Inception Date shall be applicable.</li> <li>• For Psychiatric treatment: 36 months from Policy Inception Date.</li> <li>• Bariatric Surgery Cover - A waiting period of 3 years from the Policy Inception Date</li> </ul> | <p>Section 3.1.1</p> <p>Section 2.9</p> <p>Section 2.11</p> <p>Section 2.10</p> |
| 8 | Financial limits of coverage | <p>1. <b>Sub-limit</b> (it is pre-defined limit, and We will not pay any amount in excess of this limit)</p> <p>In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub- limits-</p> <ul style="list-style-type: none"> <li>• Room beyond single private AC Room</li> <li>• For the following specified diseases:</li> <li>• For cataract treatment, following per eye per Policy Year sublimit shall apply: Rs. 40,000</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>Section 2.1</p> <p>Section 2.1</p>                                           |
|   |                              | <p>2. <b>Co-payment</b> (it is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured)</p> <p>A 20% Co-Payment on admissible claim amount shall be applicable for each claim if the Insured Person is Aged 61 years or more at the Policy Inception Date</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p>Section 5.2</p>                                                              |

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| 9  | Claims/ Claims Procedures | <p><b>For cashless service:</b></p> <ul style="list-style-type: none"> <li>The standard claim form (Part A and Part B) and the cashless pre-authorization request form are available in our website <a href="http://www.magmaininsurance.com">www.magmaininsurance.com</a> for ready reference. The same may be also obtained from any of our offices on request.</li> <li>Toll Free No- 1800 266 3202</li> <li>The updated Network Hospital List and excluded hospital list may be obtained at our website <a href="http://www.magmaininsurance.com">www.magmaininsurance.com</a> and also from the website of our TPA. Please note the Network Hospitals of the TPA are subject to change.</li> <li>Download claim form from <a href="https://www.magmaininsurance.com/web/magmaininsurance/downloads">https://www.magmaininsurance.com/web/magmaininsurance/downloads</a></li> <li>The authorization shall be issued to the Network Provider within one hours of receipt of request along with requisite documents.</li> <li>Final cashless authorization at the time of discharge is within 3 hours of receipt of discharge authorization request along with requisite documents.</li> </ul> | Section 5.5    |
|    |                           | <p><b>For Reimbursement of Claim:</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>Submission of claim: The insured shall submit all the relevant claim documents, and the Claims shall be settled or rejected, as the case may be, within 15 from the date of intimation (along with the requisite documents).</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Section 5.5    |
| 10 | Policy Servicing          | <p>Call us at: 1800 266 3202</p> <p>Address: Any of Our branch offices or corporate office during business hours.</p> <p>List of branch offices can be found at <a href="http://www.magmaininsurance.com">www.magmaininsurance.com</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                |
| 11 | Grievances/Complaints     | <p>In case of any grievance including senior citizen, the insured person may contact the Company through</p> <p>Website: <a href="http://www.magmaininsurance.com">www.magmaininsurance.com</a></p> <p>Toll free: 1800 266 3202</p> <p>Email address: <a href="mailto:customercare@magmaininsurance.com">customercare@magmaininsurance.com</a>.</p> <p>For senior citizens Email address - <a href="mailto:namaskar@magmaininsurance.com">namaskar@magmaininsurance.com</a></p> <p>Dedicated helpline exclusively for senior citizens - 022-62605766</p> <p>Customer can also reach out to Branch GRO</p> <p>Email address: <a href="mailto:Gro@magmaininsurance.com">Gro@magmaininsurance.com</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Section 4.1.16 |

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|                                         |                    | <b>IRDAI Grievance Cell:</b><br>Toll Free Number: 155255 (or) 1800 4254 732<br>Timings: 8 AM to 8 PM -- (Monday to Saturday)<br><br>In case you are not satisfied with the resolution you may register complaint directly in of IRDAI's online portal - Bima Bharosa System- <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a><br><br><b>Ombudsman:</b><br>In case You are still not satisfied with the decision/ resolution, you may approach the office of Insurance Ombudsman once the stipulated period of 30 days from the date of filing the complaint is over. For updated status, please refer to websites <a href="http://www.irdai.gov.in">www.irdai.gov.in</a> or <a href="https://www.cioins.co.in">https://www.cioins.co.in</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Annexure I                                                                                                                   |
| 12                                      | Things to remember | <b>Free Look Cancellation:</b> You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy.<br>For process related to Free Look Call us at: 1800 266 3202<br><br><b>Policy Renewal:</b> The policy shall ordinarily be renewable except on grounds of established fraud, non-disclosure or misrepresentation by the insured person.<br><br><b>Migration and Portability:</b> When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.<br><br><b>Change in Sum Insured:</b> Sum Insured can be changed (increased/ decreased) only at the time of renewal or at any time subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.<br><br><b>Moratorium Period:</b> After completion of continuous 60 months under the policy no look back to be applied. This period is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of continuous 60 months would be applicable from date of enhancement of sums insured only on the enhanced limits.<br>After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. | Section 4.1.15<br><br><br>Section 4.1.10<br><br><br>Section 4.1.8 and 4.1.9<br><br><br>Section 5.3<br><br><br>Section 4.1.12 |
| 13                                      | Your Obligations   | Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.<br>Disclosure of other Material Information during the policy period.<br>“Material facts” for the purpose of this policy shall mean all relevant information sought by Us in the proposal form and other connected documents to enable Us to take informed decision in the context of underwriting the risk.<br>Please notify Us in writing of any material change in the risk on account of change in the nature of occupation or business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Section 4.1.1<br><br><br><br><br><br><br><br><br><br>Section 4.2.8                                                           |
| <b>Declaration by the Policy Holder</b> |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                              |

☐ I have read and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

Note: (i) For Product related documents including Customer Information Sheet, kindly refer to the below link  
[www.magmainurance.com/web/magmainurance/downloads](http://www.magmainurance.com/web/magmainurance/downloads)

(ii) In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.