

Section 1. Benefits**Eligibility**

- This Policy can be offered as an Individual Policy covering one member or as a Family Floater Policy or Family having individual Sum Insured (Multi Individual).
- For individual Policies, minimum entry age is 5 years
- For Family Floater Policy dependent child, grandchild can be of age minimum 91 days. An insured Child under a Family Floater policy, on reaching age 26 years will be considered as Adult on renewal. If such Policy was already consisting of 4 Adults, such individual will be moved to a separate individual policy with continuity benefit on waiting periods.
- No cap on maximum entry age.
- Proposer (Policyholder) should be 18 years or above.
- Your employer can also be the Proposer (Policyholder).
- Lifetime renewability.
- Family includes self, spouse OR live-in partner (same or opposite sex), dependent children, dependent parent(s) dependent parents-in-law, son-in-law, daughter-in-law, dependent grandchild(ren), brother and sister. However, the maximum number of Insured Persons in a Policy can be 4 adults and any number of children.

Policy Period

The Policy will be issued for 1 year, 2 years, 3 years, 4 years and 5 years period

Sum Insured

INR 3L / 4L / 5L / 7.5L / 10L / 15L / 20L / 25L / 30L / 50L / 1 Cr / 2 Cr / 3Cr / Unlimited

Section 2. Benefits

The Benefits under this Policy are subject always to the Sum Insured and Cumulative Bonus, if any, any subsidiary limit specified in the Policy Schedule/Product Benefits Table, the terms, conditions, limitations and exclusions mentioned in the Policy and eligibility as per the insurance plan opted for in the Product Benefits Table and as shown in the Policy Schedule:

Base Covers:**2.1 Inpatient Care:**

We shall cover the Reasonable and Customary Charges for the following Medical Expenses incurred by You if during the Policy Period, You require Hospitalization on the written Medical Advice of a Medical Practitioner, for any Illness or Injury which is contracted or sustained by You during the Policy Period and is covered under this Policy:

- a) Medical Practitioners' fees
- b) Room Rent and other boarding charges
- c) ICU Charges
- d) Operation theatre charges

UIN: MAGHLIP27040V012627

- e) Diagnostic procedures' charges
- f) Medicines, drugs and other consumables as prescribed by the Medical Practitioner
- g) Qualified Nurses' charges
- h) Intravenous fluids, blood transfusion, injection administration charges
- i) Anaesthesia, Blood, Oxygen, operation theatre charges, surgical appliances
- j) The cost of prosthetics and other devices or equipment if implanted internally during a Surgical Procedure

Room Rent

Reimbursement of payment of Room Rent and other boarding charges, and Qualified Nurses' charges incurred at the Hospital shall be as per "Single private AC room category. In case of admission to Intensive Care Unit or Intensive Cardiac Care Unit (ICCU), reimbursement or payment of such Medical Expenses shall be as per actual expenses.

Proportionate Deduction

In case of admission to a room category higher than the basic Single private AC room category (Deluxe, Super deluxe, Suite room and likewise) of the Hospital, the reimbursement or payment of all associated Medical Expenses incurred at the Hospital, shall be effected in the same proportion as the Single private AC room category rate per day bears to the actual rate per day of the room category utilized. Such proportionate deductions shall not be applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category.

Associated expenses refer to the medical expenses which vary as per room category opted in the Hospital. These shall not include Cost of pharmacy and consumables; cost of implants and medical devices; cost of diagnostics.

For Cataract, following sublimits shall apply: – up to Rs. 40,000 per eye per Policy Year

2.2 Pre-Hospitalisation Expenses:

We shall, on a reimbursement basis, cover Your Pre-hospitalization Medical Expenses incurred in respect of an Injury or Illness that occurs during the Policy Period, immediately prior to Your date of Hospitalization and up to the limits specified in the Policy Schedule/Product Benefits Table, provided that a claim has been admitted by Us under Inpatient Care under Section 2.1 above and is related to the same Illness/Injury/condition.

2.3 Post-Hospitalisation Expenses:

We shall, on a reimbursement basis, cover Your Post-hospitalization Medical Expenses incurred due to an Injury or Illness that occurs during the Policy Period, immediately after Your discharge from the Hospital and up to the limits specified in the Policy Schedule/Product Benefits Table, provided that a claim has been admitted by Us under Inpatient Care under Section 2.1 above and is related to the same Illness/Injury/condition.

UIN: MAGHLIP27040V012627

2.4 Day Care Treatment:

We will cover the Medical Expenses incurred on Your Day Care Treatment on the recommendation of a Medical Practitioner following an Illness or Injury which occurs during the Policy Period provided that the Medical Expenses incurred are for Medically Necessary Treatment and up to the limits specified in the Policy Schedule/Product Benefits Table. Any OPD treatment undertaken in a Hospital/Day Care Centre will not be covered under this Benefit. Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses are not payable under this Benefit. Please refer to Annexure III for list of indicative Day Care Treatments.

2.5 Road Ambulance Cover:

We will cover the Reasonable and Customary Charges up to the limit specified in the Policy Schedule/Product Benefits Table that are incurred towards Your transportation by road ambulance to the nearest Hospital with adequate facilities in an Emergency following an Illness or Injury which occurs during the Policy Period provided that the ambulance service is offered by a registered healthcare or ambulance service provider and a claim has been admitted by Us under Inpatient Care under Section 2.1 above. This specified limit is per hospitalisation limit.

2.6 Organ Donor Expenses:

We will cover the Medical Expenses incurred towards in-patient Hospitalization of an organ donor for Your organ transplant Surgery during the Policy Year provided that:

- a) the organ donor conforms to the provisions of The Transplantation of Human Organs Act, 1994 and other applicable laws.
- b) the organ donated is for the use of the Insured Person provided that the Insured Person has undergone an organ transplantation on the basis of Medical Advice;
- c) A claim has been admitted by Us under Inpatient Care under Section 2.1 above.

Subject to the above, We will not cover:

- a) Any Pre-hospitalization Medical Expenses, Post-hospitalization Medical Expenses, or screening expenses of the organ donor, or any other Medical Expenses as a result of the harvesting from the organ donor;
- b) Costs directly or indirectly associated with the acquisition of the donor's organ;
- c) Any other medical treatment or complication in respect of the donor consequent to organ donation.

2.7 Domiciliary Hospitalisation:

We will on reimbursement basis, cover the Medical Expenses incurred for Your Domiciliary Hospitalization during the Policy Period following an Illness or Injury that occurs during the Policy Period provided that the Domiciliary Hospitalization continues for an uninterrupted period of at least 3 days and the condition for which treatment is taken would otherwise have necessitated Hospitalization as long as either

UIN: MAGHLIP27040V012627

a) the attending Medical Practitioner confirms in writing that You cannot be transferred to a Hospital or

b) You satisfy Us that a Hospital bed was unavailable.

If a claim has been admitted by Us under this Benefit, then claims for Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses shall also be payable.

2.8 Inpatient AYUSH Treatment:

We will, cover Your Medical Expenses incurred for Inpatient Care during the Policy Period on treatment taken under AYUSH Treatment in:

a. Central or State Government AYUSH Hospital; or

b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or

c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH *Medical Practitioner* and must comply with all the following criterion:

i. Having at least 5 in-patient beds;

ii. Having qualified AYUSH *Medical Practitioner* in charge round the clock;

iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

Our maximum liability will be limited up to the Sum Insured.

Exclusion 3.2.3 does not apply to this Benefit.

2.9 IVF Treatment Cover:

We shall cover the Medical Expenses incurred by the Insured Person during the Policy Period for her IVF (in-vitro fertilization) treatment undertaken at a clinic duly registered in accordance with applicable law and on the written Medical Advice of a specialist Medical Practitioner, maximum up to the limit as mentioned in the Policy Schedule/Product Benefits Table, provided that the Insured Person undergoes the treatment before 40 years of Age.

A waiting period of 3 years from the Policy Inception Date shall be applicable for this Benefit.

Following shall not be covered under this Benefit:

a) Any expenses with respect to the Insured Person's use of third party surrogate or gestational carrier in pregnancy

b) Any expenses for consultation, diagnostic tests or procedure or any such other expenses for diagnosis of infertility

2.10 Bariatric Surgery Cover:

UIN: MAGHLIP27040V012627

OneHealth 10.0

We shall cover the Medical Expenses incurred by the Insured Person during the Policy Period for undergoing medically necessary Bariatric Surgery prescribed by a specialist Medical Practitioner, maximum up to the limit as mentioned in the Policy Schedule/Product Benefits Table, provided that

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

i. Obesity-related cardiomyopathy

ii. Coronary heart disease

iii. Severe Sleep Apnea

iv. Uncontrolled Type2 Diabetes

A waiting period of 3 years from the Policy Inception Date shall be applicable for this Benefit.

2.11 Psychiatric treatment Cover:

We shall cover Medical Expenses for in-patient treatment of the Insured Person during the Policy Period maximum up to the limit as mentioned in the Policy Schedule/Product Benefits Table, provided the Hospitalization is for Medically Necessary Treatment and prescribed in writing by a registered mental health specialist or psychiatrist

We shall also cover pre & post hospitalization expenses related to such in-patient psychiatric Hospitalization up to the no. of days as covered as per section 2.2 and 2.3 respectively.

For following mental disorders / conditions, shall be covered after a waiting period of 36 months from Policy inception date and a sub-limit of Rs. 50,000 shall be applicable on cumulative basis. This sub-limit includes pre and post hospitalization expenses for these specified disorders.

Name of condition/disorder	ICD codes
Severe Depression	F30, F32, F33
Schizophrenia and Psychosis	F20, F21, F22, F23, F24, F25, F28, F29
Bipolar disorder	F31, F34
Post traumatic stress Disorder	F43
Obsessive compulsive disorders	F42
Panic disorders including anxiety	F40, F41, F93, F94
Personality and related disorders	F60, F44, F48

2.12 HIV/ AIDS Cover:

We will cover the in-patient Hospitalization, Day care treatment and Pre-post Hospitalization expenses incurred by Insured Person during the Policy Period as per the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017 and amendments thereafter due to condition caused by or associated with HIV / AIDS, provided that such treatment is availed as per written prescription by a registered Medical Practitioner.

UIN: MAGHLIP27040V012627

Pre Hospitalization and Post hospitalization days limit will be as applicable under section 2.2 and 2.3 of this Policy.

2.13 Modern treatment Procedures:

The following procedures will be covered (wherever medically indicated) either as in patient (Section 2.1) or as part of day care treatment in a hospital (Section 2.4) maximum up to the limit as mentioned in the Policy Schedule/Product Benefits Table, during the policy period:

- Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- Balloon Sinuplasty
- Deep Brain stimulation
- Oral chemotherapy
- Immunotherapy- Monoclonal Antibody to be given as injection
- Intra vitreal injections
- Robotic surgeries
- Stereotactic radio surgeries
- Bronchial Thermoplasty
- Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- IONM - (Intra Operative Neuro Monitoring)
- Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

2.14 Cumulative Bonus:

We will provide a cumulative Bonus as mentioned below on expired Sum Insured at the end of each Policy Year irrespective of a claim being initiated in the Policy Year, provided that the Policy has been continuously renewed with the Company.

The percentage of the Sum Insured and maximum Cumulative Bonus that can be accrued shall be 20% of Sum Insured per Policy Year up to a maximum of 100% of Sum Insured for Sum Insured less than 10 Lacs & 50% of Sum Insured per Policy Year up to a maximum of 100% of Sum Insured for Sum Insured more than or equal 10 Lacs.

The following conditions shall be applicable:

- a) The sub-limits applicable to various Benefits will remain the same and shall not increase proportionately with accrual of Cumulative Bonus
- b) If the Sum Insured is increased or decreased, Cumulative Bonus shall be calculated on the basis of the Sum Insured of the last completed Policy Year and shall be capped to the maximum amount of Cumulative Bonus on the Sum Insured;
- c) Recharge Sum Insured shall not be considered for calculating Cumulative Bonus;
- d) Cumulative Bonus shall be applicable on an annual basis subject to the Renewal of the Policy;
- e) The entire Cumulative Bonus shall be forfeited if the Policy is not continued/Renewed before expiry of the Grace Period.

UIN: MAGHLIP27040V012627

- f) The Cumulative Bonus shall be available for any claims under sections 2.1 to 2.12 only, subject always to any sub-limits mentioned therein.
- g) This benefit will not be applicable for policies with Unlimited Sum Insured option.

2.15 Recharge of Sum Insured:

We will provide 100% Recharge of the Sum Insured unlimited times in a Policy Year from 2nd claim onwards in a policy year, provided that:

- a) The Sum Insured and Cumulative Bonus (if any) is insufficient for a claim as a result of previous claims in that Policy Year;
- b) Recharge amount can be utilised for same illness as well as different illness for the same or different Insured Person under Inpatient Care under Section 2.1.
- c) Recharge Sum Insured shall not be considered for calculating Cumulative Bonus;
- d) If the Policy issued is a Family Floater Policy, then the Recharge of Sum Insured shall also be available on a floater basis;
- e) This benefit will not be applicable for policies with Unlimited Sum Insured option. If the Recharge of Sum Insured is not utilised in a Policy Year, it shall not be carried forward to any subsequent Policy Year.

For any single claim during a Policy Year the maximum claim amount payable shall be the sum of:

- i. The Sum Insured
- ii. Cumulative Bonus

2.16 Companion Benefit:

We will pay the amount specified in the Policy Schedule/Product Benefits Table for each continuous and completed period of 24 hours of Hospitalization towards the expenses incurred by the person accompanying the Insured Person at the Hospital during such Insured Person's treatment for an Illness or Injury provided that:

- a. Such Insured Person who is Hospitalized is Aged 12 years or below.
- b. The Insured Person should have been Hospitalized for a minimum period of 48 hours continuously;
- c. Such Hospitalization claim is payable as per Section 2.1 In-patient care.
- d. We will not make any payment under this Benefit for more than 15 days of Hospitalisation in total under any Policy Year.

Such accompanying person may or may not be an Insured person under this Policy.

2.17 Fitness Rewards and Wellness Services**1. Fitness Rewards**

You can earn Fitness Rewards points in the manner set out below.

UIN: MAGHLIP27040V012627

For Policies with Policy Period of one year, percentages as mentioned in the table below shall apply. For Policies with Policy Period of 2 and 3 years, in order to calculate the Fitness Rewards points, the Policy premium shall be divided by 2 and 3 respectively.

Further, for Individual Policies, percentages as mentioned in the tables below would apply and for Family Floater Policies, percentages as mentioned in the tables below divided by the number of Insured Persons who are covered other than as dependent children under the Policy shall be applicable for the purpose of calculating the Fitness Rewards points.

a) Through Medical Check up: If You avail of our Health Check- up Benefit and undergo the medical tests at Our Network Providers and thereafter submit the medical test reports to Us, then if all the test results are within the normal range for the respective tests, We shall award You with Fitness Rewards points equivalent to the percentage of the premium paid as per the table below.

b) Through Fitness Activities: You can also earn Fitness Rewards points by engaging in physical activities to keep Yourself active and healthy. If You do any of the following activities during the Policy Year, We shall award you with Fitness Rewards points equivalent to the percentage of premium paid as per the table below. You can take one or more activities amongst these any number of times in a Policy Year and Fitness Rewards points shall be awarded to You subject to the maximum Fitness Reward points as mentioned in the table below.

- * Participation and completion of authorised and certified marathon run (at least 10 Km)
- * Gym/Yoga /Zumba/ Dancing or any other fitness centres' membership for atleast one year
- * Participation and completion of any other authorised and certified professional sport event

c) You can also earn Fitness Rewards points by participating in health programs or any health initiatives sponsored by Us. Fitness Rewards points for an activity can be earned only once per Insured Person (who is covered other than as dependent children under this Policy) in a Policy Year, under this section.

Activity	Points to be earned as a percentage of existing Policy premium
By availing our Health Check- up Benefit	1%
Participation and completion of marathon run (at least 10 Km)	1.5%
Gym/Yoga/Zumba/Dancing or any other fitness centres' membership for atleast one year	2%
Participation and completion of any other Professional sport event	2.5%
Participation in any Health Program sponsored/conducted by Us	5%
Maximum Fitness Rewards Points per Policy Year	10%

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

In case We do not sponsor any event during the policy year, We shall consider multiple claims for reward points for other fitness activities as specified above, and provide the points as specified against that activity, subject always to the condition that maximum 10% of points can be earned per Policy Year.

Redemption of Fitness Reward Points:

You can redeem the earned Fitness Reward points as discount on premium at the time of Renewal of the Policy.

If You wish to know the present value of Fitness Rewards points earned, then You may contact Us at our toll free number or through Our website. In any event, We shall send You an updated statement of the value of the Fitness Rewards points earned on an annual basis on any of the contact details as provided by You.

2. Wellness Services:

- a) Doctor on call: You can consult with a Medical Practitioner from Our panel of Network Providers to discuss any health related query. You can avail this service maximum 3 times per Policy Year.
- b) Specialist's e-opinion: You can avail a specialist Medical Practitioner's opinion on Your health queries that require such specialist Medical Practitioner's consideration. We have a panel of specialist Medical Practitioner in the field of pediatrics, gynaecology, cardiology, oncology and other major branches of medical science. You can avail this service maximum 3 times per Policy Year.
- c) Nutritional e-counselling: On Your request, We will provide You with a Dietician and nutritional e-counselling. You can avail this service maximum 3 times per Policy Year.

For availing above services, You can call our customer care number 1800 266 3202 or write to Us on customercare@magmainsurance.com. Our executive will help You for availing these services.

- d) We may provide information on offers related to healthcare services like consultation, diagnostics, medical equipments and pharmacy. Please visit our website www.magmainsurance.com to know about such offers.

Terms and conditions under Fitness Rewards and Wellness Services

- * All relevant documents, reports, receipts etc for earning Fitness Rewards points must be submitted to Us within 60 days of undertaking such activity.
- * Wellness services are provided through empanelled service providers as applicable and We are only acting as a facilitator. Therefore, We shall not be liable for any incremental costs incurred or the services availed.
- * The decision to utilize these advices/services is solely and absolutely at Your sole and individual discretion and save and except to the limited extent as stated herein, we shall not be liable to you in

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainsurance.com | E-mail: customercare@magmainsurance.com | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

any manner whatsoever including as a consequence of your deciding to indulge in any of the activities as stated above. You should consult Your Medical Practitioner before availing/taking the Medical Advices/ services. We shall not be liable towards any loss or damage arising out of or in relation to any opinion, actual or alleged errors, omissions and representations suggested under this Benefit

* There shall not be any cash redemption against the wellness points.

* We, Our group entities, or affiliates, their respective directors, officers, employees, agents, vendors, shall not be responsible for or liable for, any actions, claims, demands, losses, damages, costs, charges and expenses which any Insured Person claims to have suffered, sustained or incurred, by way of and / or on account of this Benefit.

Any wellness services offered hereunder are subject to the guidelines issued by the IRDAI from time to time.

We shall send You any notifications/communication required to be sent hereunder on your registered email ID or on Your registered contact number or through any other mode as decided by Us.

Optional Covers

All Optional Covers issued under this Policy shall be subject to the terms, conditions and exclusions of this Policy. All other Policy terms, conditions and exclusions shall remain unchanged.

Critical Illness Cover, Personal Accident Cover and Insta Cover shall be applicable for the Insured Person(s) with respect to whom these covers are opted by paying additional premium and upon acceptance by Us and are specified in the Policy Schedule. The limits for these Optional Covers are applicable for each Insured Person.

1. Critical Illness Cover:

We shall pay the amount as specified in the Policy Schedule/Product Benefits Table against this Benefit as a lump sum in addition to payment made by Us under Section 2.1, if any, provided that:

- i. The Insured Person is first diagnosed as suffering from a Critical Illness during the Policy Period, and
- ii. The Insured Person survives for at least 30 days following such diagnosis.

We will not make any payment under this Benefit if the Insured Person is first diagnosed as suffering from a Critical Illness within 90 days of the Policy Start Date from which this Optional Cover was opted with respect to that Insured Person. This Benefit can be availed by the Insured Person only once during his/her lifetime. No claim under this Benefit will be admissible in case any of the Critical Illnesses is a consequence of or arises out of any Pre-Existing Disease within 36 months of first policy Start date provided that such Pre-Existing Illness declared by You and accepted by Us at the time of first Policy issuance.

For the purpose of this Benefit, covered Critical Illness means:

- i. Cancer of Specified Severity
- ii. Myocardial Infarction (First Heart Attack of specific severity)

UIN: MAGHLIP27040V012627

- iii. Open Chest CABG
- iv. Open Heart Replacement or Repair of Heart Valves
- v. Coma of Specified Severity
- vi. Kidney Failure requiring Regular Dialysis
- vii. Stroke resulting in Permanent Symptoms
- viii. Major Organ/Bone Marrow Transplant
- ix. Permanent paralysis of Limbs
- x. Motor Neurone Disease with Permanent Symptoms
- xi. Multiple Sclerosis with Persisting Symptoms

If a claim becomes admissible under this Benefit, this Optional Cover shall not be available for that Insured Person at the time of Renewal.

Any Mandatory Co-Payment, Voluntary Co-Payment or Aggregate Deductible shall not be applicable for claim payment under this Benefit.\

2. Personal Accident Cover:

If at any time during the Policy Period, the Insured Person sustains an Injury resulting solely and directly due to an Accident anywhere in the world, and causes any of the following events, then We shall pay the Insured Person or his/her nominee as the case may be, the amount(s) hereinafter set forth if this cover is opted by you.

Events covered:

a) Accidental Death

If such Injury results in the death of the Insured Person within twelve calendar months from the date of the Accident, then We will pay the Sum Insured stated in the Policy Schedule/Product Benefits Table.

b) Permanent Total Disablement

1. If such Injury, within twelve calendar months from the date of the Accident, results in any of the following, then as per the table below, We shall pay a lump sum amount equal to the percentage of limit as mentioned for Personal Accident Benefit in the Product Benefits Table /Policy Schedule,

Nature of Disablement	Percentage of Limit for Personal Accident Cover payable
Total and irrecoverable loss of sight of both eyes	100%
Actual loss by physical separation of two entire hands	100%
Actual loss by physical separation of two entire feet	100%
Actual loss by physical separation of one entire hand and one entire foot	100%
Total & irrecoverable loss of sight of one eye	50%

UIN: MAGHLIP27040V012627

Actual loss by physical separation of one entire hand or of one entire foot	50%
Total and irrecoverable loss of use of a hand or a foot without physical separation	50%
If such Injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured Person from engaging in any employment or occupation of any description	100%

For the purpose of above clause, physical separation of a hand means separation at or above the wrist and of the foot means separation at or above the ankle.

If a claim becomes admissible under this Benefit where the claim paid is 100% of the limit under this Optional cover, then this Optional Cover shall not be available for that Insured Person at the time of Renewal.

Any Mandatory Co-Payment, Voluntary Co-Payment or Aggregate Deductible shall not be applicable for claim payment under this Benefit.

3. Aggregate Deductible:

If this cover is opted, the Policy becomes an aggregate top-up policy wherein claim in a Policy Year becomes payable by Us only after deductible limit is crossed. A deductible does not reduce Sum Insured.

The Insured Person shall bear on his/her own account an amount equal to the Deductible specified in the Policy Schedule for any and all claim amounts we assess to be payable by Us in respect of all claims made by the Insured Person under the Policy for a Policy Year. Our liability to make payment under the Policy in respect of any claim made in that Policy Year will only commence once the Deductible has been exhausted during the Policy Year.

The Deductible shall apply on individual basis in case of individual policy and on floater basis in case of floater policy.

Only the expenses incurred by You under the following Sections of this Policy, subject to any sublimit therein which otherwise would have been payable under Your Policy, shall be considered for Deductible- Base Covers (i.e. Section 2.1 to Section 2.14).

It is further agreed that Mandatory Co-Payment and Voluntary Co-Payment, if opted under this Policy shall be applicable after the Deductible has been exhausted.

All claim documents must be submitted even for the claims which are within the Deductible limit.

If We have admitted a claim under the Policy to which the provisions of Section 4.1.5 are applicable, then the provisions in Section 4.1.5 will apply only to any amounts payable by Us in respect of a claim made by the Insured Person after the Deductible has been exhausted;

4. Voluntary Co-Payment:

UIN: MAGHLIP27040V012627

For each and every claim You shall bear the percentage of admissible claim amount as opted by You under this Optional Cover and mentioned on Your Policy Schedule irrespective of the Your Age.

Co-payment applicable as per this Cover shall be in addition to any other Co-payment (Mandatory Co-Payment) applicable under this Policy.

5. Hospital Cash:

If You are Hospitalized during the Policy Period and if We have accepted an Inpatient Care claim under Section 2.1, then We shall, in addition, pay the daily cash amount as opted by you and specified in the Policy Schedule /Product Benefits Table for each continuous and completed period of 24 hours of Hospitalization provided that:

- a. You should have been Hospitalized for a minimum period of 48 hours continuously;
- b. We shall not make any payment under this Benefit to You for more than 10 days of Hospitalisation in total under any Policy Year.

6. Maternity Benefits:

(Option - A) Delivery Expenses (with 24 months waiting period) and Newborn Cover

Delivery Expenses: Expenses for a Delivery including Delivery by Caesarean section (including pre-natal and postnatal expenses) as per the option plan opted by you and up to the limits specified in the policy schedule:

If any room rent limit or room type limit is applicable to you as per section 2.1 (Inpatient Care), then such limits shall also be applicable for any claims under this optional cover as well.

A waiting period of 24 months from the Policy Start date of the Policy is applicable with which optional cover A was opted and renewed continuously thereafter, shall be applicable for this Benefit.

The following covers are available under this Benefit:

i) Maternity Cover

a) We shall cover Maternity expenses up to the limit specified in the Product Benefits Table/ Policy Schedule for Hospitalization for the delivery of Your child or for lawful medically necessary termination of pregnancy (including abortion and miscarriage required or arising due accidental injuries) maximum up to 2 deliveries or termination of pregnancy during Your lifetime.

b) The following Medical Expenses are not covered under this Benefit:

- i) Medical Expenses in respect of the harvesting and storage of stem cells when carried out as a preventive measure against possible future Illnesses
- ii) Medical Expenses for ectopic pregnancy which are covered under Inpatient Care Benefit

UIN: MAGHLIP27040V012627

iii) Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses shall not be covered under this Benefit

Our maximum liability under this Benefit will be subject to the limit specified in the Policy Schedule/Product Benefits Table.

ii) Newborn Baby Cover

If Hospitalization of a New Born Baby is required and if We have accepted a claim under Maternity Cover as mentioned above, then We will cover the Medical Expenses incurred towards the Medically Necessary Treatment of Your New Born Baby up to 90 days from birth. Our maximum liability under this Benefit will be subject to the limit specified in the Policy Schedule/Product Benefits Table.

iii) Vaccination for New Born Baby

We will cover Reasonable and Customary Charges for vaccination expenses of the New Born Baby for the vaccinations as mentioned below until the New Born Baby completes one year irrespective of the end of the Policy Period. Our maximum liability under this Benefit is up to the limit as defined in the Product Benefits Table/ Policy Schedule included within Newborn baby cover limits. This limit forms a part of the limit of Benefit defined for Newborn Baby Cover under this optional cover as stated above.

Time Interval	Vaccine	Age
0- 3 months	BCG	Birth to 2 weeks
	OPV	0,6,10 weeks
	Or OPV+	6,10 weeks
	DPT	6,10 weeks
	Hepatitis B	Birth, 6 weeks
	Haemophilus influenzae type B vaccine(Hib)	6,10 weeks
3- 6 months	OPV or OPV+ IPV2	14 weeks
	DPT	14 weeks
	Hepatitis B	14 weeks
	Haemophilus influenzae type B vaccine(Hib)	14 weeks
9 months	Measles	9 months
12 months	Chicken pox	12 months

(Option - B) Delivery Expenses (with 12 months waiting period) and Newborn Cover:

This option is available only with 3 year and more policy tenure. The waiting period for this option is 12 months. All other terms and condition under this option is same as Option A

UIN: MAGHLIP27040V012627

Pre Natal – Post Natal Coverage for both options A & B

We will cover the expenses within the maternity benefit sum insured opted in Optional Cover 6. for inpatient hospitalization treatment expenses incurred during the pre natal period and during the post natal period (1 month post delivery) subject to the limit specified in the Policy Schedule/Product Benefits Table.

7. Home treatment Additional Daily Cash:

In case You opt for home care treatment by a service provider authorised by Us for an Illness or Injury which otherwise would have required Hospitalization as an in-patient, then in addition to coverage for such home hospitalization treatment expenses and Pre & post home hospitalization expenses up to the Sum Insured, We shall pay You a lump sum amount as Daily Cash Benefit for each completed day of such treatment as specified in the Product Benefits Table/ Policy Schedule. Such home care treatment shall be authorized and provided by Our authorized service providers on the basis of Cashless facility. All other conditions and limits in terms of number of days for Pre & post hospitalization as specified in section 2.2 and 2.3 shall be applicable.

The Daily Cash Benefit shall not be available for treatment taken at home for following procedures

- Chemotherapy

- Dialysis

8. Non-payable expense Cover:

If this optional cover is in force, as specified in your Policy Schedule, We shall also cover the expenses as listed under “List I – Item for which coverage is not available in the policy” of Annexure II of this Policy under Section 2.1 (Inpatient Care) and Section 2.4 (Day Care treatment).

9. Smart Flexi Saver:

This optional cover is available only if Aggregate Deductible Optional Cover (Optional Cover 3) is opted.

In consideration to additional premium paid towards this optional cover with a Aggregate Top up / Super Top up policy (i.e. OneHealth 10.0 policy with Aggregate deductible), we give you an option to waive the deductible and convert it into a base policy after 4 policy years. We will give you the continuity benefit on the complete Sum Insured and no fresh waiting periods will be applicable.

Following conditions will apply:

1. Maximum Sum Insured available shall be one step higher than the nearest SI option to the sum of Sum insured and deductible amount at the time of inception of your first Super Top Up policy with Us.

Example: For policy with Sum Insured 5 lakh and deductible 3 lakh,

Sum of SI & Deductible= 5+3= 8 lakh

Nearest SI option to above sum: 7.5 Lakh

UIN: MAGHLIP27040V012627

Maximum SI option at the time of conversion to base policy: One step higher than 7.5 lakh, that is, 10 Lakh.

2. In case any of the insured person develops any health condition during the coverage tenure under Aggregate Top up / super top up policy, an additional loading maximum up to 50% on total premium shall be applied. Any loading once applied will be applicable on total premium and on all subsequent renewals.

3. You have to provide a declaration regarding health conditions status at the time of switch. We reserve the right to deny claim and cancel your policy anytime if this declaration is found to be untrue anytime thereafter.

10. Air Ambulance Cover:

We shall cover the expenses up to the limit specified in the Policy Schedule/Product Benefits Table that are 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 which occurs during the Policy Period provided that:

- a. Such transportation of You cannot be provided by a road ambulance;
- b. Your claim for Hospitalization in the Hospital You are transported to is admissible under Section 2.1 of this Policy;
- c. Medically Necessary Treatment is not available at the location where You are situated at the time of the Emergency;
- d. Your medical evacuation is prescribed by a Medical Practitioner and is medically necessary;
- e. You are situated in India and the treatment is required in India only and not overseas in any condition whatsoever;
- f. The air ambulance provider is registered in India;
- g. Expenses incurred towards Your return transportation by air ambulance is excluded under this Benefit.

11. Removal of Mandatory Co Payment:

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.

12. Outpatient Cover:

We will cover the Reasonable and Customary Charges as per the plan opted by you incurred for medically necessary consultations with a Medical Practitioner on an out-patient basis to assess Your health condition for any Illness. We will also cover the Reasonable and Customary Charges incurred for undergoing any Diagnostic Tests prescribed by the Medical Practitioner and medicines purchased under and supported with a Medical Practitioner's prescription. The amount payable under this Benefit shall be up to the sub-limit shown in the Policy Schedule/Product Benefits Table. We will also cover the Reasonable and Customary Charges for Dental Treatment, cost of spectacles, contact

UIN: MAGHLIP27040V012627

lenses and hearing aids. The bills for these expenses within the policy periods can be accumulated and claimed at once.

Initial waiting period of 30 days, pre-existing disease waiting period and specific disease waiting period shall be applicable as specified in section 3 of the policy.

13. Switch on Switch off Cover:

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 (as mentioned in Clause 4.2.6) to Worldwide for a maximum 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 Insured Person(s), up to the limits specified in the Policy Schedule/Product Benefits Table, provided that:

- a) Such Medical Expenses are incurred with respect to Medically Necessary Treatment, where such treatment has been certified as an Emergency by a Medical Practitioner and cannot be postponed until You have returned to India and is payable as per Section 2.1 of the Policy;
- b) The Medical Expenses payable shall be limited to Inpatient Care only.
- c) Any payment under this Benefit shall be reimbursed only in Indian rupees;
- d) The payment of any claim under this Benefit shall be based on the rate of exchange as on the date of payment to the Hospital published by the Reserve Bank of India (RBI) and shall be used for conversion of foreign currency into Indian rupees for payment of claim. Where, on the date of discharge, if RBI rates are not published, the exchange rate next published by the RBI shall be considered for conversion;
- e) Recharge of Sum Insured and cumulative bonus shall not be available for this Benefit;

Exclusion 3.2.23 & 3.2.24 do not apply to this Benefit.

Special Conditions

- This benefit can be utilized for a maximum period of 90 days in a Policy Year irrespective of Policy type (Floater or Individual/ Multi-Individual).
- You need to intimate Us at least 72 hours prior to the date of travel to switch off the policy on our toll free no 1800 266 3202. We would require the following details:
 - a. Date and time of leaving India
 - b. Date and time of your return to India
- In case You arrive back to India earlier than the date informed to Us, then You need to intimate us at least 24 hours prior to the return travel to India in order to Switch On the Policy. If out of all members who travelled, only one or few members return to India earlier than the date informed to Us, then the Policy shall be switched on from the earliest date of return to India for all the members.
- Your coverage shall be switched off and reactivated as per the details provided by You subject to a maximum switch off period of 90 days. If the return to India is later than 90 days from

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com
| Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

the date of Switch off, the coverage shall be reactivated immediately after 90 days irrespective of your return.

- We may require the following documents to record the date of your travel in order to Switch-Off and Switch-on the policy for Insured Person
 - a. Flight tickets of the Insured members travelling to abroad
 - b. Flight tickets of the Insured members travelling back to India
- Your Policy coverage will be automatically activated based on the information pertaining to date of return provided to us or 90 days from the Switch Off date, whichever is earlier. In case of policy term of equal and more than 2 years, you can avail this benefit each year.
- If by any chance due to any emergency you could not take the scheduled trip, please intimate us the same on our toll free no. 1800 266 3202.
- Please note that this benefit is not available under the policy & hence no claim shall be admissible under this section where either the policyholder or any of the Insured Person(s) is a Foreign National or their Residence Status at the time of proposal or anytime during the policy period/ renewal is:
Non-Resident Indian (NRI); or
Overseas Citizen of India (OCI)

14. Global Cover:

We will cover for Medical Expenses of the Insured Person incurred outside India, upto the sum insured or Rs. 3 Cr. whichever is lower, provided that the illness / accident / diagnosis was made in India and the insured travels abroad for treatment. The Medical Expenses payable shall be limited to Inpatient and day care Hospitalization. Any claim under this cover can be made only on reimbursement basis provided that the Insured has intimated us before availing benefit under this cover. Cashless facility may be arranged on case-to-case basis. The payment of any claim under this benefit will be in Indian Rupees based on the rate of exchange as on the date of invoice, published by Reserve Bank of India (RBI) and shall be used for conversion of foreign currency into Indian Rupees for claims payment. If these rates are not published on the date of invoice, the exchange rate next published by RBI shall be considered for conversion. Only basic sum insured along with Cumulative Bonus can be used for this and not the recharge sum insured. We shall require the following additional documents supporting the claim under this benefit:

- Proof of diagnosis in India
- Insured's Passport and Visa

Please note that this benefit is not available under this policy and no claim shall be admissible under this section where either the policyholder or any of the Insured Person(s) is a Foreign National or their Residence Status at the time of proposal or anytime during the policy period/ renewal is:
Non-Resident Indian (NRI); or
Overseas Citizen of India (OCI)

15. Enhanced sub limits for Cataract:

UIN: MAGHLIP27040V012627

This optional benefit allows the Insured / Insured Person to opt for increase in limits of surgery for cataract as specified in the Policy Schedule/Product Benefits Table. This benefit will not be available for Policies with Unlimited Sum Insured option.

16. Enhanced Coverage:

With this optional cover, the Sum Insured would be 2 times the Base Sum Insured and is available only for the first claim in life of the insured, subject always to the sequence of utilization of Sum Insured mentioned below. This benefit will not be available for Policies with Unlimited Sum Insured option.

The sequence of utilization of Sum Insured will be as below:

- a. Base Sum Insured
- b. Enhanced Coverage
- c. Cumulative Bonus

This cover will not be available if not utilised for the first claim. Any unutilised enhanced coverage cannot be carry forwarded to the next policy year.

17. Durable Equipment Cover:

On availing this Optional Cover, We shall reimburse the expenses towards the cost of buying or renting any of "Durable Medical Equipment" as listed below, up to the overall limit specified in the Policy Schedule / Product Benefit Table, which is within the Sum Insured, provided the same is prescribed to the Insured Person by the treating Medical Practitioner, during or after an admissible Hospitalization for a Medically necessary treatment.

Conditions:

- 1 The expenses incurred must be related to an admissible Hospitalization of the Insured Person under Inpatient Care or Domiciliary Hospitalization
- 2 The need for Durable Medical Equipment is prescribed by an authorised Medical Practitioner during Hospitalization or within 15 days post discharge of the Insured Person from the Hospital.
- 3 Any purchase / renting of the Durable Medical Equipment should be done within 15 days of such recommendation and we will pay the rentals upto the post hospitalisation limit as applicable in the policy schedule.
- 4 Any Exclusion under the Policy with respect to any of the above listed Durable Medical Equipment shall not be applicable for this Optional Cover.
- 5 Any claim made under this cover will reduce the Sum Insured of the Underlying Policy.
- 6 List of Durable equipment covered:
 - i. Ventilator
 - ii. Wheelchair (Upto Rs.1 Lac)
 - iii. Prosthetic device
 - iv. Suction Machine
 - v. Commode Chairs

UIN: MAGHLIP27040V012627

- vi. Infusion pump
- vii. Continuous Passive motion devices in case of Knee Replacement
- viii. Oxygen concentrator

For the purpose of this cover, a Prosthetic device means an externally applied device used to replace wholly or partly an absent or deficient body part (limited to arm or leg or auditory system).

18. Surrogacy Cover:

Specific Definitions

- Altruistic Surrogacy means the surrogacy in which no charges, expenses, fees, remuneration or monetary incentive of whatever nature, except the medical expenses and such other prescribed expenses incurred on surrogate mother and the insurance coverage for the surrogate mother, are given to the surrogate mother or her dependents or her representative.
- Assisted Reproductive Technology (ART) Act means the Assisted Reproductive Technology (Regulation) Act, 2021 and its amendments.
- Assisted reproductive technology clinic means any premises equipped with requisite facilities and medical practitioners registered with the National Medical Commission for carrying out the procedures related to the assisted reproductive technology.
- Couple means the legally married Indian man and woman above the age of 21 years and 18 years respectively.
- Intending couple means a couple who have a medical indication necessitating gestational surrogacy and who intend to become parents through surrogacy.
- Intending woman means an Indian woman who is a widow or divorcee between the age of 35 to 45 years and who intends to avail the surrogacy.
- Surrogacy Act means the Surrogacy (Regulation) Act, 2021 and its amendments.
- Surrogacy means a practice whereby one woman bears and gives birth to a child for an intending couple with the intention of handing over such child to the intending couple after the birth.
- Surrogacy clinic means surrogacy clinic, centre or laboratory, conducting assisted reproductive Technology Banks conducting surrogacy procedure or any clinical establishment, by whatsoever name called, conducting surrogacy procedures in any form.
- Surrogacy procedures means all gynaecological, obstetrical or medical procedures, techniques, tests, practices or services involving handling of human gametes and human embryo in surrogacy.
- Surrogate mother means a woman who agrees to bear a child (who is genetically related to the intending couple or intending woman) through surrogacy from the implantation of embryo in her womb and fulfils the conditions that no women shall act as a surrogate mother by providing her own gametes.

Coverage

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.

We shall cover inpatient hospitalization expenses to cover all expenses for all complications arising out of pregnancy and also covering post- partum delivery complications for a period of 36 months as UIN: MAGHLIP27040V012627

per the Sum Insured and the plan opted and up to the limit specified in the Policy Schedule/Product benefit table for maximum up to 1 delivery or termination of pregnancy during the lifetime of the surrogate.

Conditions:

1. This optional cover can be availed only once in the lifetime of the surrogate and for a period of 36 months only.
2. This optional cover can be included only if policy tenure opted is equal or more than three year.
3. The Proposal for insurance must be made and accepted 30 days before the embryo transfer for the surrogate mother.
4. In an individual policy where intending women is the insured or in a Family Floater policy (2 Adults variant only) where the intended couple are insureds
 - a. The surrogate mother can be added for the coverage under this benefit only.
 - b. After completion of 36 months period, Surrogacy cover and the Surrogate Mother will be excluded from coverage.
5. Treatment under Day Care and OPD are not covered.
6. Intending couple/ intending woman, the Surrogate mother and the Surrogacy clinic must comply with Surrogacy Act and ART Act.
7. Surrogacy should be carried out in recognized centers registered with the National Assisted Reproductive Technology and Surrogacy Registry at <https://registry.artsurrogacy.gov.in/>.
8. Waiting periods mentioned under section 3- 3.1.1 & 3.1.2 are not applicable under Surrogacy Cover. For treatments other than Surrogacy Cover all waiting periods are applicable.
9. This optional cover can be opted without Maternity cover

Specific Exclusions

We shall not be liable to make any payments under this policy in respect of any expenses whatsoever incurred by the insured person in connection with or in respect of:

1. Any services done at unrecognized Surrogacy Clinic / Centre / Laboratory.
2. Any expenses related to Pre and Post treatment hospitalization, Procedures related to endometrial preparations and/or zygote implantation.
3. Any expenses for consultation, diagnostic tests or procedure or any such other expenses for diagnosis of infertility.
4. Any medical Expenses in respect of the harvesting and storage of stem cells when carried out as a preventive measure against possible future illnesses.
5. Any medical Expenses for ectopic pregnancy which are covered under Inpatient Care Benefit.
6. Any kind of mental illness related to delivery complications.
7. Any complications of the ART procedures during the process of surrogacy.
8. Reversal of voluntary sterilization.
9. Any treatment undergone for second or subsequent pregnancies except where the child from the first delivery/ previous deliveries is/are not alive at the time of treatment.
10. Any payment for services rendered to a surrogate.

UIN: MAGHLIP27040V012627

11. Any costs associated with cryopreservation and storage of sperm, eggs and embryos.
12. Any selective termination of an embryo.
13. Any sub-fertility services that are deemed to be unproven, experimental, or investigational.
14. Any surgery/ procedures that enhance fertility like Tubal Occlusion, Bariatric Surgery, Diagnostic Laparoscopy with Ovarian Drilling and such other similar surgery/ procedures.
15. Any services not in accordance with standards of good medical practice and not uniformly recognized and professionally endorsed by the general medical community at the time it is to be provided.

19. Oocyte Donor Cover:

Specific Definitions

- Assisted Reproductive Technology (ART) Act means the Assisted Reproductive Technology (Regulation) Act, 2021 and its amendments.
- Assisted reproductive Treatment Procedure means all techniques that attempt to obtain a pregnancy by handling the sperm or the oocyte outside the human body and transferring the gamete or the embryo into the reproductive system of a woman.
- Assisted reproductive technology clinic means any premises equipped with requisite facilities and medical practitioners registered with the National Medical Commission for carrying out the procedures related to the assisted reproductive technology.
- Couple means the legally married Indian man and woman above the age of 21 years and 18 years respectively.
- Commissioning couple means an infertile married couple who approach an assisted reproductive technology clinic or assisted reproductive technology bank for obtaining the services authorised of the said clinic or bank.
- Commissioning woman means any woman above the age of twenty-one years who approaches an assisted reproductive technology clinic or assisted reproductive technology bank for obtaining the authorised services of the clinic or bank.
- Infertility means the inability to conceive after one year of unprotected coitus or other proven medical condition preventing a couple from conception.
- Oocyte means naturally ovulating oocyte in the female genetic tract.
- Retrieval means a procedure of removing oocytes from the ovaries of a woman.

Coverage

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 whichever is lower.

We shall cover the inpatient hospitalization expenses as per the Sum Insured and the plan opted and up to the limit specified in the Policy Schedule/Product benefit table for the complications arising out of Oocyte Retrieval by an Assisted Reproductive Treatment Procedure for an Oocyte Donor during the Policy Period, maximum up to the limit as mentioned in the Policy Schedule.

Conditions

UIN: MAGHLIP27040V012627

OneHealth 10.0

1. This cover can be availed only once in the lifetime of the Oocyte Donor.
2. An oocyte donor can donate oocytes only once in her life and not more than seven oocyte shall be retrieved from the oocyte donor by the ART Clinic.
3. The Proposal for insurance must be made and accepted 30 days before ovarian stimulation for oocyte donor.
4. In an individual policy where intending women is the insured or in a Family Floater policy (2 Adults variant only) where the intended couple are insureds-
 - a. The Oocyte Donor can be added for the coverage under this benefit only.
 - b. After completion of 12 months period, Oocyte Donor cover and the Oocyte Donor will be excluded from coverage.
5. Treatment under Day Care and OPD are not covered.
6. Commissioning couples/ Commissioning woman, Oocyte Donor and the ART clinic must comply with ART Act.
7. ART procedure should be carried out in recognized centers registered with the National Assisted Reproductive Technology and Surrogacy Registry at <https://registry.artsurrogacy.gov.in/>.
8. Waiting periods mentioned under section 3- 3.1.1 & 3.1.2 are not applicable under Oocyte Donor Cover. For treatments other than Oocyte Donor Cover all waiting periods are applicable.
9. This optional cover can be opted without Maternity cover

Specific Exclusions

We shall not be liable to make any payments under this policy in respect of any expenses whatsoever incurred by the insured person in connection with or in respect of:

1. Any services done at unrecognized ART Clinic and ART Bank.
2. Any expenses related to Pre and Post treatment hospitalization, Procedures related to endometrial preparations and/or zygote implantation.
3. Any expenses for consultation, diagnostic tests or procedure or any such other expenses for diagnosis of infertility.
4. Any medical expenses in respect of the harvesting and storage of stem cells when carried out as a preventive measure against possible future illnesses.
5. Any kind of mental illness related to Oocyte Donation.
6. Any expenses of the ART procedures.
7. Reversal of voluntary sterilization.
8. Any payment for services rendered to an Oocyte Donor.
9. Any costs associated with cryopreservation and storage of sperm, eggs and embryos.
10. Any sub-fertility services that are deemed to be unproven, experimental or investigational.
11. Any surgery/ procedures that enhance fertility like Tubal Occlusion, Bariatric Surgery, Diagnostic Laparoscopy with Ovarian Drilling and such other similar surgery/ procedures.
12. Any services not in accordance with standards of good medical practice and not uniformly recognized and professionally endorsed by the general medical community at the time it is to be provided.

Only one among Surrogacy or Oocyte Cover can be taken in the lifetime of the policy.

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com
| Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

20. Bonus Booster Plus:

If this optional cover is in force, 100% of Sum Insured, subject to a maximum of 700% Sum Insured and maximum Cumulative Bonus that can be accrued as defined in Section 2.14 'Cumulative Bonus' of this Policy, shall be modified as that stated in the policy schedule. This benefit will not be available for Policies with Unlimited Sum Insured option.

The sequence of utilization of Sum Insured will be as below:

- a. Base Sum Insured
- b. Cumulative Bonus
- c. Bonus booster plus

All other terms and conditions as defined in Section 2.14 'Cumulative Bonus' of this Policy, remain unchanged

21. Infinite Bonus Booster:

If this optional cover is in force, 100% of Sum Insured, subject to maximum of Unlimited Sum Insured and maximum Cumulative Bonus that can be accrued as defined in Section 2.14 "Cumulative Bonus" of this Policy, shall be modified as that stated in the policy schedule. In case, the Insured Person opts out of this optional cover at the time of renewal, all the bonus accumulated under this cover will be reduced to zero, except as accumulated by Cumulative Bonus under the base plan. This benefit will not be available for Policies with Unlimited Sum Insured option.

The sequence of utilization of Sum Insured will be as below:

- d. Base Sum Insured
- e. Cumulative Bonus
- f. Infinite Bonus Booster

All other terms and conditions as defined in Section 2.14 'Cumulative Bonus' of this Policy, remain unchanged. The policyholder can opt one among optional covers 20. **Bonus Booster Plus** and 21. **Infinite Bonus Booster**

22. Unlimited Xtra Recharge of Sum Insured:

If this optional cover is in force, Benefit mentioned under section 2.15 'Recharge of Sum Insured' will be modified to provide 150% Recharge of the Sum Insured unlimited times in a Policy Year from 2nd claim onwards in a policy year. This benefit will not be available for Policies with Unlimited Sum Insured option.

All other terms and conditions of section 2.15 'Recharge of Sum Insured' of this Policy, remain unchanged.

UIN: MAGHLIP27040V012627

23. Insta Cover:

The company shall indemnify Medical Expenses incurred for the hospitalization of the Insured Person(s) admissible under the Basic Cover 2.1 In-patient Treatment or 2.4 Day Care Treatment or 2.8 Inpatient AYUSH Treatment for the below listed diseases / illnesses / conditions from 1st Day of the Policy Start date as mentioned in the policy schedule, provided that:

- i. the diseases/illnesses/conditions has been declared by the Insured Person and accepted by Us, or
- ii. the diseases/illnesses/conditions has been detected during Pre-policy medical examination and have been accepted by Us.

iii. The above chosen reduced waiting period shall be applicable only for specified Insured Persons who have opted for this optional cover and paid additional premium as specified in the policy schedule.

iv. This cover will be available only during inception of the policy

v. Optional Cover 16. Enhanced Coverage, 20. Bonus Booster Plus, 21. Infinite Bonus Booster and 23. Unlimited Xtra Recharge of Sum Insured is not applicable for this cover.

vi. Deletion of this Optional cover shall not be permitted upon subsequent policy renewals.

vii. Exclusions First Thirty Days Waiting Period (Code- Excl03) and Pre-Existing Diseases (Code- Excl01) shall not apply for the coverages under this optional cover if this Optional Cover has been opted by the Insured Person(s) and he has opted for this coverage to start from 1st Day of the policy start date.

viii. This chosen reduced waiting period shall not be applicable for claims made under optional cover 13. Switch on Switch off Cover, 14. Global Cover (Optional cover) and 12. Outpatient Cover.

List of diseases/illnesses/conditions covered under this optional cover along with Definitions-

1. **Asthma** - Asthma is a Chronic condition that affects the airways (bronchi) of the lungs, causing them to constrict (become narrow) when exposed to certain triggers which results in the symptoms of wheezing, coughing, tight chest and shortness of breath.

2. **Blood Pressure medically known as Hypertension** - Hypertension is the term used to describe a persistent elevated blood pressure, commonly referred to as high blood pressure, and if this chronic disease is not treated appropriately, is a major risk factor for heart disease, stroke, kidney disease and even eye diseases.

3. **Cholesterol known as Hyperlipidemia** - Hyperlipidemia is a chronic disease that refers to an elevated level of lipids (fats), including cholesterol and triglycerides, in the blood and if not treated appropriately, it is a major risk factor for increased risks of heart disease, heart attacks, strokes and other incidents of disease.

4. **Diabetes** - Diabetes mellitus is a chronic, progressive disease in which impaired insulin production leads to high blood glucose (sugar) levels, and without good self-management and proper treatment, the increased glucose (sugar) in the blood affects and damages every organ in the body, which causes serious health consequences.

UIN: MAGHLIP27040V012627

5. Obesity - Obesity where Obesity means abnormal or excessive fat accumulation that presents risk to the health (Body Mass Index i.e BMI is less than or equal to 39.99. This BMI limit will be modified in case of co-morbidities.)

6. Coronary Artery Disease with PTCA (Percutaneous Transluminal Coronary Angioplasty) done prior to 1 year:

- i. Coronary artery disease is the buildup of lipid-rich plaque in the arteries that supply oxygen-rich blood to the heart. Plaque causes a narrowing or
- ii. blockage that could result in a heart attack.
- iii. PTCA (Coronary Angioplasty) is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment
- iv. of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).
- v. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
- vi. Diagnostic angiography or investigation procedures without angioplasty / stent insertion are excluded from the scope of this definition.

7. Coronary Artery Bypass Graft done prior to 3 year:

- i. Coronary artery disease is the build up of lipid-rich plaque in the arteries that supply oxygen-rich blood to the heart. Plaque causes a narrowing or blockage that could result in a heart attack.
- ii. Coronary artery bypass grafting (CABG) The procedure involves grafting a blood vessel from another part of the body, such as the chest, leg, or arm, to a coronary artery that is blocked or narrowed
- iii. Diagnostic angiography or related investigation procedures are excluded from the scope of this definition.

8. Chronic Obstructive Pulmonary Disease (COPD) - Chronic Obstructive Pulmonary Disease (COPD) which includes chronic bronchitis and emphysema, is a long-term lung disease that causes progressive permanent damage to Lung leading to airway related symptoms.

You can either opt coverage for all above illness (Insta8) or for the first four illnesses only (Insta4).

24. Unlimited Care:

If this optional cover is opted, we will cover the Medical Expenses incurred in respect of Hospitalization of the Insured Person under clauses In-Patient Treatment / Daycare Procedures/ in-Patient AYUSH Treatment/ for any one claim during the lifetime of the Policy upon the request of the policyholder without any limits on the Sum Insured subject to the following conditions:

- Once opted, the optional cover has to be opted continuously by the Insured Person until any one claim is made under this cover. In case this cover is not opted at the time of renewal, the benefits under this cover shall lapse.
- Once a claim has been made under this Optional Cover, the cover will cease to exist and cannot be opted again upon subsequent renewals.

UIN: MAGHLIP27040V012627

- All Co-payments, Sub limits and Deductibles as applicable to the policy will be applicable to this benefit.
- Room category applicable under this cover shall be capped as per this policy unless the Insured Person has opted for Optional Cover 26 Room Rent Modifier.
- This cover will not be applicable in case of claims lodged under optional cover 13. Switch on Switch off Cover, 14. Global Cover, 18. Surrogacy Cover and 19. Oocyte Donor Cover.
- This benefit will not be available for Policies with Unlimited Sum Insured option.
- The time period to opt for this optional cover shall be limited to 2 Policy Years (irrespective of the Policy Tenure). Such that:
 - a. If the Policy Tenure is of single year and is continuously renewed as single year, the Insured Person has to opt for this cover either at the time of Policy Inception or the first renewal. The Optional Cover shall not be applicable in case the Insured Person wishes to opt for this cover at the time of second renewal.
 - b. If the Policy Tenure is of equal or more than 2 years, the cover has to be opted at the time of Policy inception itself to avail the benefit.

25. Futuristic Cover:

If this optional cover is opted 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 (provided the risk is accepted by us) and this will be offered only if the proposed newly added spouse age at the time of entry is up to 35 years. The time period to opt for this optional cover is at first purchase (irrespective of the Policy Tenure). Once opted, the optional cover has to be opted continuously by the Insured Person until the spouse and children are added in the policy. Once opted out of the policy, the Insured cannot opt this benefit again.

Note:

The new additions can be added only if the marriage and / or birth of children has happened after taking this optional cover. Insured should submit marriage certificate to add the spouse and birth certificate to add children. The spouse and children can be added anytime during the policy tenure or at renewal. The additions MUST be added within 120 days of the marriage / Childbirth to get the benefits given under this option. This cover is applicable only for individual policy.

26. Room Rent Modifier:

If the Insured Person has opted for this Optional Cover the Insured Person shall have an option to choose the below room category instead of Single Private AC Room:

- A. To Modify the room rent eligibility to any room category without any restriction or
- B. To modify the room rent eligibility to twin sharing room

Room Eligibility cover for RTA, shall not be applicable if this optional cover is opted with 'Any room'.

All other terms and conditions as defined in Section 2.1 "Inpatient Care" remains unchanged.

UIN: MAGHLIP27040V012627

27. Smart Network Benefit

On availing this Optional Cover, the Policyholder will be entitled for 10% discount on premium (including the first year premium) to take treatment as applicable under Section 2 in a Hospital listed as 'Smart Network' subject to below conditions;

1. 'Smart Network' hospital list can be referred to on Our website.
2. If any cashless treatment is taken in a hospital other than 'Smart Network', then a flat 10% co-payment will be applicable to the admissible claim amount.
3. In case of emergency care hospitalization, the policyholder may choose to avail treatment in any hospital.
4. No Co-payment under this optional cover, if treatment is taken on reimbursement basis.

28. Reduction of First Thirty Days Waiting Period:

This optional benefit allows the Insured / Insured Person to opt for reduced First Thirty Days Waiting Period (Code- Excl03) up to the period as specified in the Policy Schedule/Product Benefits Table.

29. Reduction of Specific disease Waiting period:

This optional benefit allows the Insured / Insured Person to opt for reduced Specific Diseases Waiting Period up to the period as specified in the Policy Schedule/Product Benefits Table.

30. Reduction of Pre-existing disease waiting period (Other than those listed under Insta Cover):

This optional benefit allows the Insured / Insured Person to opt for reduced pre-existing waiting period up to the period as specified in the Policy Schedule/Product Benefits Table. The chosen reduced waiting period of 'Day 1' under this optional cover shall not be applicable for claims made under optional cover 13. Switch on Switch off Cover, 14. Global Cover (Optional cover) and 12. Outpatient Cover.

31. Convalescence Benefit:

We will pay a lump sum amount of Rs.20000/- towards convalescence only once per Policy Year provided that a claim has been admitted by Us under Inpatient Care under Section 2.1 above for Hospitalization beyond 15 consecutive and completed days.

32. Enhanced Road Ambulance Cover:

This optional benefit allows the Insured / Insured Person to opt for increase in limits of Ambulance Cover under Section 2.5 Road Ambulance Cover as specified in the Policy Schedule/Product Benefits Table.

33. Modern treatment Modifier:

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmaininsurance.com | E-mail: customercare@magmaininsurance.com | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

This optional benefit allows the Insured / Insured Person to opt for increase or decrease in limits of Modern treatment Procedures under Section 2.13 as specified in the Policy Schedule/Product Benefits Table.

34. Freeze your Price:

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.

Eg. If Insured buys the policy at 25 years, they will keep paying the premium applicable for 25-year-old at each renewal, till a claim is paid in the policy. Post the claim is paid, the premium charged will be as per Insured's current age and we will continue to charge as per the age at renewal.

1. In case of long-term policies, the premium for the entire tenure will be charged as per the entry age. No additional premium will be charged in the middle of the tenure in case of claims.

At the time of renewal (in case of a claim), the premium will be charged as per the current age of the insured at renewal.

2. If a floater policy, splits into multiple policies, then we will carry forward the locked age at which the floater policies were taken by individuals.

3. In a multi-individual policy, the age will unlock only for the individuals who claim.

4. In a floater policy, if a claim is paid for anyone in the plan, then we will unlock the age for the entire policy.

5. If you add a member to the floater plan, then the premiums will be charged as per the entry age of the eldest member and will lock the premium at that age, till a claim is paid.

6. If you add a member to an individual plan and convert it into a Floater plan, then the premiums will be charged as per the entry age of the eldest member and will lock the premium at that age, till a claim is paid.

7. If the eldest member is no longer part of the Floater plan, then the Floater premium will be calculated as per the original entry age of the eldest member in the policy amongst the remaining members and lock at that age, till a claim is paid.

35. Room Eligibility cover for Road Traffic Accident:

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.

36. Everything payable:

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.

37. Upgrade Your Coverage :

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

UIN: MAGHLIP27040V012627

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.

Note:

- Once opted, the optional cover has to be opted continuously by the Insured Person until any the 1st upgradation. In case this cover is not opted at the time of renewal, the benefits under this cover shall lapse.
- Once the Sum Insured is upgraded under this Optional Cover, the cover will cease to exist and cannot be opted again upon subsequent renewals.
- This cover is to be opted along with the 1st purchase of policy with us. This cover cannot be opted during renewals.
- Upon the request of the Insured to upgrade the Sum Insured and upon the complete receipt of the differential premium, We will automatically activate Optional Covers 26.A i.e there will be no restriction on room category opted and Optional cover 36 everything payable.
- In a Floater Policy, upgrade sum insured will be applicable for all the members if opted. However, in case of a Multi-Individual Policy, the upgrade sum insured will be applicable for only those members who have opted for it.

38. Waiver of 'No active line of treatment':

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.

39. Occupation Care Cover:

If this optional cover is in force, We shall additionally cover expenses related to below listed Occupational Hazards for the occupations mentioned below. We will provide this coverage to maximum 2 Insureds within a single policy per year. We will provide expenses for any one of the occupations.

A. IT Professionals:

Care	SI Upto 5L	SI from 7.5L to 15L	SI from 20L to 50L	SI from equal to and greater than 1 Cr
Vision Care	1 Consultation Per Year Upto INR 500	1 Consultation Per Year Upto INR 1000	2 Consultation Per Year Upto INR 1500	3 Consultation Per Year Upto INR 3000

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

OneHealth 10.0

Musculoskeletal Care	1 Consultation Per Year Upto INR 500	1 Consultation Per Year Upto INR 1000 for Orthopaedic related expense	2 Consultation Per Year Upto INR 1500 for Orthopaedic related expense	3 Consultation Per Year Upto INR 3000 for Orthopaedic related expense
		1 Consultation Per Year Upto INR 1000 for Physiotherapy	2 Consultation Per Year Upto INR 1500 for Physiotherapy	3 Consultation Per Year Upto INR 3000 for Physiotherapy
Carpal Tunnel Syndrome Care	1 Consultation Per Year Upto INR 500	1 Consultation Per Year Upto INR 1000	2 Consultation Per Year Upto INR 1500	3 Consultation Per Year Upto INR 3000
Psychiatry Care	1 Consultation Per Year Upto INR 500	1 Consultation Per Year Upto INR 1000	2 Consultation Per Year Upto INR 1500	3 Consultation Per Year Upto INR 3000

B. Shop Owner:

Care	SI Upto 5L	SI from 7.5L to 15L	SI from 20L to 50L	SI from equal to and greater than 1 Cr
Accidental / Chemical / Burn Injuries	1 Consultation Per Year Upto INR 500	1 Consultation Per Year Upto INR 1000	2 Consultation Per Year Upto INR 1500	3 Consultation Per Year Upto INR 3000
Musculoskeletal Care	1 Consultation Per Year Upto INR 500	1 Consultation Per Year Upto INR 1000 for Orthopaedic related expense	2 Consultation Per Year Upto INR 1500 for Orthopaedic related expense	3 Consultation Per Year Upto INR 3000 for Orthopaedic related expense
		1 Consultation Per Year Upto INR 1000 for Physiotherapy	2 Consultation Per Year Upto INR 1500 for Physiotherapy	3 Consultation Per Year Upto INR 3000 for Physiotherapy
Psychiatry Care	1 Consultation Per Year Upto INR 500	1 Consultation Per Year Upto INR 1000	2 Consultation Per Year Upto INR 1500	3 Consultation Per Year Upto INR 3000

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

OneHealth 10.0

Business Interruption Care due to Inpatient Admission for more than 10 days	Max INR 50,000 per month for Maximum 1 months	Max INR 50,000 per month for Maximum 2 months	Max INR 1L per month for Maximum 1 months	Max INR 1L per month for Maximum 2 months
---	---	---	---	---

40. Annual Health Check up:

The Company will indemnify the cost of a Preventive Health Check-up for the Insured Person who was insured during the previous Policy Year, up to the amounts specified in this Cover below.

For multi individual Policies, the limits as selected in proposal form are applicable for each Insured Person per Policy Year. For Family Floater Policies, the limits are applicable cumulatively for all Insured Persons per Policy Year.

Section 3. Exclusions**3.1 Standard Exclusions****3.1.1) Pre-Existing Diseases (Code- Excl01):**

- a) Expenses related to the treatment of a Pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first Policy.
Expiry of pre-existing disease waiting period will be considered since continuous coverage from the date of inception of the first policy with us.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI prescriptions then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of above defined months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

3.1.2) Specific Diseases Waiting Period (Code- Excl02):

- a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage, as may be the case after the date of inception of the first policy with the Insurer. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

- c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

List of these diseases is:

1. Cataract
2. Stones in biliary and urinary systems
3. Hernia / Hydrocele
4. Hysterectomy for any benign disorder
5. Lumps / cysts / nodules / polyps / internal tumours unless malignant
6. Gastric and Duodenal Ulcers
7. Surgery on tonsils / adenoids
8. Osteoarthritis / Arthritis / Gout / Rheumatism / Spondylosis / Spondylitis / Prolapse Intervertebral Disc and Spinal Diseases unless arising from accident
9. Fissure / Fistula / Haemorrhoid
10. Sinusitis / Deviated Nasal Septum / Tympanoplasty / Chronic Suppurative Otitis Media
11. Benign Prostatic Hypertrophy
12. Knee/Hip Joint replacement and any ligament, tendon or muscle tear
13. Dilatation and Curettage
14. Varicose veins
15. Dysfunctional Uterine Bleeding / Fibroids / Prolapse Uterus / Endometriosis
16. Chronic Renal Failure or end stage Renal Failure
17. Internal congenital anomalies/diseases/defects except for new born and infant

3.1.3) First Thirty Days Waiting Period (Code- Excl03)

- i. 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, provided the same are covered.
- ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- iii. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

3.1.4) Investigation & Evaluation (Code Excl04):

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

3.1.5) Rest Cure, Rehabilitation and respite Care (Code Excl05)

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com
| Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

3.1.6) Change of Gender treatment (Code Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

3.1.7) Cosmetic or Plastic Surgery (Code Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

3.1.8) Hazardous or Adventure sports: (Code- Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

3.1.9) Breach of law (Code Excl10)

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

3.1.10) Excluded Providers (Code Excl11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim. List of these have been provided on Our website.

3.1.11) Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)

3.1.12) Treatment received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code- Excl13

3.1.13) 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

3.1.14) Refractive Error (Code Excl15)

UIN: MAGHLIP27040V012627

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

3.1.15) Unproven treatments (Code Excl16)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness

3.1.16) Sterility and Infertility (Code Excl17)

Expenses related to sterility and infertility. This includes:

- (i) Any type of contraception, sterilization
- (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- (iii) Gestational Surrogacy
- (iv) Reversal of sterilization

Note: This exclusion shall not apply for IVF treatment (as per Section 2.9 IVF Treatment Cover).

3.1.17) Maternity expenses (Code Excl18)

- i. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- ii expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

Note: This exclusion does not apply if Optional Cover 6 Maternity Benefits is opted

3.2) Specific Exclusions:**3.2.1) 90 days Initial Waiting Period for Optional Cover-Critical Illness Cover**

The lump sum benefit shall not be payable for any Critical Illness claims arising in the first 90 days from the Policy Start Date from which the Critical Illness optional cover was opted and Renewed continuously thereafter.

3.2.2) A special waiting period, not exceeding 36 months, may be applied to individual Insured Persons depending upon the declarations made in the proposal form and existing health conditions. Such waiting periods shall be specifically stated in the Policy Schedule and will be applied only after receiving the Insured Person's specific consent.

3.2.3) Any Alternative Treatment except for the Benefits under Section 2.8 (Inpatient AYUSH Treatment)

3.2.4) 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 is mentioned in Annexure II of this Policy. This exclusion does not apply for Optional Cover 38 everything payable.

3.2.5) 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.

UIN: MAGHLIP27040V012627

Any charges incurred to procure any medical certificate, medical records, treatment, or Illness/Injury related documents pertaining to any period of Hospitalization/Day Care Treatment undertaken for any Illness or Injury. Note: This exclusion does not apply if Optional Cover 38. Everything payable is opted.

3.2.6) Circumcision unless necessary for the treatment of an Illness or disease or necessitated by an Accident.

3.2.7) 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).

3.2.8) Treatment for any External Congenital Anomaly.

3.2.9) Dental Treatment including Surgical Procedures for the treatment of bone disease when related to gum disease or damage, or treatment for, or treatment arising from, disorders of the temporomandibular joint. This exclusion does not apply for Optional Cover 12, Outpatient Cover.

EXCEPTION: We will pay for a Surgical Procedure wherein the Insured Person Hospitalized as a result of an Accident and which is undertaken for Inpatient Care in a Hospital and carried out by a Medical Practitioner.

3.2.10) 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 Optional Cover 12, Outpatient Cover.

3.2.11) We will not pay for routine eye examinations, contact lenses spectacles, hearing aids, dentures, and artificial teeth. This exclusion does not apply to Optional Cover 12, Outpatient Cover.

3.2.12) 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.

3.2.13) Private nursing/attendant's charges incurred during pre-hospitalization or -hospitalization.

3.2.14) Drugs or treatment not supported by prescription.

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

3.2.15) Issue of fitness certificate and fitness examinations.

3.2.16) Any charges incurred to procure any treatment/Illness related documents pertaining to any period of Hospitalization/Illness.

3.2.17) External and/ or durable medical/non-medical equipment used for diagnosis and/ or treatment except upto the extent of optional cover 17, Durable Equipment Cover.

3.2.18) Ambulatory devices, walkers, crutches, belts, collars, caps, splints, slings, braces, stockings of any kind, diabetic footwear, glucometer/thermometer and also any medical equipment which is subsequently used at home except upto the extent of optional cover 17, Durable Equipment Cover.

3.2.19) OPD treatment is not covered.

However, this exclusion does not apply for:

Optional Cover 12, Outpatient Cover and Optional Cover 6, Maternity Benefit

3.2.20) All preventive care, vaccination including inoculation and immunisations except in case of Vaccination for New Born Baby as in Optional Cover 6, Maternity Benefit

3.2.21) Treatment for, or arising from, an Injury that is intentionally self-inflicted, including attempted suicide.

3.2.22) Treatment for sleep apnoea, snoring, or any other sleep-related breathing problem.

3.2.23) 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.

3.2.24) 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.

3.2.25) Treatment provided by anyone with the same residence as the Insured Person or who is a member of the Insured Person's immediate family.

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

3.2.26) 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'.

Additional Exclusions for Optional Cover 2, Personal Accident Cover

- Injury or treatment related to addictive conditions and disorders resulting from any kind of substance abuse or misuse including alcohol abuse or misuse.
- Participation in Adventure Sports.
- Insured person committing any breach of law with criminal intent or participation in any riots, civil commotion, or felony.
- Any intentional self-injury, suicide or attempted suicide, insanity, or stress
- Congenital Anomaly whether Internal Congenital Anomaly or External Congenital Anomaly, congenital internal or external diseases, defects or in consequence thereof.
- Bacterial infections (except pyogenic infection which occurs through a cut or wound due to Accident).
- Condition resulting due to any disease or infection unless arising directly and solely due to accident
- Any change of profession after inception of policy which results in increase in risk, unless declared by insured person and accepted & endorsed by Us.
- 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.
- Medical or Surgical Procedure except as necessarily required, solely and directly as a result of an Accident
- 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
- 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
- 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.
- Any act of Nuclear, Chemical, Biological Terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss
- Radioactive, chemical, nuclear contamination, or ionizing radiation
- Any insured person's participation or involvement in any branch of naval, air force or military operations or any paramilitary forces.
- 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.
- Any expenses (other than as mentioned therein) specified in List of Non-Medical Expenses as set out in Annexure

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com
 | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

- Existing diseases disclosed by the Insured Person provided the same is applied at the underwriting and consented by You/ Insured Person.

Section 4. General Terms and Clauses

4.1) Standard General Term and Clauses

4.1.1) Disclosure to Information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk. The Insurer shall determine in its sole discretion the facts and documents it considers material for the purposes of assessment of risk)

4.1.2) Condition Precedent to admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

4.1.3) Claim Settlement (Provision for penal interest)

The Company shall settle or reject a claim, as may be the case, within 15 days from the date of intimation (along with the requisite documents).

In case of delay beyond stipulated 15 days, the Company shall be liable to pay interest to the Policyholder at a rate 2% above the bank rate from the date of intimation (along with the requisite documents) till the date of payment.

(Explanation: "Bank Rate" means Bank rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1st day of the financial year in which the claim has fallen due.)

4.1.4) Complete Discharge

Any payment to the Insured Person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

4.1.5) Multiple Policies

1. In case of multiple policies taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the Insured Person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

UIN: MAGHLIP27040V012627

2. Insured Person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy/policies, even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions this Policy.

3. If the amount to be claimed exceeds the sum insured under a single policy, the Insured Person shall have the right to choose insurer from whom he/she wants to claim the balance amount.

4. Where an Insured Person has policies from more than one insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

4.1.6) Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any Benefit under this Policy, all benefits under this Policy and the premium paid shall be forfeited. .

Any amount already paid against claims made under this Policy, but which are found fraudulent later shall be repaid by all recipient(s)/ policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression “fraud” means any of the following acts committed by the insured person or by his agent, or the hospital/doctor/any other party acting on behalf of the insured person with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
- b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and/or forfeit the policy benefits, on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer.

4.1.7) Cancellation/ Termination (other than Free Look cancellation)

(i) The policyholder may cancel his/her policy at any time during the term, by giving 7 days' notice in writing.

The Insurer shall

- a. refund proportionate premium for unexpired policy period if the term of policy upto one year and there is no claim (s) made during the policy period.
- b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

UIN: MAGHLIP27040V012627

(ii) The Company may cancel the policy at any time on grounds of established fraud by the Insured Person, by giving 7 day's written notice. There would be no refund of premium on cancellation.

4.1.8) Migration

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the Policy at least 30 days before the policy renewal date. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

4.1.9) Portability

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI Guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

4.1.10) Renewal of Policy

A health insurance policy shall be renewable provided the product is not withdrawn, except in case of established fraud or non-disclosure or misrepresentation by the Insured.

- a) An Insurer shall not deny the renewal on the ground that the policyholder had made a claim (s) in the preceding policy years.
- b) Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
- c) At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of fifteen days where premium payment mode is monthly and thirty days in all other cases to maintain continuity of benefits with Break in Policy. Coverage is not available during the grace period.
- d) An Insurer shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the policyholder, the Insurer may underwrite only to the extent of increased sum insured

4.1.11) Withdrawal of the Policy

i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the Policy.

ii. Insured person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative

UIN: MAGHLIP27040V012627

bonus, waiver of waiting period, as per IRDAI guidelines, provided the policy has been maintained without a break.

4.1.12) Moratorium Period:

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

4.1.13) Premium Payment in Instalments (Wherever applicable)

If the Insured Person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

- i. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.
- ii. Coverage shall be available during the grace period, if the premium is paid in instalments during the policy period.
- iii. The insured person will get the accrued continuity benefits in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
- iv. No interest will be charged If the instalment premium is not paid on due date.
- v. In case of instalment premium due not received within the grace period, the policy will get cancelled
- vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vii The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

4.1.14) Possibility of Revision of Terms of the Policy including the Premium Rates

We reserve the right to revise or modify the terms of the policy, including the premium rates.

4.1.15) Free Look Provision

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

UIN: MAGHLIP27040V012627

The insured shall be allowed a free look provision of thirty days from date of receipt of the Policy document to review the terms and conditions of the Policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges; or
- ii. where the risk has already commenced and the option of return of the Policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;
- iv. In case of any delay in refund, the insurer shall refund such amounts along with interest at the bank rate plus 2 percent on the refundable amount, from the date of receipt of the request for free look cancellation till the date of refund.

4.1.16) Redressal of Grievance

In case of any grievance including senior citizen, the insured person may contact the Company through

Website: www.magmaininsurance.com

Toll free: 1800 266 3202

Email address: customercare@magmaininsurance.com.

For senior citizens Email address - namaskar@magmaininsurance.com

Dedicated helpline exclusively for senior citizens - 022-62605766

Customer can also reach out to Branch GRO

Email address: customercare@magmaininsurance.com

Courier: Any of Our branch offices or corporate office during business hours

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at:

Magma General Insurance Ltd

Equinox Business Park, Tower 3, Ambedkar Nagar

2nd Floor, Unit no. 1A and 1B, LBS Marg,

Kurla West, Mumbai, Maharashtra 400070.

E mail id : gro@magmaininsurance.com

For updated details of grievance officer, kindly refer the link

<https://www.magmaininsurance.com/grievance-redressal>.

In case you are not satisfied with the resolution you may register complaint directly in of IRDAI's online portal - Bima Bharosa System-<https://bimabharosa.irdai.gov.in/>

If Insured Person is not satisfied with the redressal of grievance through above methods after the expiry of 30 days from date of filing the complaint, insured person may also approach the office of

UIN: MAGHLIP27040V012627

Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules, 2017. The contact details of the Insurance Ombudsman offices have been provided as Annexure-I. Detailed process along with list of Ombudsman offices are available at council of Insurance Ombudsman <https://www.cioins.co.in/>

4.1.17) Nomination

The Policyholder is required at the Policy Inception Date to make a nomination for the purpose of payment of claims under the Policy in the event of death of the Policyholder.

Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in Policy Schedule/Policy certificate/Endorsement, (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

4.2) Specific Terms and Clauses

4.2.1) Alteration to the Policy

This Policy constitutes the complete contract of insurance. Subject to the provisions of applicable law, no change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement signed and stamped by Us. No one except Us can change or vary this, Policy.

4.2.2) Change of Policyholder

The Policyholder may be changed only at the time of Renewal of the Policy. The new Policyholder must be a member of the original Policyholder's immediate family. The Renewed Policy shall be treated as having been Renewed without break.

The Policyholder may be changed upon request in situations like Policyholder's demise, moving out of India or in case of divorce

4.2.3) No Constructive Notice

Any knowledge or information of any circumstances or condition in relation to the Policyholder/Insured Person which is in Our possession and not specifically informed by the Policyholder/ Insured Person shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

4.2.4) Limitation of Liability

If a claim is rejected or partially settled and is not the subject of any pending suit or other proceeding or arbitration, as the case may be, within twelve months from the date of such rejection

UIN: MAGHLIP27040V012627

or settlement the claim shall be deemed to have been abandoned and Our liability shall be extinguished and shall not be recoverable thereafter.

4.2.5) Records to be maintained

The Policyholder or the Insured Person, as the case may be, shall keep an accurate record containing all relevant and accurate medical records like in-patient records, Discharge summary, medical certificates, medical prescriptions, diagnostic reports and reports confirming the need for treatment (if any) and shall allow Us or our representative(s) to inspect such records. The Policyholder or the Insured Person as the case may be, shall furnish such information as may be required by Us under this Policy at any time during the Policy Period or until final adjustment (if any) and resolution of all claims under this Policy.

4.2.6) Geographical Scope

The geographical scope of this Policy applies to events within India other than for Switch On Switch Off Cover, Global Cover and for Personal Accident Optional Covers. However, all admitted or payable claims shall be settled in India in Indian rupees.

4.2.7) Policy Disputes

Any and all disputes or differences under or in relation to this Policy herein shall be determined by Indian law and shall be subject to the jurisdiction of the Indian Courts.

4.2.8) Material Change

It is a Condition Precedent to the Our liability under the Policy that the Policyholder shall immediately notify Us in writing of any material change in the risk on account of change in the nature of occupation or business at his/her own expense. We may, in Our discretion, adjust the scope of cover and/or the premium payable, accordingly. The Policyholder/You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement or reinstatement of the Policy. The Policy terms and conditions shall not be altered.

4.2.9) Communications & Notices

Any communication or notice or instruction under this Policy shall be in writing and will be sent to:

- a) To Us, at the address as specified in Policy Schedule
- b) The Policyholder's, at the address as specified in Policy Schedule
- c) No insurance agents, brokers, other person, or entity is authorized to receive any notice on behalf of Us unless explicitly stated in writing by Us
- d) Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

UIN: MAGHLIP27040V012627

Section 5) Other Terms and Conditions:**5.1) Loading**

We shall apply a risk loading on the premium payable as per Our board approved underwriting policy (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance), which shall be mentioned specifically in the Policy Schedule. The maximum risk loading applicable shall not exceed 100% per diagnosis / medical condition and an overall risk loading of 200%. These loadings are applied from the Policy Inception Date including subsequent Renewal(s) with Us or on the receipt of a request for increase in Sum Insured (for which the loading shall be applied on the increased Sum Insured).

We will inform the Policyholder about the applicable risk loading through post/courier/email/phone. No loading shall be applied at the time of Renewal on the basis of individual claim experience.

5.2) Mandatory Co-Payment

- 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. This will not be applicable if the Removal of Mandatory Co Payment is opted.

This Mandatory Co-Payment shall apply in addition to any other Co-Payment, if applicable as per the Optional Cover "Voluntary Co-Payment" chosen by the Insured under this Policy.

5.3) Endorsements

We may allow the following endorsements. You/the Policyholder should request for any endorsement in writing. Any endorsement that is accepted by Us shall be effective from the date of the request as received from You/the Policyholder, or the date of receipt of premium, whichever is later.

- (i) Non-Financial Endorsements – which do not affect the premium.
 - (1) Minor rectification/correction in name of the Policyholder/ Insured Person)
 - (2) Rectification in gender
 - (3) Rectification in relationship of the Insured Person with the Policyholder
 - (4) Rectification of date of birth of the Insured Person (if this does not impact the premium)
 - (5) Change in the address of the Policyholder
 - (6) Change/Updation in the contact details
 - (7) Change in Nominee Details
- (ii) Financial Endorsements – which result in alteration in premium
 - (1) Addition of Insured Person (New Born Baby or newly wedded spouse)
 - (2) Addition of any Insured Person
 - (3) Deletion of Insured Person
 - (4) Change in Age/Date of Birth (if this impacts the premium)
 - (5) Change in address (if this impacts zone and hence premium)
 - (6) Change in Sum Insured
 - (7) Addition/removal of Optional Cover(s)

UIN: MAGHLIP27040V012627

Financial endorsements (1), as mentioned above, can be allowed during the term of Policy, all other financial endorsements are allowed at the time of renewal only.

We reserve the rights to do underwriting in case of any such endorsement requests.

Fresh waiting period shall be applicable with respect to the Insured person added after Policy Inception Date. Where the Policy is Renewed for enhanced Sum Insured, all waiting periods would start and apply afresh for the amount of increase in Sum Insured.

5.4) Zone Classification and Premium

For the purpose of Policy issuance, the premium will be computed basis the zone of residence of the Policyholder. The premium would be applicable zone wise and the cities defined in each zone are as under:

- a. **Zone 1** means Delhi including National Capital Region, Mumbai including Thane, Navi Mumbai, Vasai-Virar, Bengaluru and Gujarat,
- b. **Zone 2** means Coimbatore, Pune, Hyderabad, Chandigarh, Chennai, Kolkata and Keralam
- c. **Zone 3** means Rest of India excluding areas falling under Zone 1 and Zone 2

Zone classification can be changed by Us after informing the Policyholder at least 3 months in advance.

5.5) Claim Procedure

Provided that due adherence/observance and fulfilment of the terms and conditions of this Policy (conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by You and / or any Insured Person be a Condition Precedent to admission of Our liability under this Policy.

On the occurrence or the discovery of any Illness or Injury that may give rise to a claim under this Policy, then as a Condition Precedent to Our liability under the Policy, the following procedure shall be complied with:

1. For Availing Cashless Facility within India

Cashless facility can be availed only at Our Network Providers. The complete list of Network Providers is available on Our website and at Our branches and can also be obtained by contacting Us over the telephone. The updated list of TPA containing complete details is available on Our website www.magmaininsurance.com

Cashless facility will be availed through the TPA. The TPA will be contacted on its helpline and must be provided with the membership number, Policy Number, and the name of the Insured Person at least 72 hours before admission to the Hospital for planned Hospitalization and within 24 hours of admission to the Hospital in case of Emergency Hospitalization. The TPA will also, by fax or e-mail, be provided with details of Hospitalization like diagnosis, name of the Hospital, duration of stay in the Hospital, estimated expenses of Hospitalization etc. in the prescribed form available with the insurance help desk at the Hospital. Any additional information as may be required by the medical

UIN: MAGHLIP27040V012627

panel of the TPA must also be furnished. After establishing the admissibility of the claim under the Policy, the TPA shall provide a pre-authorisation to the Hospital guaranteeing payment of the Hospitalization expenses subject to the Sum Insured, terms conditions and limitations of the Policy. The authorization shall be issued to the Network Provider within 1 hour of receiving the complete information. Further, TPA shall grant final authorization within 3 hours of the receipt of discharge authorization request from the hospital.

For availing Home treatment, You can contact Our Authorized Home care provider. The updated list of Our authorized Home care provider is available on Our website www.magmainsurance.com. You can also call at our customer care number 1800 309 3037 for information and assistance. The Home care provider shall evaluate Your eligibility and, if Home care is assessed to be advisable for Your health condition, will contact Our TPA.

In case as per Our authorized Home care provider, Home care is not found to be advisable for Your health condition, You can avail the treatment at a Hospital as an in-patient and the claim for the same on Cashless or reimbursement process.

2. For admission in Non-Network Provider or into Network Provider if Cashless facility is not availed (Re-imbursement Claims)

a. **Intimation of claim:** Preliminary intimation of claim with particulars relating to Policy Number, name of the Insured Person in respect of whom claim is made, nature of Illness/Injury and name and address of the attending Hospital, must be provided to Us at least 72 hours before admission to the Hospital in case of planned Hospitalization, and within 24 hours of admission in the Hospital, in case of Emergency Hospitalization. You can also call at our customer care number 1800 309 3037 for information and assistance.

3. **Submission of claim:** The claim form along with the attending Medical Practitioner's certificate duly filled and signed in all respects with the following claim documents will be submitted to Us not later than 30 days from the date of discharge from the Hospital. You can also call at our customer care number 1800 309 3037 for information and assistance.

Relevant Documents

- a. Duly completed claim form
- b. Test reports and prescriptions relating to first / previous consultations for the same or related illness.
- c. Case history / admission-discharge summary describing the nature of the complaints and its duration, treatment given, advice on discharge etc. issued by the Hospital.
- d. Death summary in case of death of the Insured Person at the Hospital.
- e. Post-mortem Report, if applicable & if conducted
- f. Hospital receipts / bills / cash memos in original (including advance and final Hospital settlement receipts).

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainsurance.com | E-mail: customercare@magmainsurance.com | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

- g. All test reports for X-rays, ECG, Scan, MRI, Pathology etc., including the Medical Practitioner's prescription advising such tests/investigations (CDs of angiogram, surgery etc. need not be sent unless specifically sought).
- h. Medical Practitioner's prescriptions with cash bills for medicines purchased from outside the Hospital.
- i. F.I.R./MLC. in the case of Accidental Injury and English translation of the same, if in any other language.
- j. Legal heir certificate in the absence of nomination under the Policy, in case of death of the Insured Person. In the absence of legal heir certificate, evidence establishing legal heirship may be provided as required by Us.
- k. For a) maternity claims, discharge summary mentioning LMP, EDD & Gravida b) Cataract claims - IOL sticker c) PTCA claims - Stent sticker.
- l. Copies of health insurance policies held with any other insurer covering the Insured Person(s).
- m. If a claim is partially settled by any other insurer, a certificate from the other insurer confirming the final claim amount settled by them and that original claim documents are retained at their end.
- n. For Domiciliary Hospitalization claims, a certificate from the attending Medical Practitioner confirming that the condition of the Insured Person is such that he/she is not in a condition to be removed to a Hospital.
- o. Additional documents for Air Ambulance Cover:
 - i. Certification by the treating Medical Practitioner of such life threatening Emergency condition and confirming that current Hospital does not have suitable medical equipment and technology for the life threatening condition.
 - ii. Bills/receipts of transportation agency/ambulance company/air ambulance receipts.
- p. Additional documents for Worldwide Emergency Hospitalization– the Insured Person's passport, visa, tickets and boarding passes.
- q. Air Ambulance Bill for Air Ambulance Cover
- r. Global Cover: Proof of diagnosis in India and Insured's Passport and Visa
- s. Durable Equipment Cover (8 Equipment covered): Bill/Payment receipt confirming cost of buying or renting any of "Durable Medical Equipment" listed.
- t. Business Interruption: 6 months bank statement

Other Documents (as applicable):

- a. Copy of indoor case records (including Qualified Nurse's notes, OT notes and anaesthetists' notes, vitals chart).
- b. Copy of extract of inpatient register.
- c. Attendance records of employer/educational institution.
- d. Complete medical records (including indoor case records and OP records) of past Hospitalization/treatment, if any.
- e. Attending Medical Practitioner's certificate clarifying.
- i. reason for Hospitalization and duration of Hospitalization

UIN: MAGHLIP27040V012627

- ii.history of any self-inflicted Injury
- iii.history of alcoholism, smoking
- iv.history of associated medical conditions, if any

- f. Previous master health check-up records/pre-employment medical records, if any.
- g. Any other document necessary in support of the claim on case to case basis.

For AYUSH Claims:

- AYUSH claims would be payable as per the guidelines determined by Ministry of AYUSH, Government of India or any such committee of experts constituted to determine in-patient admissibility of claims, treatment modalities and corresponding treatment cost for providing AYUSH Coverage as defined from time to time.
- In patient admissibility of AYUSH claims would be determined in line with reasonable admissibility and its reasonable claim cost, as under allopathy or modern medicine for the same ailment or medical condition.

The claim documents should be sent to the address mentioned in Claim form.

4. Payment of Claim

- a) No liability under the Policy will be admitted if the claim is fraudulent or supported by fraudulent means.
- b) The Insured Person or any person acting on behalf of the Insured Person, as the case may be, must provide at his/her expense, all the information asked by Us in relation to the claim and he/she must provide all reasonable cooperation and assistance to Us as may be required.
- c) If required, the Insured Person or any person acting on behalf of the Insured Person, as the case may be, must give consent to obtain medical reports from the Medical Practitioner at Our expense.
- d) If requested by Us, the Insured Person must agree to be examined by a Medical Practitioner of Our choice and at Our expense.
- e) All claims under this Policy shall be payable in Indian Currency. All medical treatments for the purpose of this Policy will be required to be taken in India only except for Worldwide Emergency Hospitalization.
- f) Claims under this Policy shall be settled or rejected, as the case may be, within 15 days from the date of intimation (along with the requisite documents).

5.6) Discount/ Loading Factors:**I. For Non NRI Policies:-**

A. Maximum up to 20% discount shall be offered based on following parameters (Tenure Discount, Employee Discount, Cross Sell Discount, Direct Sourcing Discount and surrender of Bonus Booster Plus Discount). The discount is applicable on insured level in case of Individual policy. In case of

UIN: MAGHLIP27040V012627

Family floater policy, the discount is on policy level and not on insured level. Therefore, even if one of the insured under the floater cover fulfils the criteria, discount would be given on entire policy.

1. Tenure discount

Policy Period	Discount percentage
2 years	7.5%
3 years	10%
4 years	12.5%
5 years	15%

2. Employee Discount: A discount of 15% is offered for our employees and our parent companies and its subsidiaries and other affiliated companies provided the Policy is purchased without any intermediary.

3. Cross sell discount: A discount of 5% will be offered if the proposer is a Policyholder with Us on or prior to inception of this Policy.

4. Direct Sourcing Discount: A discount of 10% will be offered if the Policy is purchased through direct channel of distribution. This discount will not be offered if Employee discount is availed.

5. Bonus Booster Plus / Infinite Bonus Booster Discount: If optional cover 'Bonus Booster Plus' or 'Infinite Bonus Booster' is opted, for every 100% of bonus surrendered to the company, a discount of 2% will be given, upto maximum of 10%. This can be availed once in block of 4 Years.

B. Online Discount: - If you are an individual directly buying the policy online through website or mobile app of our insurance partner - fintech partners, health tech partners or any web aggregator you shall get a 7.5% discount on the premium.

C. Family Discount:- 10% discount on the premium is applicable for covering 2 members or more under the same individual Policy on Multi-Individual basis.

II. NRI Discounts:-

A. Insured Person residing overseas with declaration that they are based abroad in entirety for the Policy Year will be offered a discount of 40%, subject to the following conditions:

1. This is applicable in case the Insured's status is NRI for the whole year and he wishes to continue earning his PED coverage until upon his return. However, while in India if the Insured wishes to make a claim, he may do so by making the differential payment applicable on the policy.

2. For Insured who have been offered NRI discount in a particular policy year and at policy renewal makes further declaration of his stay abroad for the forthcoming year the applicable NRI discount would be offered on the renewal premium. If the Insured would be based in India then no discount would be applicable upon renewal.

UIN: MAGHLIP27040V012627

3. For Insured who have been offered NRI discount in a particular policy year and he returns to India anytime during the year, the Insured can notify the Company about the change and make payment for the additional premium (equivalent to the applicable NRI discount). If the additional premium payment hasn't been made during the year, the same would be added to the renewal premium at the policy anniversary. The policy would be renewed subject to the full premium being received by the Company.

In case of long term policies (Tenure more than 1 Year), the additional premium will be recovered only for the corresponding year and not from retrospective date.

It is essential that NRI that for every policy renewal, he has to make a declaration that all the Insured's are NRI.

4. For multi individual and family floater policy this discount will be applicable only if all the insureds are NRIs.

B. Tenure discount

Policy Period	Discount percentage
2 years	7.5%
3 years	10%
4 years	12.5%
5 years	15%

C. Family Discount:- 10% discount on the premium is applicable for covering 2 members or more under the same individual Policy on Multi-Individual basis.

D. Online Discount:- If you are an individual directly buying the policy online through website or mobile app of our insurance partner - fintech partners, health tech partners or any web aggregator you shall get a 7.5% discount on the premium.

E. Employee Discount:- A discount of 15% is offered for our employees and our parent companies and its subsidiaries and other affiliated companies provided the Policy is purchased without any intermediary.

F. Cross sell discount:- A discount of 5% will be offered if the proposer is a Policyholder with Us on or prior to inception of this Policy.

G. Direct Sourcing Discount:- A discount of 10% will be offered if the Policy is purchased through direct channel of distribution. This discount will not be offered if Employee discount is availed.

H. Bonus Booster Plus / Infinite Bonus Booster Discount:- If optional cover 'Bonus Booster Plus' or 'Infinite Bonus Booster' is opted, for every 100% of bonus surrendered to the company, a discount of 2% will be given, upto maximum of 10%. This can be availed once in block of 4 Years.

Maximum up to 55% discount shall be offered for NRI policies (All parameters from A to H)

Loading: We shall apply a risk loading on the premium payable as per Our board approved underwriting policy (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance), which shall be mentioned specifically in the Policy Schedule. The

UIN: MAGHLIP27040V012627

maximum risk loading applicable shall not exceed 100% per diagnosis / medical condition and an overall risk loading of 200%. These loadings are applied from the Policy Inception Date including subsequent Renewal(s) with Us or on the receipt of a request for increase in Sum Insured (for which the loading shall be applied on the increased Sum Insured).

No loading shall be applied at the time of Renewal on the basis of individual claim experience.

Loading for Instalment Option: If You want to opt for premium payment in instalments following loading shall be applicable. Tenure discount shall not be applicable if instalment option is chosen.

Instalment Option	Factor to be applicable on premium for one year tenure Policy	Factor to be applicable on premium for two-year tenure Policy	Factor to be applicable on premium for three-year tenure Policy	Factor to be applicable on premium for four year tenure Policy	Factor to be applicable on premium for five-year tenure Policy
Monthly	1.05/12	1.05/24	1.05/36	1.05/48	1.05/60
Quarterly	1.04/12	1.04/24	1.04/36	1.04/48	1.04/60
Semi Annual	1.03/12	1.03/24	1.03/36	1.03/48	1.03/60

5.7) Claim Service Standards:

a) Claims Inconvenience Compensation:

We will pay INR 5,000 as inconvenience fee if we have rejected a cashless claim under Section 2.1 and then paid the same claim on reimbursement basis.

b) Delay Compensation:

We will pay below mentioned fee as self-imposed penalty for violating our defined timelines for approval of cashless claims as mentioned below:

Delay in discharge of the insured due to delay in final cashless approval for more than 3 Hrs post receipt of all requisite documents.

INR 2,000 if admissible claim amount is less than or equal to INR 1 Lakh

INR 5,000 if admissible claim amount is greater than INR 1 Lakh

Annexure I

The contact details of the **Insurance Ombudsman** offices are as below-

Office of the	Contact Details	JURISDICTION
---------------	-----------------	--------------

UIN: MAGHLIP27040V012627

Ombudsman		
AHMEDABAD	Dr. Pranai Prabhakar Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU	Ms. Neerja Kapur Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL	Shri. Ajay Kumar Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh and Chhattisgarh.
BHUBANESWAR	Shri Rashmi Raman Singh Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 / 2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha
CHANDIGARH	Ms. Alka Jha Insurance Ombudsman Office of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh &

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com
 | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070,
 Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on
 exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures
 Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

	Email: bimalokpal.chandigarh@cioins.co.in	Chandigarh
CHENNAI	Shri. K. Vinayak Rao Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)
DELHI	Shri Mukhmeet Singh Bhatia Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh
GUWAHATI	Shri. Ajay Kumar Sharma Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Pan Bazar, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Ms. G Shobha Reddy Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Hyundai Showroom, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR	Shri. Satyajeet Rajan Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363	Rajasthan

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com
 | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070,
 Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on
 exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures
 Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

	Email: bimalokpal.jaipur@cioins.co.in	
KOCHI	Shri. Pradeep Kumar Jain Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry
KOLKATA	Ms. Manju Bagga Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands
LUCKNOW	Shri Sanjai Singh Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
MUMBAI	Ms. Sarojini S Dikhale	Metropolitan Region

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com
 | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

	Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	excluding wards in Mumbai – i.e M/E, M/W, N , S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai
NOIDA	Shri Rajiv Talwar Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA	Shri Inderjeet Singh Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand
PUNE	Ms. Rachna Khare Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com
 | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070,
 Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on
 exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures
 Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

	Email: bimalokpal.pune@cioins.co.in	Region
THANE	Shri Umesh Sinha Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasant Rao Naik Mahamarg, Thane (West)- 400604 Tel.: 022-20812868/69 Email: io.thane@cioins.co.in	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai , M/East, M/West, N, S and T."

For updated list visit- <https://www.cioins.co.in/Ombudsman>

Annexure II

List I – Item for which coverage is not available in the policy

Sl No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com
 | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070,
 Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on
 exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures
 Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLEY COVER

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com
 | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

List II – Items that are to be subsumed into Room Charges

Sl No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com
 | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMER CHARGES

List III – Items that are to be subsumed into Procedure Charges

Sl No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV – Items that are to be subsumed into costs of treatment

Sl No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com
 | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer& Strips
18	URINE BAG

Annexure III**List of Day Care Surgeries**

CARDIOLOGY RELATED	
1	CORONARY ANGIOGRAPHY
	CRITICAL CARE RELATED
2	INSERT NON- TUNNEL CV CATH
3	INSERT PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
4	REPLACE PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
5	INSERTION CATHETER, INTRA ANTERIOR
6	INSERTION OF PORTACATH
	DENTAL RELATED
7	SPLINTING OF AVULSED TEETH
8	SUTURING LACERATED LIP
9	SUTURING ORAL MUCOSA
10	ORAL BIOPSY IN CASE OF ABNORMAL TISSUE PRESENTATION
11	FNAC
12	SMEAR FROM ORAL CAVITY
13	MYRINGOTOMY WITH GROMMET INSERTION
14	TYMPANOPLASTY (CLOSURE OF AN EARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)
15	REMOVAL OF A TYMPANIC DRAIN
16	KERATOSIS REMOVAL UNDER GA
17	OPERATIONS ON THE TURBINATES (NASAL CONCHA)
18	TYMPANOPLASTY (CLOSURE OF AN EARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)
19	REMOVAL OF KERATOSIS OBTURANS
20	STAPEDOTOMY TO TREAT VARIOUS LESIONS IN MIDDLE EAR

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com
 | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

21	REVISION OF A STAPEDECTOMY
22	OTHER OPERATIONS ON THE AUDITORY OSSICLES
23	MYRINGOPLASTY (POST-AURA/ENDAURAL APPROACH AS WELL AS SIMPLE TYPE -I TYMPANOPLASTY)
24	FENESTRATION OF THE INNER EAR
25	REVISION OF A FENESTRATION OF THE INNER EAR
26	PALATOPLASTY
27	TRANSORAL INCISION AND DRAINAGE OF A PHARYNGEAL ABSCESS
28	TONSILLECTOMY WITHOUT ADENOIDECTOMY
29	TONSILLECTOMY WITH ADENOIDECTOMY
30	EXCISION AND DESTRUCTION OF A LINGUAL TONSIL
31	REVISION OF A TYMPANOPLASTY
32	OTHER MICROSURGICAL OPERATIONS ON THE MIDDLE EAR
33	INCISION OF THE MASTOID PROCESS AND MIDDLE EAR
34	MASTOIDECTOMY
35	RECONSTRUCTION OF THE MIDDLE EAR
36	OTHER EXCISIONS OF THE MIDDLE AND INNER EAR
37	INCISION (OPENING) AND DESTRUCTION (ELIMINATION) OF THE INNER EAR
38	OTHER OPERATIONS ON THE MIDDLE AND INNER EAR
39	EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE NOSE
40	OTHER OPERATIONS ON THE NOSE
41	NASAL SINUS ASPIRATION
42	FOREIGN BODY REMOVAL FROM NOSE
43	OTHER OPERATIONS ON THE TONSILS AND ADENOIDS
44	ADENOIDECTOMY
45	LABYRINTHECTOMY FOR SEVERE VERTIGO
46	STAPEDECTOMY UNDER GA
47	STAPEDECTOMY UNDER LA
48	TYMPANOPLASTY (TYPE IV)
49	ENDOLYMPHATIC SAC SURGERY FOR MENIERE'S DISEASE
50	TURBINECTOMY
51	ENDOSCOPIC STAPEDECTOMY
52	INCISION AND DRAINAGE OF PERICHONDritis
53	SEPTOPLASTY
54	VESTIBULAR NERVE SECTION
55	THYROPLASTY TYPE I
56	PSEUDOCYST OF THE PINNA – EXCISION
57	INCISION AND DRAINAGE - HAEMATOMA AURICLE
58	TYMPANOPLASTY (TYPE II)

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

59	REDUCTION OF FRACTURE OF NASAL BONE
60	THYROPLASTY TYPE II
61	TRACHEOSTOMY
62	EXCISION OF ANGIOMA SEPTUM
63	TURBINOPLASTY
64	INCISION & DRAINAGE OF RETRO PHARYNGEAL ABSCESS
65	UVULO PALATO PHARYNGO PLASTY
66	ADENOIDECTOMY WITH GROMMET INSERTION
67	ADENOIDECTOMY WITHOUT GROMMET INSERTION
68	VOCAL CORD LATERALISATION PROCEDURE
69	INCISION & DRAINAGE OF PARA PHARYNGEAL ABSCESS
70	TRACHEOPLASTY
GASTROENTEROLOGY RELATED	
71	CHOLECYSTECTOMY AND CHOLEDOCHO-JEJUNOSTOMY/ DUODENOSTOMY/GASTROSTOMY/EXPLORATION COMMON BILE DUCT
72	ESOPHAGOSCOPY, GASTROSCOPY, DUODENOSCOPY WITH POLYPECTOMY/ REMOVAL OF FOREIGN BODY/DIATHERMY OF BLEEDING LESIONS
73	PANCREATIC PSEUDOCYST EUS & DRAINAGE
74	RF ABLATION FOR BARRETT'S OESOPHAGUS
75	ERCP AND PAPILOTOMY
76	ESOPHAGOSCOPE AND SCLEROSANT INJECTION
77	EUS + SUBMUCOSAL RESECTION
78	CONSTRUCTION OF GASTROSTOMY TUBE
79	EUS + ASPIRATION PANCREATIC CYST
80	SMALL BOWEL ENDOSCOPY (THERAPEUTIC)
81	COLONOSCOPY ,LESION REMOVAL
82	ERCP
83	COLONOSCOPY STENTING OF STRICTURE
84	PERCUTANEOUS ENDOSCOPIC GASTROSTOMY
85	EUS AND PANCREATIC PSEUDO CYST DRAINAGE
86	ERCP AND CHOLEDOCHOSCOPY
87	PROCTOSIGMOIDOSCOPY VOLVULUS DETORSION
88	ERCP AND SPHINCTEROTOMY
89	ESOPHAGEAL STENT PLACEMENT
90	ERCP + PLACEMENT OF BILIARY STENTS
91	SIGMOIDOSCOPY W / STENT
92	EUS + COELIAC NODE BIOPSY
93	UGI SCOPY AND INJECTION OF ADRENALINE, SCLEROSANTS BLEEDING ULCERS
GENERAL SURGERY RELATED	

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com
 | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

94	INCISION OF A PILONIDAL SINUS / ABSCESS
95	FISSURE IN ANO SPHINCTEROTOMY
96	SURGICAL TREATMENT OF A VARICOCELE AND A HYDROCELE OF THE SPERMATIC CORD
97	ORCHIDOPEXY
98	ABDOMINAL EXPLORATION IN CRYPTORCHIDISM
99	SURGICAL TREATMENT OF ANAL FISTULAS
100	DIVISION OF THE ANAL SPHINCTER (SPHINCTEROTOMY)
101	EPIDIDYMECTOMY
102	INCISION OF THE BREAST ABSCESS
103	OPERATIONS ON THE NIPPLE
104	EXCISION OF SINGLE BREAST LUMP
105	INCISION AND EXCISION OF TISSUE IN THE PERIANAL REGION
106	SURGICAL TREATMENT OF HEMORRHOIDS
107	OTHER OPERATIONS ON THE ANUS
108	ULTRASOUND GUIDED ASPIRATIONS
109	SCLEROTHERAPY, ETC.
110	LAPAROTOMY FOR GRADING LYMPHOMA WITH SPLENECTOMY/LIVER/LYMPH NODE BIOPSY
111	THERAPEUTIC LAPAROSCOPY WITH LASER
112	APPENDICECTOMY WITH/WITHOUT DRAINAGE
113	INFECTED KELOID EXCISION
114	AXILLARY LYMPHADENECTOMY
115	WOUND DEBRIDEMENT AND COVER
116	ABSCESS-DECOMPRESSION
117	CERVICAL LYMPHADENECTOMY
118	INFECTED SEBACEOUS CYST
119	INGUINAL LYMPHADENECTOMY
120	INCISION AND DRAINAGE OF ABSCESS
121	SUTURING OF LACERATIONS
122	SCALP SUTURING
123	INFECTED LIPOMA EXCISION
124	MAXIMAL ANAL DILATATION
125	PILES
126	A)INJECTION SCLEROTHERAPY
127	B)PILES BANDING
128	LIVER ABSCESS- CATHETER DRAINAGE
129	FISSURE IN ANO- FISSURECTOMY
130	FIBROADENOMA BREAST EXCISION

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com
 | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

131	OESOPHAGEAL VARICES SCLEROTHERAPY
132	ERCP - PANCREATIC DUCT STONE REMOVAL
133	PERIANAL ABSCESS I&D
134	PERIANAL HEMATOMA EVACUATION
135	UGI SCOPY AND POLYPECTOMY OESOPHAGUS
136	BREAST ABSCESS I& D
137	FEEDING GASTROSTOMY
138	OESOPHAGOSCOPY AND BIOPSY OF GROWTH OESOPHAGUS
139	ERCP - BILE DUCT STONE REMOVAL
140	ILEOSTOMY CLOSURE
141	COLONOSCOPY
142	POLYPECTOMY COLON
143	SPLENIC ABSCESES LAPAROSCOPIC DRAINAGE
144	UGI SCOPY AND POLYPECTOMY STOMACH
145	RIGID OESOPHAGOSCOPY FOR FB REMOVAL
146	FEEDING JEJUNOSTOMY
147	COLOSTOMY
148	ILEOSTOMY
149	COLOSTOMY CLOSURE
150	SUBMANDIBULAR SALIVARY DUCT STONE REMOVAL
151	PNEUMATIC REDUCTION OF INTUSSUSCEPTION
152	VARICOSE VEINS LEGS - INJECTION SCLEROTHERAPY
153	RIGID OESOPHAGOSCOPY FOR PLUMMER VINSON SYNDROME
154	PANCREATIC PSEUDOCYSTS ENDOSCOPIC DRAINAGE
155	ZADEK'S NAIL BED EXCISION
156	SUBCUTANEOUS MASTECTOMY
157	EXCISION OF RANULA UNDER GA
158	RIGID OESOPHAGOSCOPY FOR DILATION OF BENIGN STRICTURES
159	EVERSION OF SAC
160	UNILATERAL
161	ILATERAL
162	LORD'S PLICATION
163	JABOULAY'S PROCEDURE
164	SCROTOPLASTY
165	CIRCUMCISION FOR TRAUMA
166	MEATOPLASTY
167	INTERSPHINCTERIC ABSCESS INCISION AND DRAINAGE
168	PSOAS ABSCESS INCISION AND DRAINAGE

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com
 | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

169	THYROID ABSCESS INCISION AND DRAINAGE
170	TIPS PROCEDURE FOR PORTAL HYPERTENSION
171	ESOPHAGEAL GROWTH STENT
172	PAIR PROCEDURE OF HYDATID CYST LIVER
173	TRU CUT LIVER BIOPSY
174	PHOTODYNAMIC THERAPY OR ESOPHAGEAL TUMOUR AND LUNG TUMOUR
175	EXCISION OF CERVICAL RIB
176	LAPAROSCOPIC REDUCTION OF INTUSSUSCEPTION
177	MICRODOCHECTOMY BREAST
178	SURGERY FOR FRACTURE PENIS
179	SENTINEL NODE BIOPSY
180	PARASTOMAL HERNIA
181	REVISION COLOSTOMY
182	PROLAPSED COLOSTOMY- CORRECTION
183	TESTICULAR BIOPSY
184	LAPAROSCOPIC CARDIOMYOTOMY(HELLERS)
185	SENTINEL NODE BIOPSY MALIGNANT MELANOMA
186	LAPAROSCOPIC PYLOROMYOTOMY(RAMSTEDT)
GYNAECOLOGY RELATED	
187	OPERATIONS ON BARTHOLIN'S GLANDS (CYST)
188	INCISION OF THE OVARY
189	INSUFFLATIONS OF THE FALLOPIAN TUBES
190	OTHER OPERATIONS ON THE FALLOPIAN TUBE
191	DILATATION OF THE CERVICAL CANAL
192	CONISATION OF THE UTERINE CERVIX
193	THERAPEUTIC CURETTAGE WITH COLPOSCOPY / BIOPSY / DIATHERMY / CRYOSURGERY
194	LASER THERAPY OF CERVIX FOR VARIOUS LESIONS OF UTERUS
195	OTHER OPERATIONS ON THE UTERINE CERVIX
196	INCISION OF THE UTERUS (HYSTERECTOMY)
197	LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE VAGINA AND THE POUCH OF DOUGLAS
198	INCISION OF VAGINA
199	INCISION OF VULVA
200	CULDOTOMY
201	SALPINGO-OOPHORECTOMY VIA LAPAROTOMY
202	ENDOSCOPIC POLYPECTOMY
203	HYSTEROSCOPIC REMOVAL OF MYOMA
204	D&C

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com
 | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

205	HYSTEROSCOPIC RESECTION OF SEPTUM
206	THERMAL CAUTERISATION OF CERVIX
207	MIRENA INSERTION
208	HYSTEROSCOPIC ADHESIOLYSIS
209	LEEP
210	CRYOCAUTERISATION OF CERVIX
211	POLYPECTOMY ENDOMETRIUM
212	HYSTEROSCOPIC RESECTION OF FIBROID
213	LLETZ
214	CONIZATION
215	POLYPECTOMY CERVIX
216	HYSTEROSCOPIC RESECTION OF ENDOMETRIAL POLYP
217	VULVAL WART EXCISION
218	LAPAROSCOPIC PARAOVARIAN CYST EXCISION
219	UTERINE ARTERY EMBOLIZATION
220	LAPAROSCOPIC CYSTECTOMY
221	HYMENECTOMY(IMPERFORATE HYMEN)
222	ENDOMETRIAL ABLATION
223	VAGINAL WALL CYST EXCISION
224	VULVAL CYST EXCISION
225	LAPAROSCOPIC PARATUBAL CYST EXCISION
226	REPAIR OF VAGINA (VAGINAL ATRESIA)
227	HYSTEROSCOPY, REMOVAL OF MYOMA
228	TURBT
229	URETEROCOELE REPAIR - CONGENITAL INTERNAL
230	VAGINAL MESH FOR POP
231	LAPAROSCOPIC MYOMECTOMY
232	SURGERY FOR SUI
233	REPAIR RECTO- VAGINA FISTULA
234	PELVIC FLOOR REPAIR(EXCLUDING FISTULA REPAIR)
235	URS + LL
236	LAPAROSCOPIC OOPHORECTOMY
237	NORMAL VAGINAL DELIVERY AND VARIANTS
NEUROLOGY RELATED	
238	FACIAL NERVE PHYSIOTHERAPY
239	NERVE BIOPSY
240	MUSCLE BIOPSY
241	EPIDURAL STEROID INJECTION

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com
 | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

242	GLYCEROL RHIZOTOMY
243	SPINAL CORD STIMULATION
244	MOTOR CORTEX STIMULATION
245	STEREOTACTIC RADIOSURGERY
246	PERCUTANEOUS CORDOTOMY
247	INTRATHECAL BACLOFEN THERAPY
248	ENTRAPMENT NEUROPATHY RELEASE
249	DIAGNOSTIC CEREBRAL ANGIOGRAPHY
250	VP SHUNT
251	VENTRICULOATRIAL SHUNT
252	RADIOTHERAPY FOR CANCER
253	CANCER CHEMOTHERAPY
254	IV PUSH CHEMOTHERAPY
255	HBI-HEMIBODY RADIOTHERAPY
256	INFUSIONAL TARGETED THERAPY
257	SRT-STEREOTACTIC ARC THERAPY
258	SC ADMINISTRATION OF GROWTH FACTORS
259	CONTINUOUS INFUSIONAL CHEMOTHERAPY
260	INFUSIONAL CHEMOTHERAPY
261	CCRT-CONCURRENT CHEMO + RT
262	2D RADIOTHERAPY
263	3D CONFORMAL RADIOTHERAPY
264	IGRT- IMAGE GUIDED RADIOTHERAPY
265	IMRT- STEP & SHOOT
266	INFUSIONAL BISPHOSPHONATES
267	IMRT- DMLC
268	ROTATIONAL ARC THERAPY
269	TELE GAMMA THERAPY
270	FSRT-FRACTIONATED SRT
271	VMAT-VOLUMETRIC MODULATED ARC THERAPY
272	SBRT-STEREOTACTIC BODY RADIOTHERAPY
273	HELICAL TOMOTHERAPY
274	SRS-STEREOTACTIC RADIOSURGERY
275	X-KNIFE SRS
276	GAMMAKNIFE SRS
277	TBI- TOTAL BODY RADIOTHERAPY
278	INTRALUMINAL BRACHYTHERAPY
279	ELECTRON THERAPY

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com
 | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

280	TSET-TOTAL ELECTRON SKIN THERAPY
281	EXTRACORPOREAL IRRADIATION OF BLOOD PRODUCTS
282	TELECOBALT THERAPY
283	TELECESIUM THERAPY
284	EXTERNAL MOULD BRACHYTHERAPY
285	INTERSTITIAL BRACHYTHERAPY
286	INTRACAVITY BRACHYTHERAPY
287	3D BRACHYTHERAPY
288	IMPLANT BRACHYTHERAPY
289	INTRAVESICAL BRACHYTHERAPY
290	ADJUVANT RADIOTHERAPY
291	AFTERLOADING CATHETER BRACHYTHERAPY
292	CONDITIONING RADIOTHERAPY FOR BMT
293	EXTRACORPOREAL IRRADIATION TO THE HOMOLOGOUS BONE GRAFTS
294	RADICAL CHEMOTHERAPY
295	NEOADJUVANT RADIOTHERAPY
296	LDR BRACHYTHERAPY
297	PALLIATIVE RADIOTHERAPY
298	RADICAL RADIOTHERAPY
299	PALLIATIVE CHEMOTHERAPY
300	TEMPLATE BRACHYTHERAPY
301	NEOADJUVANT CHEMOTHERAPY
302	ADJUVANT CHEMOTHERAPY
303	INDUCTION CHEMOTHERAPY
304	CONSOLIDATION CHEMOTHERAPY
305	MAINTENANCE CHEMOTHERAPY
306	HDR BRACHYTHERAPY
OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS	
307	INCISION AND LANCING OF A SALIVARY GLAND AND A SALIVARY DUCT
308	EXCISION OF DISEASED TISSUE OF A SALIVARY GLAND AND A SALIVARY DUCT
309	RESECTION OF A SALIVARY GLAND
310	RECONSTRUCTION OF A SALIVARY GLAND AND A SALIVARY DUCT
311	OTHER OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS
	OPERATIONS ON THE SKIN & SUBCUTANEOUS TISSUE
312	OTHER INCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
313	SURGICAL WOUND TOILET (WOUND DEBRIDEMENT) AND REMOVAL OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
314	LOCAL EXCISION OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com
 | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

315	OTHER EXCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
316	SIMPLE RESTORATION OF SURFACE CONTINUITY OF THE SKIN AND SUBCUTANEOUS TISSUES
317	FREE SKIN TRANSPLANTATION, DONOR SITE
318	FREE SKIN TRANSPLANTATION, RECIPIENT SITE
319	REVISION OF SKIN PLASTY
320	OTHER RESTORATION AND RECONSTRUCTION OF THE SKIN AND SUBCUTANEOUS TISSUES.
321	CHEMOSURGERY TO THE SKIN.
322	DESTRUCTION OF DISEASED TISSUE IN THE SKIN AND SUBCUTANEOUS TISSUES
323	RECONSTRUCTION OF DEFORMITY/DEFECT IN NAIL BED
324	EXCISION OF BURSITIS
325	TENNIS ELBOW RELEASE
OPERATIONS ON THE TONGUE	
326	INCISION, EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TONGUE
327	PARTIAL GLOSSECTOMY
328	GLOSSECTOMY
329	RECONSTRUCTION OF THE TONGUE
330	OTHER OPERATIONS ON THE TONGUE
OPHTHALMOLOGY RELATED	
331	SURGERY FOR CATARACT
332	INCISION OF TEAR GLANDS
333	OTHER OPERATIONS ON THE TEAR DUCTS
334	INCISION OF DISEASED EYELIDS
335	EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE EYELID
336	OPERATIONS ON THE CANTHUS AND EPICANTHUS
337	CORRECTIVE SURGERY FOR ENTROPION AND ECTROPION
338	CORRECTIVE SURGERY FOR BLEPHAROPTOSIS
339	REMOVAL OF A FOREIGN BODY FROM THE CONJUNCTIVA
340	REMOVAL OF A FOREIGN BODY FROM THE CORNEA
341	INCISION OF THE CORNEA
342	OPERATIONS FOR PTERYGIUM
343	OTHER OPERATIONS ON THE CORNEA
344	REMOVAL OF A FOREIGN BODY FROM THE LENS OF THE EYE
345	REMOVAL OF A FOREIGN BODY FROM THE POSTERIOR CHAMBER OF THE EYE
346	REMOVAL OF A FOREIGN BODY FROM THE ORBIT AND EYEBALL
347	CORRECTION OF EYELID PTOSIS BY LEVATOR PALPEBRAE SUPERIORIS RESECTION (BILATERAL)
348	CORRECTION OF EYELID PTOSIS BY FASCIA LATA GRAFT (BILATERAL)

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com
 | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

349	DIATHERMY/CRYOTHERAPY TO TREAT RETINAL TEAR
350	ANTERIOR CHAMBER PARACENTESIS / CYCLODIATHERMY / CYCLOCRYOTHERAPY / GONIOTOMY / TRABECULOTOMY AND FILTERING AND ALLIED OPERATIONS TO TREAT GLAUCOMA
351	ENUCLEATION OF EYE WITHOUT IMPLANT
352	DACRYOCYSTORHINOSTOMY FOR VARIOUS LESIONS OF LACRIMAL GLAND
353	LASER PHOTOCOAGULATION TO TREAT RATINAL TEAR
354	BIOPSY OF TEAR GLAND
355	TREATMENT OF RETINAL LESION
ORTHOPAEDICS RELATED	
356	SURGERY FOR MENISCUS TEAR
357	INCISION ON BONE, SEPTIC AND ASEPTIC
358	CLOSED REDUCTION ON FRACTURE, LUXATION OR EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
359	SUTURE AND OTHER OPERATIONS ON TENDONS AND TENDON SHEATH
360	REDUCTION OF DISLOCATION UNDER GA
361	ARTHROSCOPIC KNEE ASPIRATION
362	SURGERY FOR LIGAMENT TEAR
363	SURGERY FOR HEMOARTHROSIS/PYOARTHROSIS
364	REMOVAL OF FRACTURE PINS/NAILS
365	REMOVAL OF METAL WIRE
366	CLOSED REDUCTION ON FRACTURE, LUXATION
367	REDUCTION OF DISLOCATION UNDER GA
368	EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
369	EXCISION OF VARIOUS LESIONS IN COCCYX
370	ARTHROSCOPIC REPAIR OF ACL TEAR KNEE
371	CLOSED REDUCTION OF MINOR FRACTURES
372	ARTHROSCOPIC REPAIR OF PCL TEAR KNEE
373	TENDON SHORTENING
374	ARTHROSCOPIC MENISCECTOMY – KNEE
375	TREATMENT OF CLAVICLE DISLOCATION
376	HAEMARTHROSIS KNEE- LAVAGE
377	ABSCESS KNEE JOINT DRAINAGE
378	CARPAL TUNNEL RELEASE
379	CLOSED REDUCTION OF MINOR DISLOCATION
380	REPAIR OF KNEE CAP TENDON
381	ORIF WITH K WIRE FIXATION- SMALL BONES
382	RELEASE OF MIDFOOT JOINT
383	ORIF WITH PLATING- SMALL LONG BONES

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say “Hi” on WhatsApp No. 7208976789

384	IMPLANT REMOVAL MINOR
385	K WIRE REMOVAL
386	POP APPLICATION
387	CLOSED REDUCTION AND EXTERNAL FIXATION
388	ARTHROTOMY HIP JOINT
389	SYME'S AMPUTATION
390	ARTHROPLASTY
391	PARTIAL REMOVAL OF RIB
392	TREATMENT OF SESAMOID BONE FRACTURE
393	SHOULDER ARTHROSCOPY / SURGERY
394	ELBOW ARTHROSCOPY
395	AMPUTATION OF METACARPAL BONE
396	RELEASE OF THUMB CONTRACTURE
397	INCISION OF FOOT FASCIA
398	CALCANEUM SPUR HYDROCORT INJECTION
399	GANGLION WRIST HYALASE INJECTION
400	PARTIAL REMOVAL OF METATARSAL
401	REPAIR / GRAFT OF FOOT TENDON
402	REVISION/REMOVAL OF KNEE CAP
403	AMPUTATION FOLLOW-UP SURGERY
404	EXPLORATION OF ANKLE JOINT
405	REMOVE/GRAFT LEG BONE LESION
406	REPAIR/GRAFT ACHILLES TENDON
407	REMOVE OF TISSUE EXPANDER
408	BIOPSY ELBOW JOINT LINING
409	REMOVAL OF WRIST PROSTHESIS
410	BIOPSY FINGER JOINT LINING
411	TENDON LENGTHENING
412	TREATMENT OF SHOULDER DISLOCATION
413	LENGTHENING OF HAND TENDON
414	REMOVAL OF ELBOW BURSA
415	FIXATION OF KNEE JOINT
416	TREATMENT OF FOOT DISLOCATION
417	SURGERY OF BUNION
418	INTRA ARTICULAR STEROID INJECTION
419	TENDON TRANSFER PROCEDURE
420	REMOVAL OF KNEE CAP BURSA
421	TREATMENT OF FRACTURE OF ULNA

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com
 | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

422	TREATMENT OF SCAPULA FRACTURE
423	REMOVAL OF TUMOR OF ARM/ ELBOW UNDER RA/GA
424	REPAIR OF RUPTURED TENDON
425	DECOMPRESS FOREARM SPACE
426	REVISION OF NECK MUSCLE (TORTICOLLIS RELEASE)
427	LENGTHENING OF THIGH TENDONS
428	TREATMENT FRACTURE OF RADIUS & ULNA
429	REPAIR OF KNEE JOINT
OTHER OPERATIONS ON THE MOUTH & FACE	
430	EXTERNAL INCISION AND DRAINAGE IN THE REGION OF THE MOUTH, JAW AND FACE
431	INCISION OF THE HARD AND SOFT PALATE
432	EXCISION AND DESTRUCTION OF DISEASED HARD AND SOFT PALATE
433	INCISION, EXCISION AND DESTRUCTION IN THE MOUTH
434	OTHER OPERATIONS IN THE MOUTH
PAEDIATRIC SURGERY RELATED	
435	EXCISION OF FISTULA-IN-ANO
436	EXCISION JUVENILE POLYPS RECTUM
437	VAGINOPLASTY
438	DILATATION OF ACCIDENTAL CAUSTIC STRICTURE OESOPHAGEAL
439	PRESACRAL TERATOMAS EXCISION
440	REMOVAL OF VESICAL STONE
441	EXCISION SIGMOID POLYP
442	STERNOMASTOID TENOTOMY
443	INFANTILE HYPERTROPHIC PYLORIC STENOSIS PYLOROMYOTOMY
444	EXCISION OF SOFT TISSUE RHABDOMYOSARCOMA
445	MEDIASTINAL LYMPH NODE BIOPSY
446	HIGH ORCHIDECTOMY FOR TESTIS TUMOURS
447	EXCISION OF CERVICAL TERATOMA
448	RECTAL-MYOMECTOMY
449	RECTAL PROLAPSE (DELORME'S PROCEDURE)
450	DETORSION OF TORSION TESTIS
451	EUA + BIOPSY MULTIPLE FISTULA IN ANO
452	CYSTIC HYGROMA - INJECTION TREATMENT
PLASTIC SURGERY RELATED	
453	CONSTRUCTION SKIN PEDICLE FLAP
454	GLUTEAL PRESSURE ULCER-EXCISION
455	MUSCLE-SKIN GRAFT, LEG

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com
 | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

456	REMOVAL OF BONE FOR GRAFT
457	MUSCLE-SKIN GRAFT DUCT FISTULA
458	REMOVAL CARTILAGE GRAFT
459	MYOCUTANEOUS FLAP
460	FIBRO MYOCUTANEOUS FLAP
461	BREAST RECONSTRUCTION SURGERY AFTER MASTECTOMY
462	SLING OPERATION FOR FACIAL PALSY
463	SPLIT SKIN GRAFTING UNDER RA
464	WOLFE SKIN GRAFT
465	PLASTIC SURGERY TO THE FLOOR OF THE MOUTH UNDER GA
THORACIC SURGERY RELATED	
466	THORACOSCOPY AND LUNG BIOPSY
467	EXCISION OF CERVICAL SYMPATHETIC CHAIN THORACOSCOPIC
468	LASER ABLATION OF BARRETT'S OESOPHAGUS
469	PLEURODESIS
470	THORACOSCOPY AND PLEURAL BIOPSY
471	EBUS + BIOPSY
472	THORACOSCOPY LIGATION THORACIC DUCT
473	THORACOSCOPY ASSISTED EMPYAEMA DRAINAGE
UROLOGY RELATED	
474	HAEMODIALYSIS
475	LITHOTRIPSY/NEPHROLITHOTOMY FOR RENAL CALCULUS
476	EXCISION OF RENAL CYST
477	DRAINAGE OF PYONEPHROSIS/PERINEPHRIC ABSCESS
478	INCISION OF THE PROSTATE
479	TRANSURETHRAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
480	TRANSURETHRAL AND PERCUTANEOUS DESTRUCTION OF PROSTATE TISSUE
481	OPEN SURGICAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
482	RADICAL PROSTATOVESICULECTOMY
483	OTHER EXCISION AND DESTRUCTION OF PROSTATE TISSUE
484	OPERATIONS ON THE SEMINAL VESICLES
485	INCISION AND EXCISION OF PERIPROSTATIC TISSUE
486	OTHER OPERATIONS ON THE PROSTATE
487	INCISION OF THE SCROTUM AND TUNICA VAGINALIS TESTIS
488	OPERATION ON A TESTICULAR HYDROCELE
489	EXCISION AND DESTRUCTION OF DISEASED SCROTAL TISSUE
490	OTHER OPERATIONS ON THE SCROTUM AND TUNICA VAGINALIS TESTIS
491	INCISION OF THE TESTES

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com
 | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

492	EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TESTES
493	UNILATERAL ORCHIDECTOMY
494	BILATERAL ORCHIDECTOMY
495	SURGICAL REPOSITIONING OF AN ABDOMINAL TESTIS
496	RECONSTRUCTION OF THE TESTIS
497	IMPLANTATION, EXCHANGE AND REMOVAL OF A TESTICULAR PROSTHESIS
498	OTHER OPERATIONS ON THE TESTIS
499	EXCISION IN THE AREA OF THE EPIDIDYMIS
500	OPERATIONS ON THE FORESKIN
501	LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE PENIS
502	AMPUTATION OF THE PENIS
503	OTHER OPERATIONS ON THE PENIS
504	CYSTOSCOPICAL REMOVAL OF STONES
505	CATHETERISATION OF BLADDER
506	LITHOTRIPSY
507	BIOPSY OF TEMPORAL ARTERY FOR VARIOUS LESIONS
508	EXTERNAL ARTERIO-VENOUS SHUNT
509	AV FISTULA – WRIST
510	URSL WITH STENTING
511	URSL WITH LITHOTRIPSY
512	CYSTOSCOPIC LITHOLAPAXY
513	ESWL
514	BLADDER NECK INCISION
515	CYSTOSCOPY & BIOPSY
516	CYSTOSCOPY AND REMOVAL OF POLYP
517	SUPRAPUBIC CYSTOSTOMY
518	PERCUTANEOUS NEPHROSTOMY
519	CYSTOSCOPY AND "SLING" PROCEDURE.
520	TUNA- PROSTATE
521	EXCISION OF URETHRAL DIVERTICULUM
522	REMOVAL OF URETHRAL STONE
523	EXCISION OF URETHRAL PROLAPSE
524	MEGA-URETER RECONSTRUCTION
525	KIDNEY RENOSCOPY AND BIOPSY
526	URETER ENDOSCOPY AND TREATMENT
527	VESICO URETERIC REFLUX CORRECTION
528	SURGERY FOR PELVI URETERIC JUNCTION OBSTRUCTION
529	ANDERSON HYNES OPERATION

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmainurance.com | E-mail: customercare@magmainurance.com
 | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789

530	KIDNEY ENDOSCOPY AND BIOPSY
531	PARAPHIMOSIS SURGERY
532	INJURY PREPUCE- CIRCUMCISION
533	FRENULAR TEAR REPAIR
534	MEATOTOMY FOR MEATAL STENOSIS
535	SURGERY FOR FOURNIER'S GANGRENE SCROTUM
536	SURGERY FILARIAL SCROTUM
537	SURGERY FOR WATERING CAN PERINEUM
538	REPAIR OF PENILE TORSION
539	DRAINAGE OF PROSTATE ABSCESS
540	ORCHIECTOMY
541	CYSTOSCOPY AND REMOVAL OF FB

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmaininsurance.com | E-mail: customercare@magmaininsurance.com | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 For more details on the risk factors, terms and conditions, please read the policy document carefully before concluding a sale.

UIN: MAGHLIP27040V012627

Magma General Insurance Limited (erstwhile Magma HDI General Insurance Company Limited) | www.magmaininsurance.com | E-mail: customercare@magmaininsurance.com | Toll Free: 1800 266 3202 | Registered Office: Equinox Business Park, Tower 3, Ambedkar Nagar, 2nd Floor, Unit Number 1B & 2B, LBS Marg, Kurla (West), Mumbai - 400070, Maharashtra, India. | CIN: U66000MH2009PLC460693 | IRDAI Reg. No. 149 | OneHealth 10.0 | Product UIN: MAGHLIP27040V012627 | For complete list of details on exclusions, risk factors, terms & conditions, please read the policy documents carefully before concluding a sale. | Trade Logo displayed above belongs to Magma Ventures Private Limited and is used by Magma General Insurance Limited under license. | Chat with MIRA on our website or say "Hi" on WhatsApp No. 7208976789