

CUSTOMER INFORMATION SHEET/ KNOW YOUR POLICY- OneClick OPD

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

Sr No	Title	Description (Please refer to the Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/ Policy	OneClick OPD	
2	Policy Number	XXXX	
3	Type of Insurance Product/Policy	Both Indemnity and Benefit Indemnity: Where insured losses are covered up to the Sum Insured under the policy) Benefit: Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event. Both Indemnity and Benefit: (where policy has elements of both the above)	
4	Sum Insured (Basis) (Along with the amount)	☐ Individual Sum Insured- Where each member has a separate sum insured under the policy) OR ☐ Floater Sum Insured – Where all members under the policy have a single sum insured limit which may be utilized by any or all members	
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	Expenses in respect of:	
		Out-Patient Expenses: Expenses at any specified Service provider's Network Facility as an Out-patient are covered.	2. Coverage: Outpatient Expenses
		General Physician Consultations: Consultations covered on cashless or reimbursement basis.	2.a. Outpatient expenses
		Specialist & Super specialist Consultations: - Consultations covered on cashless or reimbursement basis. - For Ophthalmology External consultations, examinations & tests are covered on reimbursement basis - For Dermatology consultations, External consultations that are for medical purposes are covered if prescribed by specified Service provider's network Doctor.	2.b. Outpatient expenses
		Pharmacy: Prescribed medicines covered up to the limits as specified in the policy schedule	2.c. Outpatient expenses
		Prescribed Blood tests: Prescribed blood tests from Network Medical Practitioners are covered for all covered acute and chronic conditions.	2.d. Outpatient expenses
		Prescribed Radiology & Diagnostics (except prescribed blood tests): Prescribed radiology & Diagnostic tests covered for all acute and chronic conditions that are covered.	2.e. Outpatient expenses
		Physiotherapy: Physio sessions are covered up to the limits as opted and as specified in the Policy Schedule/ Product Benefits Table	2.f. Outpatient expenses
		Ayush Consultations:	2.g. Outpatient expenses

		Ayurveda & Homeopathy Consultations: Subject to the limits as specified in the Policy Schedule/ Product Benefits Table are covered per family per year up to Sum Insured with a government-recognized medical practitioner for Ayurveda & Homeopathy respectively.	
		Accidents & emergencies: Online Consultations for accidents and emergencies are covered up to the limits as specified in the policy wordings.	2.h. Outpatient expenses
		Mental health (Only Psychologist Consultations): Consultation with a psychologist are covered up to the limits as specified in the Policy Schedule/ Product Benefits Table	2.i. Outpatient expenses
		Annual health Check-up: Set of tests as specified in the policy scheduled are covered once in a policy year	2.j. Outpatient expenses
		Dietician: Video Consultations covered on specified Service provider's platform	2.k. Outpatient expenses
		Dental Cover: Dental consultations and cost for X-ray are covered up to the limits as specified in the Policy Schedule/ Product Benefits Table	2.l. Outpatient expenses
		Optional Covers	
		Additional pharmacy cover: Cost for additional pharmacy prescribed by a Network Medical Practitioner up to the limits as opted and specified in the Policy Schedule/Certificate of Insurance is covered	Optional Cover 1
		Physiotherapy sessions: Expenses incurred by the Insured person for In-person Physiotherapy sessions with a qualified physiotherapist are covered	Optional Cover 2
		OP Procedure: Cost of outpatient minor procedures performed by a general practitioner or specialist medical practitioner for the Insured Person during the policy period up to the limits as opted and specified in Policy Schedule/Certificate of Insurance are covered	Optional Cover 3
		Dental Care: Cost of dental expenses like cleaning, scaling & filing as advised by qualified dental practitioner for the Insured Person during the policy period up to the limits as opted and specified in Policy Schedule/Certificate of Insurance are covered.	Optional Cover 4
		Maternity Coverage Cost of Maternity consultations on our specified Service provider's platform, blood tests and diagnostics like USG as advised by qualified medical practitioner for the Insured Person during the policy period up to the limits as specified in Policy Schedule/Certificate of Insurance are covered.	Optional Cover 5
		Increase in Pre-Existing Disease waiting period Pre-existing Disease Waiting Period shall stand increased up to the period as specified in the Policy Schedule/Certificate of Insurance.	Optional Cover 6
6	Exclusions (What the policy does not cover)	Standard Exclusions 1. Rest Cure, rehabilitation and respite care - Code Excl 05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:	Section 3

		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 2. Obesity/ Weight Control - Code Excl 06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions: A. Surgery to be conducted is upon the advice of the Doctor B. The surgery/Procedure conducted should be supported by clinical protocols C. The member has to be 18 years of age or older and D. Body Mass Index (BMI); 1. greater than or equal to 40 or 2. 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: a. Obesity-related cardiomyopathy b. Coronary heart disease c. Severe Sleep Apnea d. Uncontrolled Type2 Diabetes 3. Change-of-Gender treatments - Code Excl 07: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. 4. Cosmetic or plastic Surgery - Code Excl 08: 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. 5. Hazardous or Adventure sports - Code Excl 09: 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. 6. Breach of law - Code Excl 10: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. 7. Excluded Providers - Code Excl 11: 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. 8. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof - Code Excl 12 9. Treatments received in health hydros, 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 Excl 13	
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	10. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure – Code Excl 14 11. Unproven Treatments - Code Excl 16: 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. 12. Sterility and Infertility - Code Excl 17: Expenses related to sterility and infertility. This includes; - Any type of contraception, sterilization - Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI - Gestational Surrogacy - Reversal of sterilization 13. Congenital External condition / defects / anomalies - Code Excl 20 14. Convalescence, general debility, run-down condition, Nutritional deficiency states -Code Excl 21 15. Intentional self injury - Code Excl 22 16. Injury/disease caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not) - Code Excl 24 17. Injury or disease caused by or contributed to by nuclear weapons/materials - Code Excl 25 18. Unconventional, Untested, Experimental therapies - Code Excl 27 19. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) - Code Excl 31 21. Hearing aids, walkers and crutches, wheelchairs, Nutritional Supplements, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis [CAPD], infusion pump and such other similar aids, Cochlear implants and procedure related expenses - Code Excl 35 22. Existing disease/s, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), for specified ICD codes - Code Excl 38 Specific Exclusions - Expenses related to Day Care Procedures Out- Patient Procedures. - Expenses related to Maternity - Expenses related to Blood or Skin Allergy Testing. - Expenses related to Eyewear and Lenses, Glucometers, BP machines, Continuous Glucose Monitors (CGM) or similar devices. - Expenses related to Prosthetics and Devices. - Expenses related to Sexual disorders, erectile dysfunction, sterility, fertility & IVF. - Expenses related to sleep disorders and sleep problems. - Expenses related to Genetic Testing. - Expenses related to Occupational Therapy. - Expenses related to Positron Emission Tomography–Computed Tomography (PET CT) Scan.	
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		12. Expenses related to Sexually Transmitted Disease (STD) Testing similar but not limited to Anti-HCV rapid, HIV 1&2 Antibody, Hepatitis B, Hepatitis C, VDRL. 13. Expenses related to Dental Treatments and Procedures	
7	Waiting Period	No waiting periods	
8	Claims/ Claims Procedures	For cashless service: - The standard claim form is available in our website www.magmainsurance.com for ready reference. The same may be also obtained from any of our offices on request. - Toll Free No- 1800 266 3202 - The updated Network List may be obtained at our website www.magmainsurance.com and also from the website of our TPA. Please note the Network of the TPA are subject to change. - Download claim form from https://www.magmainsurance.com/web/magmainsurance/downloads - The authorization shall be issued to the Network Provider within one hours of receipt of request along with requisite documents. - Final cashless authorization at the time of discharge is within 3 hours of receipt of discharge authorization request along with requisite documents.	Section 4. 3.A
		For Reimbursement of Claim: - Notice of claim: Please contact us at least 72 hours before admission in case of planned hospitalization. For emergency hospitalization, kindly contact is within 24 hours of admission to Hospital. - Submission of claim: The insured shall submit all the relevant claim documents, and the Claims shall be settled or rejected, as the case may be, within 15 from the date of intimation (along with the requisite documents).	Section 4. 3.B
10	Policy Servicing	Call us at: 1800 266 3202 Address: Any of Our branch offices or corporate office during business hours. List of branch offices can be found at www.magmainsurance.com	
11	Grievances/Complaints	In case of any grievance including senior citizen, the insured person may contact the Company through Website: www.magmainsurance.com Toll free: 1800 266 3202 Email address: customercare@magmainsurance.com. For senior citizens Email address - namaskar@magmainsurance.com Dedicated helpline exclusively for senior citizens - 022-62605766 Customer can also reach out to Branch GRO Email address: Gro@magmainsurance.com IRDAI Grievance Cell: Toll Free Number: 155255 (or) 1800 4254 732 Timings: 8 AM to 8 PM -- (Monday to Saturday)	Section 4.30 Annexure I

		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/ Ombudsman: In case You are still not satisfied with the decision/ resolution, you may approach the office of Insurance Ombudsman once the stipulated period of 30 days from the date of filing the complaint is over. For updated status, please refer to websites www.irdai.gov.in or https://www.cioins.co.in	
12	Things to remember	Free Look Cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy. For process related to Free Look Call us at: 1800 266 3202 Policy Renewal: The policy shall ordinarily be renewable except on grounds of established fraud, non-disclosure or misrepresentation by the insured person. Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. Change in Sum Insured: Sum Insured can be changed (increased/ decreased) only at the time of renewal or at any time subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured. Moratorium Period: After completion of continuous 60 months under the policy no look back to be applied. This period is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of continuous 60 months would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.	Section 4.16 Section 4.11 Section 4.9 and 4.10 Section 4.29 Section 4.13
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other Material Information during the policy period. "Material facts" for the purpose of this policy shall mean all relevant information sought by Us in the proposal form and other connected documents to enable Us to take informed decision in the context of underwriting the risk. Please notify Us in writing of any material change in the risk on account of change in the nature of occupation or business	Section 4.1 Section 4.25
<u>Declaration by the Policy Holder</u> ☐ I have read and confirm having noted the details. Place: _____ Date: _____ (Signature of the Policyholder)			

Note: (i) For Product related documents including Customer Information Sheet, kindly refer to the below link
(www.magmainsurance.com/web/magmainsurance/downloads)
(ii) In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.