

OneClick OPD POLICY WORDINGS

PREAMBLE

The insurance cover provided under this Policy up to the Sum Insured is and shall be subject to (a) the terms and conditions of this Policy, (b) the receipt of premium, and (c) Disclosure to information and statements which the Policyholder/ Insured person has provided in the proposal form for all persons to be insured. Please inform Us immediately of any change in the address, nature of job, state of health, or of any other changes affecting any Insured Person.

If any claim arising as a result of an Illness or Injury that occurred during the Policy Period becomes payable, then We shall pay the Benefits in accordance with the terms, conditions and exclusions of the Policy subject to availability of Sum Insured.

1. DEFINITIONS

1. **Accident:** means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age or Aged:** means age as on last birthday.
3. **AYUSH Day Care Centre:** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH *Medical Practitioner* (s) on day care basis without in-patient services and must comply with all the following criterion:
 - 3.1. Having qualified registered AYUSH *Medical Practitioner(s)* in charge;
 - 3.2. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - 3.3. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
4. **AYUSH Hospital:** is a healthcare facility wherein medical/surgical/ para-surgical treatment procedures and interventions are carried out by AYUSH *Medical Practitioner(s)* comprising of any of the following:
 - 4.1. Central or State Government AYUSH Hospital; or
 - 4.2. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
 - 4.3. 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:

- 4.3.1. Having at least 5 in-patient beds;
 - 4.3.2. Having qualified *AYUSH Medical Practitioner* in charge round the clock;
 - 4.3.3. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - 4.3.4. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
5. **AYUSH Treatment:** refers to the medical and/or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy' systems.
6. **AYUSH Practitioner:** means a registered medical practitioner belonging to any of the systems of Ayurveda, Yoga & Naturopathy, Unani, Siddha, Sowa-Rigpa or Homoeopathy, holding a qualification recognised under the National Commission for Indian System of Medicine Act, 2020 or the National Commission for Homoeopathy Act, 2020, and registered with the State or Central Register of the respective councils.
An AYUSH Practitioner provides diagnosis, treatment, and preventive care using modalities specific to their recognised system of medicine.
7. **Break in** policy means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.
8. **Condition Precedent:** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
9. **Company:** means Magma General Insurance Company Limited.
10. **Cosmetic Treatment:** means Medical Treatment that modifies, improves, restores or maintains normal appearance of a physical feature, irregularity, or defect.
11. **Day:** means a continuous period of 24 hours.
12. **Dental Treatment:** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
13. **Dentist:** means a healthcare professional registered under the Dentists Act, 1948, holding a recognised dental qualification such as B.D.S. or M.D.S. listed in the schedules of the Act. A Dentist is trained in the prevention, diagnosis, and treatment of diseases and conditions of the teeth, gums, and oral cavity, and is authorised to perform dental procedures including restorations, extractions, endodontics, prosthodontics, and oral health counselling.
14. **Dependent Child/Dependent Children:** means a child (natural or legally adopted) between the age of 91 days and 25 years who is financially dependent and does not have his or her independent source of income.
15. **Diagnosis:** means Diagnosis by a registered medical practitioner, supported by clinical, radiological, histological, histopathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to the Company.
16. **Emergency:** means a severe Illness or Injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.

17. **Family Floater Policy:** means a policy named as a Family Floater Policy in the Policy Schedule in terms of which, two or more persons of a family are named in the Policy Schedule as Insured Persons. In a Family Floater Policy, family means a unit comprising of up to seven members who are related to the Policyholder in the following manner:
- 17.1. Self (i.e., the Policyholder); and/ or
 - 17.2. Legally married spouse as long as they continue to be married; and/or
 - 17.3. Up-to four Dependent Children; and/or
 - 17.4. Natural parents or parents that have legally adopted the Policyholder; or
 - 17.5. Parents-in-law as long as the Policyholder continues to be legally married to the spouse referred above.
- All parents and parents- in- law referred above must be financially dependent on the Policyholder.
18. **General Physician:** means a Medical Practitioner who holds an undergraduate medical qualification (for example, M.B.B.S. or equivalent qualification recognized under the NMC Act) and who does not hold any recognized postgraduate or super-Speciality medical qualification (such as M.D., M.S., D.N.B., D.M., M.Ch., or equivalent).
- A General Practitioner provides primary or general medical care, focusing on prevention, diagnosis, and management of common diseases, and acts as the first point of contact for patients within the healthcare system.
19. **Grace Period:** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received.
- The Grace Period for payment of the premium for all types of insurance policies shall be: fifteen days (15) where premium payment mode is monthly and thirty days (30) in all other cases.
- Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.
20. **Hazardous Activities:** means any sport or activity, which is potentially dangerous to the Insured Person whether he is trained or not. Such sport/ activity includes stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/ obstacle riding, bobsleighbing/ using skeletons, bouldering, boxing, canyoning, caving/pot holing, cave tubing, rock limbing/ trekking/mountaineering, cycle racing, cyclocross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labor, marathon running, martial arts, micro - lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/time trials, triathlon, water ski jumping, weight lifting or wrestling any type.
21. **Illness:** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment;

- 21.1. **Acute condition:** Acute condition is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ Illness/ Injury which leads to full recovery.
- 21.2. **Chronic condition:** A chronic condition is defined as a disease, Illness, or Injury that has one or more of the following characteristics:
 - 21.2.1. It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - 21.2.2. it needs ongoing or long-term control or relief of symptoms
 - 21.2.3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - 21.2.4. it continues indefinitely
 - 21.2.5. it recurs or is likely to recur
- 22. **Individual Policy:** means a policy named as an Individual Policy in the Policy Schedule in terms of which only one person is named in the Policy Schedule as the Insured Person.
- 23. **Injury:** means accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
- 24. **Insured Person:** means the name/s of person/s shown in the schedule of the Policy.
- 25. **IRDAI:** means the Insurance Regulatory and Development Authority of India.
- 26. **Medical Advice:** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- 27. **Medical Expenses:** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- 28. **Medical Practitioner:** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
- 29. **Medically Necessary Treatment:** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
 - 29.1. is required for the medical management of the illness or injury suffered by the insured;
 - 29.2. must not exceed the level of care necessary to provide safe, adequate and appropriate
 - 29.3. medical care in scope, duration, or intensity;
 - 29.4. must have been prescribed by a Medical Practitioner;
 - 29.5. must conform to the professional standards widely accepted in international medical practice or by the medical community In India.
- 30. **Network Facility** means clinics, diagnostic centers, pharmacy that the Company has mutually agreed with to provide medical services.
- 31. **Network Provider:** means health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

32. **Notification of Claim:** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
33. **OPD treatment:** means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
34. **Physiotherapy:** means the branch of medicine that deals with assessment, planning and implementation of rehabilitation programs that improve or restore human motor functions, maximize movement ability, relieve pain syndromes, and treat or prevent physical challenges associated with injuries, diseases and other impairments by applying a broad range of physical therapies and techniques such as movement, ultrasound, heating, laser and other techniques.
35. **Physiotherapist:** means a rehabilitation professional who holds a recognised qualification in Physiotherapy (such as Bachelor of Physiotherapy (BPT) or Master of Physiotherapy (MPT)) and is registered with the respective State Physiotherapy Council or competent statutory authority (where constituted). A Physiotherapist provides assessment and management of movement disorders, pain, and physical impairments through therapeutic exercises, electrotherapy, manual therapy, and structured rehabilitation programs.
36. **Policy:** means this Policy document, any annexures thereto and the Policy Schedule including endorsements, if any, and Your statements in the proposal form.
37. **Policy Inception Date:** means the Policy Start Date of the first Policy with Us, as specified in the Policy Schedule, and renewed with Us continuously thereafter.
38. **Policy Start Date:** means the start date of the Policy as specified in the Policy Schedule.
39. **Policy Expiry Date:** means the date on which the Policy expires as specified in the Policy Schedule.
40. **Policy Period:** means the period between the Policy Start Date and the Policy Expiry Date as shown in the Policy Schedule.
41. **Policy Year:** means a period of twelve consecutive months commencing from the Policy Start Date as specified in the Policy Schedule or any anniversary thereof.
42. **Policyholder:** means the person named in the Policy Schedule as the policyholder and who has concluded this Policy with Us.
43. **Policy Schedule:** means the schedule issued by Us along with this Policy mentioning the details of the Policyholder and Insured Person, period of Policy and other details. Any changes made to it shall be issued as Endorsement Schedule and shall be considered a part of this Policy.
44. **Product Benefits Table:** means the Product Benefits Table issued by Us and accompanying the sales literatures, including the prospectus of this product.
45. **Portability:** means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.
46. **Pre-Existing Disease:** means any condition, ailment, Injury or disease:
- 46.1. That is/ are diagnosed by a physician not more than 36 months prior to the date of commencement of the first policy issued by the insurer; or

- 46.2. For which medical advice or treatment was recommended by, or received from, a physician not more than 36 months prior to the date of commencement of the first policy, issued to the Insured and covering the risks as specified in this Policy.
47. **Psychologist:** means a mental health professional holding a recognised postgraduate qualification in psychology (such as M.A./M.Sc. in Clinical Psychology, Counselling Psychology, or Applied Psychology). A Clinical Psychologist, where applicable, must hold an RCI-recognised qualification (e.g., M.Phil in Clinical Psychology or PsyD) and be registered with the Rehabilitation Council of India (RCI) under the RCI Act, 1992. Psychologists provide psychological assessment, counselling, psychotherapy, and behavioural interventions but are not authorised to prescribe medication.
48. **Reasonable and Customary Charges:** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness/ Injury involved.
49. **Renewal:** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
50. **Service Provider/s:** means any entity engaged/named by the Insurer for providing risk covers (healthcare and medical services) in individual capacity, or through aggregation specified under the Benefits to the Insured Person.
51. **Specialist:** means a Medical Practitioner who holds a recognized postgraduate qualification (for example, M.D., M.S., or D.N.B. in a defined medical or surgical discipline) recognized under the NMC Act or previously under the Indian Medical Council Act, 1956. A Specialist provides advanced medical care in a defined branch of medicine or surgery (for example, Internal Medicine, Obstetrics & Gynaecology, Paediatrics, Orthopaedics, etc.)
52. **Speech therapist:** “Speech Therapist” or “Speech-Language Pathologist (SLP)” means a rehabilitation professional holding a recognised qualification in Speech-Language Pathology or Audiology (such as BASLP — Bachelor of Audiology & Speech-Language Pathology, or MASLP / M.Sc. SLP) and registered with the Rehabilitation Council of India (RCI) under the RCI Act, 1992.
53. **Super Specialist:** means a Medical Practitioner who holds a recognized super-speciality qualification, such as D.M., M.Ch., or equivalent qualification recognized under the NMC Act (or earlier MCI listings), representing advanced and sub specialized training in a narrower field of medicine or surgery — e.g., Cardiology, Neurology, Cardiothoracic Surgery, Neurosurgery, etc. A Super Specialist provides tertiary or quaternary level care for complex, high-risk, or rare conditions.
54. **Sum Insured:**
- 54.1.1. For an Individual Policy, the sum shown in the Policy Schedule/ Product Benefits Table against an Insured Person which represents Our maximum, total and cumulative liability for any and all claims under the Policy during a Policy Year in respect of that Insured Person.
- 54.1.2. For a Family Floater Policy, the sum shown in the Policy Schedule/ Product Benefits Table which represents Our maximum, total and cumulative liability for any and all claims under the Policy during a Policy Year in respect of any and all Insured Persons.

55. **Unproven/ Experimental treatment:** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
56. You, Your, Yourself, Your Family named in the Policy Schedule means the Insured Person or Insured Person's Family Members who are beneficiaries that We insure as set out in the Schedule.
57. We, Us, Our, Ours means the Magma General Insurance Limited (formerly known as Magma HDI General Insurance Limited)

2. COVERAGE

In consideration of the premium paid, subject to the terms, conditions, exclusions and definitions contained herein, the Company agrees to cover as under.

Outpatient Expenses (OPD):

If during the period stated in the Schedule, the Insured Person shall contract any disease or suffer from any illness or sustain bodily injury through accident and if such disease or illness or injury shall require the Insured Person/s, upon the advice of a Network **Medical Practitioner** to incur medical expenses at any **Network Facility** in India as an **Out-patient**, then the **Company** will pay to the **Insured Person/s**, up-to the **Sum Insured** mentioned in the schedule, the amount of such expenses as are **reasonably and necessarily** incurred in respect of the following;

OPD Expenses related to:	What is covered?	What is NOT covered?
a. General Physician Consultations	Consultations covered on cashless or reimbursement basis as per the plan opted.	1. Consultations related to maternity, cosmetic treatments, occupational therapy, longevity or other wellness coaching and any condition mentioned in the overall exclusion list. 2. Consultations done without prior authorization from us except for emergency. Exclusions related to Ophthalmology: 3. Prescription glasses, contact lenses, or any other form of eyewear. 4. LASIK surgery, Vision correction methods not deemed medically necessary, including treatments for
b. Specialist & Super specialist Consultations	- Consultations covered on cashless or reimbursement basis. - For Ophthalmology Consultations, 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. Covered: Treatment of skin	

	conditions like eczema, psoriasis, acne Vulgaris (painful), dermatitis, and infections. Treatment for skin reactions like hives, rashes, and eczema.	refractive errors contact lenses or spectacles (due to a change in eye power). Treatment and procedures not covered Exclusions related to Dermatology: 5. Surgeries for removal or biopsy of benign tumors, cysts, or growths (e.g., moles, lipomas). 6. Botox, fillers, chemical peels, laser hair removal, and other aesthetic procedures for cosmetic purposes. 7. Acne Vulgaris, Androgenic Alopecia, dark circles, loose skin, skin tag, warts, comedones, freckles, post inflammatory pigmentation (PIG).
c. Pharmacy	Prescribed medicines covered up to the limits as specified in the policy schedule	1. Non-prescribed medicines 2. Prescriptions older than 6 months
d. Prescribed Blood tests	Prescribed blood tests from Network Medical Practitioners are covered only on home collection with specified cashless network for all covered acute and chronic conditions except those mentioned in the exclusion lists. Cashless everywhere are 100% covered if done in specified Service provider's network. If done outside network, then Standard rates will be applicable. Reimbursement of blood tests are covered only for appropriate test reports duly signed and stamped by pathologists.	1. Tests performed without prior authorization from Us. 2. Maternity related blood tests 3. Genetic testing

e. Prescribed Radiology & Diagnostics (except prescribed blood tests)	Prescribed radiology & Diagnostic tests from Network or external doctors are covered for all acute and chronic conditions that are covered. Cashless everywhere are 100% covered if done in specified Service provider's network. If done outside network, then Standard rates will be applicable.	1. Experimental or investigational scans (e.g., Certain genetic or advanced molecular imaging scans or gut microbiome test). 2. Genetic Testing 3. PET CT 4. Non-medically necessary scans (e.g. full body scan). 5. Scans performed without prior authorization 6. Maternity related radiology and diagnostics
f. Physiotherapy	Video Consultation/Physio sessions are covered up to the limits as specified in the Policy Schedule/ Product Benefits Table as per the plan opted.	If the sessions were done without prior authorization from Us.
g. Ayush Consultations	Ayurveda Consultations: Subject to the limits as specified in the Policy Schedule/ Product Benefits Table, we will cover consultations per family per year up to Sum Insured with a government-recognized medical practitioner for Ayurveda. Homeopathy Consultations: Subject to the limits as specified in the Policy Schedule/ Product Benefits Table, we will cover consultations per family per year up to Sum Insured with a government-recognized medical practitioner Homeopathy. Condition Precedent: The consultations must be with government-recognized medical practitioners in the respective AYUSH systems.	The cost of medications, therapies, or other treatments.
h. Accidents &	Online Consultations covered up to the	1. Routine OPD visits not linked to an

emergencies	limits as specified in the policy wordings. Emergency Room external visits, Minor procedures like - sutures, dressing of wounds in case of accidents would be covered only under Advanced plan (Refer annexure IV for standard rates)	emergency (e.g., follow-ups, chronic disease management). 2. Cosmetic treatments, unless related to the emergency. 3. Emergency Room external Visits not covered expect under advanced plan
i. Mental health (Only Psychologist Consultations)	Subject to the limits as specified in the Policy Schedule/ Product Benefits Table, we will cover consultation with a psychologist.	-
j. Annual health Checkup	Set of tests as specified in the policy schedule covered once in a policy year	-
k. Dietician Consultations	Video consultations covered on specified Service provider's platform	-
l. Dental Cover	Subject to the limits as specified in the Policy Schedule/ Product Benefits Table, we will cover external physical dental consultations and cost for X-ray OPG (Orthopantomogram)	

Table for inclusions & exclusions of doctor specialties:

Type	Definition	Covered	Not covered
General Physician	“General Physician” means a Medical Practitioner who holds an undergraduate medical qualification (for example, M.B.B.S. or equivalent qualification recognised under the NMC Act) and who does not hold any recognised postgraduate or super-speciality medical qualification (such as M.D., M.S., D.N.B., D.M., M.Ch., or equivalent). A General Practitioner provides	General OPD consults for any primary care issue, fever, infection, basic chronic care, family medicine.	General OPD consults for accident and emergencies

	primary or general medical care, focusing on prevention, diagnosis, and management of common diseases, and acts as the first point of contact for patients within the healthcare system.		
Emergency General Physician	An Emergency General Physician is a General physician who is available for consultations round a clock of emergency and accidental consultations.	General OPD consults for accident and emergencies	General OPD consults for any primary care issue, fever, infection, basic chronic care, family medicine.
Specialist	“Specialist” means a Medical Practitioner who holds a recognised postgraduate qualification (for example, M.D., M.S., or D.N.B. in a defined medical or surgical discipline) recognised under the NMC Act or previously under the Indian Medical Council Act, 1956. A Specialist provides advanced medical care in a defined branch of medicine or surgery (for example, Internal Medicine, Obstetrics & Gynaecology, Paediatrics, Orthopaedics, etc.)	All consultable MD/MS/DNB specialties:	Psychiatry
		Internal Medicine	Occupational Therapy
		Paediatrics	Speech Therapy
		Dermatology	Diagnostic/procedure-only specialties: Anaesthesiology, Radiology, Radio-diagnosis, Pathology, Microbiology, Biochemistry, Nuclear Medicine, Immunohematology & Blood Transfusion, Transfusion Medicine, Pharmacology, Forensic Medicine. These are not typically patient-initiated consults.
		Pulmonology/Respiratory Medicine	

		Obstetrics & Gynaecology Orthopaedics ENT Ophthalmology Psychiatry Gastroenterology (MD) Endocrinology (MD) Rheumatology (MD) Nephrology (MD) Hematology (MD) Oncology (MD) Geriatrics General Surgery Diabetology Emergency Medicine Infectious Diseases Allergy/Immunology	
Super specialists	“Super Specialist” means a Medical Practitioner who holds a recognised super-speciality qualification, such as D.M., M.Ch., or equivalent qualification recognised under the NMC Act (or earlier MCI listings), representing advanced and sub specialised training in a narrower field of medicine or surgery — e.g., Cardiology, Neurology, Cardiothoracic Surgery, Neurosurgery, etc. A Super Specialist provides tertiary or quaternary level care for complex, high-risk, or rare conditions	All consultable DM/MCh fields:	Plastic & Reconstructive Surgery
		Cardiology	IVF specialists
		Neurology	Psychiatry
		Nephrology	Occupational Therapy
		Medical Gastroenterology	Speech Therapy
		Endocrinology (DM)	
		Rheumatology (DM)	
		Medical Oncology	
		Infectious Diseases Specialist (DM)	
		Hepatology	
		Neonatology	
		Pulmonary & Critical Care (DM)	

		Pain & Palliative Medicine Surgical: Neurosurgery CTVS Surgical Gastroenterology Paediatric Surgery Endocrine Surgery Vascular Surgery Onco-Surgery	
Dentist	“Dentist” means a healthcare professional registered under the Dentists Act, 1948, holding a recognised dental qualification such as B.D.S. or M.D.S. listed in the schedules of the Act. A Dentist is trained in the prevention, diagnosis, and treatment of diseases and conditions of the teeth, gums, and oral cavity, and is authorised to perform dental procedures including restorations, extractions, endodontics, prosthodontics, and oral health counselling.		
Physiotherapist	“Physiotherapist” means a rehabilitation professional who holds a recognised qualification in Physiotherapy (such as Bachelor of Physiotherapy (BPT) or Master of Physiotherapy (MPT)) and is registered with the respective State Physiotherapy Council or competent statutory authority (where constituted). A Physiotherapist provides assessment and management of movement disorders, pain, and physical impairments through		

	therapeutic exercises, electrotherapy, manual therapy, and structured rehabilitation programs.		
AYUSH	“AYUSH Practitioner” means a registered medical practitioner belonging to any of the systems of Ayurveda, Yoga & Naturopathy, Unani, Siddha, Sowa-Rigpa or Homoeopathy, holding a qualification recognised under the National Commission for Indian System of Medicine Act, 2020 or the National Commission for Homoeopathy Act, 2020, and registered with the State or Central Register of the respective councils. An AYUSH Practitioner provides diagnosis, treatment, and preventive care using modalities specific to their recognised system of medicine.		
Psychologist	“Psychologist” means a mental health professional holding a recognised postgraduate qualification in psychology (such as M.A./M.Sc. in Clinical Psychology, Counselling Psychology, or Applied Psychology). A Clinical Psychologist, where applicable, must hold an RCI-recognised qualification (e.g., M.Phil in Clinical Psychology or PsyD) and be registered with the Rehabilitation Council of India (RCI) under the RCI Act, 1992. Psychologists provide psychological assessment, counselling,		

	psychotherapy, and behavioural interventions but are not authorised to prescribe medication.		
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3. OPTIONAL COVERS

1. Additional pharmacy cover:

If this Optional Cover is in force, we will cover the 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. This coverage is available through our specified Service provider's cashless network booked through Network specified Service provider's mobile application for any illness or injury incurred by the Insured Person during the Policy Period.

2. Physiotherapy sessions:

If this Optional Cover is in force, we will cover expenses incurred by the Insured person for In-person Physiotherapy sessions with a qualified physiotherapist up to the limits as opted and mentioned in Policy Schedule/Certificate of Insurance. This coverage applies to Physiotherapy sessions for illness, injury, or deformity as recommended by qualified medical practitioners during the policy period, subject to the specified limits.

3. OP Procedure:

If this Optional Cover is in force, we will cover 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.

Note: Please refer Annexure III for OP procedure list

Note: Specific exclusion: 2. Expenses related to **Out-Patient Procedures** not applicable for this optional cover

4. Dental Care:

If this Optional Cover is in force, we will cover 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. This cover shall exclude: Dentures, Jaw alignment, Implants, Prosthesis, Orthodontics, restorative treatments etc.

Note: Specific exclusion 13: Expenses related to Dental Treatments and Procedures not applicable for this optional cover

5. Maternity Coverage:

If this Optional Cover is in force, we will provide Maternity consultations on our specified Service provider's platform, blood tests as specified in the policy schedule,/product benefit table 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. This cover shall exclude Fetal anomaly scan, NT scan, triple marker screening etc. Waiting period of 1 year applicable.

6. Increase in Pre-Existing Disease waiting period:

If this Optional Cover is in force, Pre-existing Disease Waiting Period shall stand increased up to the period as specified in the Policy Schedule/Certificate of Insurance.

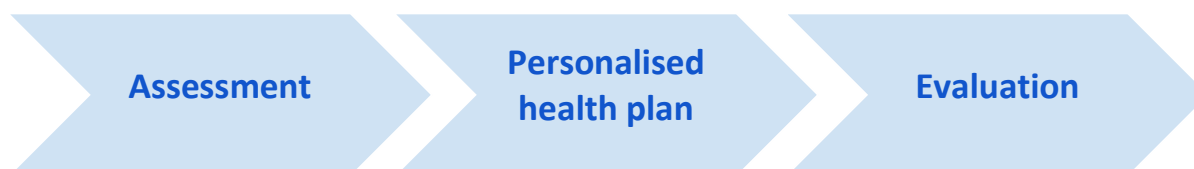
4. WELLNESS REWARDS

We will offer members a chance to earn discounts on the renewal premium based on adherence to prescribed health actions and outcomes across multiple health requirements. We shall follow a structured approach, with adherence tracking and health outcomes assessed independently.

Total renewal discount applicable: 20%

- Initial Assessment: (Month 1): Activation of wellness reward eligibility. If this is not done, then no renewal discount will be possible.
- Adherence and Monitoring (Months 2-11): Up to 10% renewal discount based on:
 - Doctor engagement (5%)
 - Monitoring core health inputs (5%)
- Outcome Evaluation (Month 12): Up to 10% renewal discount based on health status.

In order to be eligible for renewal discount, users will be required to go through 3 key steps during the course of their membership:



1. Assessment (Month 1):
 - All retail customers aged 18+ must undergo a clinical analysis process involving a:
 - Health Questionnaire
 - Health Checkup
 - Based on these inputs, the member is assigned a personalized health plan. If any member fails to complete this step, they will not be eligible for any renewal discount until they do.
 - This step will be accessible through the app in a cashless manner. The health checkup will be fulfilled by our lab partner and will be removed from the overall sum insured as per policy conditions.
2. Adherence and Monitoring (Months 2-11):
 - The personalized health plan will be created based on health parameters in the following categories. Each category will have 3 tiers (Red, Amber, Green), which will inform the personalized programme that each member will be required to undergo:
 - Weight Management
 - Sugar Control
 - Heart Health
 - Renewal discount allocation for the above categories will be broken down into the following categories during Month 2-11:

- Doctor Visits: 25% of all renewal discounts available will be allocated towards successfully completing the required doctor visits. These doctor visits are mandated to be with specified Service provider's doctors.
- Tracking: 25% of all renewal discounts available will be allocated towards successfully completing the required tracking and logging. Each log will contribute individually to the renewal discount at the end of the year. These tracking mechanisms have to be logged in the app according to the specified Service provider's specifications.

3. Evaluation (Month 12):

- Renewal discount will be allocated based on health outcomes. If any member decreases in their health outcomes from the initial assessment, they will not be eligible for any evaluation benefit at the end of the year. This will be across all categories (weight, sugar, heart). e.g.

Month 1 status	Month 12 status	Discount eligible
Red	Red	0% of total available renewal discount
Red	Amber	25% of total available renewal discount
Red	Green	50% of total available renewal discount
Amber	Red	0% of total available renewal discount
Amber	Green	25% of total available renewal discount
Amber	Amber	0% of total available renewal discount
Green	Green	50% of total available

		renewal discount
Green	Amber	0% of total available renewal discount
Green	Red	0% of total available renewal discount

Renewal discount calculations:

1. Renewal discount of 20% of total OPD retail premium will be available to redeem upon renewal.
2. Renewal discount criteria will be split equally amongst all adults (age greater than 18 in the account, and only adults will be required to complete the evaluation and adhere to the health plan.
3. Renewal discount premium will be split equally between “Adherence and Monitoring” months.
4. Renewal discount premium will be allocated equally amongst all actions. Meaning that every member has a chance to earn renewal discount for every individual action successfully made.

Evaluation in Month 1

Each member’s health programs will be evaluated on a Red, Amber, Green scale, determining their eligibility for outcome-based renewal discount. The table below outlines the criteria for each program:

Category:

Category	Red	Amber	Green
Weight Management	BMI > 35	30 < BMI < 35	BMI < 30

Sugar Control	Hba1c > 7	7 > Hba1c > 5.7	Hba1c < 5.7
Heart Health	LDL > 130 TG > 100 BP > 140/90	LDL < 130 TG < 100 BP > 120/80	LDL < 130 TG < 100 BP < 120/80

If all of the above are shown to be in green, then members are subject to a "Health Maintenance" programme which will ensure that all blood parameters remain in healthy status.

Adherence and Monitoring

Based on the user's initial assessment, the user will be given an adherence and monitoring plan by an specified Service provider's doctor in the form of a prescription. This prescription will be shared through the specified Service provider's platform and will be required to complete. This prescription will outline a series of steps that the user has to take in order to improve their health. This will be a combination of:

- Doctor Visits
- Repeat blood samples
- 10,000 daily step count
- Meal logging
- Sugar logging
- Blood Pressure
- Weight

Depending on their health status. Each health action completed will contribute to the final discount premium on renewal and it will be directly proportional to the number of steps completed.

E.g. If a user is required to do 4 doctor visits in a year, they will avail 1.25% discount on renewal premium for each step done (5% total renewal discount available /4).

How tracking will be done:

Each action will be tracked through the specified Service provider's platform :

- Doctor visits: Booking will be done through the specified Service provider's platform for video-consultations with specialists.
- Blood samples will be booked through the specified Service provider's platform , or reports are to be uploaded through the specified Service provider's platform in which date and time will be extracted from the report.
- Step counts will be measured from the specified Service provider's platform through android/iOS health integration.
- Meal logging will need to be completed via posting photos through the specified Service provider's platform.
- Sugar logging will need to be completed via posting sugar readings through the specified Service provider's platform .
- Blood pressure will be logged through the specified Service provider's platform using a photo of the BP monitor.
- Weight will be logged through the specified Service provider's platform using a photo of the weighing scales.

Example: Family 1: 2 adults, premium = 20,000rs

Illustration:

Annual premium Excl. GST	20,000
Renewal discount %	5%
Number of months in programme	10

Outputs

Output	Health Maintenance: Adult 1	Sugar Control: Adult 2	Weight Mgmt.	Heart health
	1	1		
Doctor Visit annual	500	500	0	0
Doctor visit monthly	50	50	0	0
Month 1 IHS/GP	0	1		
Month 1 DTN	1	1		
Month 1 PHYSIO	0	0		
Month 1 PSYCHOLOGIST	0	0		

Month 1 task wise earnings (rs)	50	25		
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Tracking + Adherence	500	500	0	0
Tracking + Adherence monthly	50	50	0	0
Month 1 STEPCOUNT X 10,000	10	10		
Month 1 MEAL LOGGING	5	10		
Month 1 BP	1	1		
Month 1 SUGAR	0	10		
Month 1 WEIGHT	1	1		
Month 1 task wise earnings (rs)	3	2		

	Doctor Visit month 1 completion	Tracking and Adherence month 1 completion	Total earnings for member
Health Maintenance	1	1	53
Sugar Control	1	15	48
Weight Mgmt.			
Heart health			

FAQ:

If evaluation is done at M3 instead of M1:

Renewal discount opportunity will remain the same, and Insured Person will be able to accrue the renewal discount pro-rata until Month 11. Month 12 will be entirely for evaluation and you will not be able to earn any renewal discount during that time.

4. EXCLUSIONS

The Company 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:

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:

- 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

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;

- a. Any type of contraception, sterilization
- b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- c. Gestational Surrogacy
- d. 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

1. Expenses related to **Day Care Procedures**
2. Expenses related to **Out- Patient Procedures (Annexure III).**
3. Expenses related to **Blood or Skin Allergy Testing.**
4. Expenses related to **Maternity**
5. Expenses related to **Eyewear Lenses, Glucometers, BP machines, Continuous Glucose Monitors**

(CGM) or similar devices.

6. Expenses related to **Prosthetics and Devices**.
7. Expenses related to **Sexual disorders, erectile dysfunction, sterility, fertility & IVF**.
8. Expenses related to **Sleep disorders and Sleep problems**.
9. Expenses related to **Genetic Testing**.
10. Expenses related to **Occupational Therapy**.
11. Expenses related to **Positron Emission Tomography–Computed Tomography (PET CT) Scan**.
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**

5. CONDITIONS

STANDARD CONDITIONS

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)

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

3. Claim Settlement

A. For Cashless Procedure:

- a. For availing Cashless Diagnostic Tests services:
 - i. Book for a online consultation with our in-house doctors on the specified Service provider's application.
 - ii. If our in-house doctors will recommend a specialist consultation or a test, you will unlock the cashless experience for you to use at the "recommended" facility in a serviceable area. Wherever possible, we will give you an option for a home sample collection for you for the prescribed tests.
 - iii. On the specified Service provider's application, our recommended facilities, you will see a "recommended" tag on the facility selection page.

- iv. Once you select the facility, OTP will be shared on your app. You can now make an appointment at the facility.
- v. At the facility, you need to mention that the Magma OPD policy and share the OTP mentioned in the app at the billing desk for availing the Diagnostic tests.
- b. For other facilities:
 - i. If insured intends to visit the facility outside the specified Service provider's network, then insured need to share the location of that facility basis which Authorization for cashless payment would be provided by specified Service provider's.
 - ii. Make an appointment at the facility and utilize the authorization for cashless payment provided by Network specified Service provider's at the facility. Enter the amount and the approved amount will be deducted from the available Sum Insured as per approved rates.
 - iii. In case of any payment failures, such claims can be applied for reimbursement.

B. For Reimbursement claims:

- c. Upload Bills, Prescriptions and Reports on the specified Service provider's application for the services you have availed.
- d. Claims shall be processed in accordance with the Policy's applicable limits and exclusions.
- e. After receipt of all mandatory documents the claim will be processed towards a logical conclusion. The approving authority of the claim will be determined by authority control levels. The three possible decision outcomes are as follows:
 - **Approved**
The claim is approved for payment by the specified Service provider's under terms as relevant to the customer's eligibility of benefit, Sum Insured and applicable T&C's. Once specified Service provider's recommendation is communicated to the Magma GIL claims team necessary action would then be initiated by the Claims Team with the Finance Department to effect the payment through a NEFT.
 - **Declined**
The claim is declined within the terms of reference of the policy. If the specified Service provider's recommendation is to reject the claim the Magma GIL will assess it and if found the reasoning is acceptable then it will communicate the reasons for declination and the clause under which the claim is being declined will be explicitly specified in the communication to the customer.

- Further information called for
Further information will be called for by the specified Service provider's / Magma GIL claims team to clearly ascertain facts before arriving at a conclusion.

f. In case of Accidents and emergency treatments, Insured Person can claim for Outpatient consultation expenses and Diagnostics expenses in non-network hospitals, only upto the standard rates applicable.

4. Provision for Penal Interest

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

5. Complete Discharge:

Any payment to the policyholder, Insured Person or his/ her nominees or his/ her legal representative or assignee or to the Hospital or Diagnostic Centers, 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

6. Multiple Policies

- 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
- 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 of this policy

- iii. 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
- iv. 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

7. 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 misstatement of or suppression of material fact are within the knowledge of the insurer.

8. Cancellation

- (i) The policyholder may cancel this policy by giving 7 days' notice in writing. The Company 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.
- (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.

9. 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..

10. 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.

11. Renewal of policy:

Your Policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by You, provided this policy is not withdrawn and also subject to conditions stated in Schedule.

- i. We shall not deny the renewal of this policy on the ground that You have made a claim or claims in the preceding policy years.
- ii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
- iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits with Break in Policy. Coverage is not available during the grace period.
- iv. We 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.

12. Withdrawal of policy

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

13. 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 Sum Insured only on the enhanced limits.

14. 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):

- a. 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.
- b. Coverage shall be available during the grace period, if the premium is paid in instalments during the policy period.
- c. 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
- d. No interest will be charged If the instalment premium is not paid on due date.
- e. In case of instalment premium due not received within the grace period, the policy will get cancelled.
- f. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- g. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

15. 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.

16. Free Look Period

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. 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.

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.

18. 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.

19. 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.

20. 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.

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

22. 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.

23. Geographical Scope

The geographical scope of this Policy applies to events within India.

24. 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.

25. Material Change

It is a Condition Precedent to 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.

26. Communications & Notices

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

- i. To Us, at the address as specified in Policy Schedule
- ii. The Policyholder's, at the address as specified in Policy Schedule
- iii. 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
- iv. 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.

27. Discount Factors

Maximum up to 20% discount shall be offered based on following parameters. The discount is applicable on insured level in case of Individual policy. In case of 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. Direct Sourcing Discount: A discount of 10% will be offered if the Policy is purchased through direct channel of distribution.
2. Cross sell discount: A discount of 5% will be offered if the proposer is a Policyholder with Magma on or prior to inception of this Policy.
3. Tenure discount

Policy Period	Discount percentage
2 years	7.5%
3 years	10%

4. Good health (non-smoker): A discount of 5% will be offered if the proposer is non-smoker as per the declaration provided.

5. Online Discount: - If you are an individual directly buying the policy online through Magma GIL website/Mobile app/website or mobile app of our insurance partner or any web aggregator you shall get a 10% discount on the premium.

*Either direct sourcing discount or online discount would be applicable

28. Loading Factors

1. 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). No loading shall be applied at the time of Renewal on the basis of individual claim experience.
2. 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
Monthly	1.05/12	1.05/24	1.05/36
Quarterly	1.04/12	1.04/24	1.04/36
Semi Annual	1.03/12	1.03/24	1.03/36

29. 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 any Insured Person
 - (2) Deletion of Insured Person
 - (3) Change in Age/Date of Birth (if this impacts the premium)
 - (4) Change in plan and/or Sum Insured
 - (5) Addition/removal of Optional Cover(s)

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 increase in Sum Insured.

30. Redressal of Grievance

In case of any grievance, the Insured Person including senior citizens 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](tel: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)

[https://www.magmaininsurance.com/grievance-redressal.](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/>

In case of an unlikely event if you do not receive any response from company, insured may approach the office of Insurance Ombudsman once the stipulated period of 30 days from date of filing the complaint is over, insured person may also approach the office of 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/>

Annexure I

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

Office of the Ombudsman	Contact Details	JURISDICTION
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: oio.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: oio.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: oio.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	Odisha

	Email: io.bhubaneswar@cioins.co.in	
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 Email: io.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & 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: io.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: io.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: io.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,	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.

	A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: io.hyderabad@cioins.co.in	
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 Email: io.jaipur@cioins.co.in	Rajasthan
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: io.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: io.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: io.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 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: oio.mumbai@cioins.co.in	Metropolitan Region 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: oio.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: io.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 Email: io.pune@cioins.co.in	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region
THANE	Shri Umesh Sinha Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasantrao 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."

Annexure II

Annual Health Check up

Even OPD Lite Plan (Grid)
Complete Blood Profile (HBA1C, Lipid Profile, CBC, TFT, KFT, LFT, Urine R/M, Vit B12, Vit D) – Once every year

Even OPD Advanced Plan (Grid)		
Health Condition	Age	Health Checkup
Healthy	12-18	Complete Blood Profile (HBA1C, Lipid Profile, CBC, TFT, KFT, LFT, Urine R/M, Vit B12, Vit D) - Once every year
	18 - 49	- Complete Blood Profile (HBA1C, Lipid Profile, CBC, TFT, KFT, LFT, Urine R/M, Vit B12, Vit D) - Once every year - Stool R/M - Once in two years - Chest XRAY - Once in four years
	50+	- Complete Blood Profile (HBA1C, Lipid Profile, CBC, TFT, KFT, LFT, Urine R/M, Vit B12, Vit D) - Once every year - ECG - Once every year - ECHO - Once in three years - Mammogram (Female only) - Once in two years - PAP Smear (Female Only) - Once in five years - PSA (Male Only) - Once in two years - Stool for Occult blood - Once in two years - TMT - Once in three years
(HBA1C < 7.5)	18 - 49	- Complete Blood Profile (HBA1C, Lipid Profile, CBC, TFT, KFT, LFT, Urine R/M, Vit B12, Vit D) - Once every year - Stool R/M - Once in two years - Chest XRAY - Once every year - HBA1C - Twice in a year - PAP Smear (Female Only) - Once in four years
	50+	- Complete Blood Profile (HBA1C, Lipid Profile, CBC, TFT, KFT, LFT, Urine R/M, Vit B12, Vit D) - Once every year - ECG - Once in every year - ECHO - Once in three years - Mammogram (Female only) - Once in two years - PAP Smear (Female Only) - Once in five years - PSA (Male Only) - Once in two years - Stool for Occult blood - Once in two years - TMT - Once in three years - HBA1C - Twice in a year
(HBA1C > 7.5)	18 - 49	- Complete Blood Profile (HBA1C, Lipid Profile, CBC, TFT, KFT, LFT, Urine R/M, Vit B12, Vit D) - Once every year - Stool R/M - Once in two years

		• Chest XRAY - Once every year • HBA1C - Four times in a year • PAP Smear (Female Only) - Once in four years • Eye Check-up - Once in two years
	50+	• Complete Blood Profile (HBA1C, Lipid Profile, CBC, TFT, KFT, LFT, Urine R/M, Vit B12, Vit D) - Once every year • ECG - Once in every year • ECHO - Once in three years • Mammogram (Female only) - Once in two years • PAP Smear (Female Only) - Once in five years • PSA (Male Only) - Once in two years • Stool for Occult blood - Once in two years • TMT - Once in three years • HBA1C - Four times in a year • Eye Check-up - Once in two years
Hypertensive	18 - 49	• Complete Blood Profile (HBA1C, Lipid Profile, CBC, TFT, KFT, LFT, Urine R/M, Vit B12, Vit D) - Once every year • Stool R/M - Once in two years • Chest XRAY - Once every year • PAP Smear (Female Only) - Once in four years • BP Checkup - 4 times in a year
	50+	• Complete Blood Profile (HBA1C, Lipid Profile, CBC, TFT, KFT, LFT, Urine R/M, Vit B12, Vit D) - Once every year • ECG - Once in every year • ECHO - Once in three years • Mammogram (Female only) - Once in two years • PAP Smear (Female Only) - Once in five years • PSA (Male Only) - Once in two years • Stool for Occult blood - Once in two years • TMT - Once in three years • BP Checkup - 4 times in a year
Chronic Condition 2+	18 - 49	• Complete Blood Profile (HBA1C, Lipid Profile, CBC, TFT, KFT, LFT, Urine R/M, Vit B12, Vit D) - Once every year • Stool R/M - Once in two years • Chest XRAY - Once every year • PAP Smear (Female Only) - Once in four years • BP Checkup - 4 times in a year • HBA1C - Up to 4 times in a year
	50+	• Complete Blood Profile (HBA1C, Lipid Profile, CBC, TFT, KFT, LFT, Urine R/M, Vit B12, Vit D) - Once every year

		• ECG - Once in every year • ECHO - Once in three years • Mammogram (Female only) - Once in two years • PAP Smear (Female Only) - Once in five years • PSA (Male Only) - Once in two years • Stool for Occult blood - Once in two years • TMT - Once in three years • BP Checkup - 4 times in a year • HBA1C - Up to 4 times in a year
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Annexure III

OP procedure list

Manometry
Mirena insertion
USG guided FNAC
Oesophago-Gastro-Duodenoscopy (OGD)
PICC line flush
Tru-cut Biopsy, Breast
Upper GI Endoscopy
Endometrial biopsy
Upper Gastrointestinal Endoscopy (Esophagogastroduodenoscopy, EGD)
USG guided LVP therapeutic
USG guided diagnostic tapping grade 1
USG guided FNAC-grade 1
Colonoscopy
Flexible Sigmoidoscopy
Capsule Endoscopy
Bronchoscopy
Cystoscopy
Chemo port removal- LA
POP casting
Endoscopic Retrograde Cholangiopancreatography (ERCP)
Gastrointestinal Endoscopic Ultrascopy
Double-Balloon Endoscopy
Therapeutic Endoscopy

EP study
Image guided therapy
Image guided biopsy
Pathology excision
Excision biopsy
Skin grafting
Central line insertion
Abscess exploration and drainage
Ryles tube insertion
Incisional biopsy
DJ stent removal
Dressing-LA
Suturing - LA
Diagnostic laparoscopy
Excision of sebaceous cyst
Sclerotherapy
Duodenoscopy
Dilatation and curettage diagnostic
Medical termination of pregnancy less than 20 weeks

Note: Specific exclusion: 2. Expenses related to **Out-Patient Procedures** not applicable for optional cover – OP Procedure.

Annexure IV

Diagnostics: Standard rates

Name of Tests	Standard rates
USG ABDOMEN WITH PELVIS	1,200
ECG	500
ECHO	1,600
XRAY CHEST PA	500
USG ABDOMEN	1,200
USG PELVIS	1,200
TMT	1,600
XRAY KNEE JT AP/LAT	800
Dental filling/restoration	2,400

MRI SCAN KNEE	3,600
PFT	1,200
XRAY PNS	500
USG TRANSVAGINAL	1,300
XRAY CERVICAL SPINE AP/LAT	700
XRAY FOOT AP/OBL	700
Xray LS Spine AP/LAT	800
USG KUB	1,400
X-ray scanogram	700
USG Breast (bilateral)	1,700
Fundoscopy	800
Xray Knees Bilateral	900
XRAY LUMBOSACRAL SPINE AP/LAT	700
Audiometry	1,200
Xray Ankle Right Ap and Lat	700
OCT SCAN - Optical coherence tomography	1,100
Impedence Test and Pure Tone Audiometry	1,100
MRI SCAN LUMBAR SPINE	3,500
Pap smear	800
MRI SCAN BRAIN PLAIN	3,400
MRI SHOULDER	3,600
CT SCAN PARANASAL SINUSES	1,800
USG SCROTUM	1,300
XRAY CHEST AP	400
Color Doppler Echocardiography	1,700
XRAY WRIST AP/LAT	600
XRAY FEET AP	600
XRAY LUMBOSACRAL SPINE AP and LATERAL	700
Fibroscan	3,200
XRAY (R) SHOULDER AP	600
USG NECK	1,100
MRI SCAN Lumbo-Sacral Spine	3,200
XRAY HAND AP	500
Upper GI Endoscopy	1,700

MRI SCAN CERVICAL SPINE	3,100
Early Pregnancy Scan	1,100
IOPA	400
Xray Ls Spine AP & LAT Flexion/Extension	900
CT SCAN KUB	2,700
Xray Ankle Left Ap and Lat	400
XRAY FOOT AP/LAT	700
MRI Brain Screening	3,000
Uroflowmetry	1,500
MRI LS spine Screening	3,700
XRAY (L) ANKLE AP & LATERAL	800
Bilateral mammography	2,200
XRAY T L SPINE AP	800
CT SCAN PNS	1,800
Nerve conduction study	3,200
MRI SCAN LUMBAR WITH WHOLE SPINE SCREENING	4,800
XRAY CERVICAL SPINE AP & LATERAL	700
DOPPLER LOWER LIMB VENOUS DOPPLER BILATERAL	2,700
EEG	2,000
Fundus Photography	3,000

Note: Standard service rates are subject to revision due to inflation and technological advancements.

Annexure V

Blood Tests	Standard rates
Complete Blood Count (CBC)	100
Urine Complete Analysis	100
C-Reactive Protein (CRP)	200
Fever profile (Day 1-4)	800
Lipid profile	200
Thyroid Stimulating Hormone (TSH)	200
Liver Function Test with GGT	200

CBC+ESR	200
Glycosylated Haemoglobin (HbA1c)	200
Fasting Glucose- FBS	100
Thyroid Function Test (TFT)	200
Vitamin B12	200
Microalbumin creatinine ratio, Urine	400
Post Prandial Glucose - PPBS	100
Iron Profile	400
Ferritin	300
FEVER Profile (Day 5 or more)	1,400
25-Hydroxy Vitamin D (Vitamin-D)	200
Kidney Function Test with Electrolytes	300
Uric Acid - Serum	100
Hemogram (CBC+ESR+PS)	300
Urine Culture & Sensitivity	400
Free Thyroid profile	300
Anti thyroid peroxidase (Anti-TPO) antibody	700
Creatinine	100
Rheumatoid Factor (RA test)	300
Immunoglobulin E (IgE)	500
Vitamin D3 1, 25 -Dihydroxy, Serum	1,800
Platelet count	100
Calcium Total, Serum	100
Stool Complete Analysis	100
Random Blood Sugar	100
Erythrocyte Sedimentation Rate (ESR)	100
Hepatitis B Surface antigen (HBsAg)	400
fPeripheral Blood Smear	100
Thyroxine - Free (FT4)	200
Culture & Sensitivity - Urine (Auto)	500
BETA HCG Total	100
Prolactin, Serum	200
Typhidot (Serum)	300
Hemoglobin (Hb) electrophoresis (HPLC)	700
Culture & Sensitivity Aerobic Bacteria Urine	500
Free thyroid profile (free TFT follow up)	400
ELECTROLYTES (Na+, K+, Cl) - SERUM	200
Extended free TFT (thyroid profile)	400
Dengue - NS1 Antigen (Qualitative)	400
Anti Thyroglobulin Antibody (ATG)	800
Insulin - Fasting	300

Absolute Eosinophil Count (AEC)	100
Anti Mullerian Hormone (AMH)	500
Covid Antigen (RTPCR)	700

Note: Standard service rates are subject to revision due to inflation and technological advancements.
