

CUSTOMER INFORMATION SHEET/ KNOW YOUR POLICY- ONEHEALTH

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

Sr No	Title	Description (Please refer to the Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/ Policy	OneHealth	
2	Policy Number	XXXX	
3	Type of Insurance Product/Policy	<p>Both Indemnity and Benefit</p> <ul style="list-style-type: none"> 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)	<input type="checkbox"/> Individual Sum Insured- Where each member has a separate sum insured under the policy) OR <input checked="" type="checkbox"/> Floater Sum Insured – Where all members under the policy have a single sum insured limit which may be utilized by any or all members	
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	Expenses in respect of:	
		In-patient Care: Admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours.	Section 2.1
		Pre-Hospitalisation Expenses (treatment prior to admission in hospital) of XX days.	Section 2.2
		Post-Hospitalisation Expenses: (treatment after discharge from hospital) within XX days from date of discharge from the hospital.	Section 2.3
		Day Care Treatment: Listed procedures requiring less than 24 hours of hospitalization (day care).	Section 2.4 Annexure III
		Ambulance Cover: Reasonable Charges up to Rs. XX for ambulance expenses incurred to transfer the Insured Person by road transport following an Emergency to the nearest Hospital.	Section 2.5
		Organ Donor Expenses: Medical Expenses incurred towards In Patient Hospitalization of an organ donor for Insured's organ transplant Surgery.	Section 2.6
		Domiciliary Hospitalisation: Medical Expenses for medical treatment taken at home if the treatment continues for an uninterrupted period of at least 3 days.	Section 2.7
		AYUSH Treatment: Medical expenses up to SI for in-patient AYUSH Treatment.	Section 2.8
		IVF Treatment Cover: Medical expenses up to Rs. 50,000 incurred for IVF treatment provided this treatment is undergone before 40 years of age.	Section 2.9
Bariatric Surgery Cover: Medical expenses up to Rs. 1,00,000 incurred for undergoing medical necessary Bariatric surgery	Section 2.10		
Psychiatric treatment Cover: Medical In-patient treatment expenses up SI, with sublimit of Rs. 50,000 for specified Psychiatric conditions.	Section 2.11		

	<p>Lasik Surgery Cover: Medical expenses incurred up to Rs. 25,000 for undergoing LASIK surgery provided the insured person has a refractive index plus/minus 7.5 or more.</p>	Section 2.12
	<p>HIV/AIDS Cover: In-patient Hospitalization, Day care treatment and Pre-post Hospitalization expenses for HIV/AIDS related treatment.</p>	Section 2.13
	<p>Modern Treatment Procedures: Coverage for listed Modern treatment procedures</p>	Section 2.14
	<p>E Opinion For Critical Illness: You may avail of a second e-opinion from Our panel of Medical Practitioners for the Critical Illness</p>	Section 2.16
	<p>Free Health Check-up – Annual health check-up for Insured above age 25 years irrespective of claims in the Policy year</p>	Section 2.17
	<p>Fitness Rewards and Wellness Services: Points can be earned maximum up to 10% of existing Policy Premium which can be redeemed as discount on premium at the time of Renewal of the Policy. Points can be earned by undergoing medical check-up or through participation in various fitness activities as specified in policy document. Wellness services like Doctor on Call, Specialist’s e-opinion, Nutritional e-counselling and information of healthcare related offers can also be availed.</p>	Section 2.18
	<p>Early Joining Benefit: We shall provide you one-time benefit amount of Rs. 2,500 for 5 claim-free years and Rs. 5,000 for 10 claim-free years if You have first bought this Policy with Us before age 40 and continue to renew with Us and provided that the policy is claim-free since Policy Inception Date</p>	Section 2.19
	<p>Green Channel Benefit: If You opt to avail in-patient treatment in a PPN (preferred provider network), We shall additionally provide You onetime benefit amount of Rs.1,000 for claims up to Rs. 50,000 and Rs. 2,000 for claims above Rs. 50,000.</p>	Section 2.20
	<p>Recharge of Sum Insured: Unlimited recharge of Sum Insured up to 100% of base sum insured, in case base sum insured and No Claim Bonus is insufficient due to previous claims in the policy year</p>	Section 2.21
	<p>Hospital Cash: Lump sum Benefit of XX per day for each continuous and completed period of 24 hours of Hospitalization</p>	Section 2.22
	<p>Compassionate visit in case of CI: In case the insured is hospitalized for a CI at a hospital at least 100 km from residence, two-way airfare or first-class railway ticket for two immediate family members shall be covered up to Rs. XX.</p>	Section 2.23
	<p>Loss of Income Benefit: In case of a disease of injury that results in Permanent Total Disablement, we shall pay 1/12th of SI or 1/12th of annual salary, whichever is lower payable in lump sum each month for 6 months.</p>	Section 2.24
	<p>Enhanced Daily Cash Benefit: A daily cash amount of Rs. XX will be payable per day in case of Hospitalization in a shared accommodation at a Network Provider</p>	Section 2.25
	<p>Home treatment Additional Daily Cash Benefit: Home care treatment by a service provider authorised by Us is covered. Additional daily cash amount of Rs XX will be payable.</p>	Section 2.26
	<p>Companion Benefit: A daily cash amount of Rs XX will be payable in case of Hospitalization of an Insured below age 12 years</p>	Section 2.27
	<p>Maternity Benefits:</p>	Section 2.28

	<p>Maternity Cover: Medical expenses up to Rs. 1,00,000 for the delivery of Insured Person's child.</p> <p>New Born baby Cover: Medical expenses up to Rs. 50,000 for Hospitalization of Insured's New Born Baby.</p> <p>Vaccination for New Born Baby: vaccination expenses up to Rs. 10,000 of the New Born Baby for the specified vaccinations (included within the limit defined for New Born Baby Cover.</p>	<p>Section 2.28(1)</p> <p>Section 2.28(2)</p> <p>Section 2.28(3)</p>
	<p>Outpatient Cover: Medical Expenses up to Rs. 20,000 incurred for medically necessary consultations, Diagnostic tests and medicines on an out-patient basis (Sub-limit of 30% of this limit towards Dental treatment, spectacles, contact lenses and hearing aids)</p>	Section 2.29
	<p>Convalescence Benefit: We will pay a lump sum amount of Rs.20000/- towards convalescence for Hospitalization beyond 15 days.</p>	Section 2.30
	<p>Worldwide Emergency Hospitalization Cover: Medical Expenses Up to 50% of SI or Rs.20,00,000, whichever is lower, incurred outside India in relation to You, where such treatment has been certified as an Emergency by a Medical Practitioner and cannot be postponed until You have returned to India. Deductible of Rs. 2L.</p>	Section 2.31
	<p>Air Ambulance Cover: Expenses up to Rs. 1,00,000 incurred towards Your transportation in an airplane or helicopter certified to be used as an ambulance to the nearest Hospital with adequate facilities in an Emergency following an Illness or Injury</p>	Section 2.32
	Optional Covers	
	<p>Critical Illness Cover: A lump sum payment equal to SI or Rs. 10,00,000 whichever is lower on diagnosis of any of the 11 listed Critical Illness specified in the Policy document</p>	Optional Benefits 1
	<p>Personal Accident Cover: A lump sum payment XX on Death or Permanent Total Disablement due to Accidental Injury.</p>	Optional Benefits 2
	<p>Aggregate Deductible: Our liability to make payment under the Policy in respect of any claim made in that Policy Year will only commence once the Deductible of Rs. XX has been exhausted during the Policy Year.</p>	Optional Benefits 3
	<p>Voluntary Co-Payment: For each and every claim You shall bear XX percentage of admissible claim amount.</p>	Optional Benefits 4
	<p>Hospital cash Optional Cover: Lump sum Benefit of Rs. 1,000 per day per day for each continuous and completed period of 24 hours of Hospitalization.</p>	Optional Benefits 5
	<p>Bonus Booster: With this optional cover, Cumulative Bonus limits applicable to the policy will be: 20% of Base Sum Insured per Policy Year up to a maximum of 100% of Base Sum Insured</p>	Optional Benefits 6
	<p>Maternity Benefit Optional Cover:</p> <p>Maternity Cover: Medical expenses up to Rs. 1,00,000 for the delivery of Insured Person's child</p> <p>New Born baby Cover: Medical expenses up to Rs. 25,000 for Hospitalization of Insured's New Born Baby</p> <p>Vaccination for New Born Baby: vaccination expenses up to Rs. 5,000 of the New Born Baby for the specified vaccinations.</p>	Optional Benefits 7

	<p>Home treatment Additional Daily Cash Optional Cover: A daily cash amount of Rs. 1,000 per day will be payable for home care treatment by a service provider authorised by Us.</p>	Optional Benefits 8
	<p>Enhanced Pre & Post hospitalization Cover: With this optional cover, pre-hospitalization limit is increased to 60 days and post hospitalization is increased to 90 days</p>	Optional Benefits 9
	<p>Worldwide Emergency Hospitalization Optional Cover: Medical Expenses of up to 50% of SI or max Rs. 10,00,000, whichever is lower, incurred outside India in relation to You, where such treatment has been certified as an Emergency by a Medical Practitioner and cannot be postponed until You have returned to India. Deductible of Rs. 2 Lakh.</p>	Optional Benefits 10
	<p>OPD & Home Care for Covid-19: We will reimburse up to Rs. XX amount as Home Care Treatment expenses, if treatment is availed by the Insured person on being diagnosed as Covid-19 positive, where he is advised quarantine or isolation at home or a Covid isolation facility.</p>	Optional Benefits 11
	<p>Non-payable expense Cover: Expenses as listed under “List I – Item for which coverage is not available in the policy” of Annexure II of this Policy will be covered.</p>	Optional Benefits 12
	<p>Recharge Benefit for same illnesses: Benefit mentioned under section 2.21, (Recharge of Sum Insured) is extended to include provision of recharge benefit for same or related illness as well</p>	Optional Benefits 13
	<p>Zone wise Co-pay Waiver: We shall waive off the co-pay as applicable per section 5.5 of this policy, in case treatment is taken in a zone higher than the applicable zone</p>	Optional Benefits 14
	<p>Smart Flexi Saver: We give you an option to waive the deductible and convert your OneHealth policy with Aggregate deductible into a base policy after 4 policy years with continuity benefit.</p>	Optional Benefits 15
	<p>Air Ambulance Cover: Expenses incurred towards Your transportation in an airplane or helicopter certified to be used as an ambulance to the nearest Hospital with adequate facilities in an Emergency following an Illness or Injury.</p>	Optional Benefits 16
	<p>Removal of Mandatory Co Payment: This optional benefit allows the Insured / Insured Person to get a waiver of mandatory co payment which is applicable on admissible claim amount if at policy inception the Insured person is aged 61 years or more.</p>	Optional Benefits 17
	<p>Reduction of Pre-existing disease waiting period: This optional benefit allows the Insured / Insured Person to opt for reduced pre-existing waiting period up to the period as specified in the Policy Schedule/Product Benefits Table.</p>	Optional Benefits 18
	<p>Reduction of First Thirty Days Waiting Period: This optional benefit allows the Insured / Insured Person to opt for reduced First Thirty Days Waiting Period (Code- Excl03) up to the period as specified in the Policy schedule/Product Benefits Table.</p>	Optional Benefits 19

	<p>Outpatient Cover: Medical Expenses incurred for medically necessary consultations, Diagnostic tests and medicines an out-patient basis.</p> <p>All plans except Premium Plan</p>	Optional Benefits 20
	<p>Global Cover: Medical Expenses of the Insured Person incurred outside India, provided that the diagnosis was made in India and the insured travels abroad for treatment.</p>	Optional Benefits 21
	<p>Enhanced Maternity Benefit: This Benefit is available only for female insured in the policy. A waiting period of 24 months shall be applicable for this Benefit.</p>	Optional Benefits 22
	<p>Extensive Post hospitalisation Benefit: This optional benefit allows the Insured / Insured Person to opt for coverage of post hospitalisation expenses for 180 days.</p>	Optional Benefits 23
	<p>Bonus Booster Plus: With this optional cover, Cumulative Bonus limits applicable to the policy will be:</p> <p>For SI equal to or greater than 5L:- 100% of SI, subject to a maximum of 500%</p>	
	<p>Infinite Bonus Booster: With this optional cover, Cumulative Bonus limits applicable to the policy will be:</p> <p>For SI equal to or greater than 10L:- 100% of SI, subject to a maximum of unlimited SI</p>	
	<p>Enhanced Coverage: With this optional cover, the Sum Insured would be 2 times the Base Sum Insured and is applicable to the first claim in the life of the Policy</p>	
	<p>Per Claim Deductible: If this cover is opted, the Policy becomes a Top-up policy wherein every claim in a Policy Year becomes payable by Us only after deductible limit is crossed. Deductible for every claim would be Rs. XXXXXX as selected by the customer)</p>	
	<p>Reduction of Specific disease Waiting period: This optional benefit allows the Insured / Insured Person to opt for reduced Specific Diseases Waiting Period up to the period to 1 Year</p>	
	<p>Durable Equipment Cover: On availing this Optional Cover, We shall reimburse the expenses towards the cost of buying or renting any of listed Durable Medical Equipment for a combined sub-limit of INR 5 Lacs or up to Base SI, whichever is lower</p>	
	<p>1 year Waiting Period for Maternity: This Benefit is available only for female insured in the policy. A waiting period of 12 months shall be applicable for this Benefit. The above-mentioned waiting period will commence from the Policy Inception Date of the Insured Female. This cover can be opted only with 3 year policy tenure.</p>	
	<p>Surrogacy Cover: This Benefit is available for the surrogate mother, in the age group of 25-35 years, who is an altruistic surrogate for a period of 36 months of Policy period</p> <p>Sub Limits as below:-</p>	

	<p>For SI upto 7.5L–Rs. 25,000 For SI above 7.5L to 25L– Rs. 50,000 For SI above 25L – Rs. 1,00,000</p>	
	<p>Oocyte Donor Cover: This Benefit is available for the Oocyte donor, in the age group of 23-35 years, who is an Oocyte Donor for a period of 12 months or Policy period.</p> <p>Sub Limits as below:-</p> <p>For SI upto 7.5L–Rs. 25,000 For SI above 7.5L to 25L– Rs. 50,000 For SI above 25L – Rs. 1,00,000</p>	
	<p>Super Saver Pack: Pre Post Hospitalisation - Pre-hospitalization limit is increased to 60 days and post hospitalization is increased to 180 days Bonus Booster – The Cumulative Bonus limits applicable to the policy will be 20% of Base Sum Insured per Policy Year up to a maximum of 100% of Base Sum Insured Recharge Benefit for same illnesses – Benefit mentioned under section 2.21, (Recharge of Sum Insured) is extended to include provision of recharge benefit for same or related illness.</p>	
	<p>Smart Network Benefit: On availing this Optional Cover, the Policyholder will be entitled to take cashless treatment as applicable under Section 2 in a Hospital listed as ‘Smart Network’ only. In case of emergency care hospitalization, the policyholder may choose to avail treatment in any hospital.</p>	
	<p>Insta Cover: The company shall indemnify Medical Expenses incurred for the hospitalization of the Insured Person(s) admissible under In-patient Treatment or Day Care Treatment or AYUSH Treatment for the listed diseases / illnesses / conditions from 1st Day of the Policy Start date as mentioned in the policy schedule.</p> <ol style="list-style-type: none"> 1. Asthma 2. Blood Pressure medically known as Hypertension 3. Cholesterol known as Hyperlipidemia 4. Diabetes 5. Obesity 6. Coronary Artery Disease with PTCA 7. Coronary Artery Bypass Graft 8. Chronic Obstructive Pulmonary Disease (COPD) <p>Option to cover</p> <ol style="list-style-type: none"> 1. All illness (Insta8) 2. 1st four illness (Insta4) 	
	<p>Unlimited Care: We will cover the Medical Expenses incurred in respect of Hospitalization of the Insured Person under clauses In-Patient Treatment / Daycare Procedures/Treatment/ in-Patient AYUSH Hospitalization/ for any one claim during the lifetime of the Policy upon the written request of the policyholder without any limits on the Sum Insured.</p>	

		<p>Futuristic Cover: We will provide continuity benefit for all waiting periods served by the member Initial waiting period, Pre-Existing Disease (PED) waiting period, Specific disease Waiting Period and Maternity Waiting Period (if maternity option/s is / are opted) to the spouse added in future and this will be offered only if the proposed newly added spouse age at the time of entry is up to 35 years.</p>	
		<p>Room Rent Modifier: If the Insured Person has opted for this Optional Cover for Secure Plan, the Insured Person shall have an option to below room category instead of Single Private Room:</p> <p>A. To Modify the room rent eligibility to any room category without any restriction or</p> <p>B. To modify the room rent eligibility to twin sharing room</p>	
6	Exclusions (What the policy does not cover)	<p>Standard Exclusions</p> <ol style="list-style-type: none"> 1. Investigation & Evaluation (Code- Excl04) 2. Rest Cure, Rehabilitation and respite Care (Code- Excl05) 3. Change of Gender treatment (Code - Excl07) 4. Cosmetic or Plastic Surgery (Code - Excl08) 5. Hazardous or Adventure sports: (Code - Excl09) 6. Breach of law (Code - Excl10) 7. Excluded Providers (Code - Excl11) 8. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. 9. Treatment received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code - Excl13) 10. Dietary supplements and substances that can be purchased without prescription including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Code - Excl14) 11. Refractive Error (Code - Excl15) 12. Unproven treatments (Code - Excl16) 13. Sterility and Infertility (Code - Excl17) 14. Maternity expenses (Code Excl18) Note: This exclusion does not apply to Maternity Benefits (Section 2.28) <p>Specific Exclusions</p> <ol style="list-style-type: none"> 1. Any Alternative Treatment except for the Benefits under Section 2.8 (AYUSH Treatment) 2. Charges related to a Hospital stay not expressly mentioned as being covered. Service charges levied by the Hospital under whatever head. Complete list of these excluded expenses are mentioned in Annexure II of this Policy The list is available on our website www.magmainsurance.com. This exclusion does not apply for Section 2.20 (Green Channel Benefit) 3. Expenses for Artificial life maintenance, including life support machine used to sustain a person, incurred after confirmation by the treating doctor that the patient is in vegetative state 	Section 3

		<ol style="list-style-type: none"> 4. Any charges incurred to procure any medical certificate, medical records, treatment or Illness Injury related documents pertaining to any period of Hospitalization/ Day Care Treatment undertaken for any Illness or Injury. 5. Circumcision unless necessary for the treatment of an Illness or disease or necessitated by an Accident. 6. Treatment for any Illness or Injury resulting from nuclear or chemical contamination, war, riot, revolution or acts of terrorism (other than natural disaster or calamity). 7. Treatment for any External Congenital Anomaly. 3.2.10) Dental Treatment including Surgical Procedures for the treatment of bone disease when related to gum disease or damage, or treatment for, or treatment arising from, disorders of the temporomandibular joint. This exclusion does not apply for Outpatient Cover (Section 2.29) EXCEPTION: We will pay for a Surgical Procedure wherein the Insured Person Hospitalized as a result of an Accident and which is undertaken for Inpatient Care in a Hospital and carried out by a Medical Practitioner. 8. Any drugs or Surgical dressings that are provided or prescribed in the case of OPD treatment, or for the Insured Person to take home on leaving the Hospital, for any condition, except as included in Post- hospitalization Medical Expenses under Section 2.3 above. This exclusion does not apply to Outpatient Cover (Section 2.29) 9. We will not pay for routine eye examinations, contact lenses spectacles, hearing aids, dentures and artificial teeth. This exclusion does not apply for Outpatient Cover (Section 2.29) 10. Any treatment arising from and/or taken for Crohn’s Disease, Ulcerative colitis, Cystic kidneys, Neurofibromatosis, Factor V Leiden Thrombophilia, Familial Hypercholesterolemia, Haemophilia, Hereditary Fructose Intolerance, Hereditary Hemochromatosis, Hereditary Spherocytosis. 11. Private nursing/attendant’s charges incurred during pre-hospitalization or post-hospitalization. 12. Drugs or treatment not supported by prescription. 13. Issue of fitness certificate and fitness examinations. 14. Any charges incurred to procure any treatment/ Illness related documents pertaining to any period of Hospitalization/Illness. 15. External and/ or durable medical/non-medical equipment used for diagnosis and/ or treatment, CPAP, CAPD, infusion pump. 16. Ambulatory devices, walkers, crutches, belts, collars, caps, splints, slings, braces, stockings of any kind, diabetic foot wear, glucometer/ thermometer and also any medical equipment which is subsequently used at home. 17. OPD treatment is not covered. However this exclusion does not apply for: <ol style="list-style-type: none"> a. Outpatient Cover (Section 2.29) b. Vaccination for New Born Baby (Section 2.28 (3)) 18. All preventive care, vaccination including inoculation and immunisations except in case of Vaccination for New Born Baby (Section 2.28 (3)) 	
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7	Waiting Period	<ul style="list-style-type: none"> • First Thirty Days Waiting Period (Code- Excl03): 30 days for all illnesses (not applicable on renewal or for accidents) • Initial Waiting Period for Critical Illness: 90 days for all critical illness as specified in the Policy document. • Specific Waiting Periods: 24 months on treatment towards specified diseases List of these diseases is: <ol style="list-style-type: none"> 1. Cataract 2. Stones in biliary and urinary systems 3. Hernia / Hydrocele 4. Hysterectomy for any benign disorder 5. Lumps / cysts / nodules / polyps / internal tumours 6. Gastric and Duodenal Ulcers 7. Surgery on tonsils / adenoids 8. Osteoarthritis/ Arthritis/ Gout/ Rheumatism/ Spondylosis/ Spondylitis/ Intervertebral Disc Prolapse 9. Fissure / Fistula / Haemorrhoid 10. Sinusitis / Deviated Nasal Septum / Tympanoplasty/ Chronic Suppurative Otitis Media 11. Benign Prostatic Hypertrophy 12. Knee/Hip Joint replacement and any ligament, tendon or muscle tear 13. Dilatation and Curettage 14. Varicose veins 15. Dysfunctional Uterine Bleeding / Fibroids/ Prolapse Uterus/ Endometriosis 16. Chronic Renal Failure or end stage Renal Failure 17. Internal congenital anomalies/diseases/defects • Pre-Existing Diseases (Code- Excl01): A waiting period for coverage of declared and accepted Pre-existing diseases is applicable – XX • For IVF Cover: a waiting period of 3 years from Policy Inception Date shall be applicable. • For Maternity benefits: 48 months from Policy Inception Date. 	<p>Section 3.1.3</p> <p>Section 3.2.1</p> <p>Section 3.1.2</p> <p>Section 3.1.1</p> <p>Section 2.9</p> <p>Section 2.28</p>

		<ul style="list-style-type: none"> For Psychiatric treatment and Lasik Surgery: 36 months from Policy Inception Date. Bariatric Surgery Cover - A waiting period of 3 years from the Policy Inception Date Lasik Surgery Cover - A waiting period of 3 years from the Policy Inception Date 	
8	Financial limits of coverage	<p>1. Sub-limit (it is pre-defined limit, and We will not pay any amount in excess of this limit)</p> <p>In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub- limits-</p> <ul style="list-style-type: none"> Room/ ICU charges beyond XX For the following specified diseases: <ul style="list-style-type: none"> For cataract treatment, following per eye per Policy Year sublimit shall apply: XX Under Worldwide Emergency Hospitalization Cover, a deductible of Rs. 2Lakhs shall be applicable 	<p>Section 2.1</p> <p>Section 2.1</p> <p>Section 2.31</p>
		<p>2. Co-payment (it is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured)</p> <p>A co-payment will apply to all claims made for treatment at higher zone hospitals-</p> <ul style="list-style-type: none"> Zone 2 to Zone 1: 25% Zone 3 to Zone 2: 20% Zone 3 to Zone 1: 35% <p>Such co-pay shall not be applicable for Emergency Hospitalization and Emergency treatment required due to Accident that happens whilst the Insured Person was outside the zone as applicable in the Policy Schedule.</p> <p>A 20% Co-Payment on admissible claim amount shall be applicable for each claim if the Insured Person is Aged 61 years or more at the Policy Inception Date</p>	<p>Section 5.5</p> <p>Section 5.2</p>
		<p>3. Deductible (it is a specified amount</p> <ul style="list-style-type: none"> up to which an insurance company will not pay any claim and which will be deducted from the total claim amount (if claim amount is more than the specified amount) <p>XX</p>	
9	Claims/ Claims Procedures	<p>For cashless service:</p> <ul style="list-style-type: none"> The standard claim form (Part A and Part B) and the cashless pre- authorisation request form are available in our website www.magmainurance.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 Hospital List and excluded hospital list may be obtained at our website www.magmainurance.com and also from the 	Section 5.6-1

		<p>website of our TPA. Please note the Network Hospitals of the TPA are subject to change.</p> <ul style="list-style-type: none"> • Download claim for from https://www.magmainurance.com/web/magmainurance/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. 	
		<p>For Reimbursement of Claim:</p> <ul style="list-style-type: none"> • 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). 	<p>Section 5.6 (2) (a)</p> <p>Section 5.6 (3)</p>
10	Policy Servicing	<p>Call us at: 1800 266 3202</p> <p>Address: Any of Our branch offices or corporate office during business hours. List of branch offices can be found at www.magmainurance.com</p>	
11	Grievances/Complaints	<p>In case of any grievance including senior citizen, the insured person may contact the Company through Website: www.magmainurance.com Toll free: 1800 266 3202 Email address: customercare@magmainurance.com. For senior citizens Email address - namaskar@magmainurance.com Dedicated helpline exclusively for senior citizens - 022-62605766 Customer can also reach out to Branch GRO Email address: Gro@magmainurance.com</p> <p>IRDAI Grievance Cell: Toll Free Number: 155255 (or) 1800 4254 732 Timings: 8 AM to 8 PM -- (Monday to Saturday)</p> <p>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/</p> <p>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</p>	<p>Section 4.1.16</p> <p>Annexure I</p>

12	Things to remember	<p>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</p> <p>Policy Renewal: The policy shall ordinarily be renewable except on grounds of established fraud, non-disclosure or misrepresentation by the insured person.</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>Section 4.1.15</p> <p>Section 4.1.10</p> <p>Section 4.1.8 and 4.1.9</p> <p>Section 5.3</p> <p>Section 4.1.12</p>
13	Your Obligations	<p>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</p>	<p>Section 4.1.1</p> <p>Section 4.2.8</p>
<u>Declaration by the Policy Holder</u>			
<input checked="" type="checkbox"/> I have read and confirm having noted the details.			
<u>Place:</u>			
<u>Date:</u>			
<u>(Signature of the Policyholder)</u>			



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