

## Customer Information Sheet – OneHealth Senior

Description is illustrative and not exhaustive

Sl. No	Title	Description	Policy Clause Number
1	Product Name	<b>OneHealth</b>	
2	What am I covered for	<p><b>In-patient Care:</b> Hospitalization expenses that are incurred as in-patient during the policy period.</p> <p><b>Pre-Hospitalisation Expenses:</b> Medical expenses incurred within specified days prior to hospitalisation</p> <p><b>Post-Hospitalisation Expenses:</b> Medical expenses incurred within specified days from date of discharge from the hospital</p> <p><b>Day Care Treatment:</b> Medical Expenses for day care procedures which do not require 24 hours hospitalization</p> <p><b>Ambulance Cover:</b> Reasonable Charges for ambulance expenses incurred to transfer the Insured Person by road transport following an Emergency to the nearest Hospital</p> <p><b>Domiciliary Hospitalisation :</b> Medical Expenses for medical treatment taken at home if the treatment continues for an uninterrupted period of at least 3 days</p> <p><b>AYUSH Treatment :</b> Medical expenses for in-patient AYUSH Treatment</p> <p><b>Modern Treatment Procedures:</b> Coverage for listed Modern treatment procedures</p> <p><b>E Opinion For Critical Illness:</b> You may avail of a second e-opinion from Our panel of Medical Practitioners for the Critical Illness</p> <p><b>Annual Health Check-up –</b> Annual health check up for Insured above age 25 years irrespective of claims in the Policy year</p> <p><b>Wellness Services:</b> You can avail our Wellness services like Doctor on call, Specialist's e opinion etc.</p> <p><b>Shared Room Daily Cash:</b> A daily cash amount will be payable per day in case of Hospitalization in a shared accommodation at a Network Provider</p> <p><b>Organ Donor Expenses:</b> Medical Expenses incurred towards In Patient Hospitalization of an organ donor for Insured's organ transplant Surgery</p> <p style="text-align: center;"><b>Optional Covers</b></p> <p><b>Enhanced Post hospitalization Cover:</b> With this optional cover, post hospitalization is increased to 90 days</p> <p><b>Reduction in Co-payment:</b> Applicable Co-pay as per clause 5.2 is reduced to 20%</p> <p><b>Nursing at Home:</b> Coverage for expenses incurred for the medical services of a Qualified Nurse at Your home</p> <p><b>Hospital Daily Cash:</b> Lump sum Benefit per day for each continuous and completed period of 24 hours of Hospitalization</p> <p><b>Outpatient Cover:</b> Medical Expenses incurred for medically necessary consultations, Diagnostic tests and medicines on an out-patient basis</p> <p><b>Recharge of Sum Insured:</b> 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> <p><b>No Claim Bonus:</b> Cumulative Bonus will be accrued at the rate of 10% per claim free year. Max up to 100%.</p>	<p>2.A.1</p> <p>2.A.2</p> <p>2.A.3</p> <p>2.A.4</p> <p>2.A.5</p> <p>2.A.6</p> <p>2.A.7</p> <p>2.A.8</p> <p>2.A.9</p> <p>2.A.10</p> <p>2.A.11</p> <p>2.A.12</p> <p>2.A.13</p> <p></p> <p>2.B.1</p> <p>2.B.2</p> <p>2.B.3</p> <p>2.B.4</p> <p>2.B.5</p> <p>2.B.6</p> <p>2.B.7</p>

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		<b>Non-payable expense Cover:</b> 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	2.B.8
		<b>Increase in Co-payment:</b> Applicable Co-pay as per clause 5.2 is increased by additional co-payment as opted in this optional cover	2.B.9
3	What are the major exclusions in the policy:	<ul style="list-style-type: none"> <li>• Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.</li> <li>• Investigation &amp; Evaluation</li> <li>• Treatment for any Illness or Injury resulting from nuclear or chemical contamination, war, riot, revolution, acts of terrorism or any similar event</li> <li>• Treatment for any External Congenital Anomaly.</li> <li>• cosmetic or plastic surgery</li> <li>• Hazardous or Adventure sports: (Code- Excl09)</li> </ul> <p>Note: The above is a partial list of the policy exclusions. Please refer to the policy wording for the complete list of exclusions.</p>	Section 3
4	Waiting Period	<ul style="list-style-type: none"> <li>• <b>First Thirty Days Waiting Period (Code- Excl03):</b> 30 days for all illnesses (not applicable on renewal or for accidents)</li> <li>• <b>Specific Waiting Periods:</b> 24 months on treatment towards specified diseases</li> <li>• <b>Pre-Existing Diseases (Code- Excl01):: A waiting period of 12 months for coverage of declared and accepted Pre-existing diseases is applicable.</b></li> </ul>	Section 3.1.3 Section 3.1.2 Section 3.1.1
5	Payout basis	<ul style="list-style-type: none"> <li>• Cashless or Reimbursement of covered medical expenses up to specified Sum Insured as per the scope of cover</li> <li>• Fixed amount is paid Policyholder for Shared Room Daily Cash on of the occurrence of a covered event and for Optional Cover Hospital daily Cash</li> </ul>	
6	Loss Sharing	<ul style="list-style-type: none"> <li>• 30% Co-payment applicable.</li> <li>• <b>No Co-Pay for accidental claims</b></li> <li>• If Optional Cover “Reduction in Co-payment” is opted, co-payment as per above shall be 20%.</li> <li>• If Optional Cover “Increase in Co-payment” is opted, additional co-payment as opted shall be applicable</li> <li>• Co-pay for Joint Replacement: 30% for Gold Plan &amp; 20% for Platinum Plan</li> <li>• Sub-limits: <ul style="list-style-type: none"> <li>○ Cataract: 10% of SI, sub to max 30k per eye (Gold Plan), 10% of SI, sub to max 50k per eye (Platinum Plan)</li> <li>○ Major Surgeries: 50% of SI, max 5L (Gold Plan), 50% of SI (Platinum Plan)</li> <li>○ Hernia, Hysterectomy &amp; Prostate Procedures: Up to 30,000 (Gold Plan)</li> </ul> </li> </ul>	5.2 2.B.2 2.B.9 5.2 2.A.1
7	Renewal Conditions	<ul style="list-style-type: none"> <li>• Lifetime renewability</li> <li>• The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.</li> <li>• Grace Period of 30 days is applicable</li> <li>• Request for Renewal along with requisite premium shall be received by the Company before the end of the Policy Period</li> </ul>	Section 4.1.10

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8	Renewal Benefits	<ul style="list-style-type: none"> <li>• <b>Cumulative Bonus:</b> If this optional cover is opted.</li> </ul>	
9	Cancellation	<ul style="list-style-type: none"> <li>• The Company may at any time cancel this Policy in the event of untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material particulars in the proposal form, personal statement, declaration, claim form declaration, medical history on the claim form and connected documents, or any material information having been withheld by You or any one acting on Your behalf, under this Policy.</li> </ul>	Section 4.1.7
		<ul style="list-style-type: none"> <li>• The Insured may also cancel this Policy by giving fifteen (15) days' notice in writing to the Company.</li> </ul>	Section 4.1.7
10	Claims	<p><b>For cashless service:</b></p> <ul style="list-style-type: none"> <li>• The standard claim form (Part A and Part B) and the cashless pre-authorization request form are available in our website <a href="http://www.magma-hdi.co.in">www.magma-hdi.co.in</a> for ready reference. The same may be also obtained from any of our offices on request.</li> <li>• The updated Network Hospital List may be obtained at our website <a href="http://www.magma-hdi.co.in">www.magma-hdi.co.in</a> and also from the website of our TPA. Please note the Network Hospitals of the TPA are subject to change.</li> </ul>	Section 5.4-1
		<p><b>For Reimbursement of Claim:</b></p> <ul style="list-style-type: none"> <li>• Notice of claim: Please contact us at least 72 hours before admission in case of planned hospitalization. For emergency hospitalization, kindly contact is within 24 hours of admission to Hospital</li> <li>• Submission of claim: The insured shall submit all the required claim documents as mentioned in Policy document not later than 30 days from the date of discharge.</li> </ul>	Section 5.4 (2) (a)  Section 5.4 (3)
11	Policy Servicing/ Grievances/Complaints	<ul style="list-style-type: none"> <li>• <b>Company Officials:</b> In case the Insured Person is aggrieved in any way, the Insured Person may contact Us at: Email: <a href="mailto:Gro@magma-hdi.co.in">Gro@magma-hdi.co.in</a> Call us at: 1800 266 3202 Address: Any of Our branch offices or corporate office during business hours</li> <li>• <b>IRDAI (IGMS/Call Centre):</b> Toll Free Number: 155255 (or) 1800 4254 732 Timings: 8 AM to 8 PM -- (Monday to Saturday)</li> <li>• <b>Ombudsman:</b> In case You/Insured Person are not satisfied with Our decision/resolution, You may approach the Insurance Ombudsman at the addresses given in Annexure I of the Policy document</li> </ul>	Section 4.1.16
12	Insured's Rights	<ul style="list-style-type: none"> <li>• <b>Free Look:</b> You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy.</li> </ul>	Section 4.1.15
		<ul style="list-style-type: none"> <li>• <b>Portability:</b> You can port your existing health insurance policy from another company or from existing product of MAGMA HDI General Insurance. Please contact Us at 1800 266 3202 or e-mail at <a href="mailto:customercare@magma-hdi.co.in">customercare@magma-hdi.co.in</a></li> </ul>	Section 4.1.9
		<ul style="list-style-type: none"> <li>• Increase in SI: You can request for increase in Sum Insured at the time of renewal. Acceptance of the same shall be subject to underwriting guidelines.</li> </ul>	Section 5.3
		<ul style="list-style-type: none"> <li>• The pre-authorization request shall be responded to at the earliest-maximum within 24 hours of receiving complete information</li> <li>• Reimbursement claims under this Policy shall be settled or rejected, as the</li> </ul>	Section 5.4(1) Section 5.4(2)

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		case may be, within 30 days of the receipt of the last necessary document	
13	Insured's Obligations	<ul style="list-style-type: none"> <li>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.</li> <li>Disclosure of Material Information during the policy period</li> </ul>	Section 4.1.1 Section 4.2.8
<p><b>Legal Disclaimer Note:</b> The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.</p>			

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**Benefit Illustration in respect of policies offered on individual and family floater basis**

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Age of the Members insured (in yrs)	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount, (if any)	Premium After Discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount, (if any)	Premium After Discount (Rs.)	Sum Insured (Rs.)
<b>Illustration 1 (Gold Plan)</b>										
56	7,346	3 Lakh	Not Available				17,104	-	-	3 Lakh
61	10,690	3 Lakh	Not Available					-	-	
	Total Premium for all members of the family is Rs.18,036/-, when each member is covered separately. Sum insured available for each individual is Rs.3,00,000/-		-				Total Premium when policy is opted on floater basis is Rs.17,104/-, Sum insured of Rs.3,00,000/- is available for the entire family (2Adults)			
<b>Illustration 2 (Platinum Plan)</b>										
66	29,404	15 lakh	Not Available				47,046	-	-	15 Lakh
70	29,404	15 lakh	Not Available					-	-	
	Total Premium for all members of the family is Rs.58,808/-, when each member is covered separately. Sum insured available for each individual is Rs.15,00,000/-		-				Total Premium when policy is opted on floater basis is Rs.47,046/-, Sum insured of Rs.15,00,000/- is available for the entire family (2Adults)			
<b>Note: Premium rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable.</b>										