MAGMA HDI General Insurance Company Ltd.

Head Office: Office No. 516 and 517, 5th Floor, Neelkanth Corporate Park, Plot no. 240, 2401/1-8, Kirol Road, Vidyavihar (West) Mumbai-Maharashtra-400086

Magma-HDI General Insurance Company Limited

OneHealth

Sales Literature / Prospectus

Eligibility

- This Policy can be offered as an Individual Policy covering one member or as a Family Floater Policy.
- For individual Policies, minimum entry age is 5 years
- For Family Floater Policy dependent child, grandchild can be of age minimum 91 days. An insured Child under a Family Floater policy, on reaching age 26 years will be considered as Adult on renewal. If such Policy was already consisting of 4 Adults, such individual will be moved to a separate individual policy with continuity benefit on waiting periods.
- No cap on maximum entry age.
- Proposer (Policyholder) should be 18 years or above.
- Your employer can also be the Proposer (Policyholder).
- Lifetime renewability.
- Family includes self, spouse, dependent children, dependent parent(s) dependent parents-in-law, son-in-law, daughter-in-law, dependent grandchild(ren), brother and sister. However maximum number of Insured Persons in a Policy can be 4 adults and 3 children.

Policy Period

The Policy will be issued for 1 year or 2 years or 3 years period.

Sum Insured

Plan Name	Sum Insured options
Support	2 Lakh / 3 Lakh / 4 Lakh / 5 Lakh
Secure	2 Lakh / 3 Lakh / 4 Lakh / 5 Lakh/ 7.5 Lakh/ 10 Lakh
Support Plus	2 Lakh / 3 Lakh / 4 Lakh / 5 Lakh/ 7.5 Lakh/ 10 Lakh
Shield	5 Lakh / 7.5 Lakh / 10 Lakh / 15 Lakh / 20 Lakh/ 25 Lakh/ 30 Lakh/ 50 Lakh
Premium	10 Lakh/ 15 Lakh/ 20 Lakh / 25 Lakh/ 30 Lakh / 50 Lakh/ 1 Crore

Aggregate Deductible Options

SI option	Aggregate Deductible Option
2 Lakh & 3 Lakh	1Lakh/ 2Lakh/ 3Lakh
4 Lakh	1Lakh/ 2Lakh/ 3Lakh/ 4Lakh
5 Lakh	1Lakh/ 2Lakh/ 3Lakh/ 4Lakh/ 5 lakh
7.5 Lakh	2Lakh/ 3Lakh/ 4Lakh/ 5 lakh
10 Lakh, 15 lakh, 20 Lakh	2Lakh/ 3Lakh/ 4Lakh/ 5 lakh/ 10 Lakh
25 Lakh, 30 Lakh, 50 Lakh	3Lakh/ 4Lakh/ 5 lakh/ 10 Lakh
1 Crore	5 lakh/ 10 Lakh

Voluntary Co-Payment Options: 10% and 20%

Benefits

The Benefits under this Policy are subject always to the Sum Insured and Cumulative Bonus, if any, any subsidiary limit specified in the Policy Schedule/Product Benefits Table, the terms, conditions, limitations and exclusions mentioned in the Policy.

Base Covers

1. **Inpatient Care:**

We shall cover the Reasonable and Customary Charges for the Medical Expenses (specified in the Policy) incurred by the Insured Person, if during the Policy Period, the Insured Person requires Hospitalization on the written Medical Advice of a Medical Practitioner for any Illness or Injury which is contracted or sustained by the Insured Person during the Policy Period and is covered under this Policy.

Room Rent Capping & Proportionate Deducton:

For Support plan (all Sum Insured) reimbursement or payment of Room Rent and associated charges incurred at the Hospital shall not exceed 1% of the Sum Insured per day. In case of admission to Intensive Care Unit or Intensive Cardiac Care Unit (ICCU), reimbursement or payment of associatedMedical Expenses shall not exceed 2% of the Sum Insured per day.

For Secure plan (all Sum Insured) reimbursement or payment of Room Rent and associated expenses incurred at the Hospital shall be as per "Single private room category.

In case of admission to room exceeding above stated limits, proportionate deduction on associated charges shall apply.

2. **Pre- Hospitalization Expenses:**

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

3. **Post- Hospitalization Expenses:**

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

4. **Day Care Treatment:**

We will cover the Medical Expenses incurred on the Insured Person's Day Care Treatment on the recommendation of a Medical Practitioner following an Illness or Injury which occurs during the Policy Period provided that the Medical Expenses incurred are for Medically Necessary Treatment and up to the limits specified in the Policy Schedule/Product Benefits Table.

Any OPD treatment undertaken in a Hospital/Day Care Centre will not be covered under this Benefit. Pre-hospitalization Medical Expenses and Post- hospitalization Medical Expenses are not payable under this Benefit.

5. **Ambulance Cover:**

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

6. Organ Donor Expenses

We will cover the Medical Expenses incurred towards in-patient hospitalization of an organ donor for the Insured Person's organ transplant Surgery during the Policy Year provided that the organ donated is for the use of the Insured Person and the organ donor conforms to the provisions of The Transplantation of Human Organs Act, 1994 and other applicable laws.

7. Domiciliary Hospitalisation

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

8. AYUSH Treatment

We will, on a reimbursement basis, cover the Insured Person's Medical Expenses incurred for Inpatient Care during the Policy Period on treatment taken under AYUSH Treatment in a government Hospital or in any institute recognized by the government and/or accredited by the Quality Council of India/National Accreditation Board on Health.

9. IVF Treatment Cover

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

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

10. Bariatric Surgery Cover

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

1) Surgery to be conducted is upon the advice of the Doctor
2) The surgery/Procedure conducted should be supported by clinical protocols
3) The member has to be 18 years of age or older and
4) Body Mass Index (BMI);
    a) greater than or equal to 40 or
    b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
        i. Obesity-related cardiomyopathy
        ii. Coronary heart disease
        iii. Severe Sleep Apnea
        iv. Uncontrolled Type2 Diabetes

a) .

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

11. Psychiatric treatment Cover

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

For following mental disorders / conditions, shall be covered after a waiting period of 36 months from Policy inception date and a sub-limit of Rs. 50,000 shall be applicable on cumulative basis. This sub-limit includes pre and post hospitalization expenses for these specified disorders: Severe Depression, Schizophrenia and Psychosis, Bipolar disorder, Post traumatic stress Disorder, Obsessive compulsive disorders, Panic disorders including anxiety, Personality and related disorders.

12. Lasik Surgery Cover

We shall cover the Medical Expenses incurred by the Insured Person during the Policy Period for undergoing LASIK Surgery for correction of refractive error, maximum up to the limit as mentioned in the Policy Schedule/Product Benefits Table, provided that:

a) the Insured Person has a refractive index of plus/minus 7.5 or more; and
b) the procedure is prescribed as medically necessary by a Medical Practitioner who is an ophthalmologist.

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

13. HIV/AIDS Cover

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

14. **Modern treatment Procedures:**

The following procedures will be covered (wherever medically indicated), during the policy period:

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

Additional Benefits:

15. Cumulative Bonus

In a Policy Year, if there are no claims paid or outstanding under Base Covers Section, then at the time of Renewal of the Policy, We shall apply a Cumulative Bonus on the Sum Insured for each such claim free Policy Year provided the Policy has been Renewed with Us without a break. The percentage of the Sum Insured and maximum Cumulative Bonus that can be accrued shall be as per the plan opted. If a Cumulative Bonus has been applied and a claim is made in any Policy Year, then in the subsequent Policy Year We shall not decrease the accrued Cumulative Bonus except if, and to the extent, it is utilized as claim payout. The percentage of the Sum Insured and maximum Cumulative Bonus that can be accrued shall be as per the following:

a) Support plan: 10% of Sum Insured per claim free Policy Year up to a maximum of 50% of Sum Insured
b) Secure plan: 10% of Sum Insured per claim free Policy Year up to a maximum of 50% of Sum Insured
c) Support Plus plan: 10% of Sum Insured per claim free Policy Year up to a maximum of 100% of Sum Insured
d) Shield plan: 20% of Sum Insured per claim free Policy Year up to a maximum of 100% of Sum Insured
e) Premium plan: 33.33% of Sum Insured per claim free Policy Year up to a maximum of 100% of Sum Insured

16. E- Opinion for Critical Illness

If the Insured Person is diagnosed with a Critical Illness during the Policy Period, then the Insured Person may, at his/her sole discretion choose to avail of a second e-opinion from Our panel of Medical Practitioners for the Critical Illness and We shall arrange for and cover the e-opinion if the Insured Person has requested for the same.

17. Annual Health Check- up

We will arrange for a health check-up in accordance with the plan opted, if requested by the Insured Person. We will cover health check-ups arranged by Us through Our empanelled Network Providers. This Benefit shall be available once per Insured Person who is an adult under this Policy.

Health check-up test list is as below:

Support Plan	Secure Plan	Support Plus plan	Shield Plan	Premium Plan	Any Plan with Optional covers Aggregate Deductible and/or Voluntary Co-payment opted
	(If optional Covers Aggregate Deductible and/or Voluntary Co-payment are **not** opted)				
CBC	CBC	CBC	CBC	CBC	CBC
ESR	ESR	ESR	ESR	ESR	ESR
Urine Routine	Urine Routine	Urine Routine	Urine Routine	Urine Routine	Urine Routine
MER	MER	MER	MER	MER	MER
Total Cholesterol	Total Cholesterol	Total Cholesterol	Total Cholesterol	Total Cholesterol	Total Cholesterol
FBS	FBS	HbA1c	HbA1c	HbA1c	FBS
		Lipid Profile	Lipid Profile	Lipid Profile	
			ECG	ECG	
			PSA (for males)/ PAP smear (for females)	PSA (for males)/ PAP smear (for females)	
				Liver Profile	
				Kidney Profile	
				Cardiac Risk Profile	

18. Fitness Rewards and Wellness Services

1. Fitness Rewards

The Insured Person can earn Fitness Rewards points in the manner set out below. For the below specified activities We shall award the Insured Person with Fitness Rewards points equivalent to the percentage of the premium paid as per the table below:

a) Through Medical Check up: If the Insured Person avails of Our Health Check- up Benefit and undergoes the medical tests at Our Network Providers and thereafter submits the medical test reports to Us, then if all the test results are within the normal range for the respective tests.

b) Through Fitness Activities: The Insured Person can also earn Fitness Rewards points by engaging in physical activities to keep himself/herself active and healthy.

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

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

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

Redemption of Fitness Reward Points:

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

We shall send an updated statement of the value of the Fitness Rewards points earned on an annual basis on any of the contact details as provided by the Policyholder.

2. Wellness Services:

a) Doctor on call: You can consult with a Medical Practitioner from Our panel of Network Providers to discuss any health related query. You can avail this service maximum 3 times per Policy Year.

b) Specialist's e-opinion: You can avail a specialist Medical Practitioner's opinion on Your health queries that require such specialist Medical Practitioner's consideration You can avail this service maximum 3 times per Policy Year.

c) Nutritional e-counselling: On Your request, We will provide You with a Dietician and nutritional e-counselling. You can avail this service maximum 3 times per Policy Year.

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

We shall send the Insured Person any notifications/communication required to be sent hereunder on his/her registered email ID or residential address.

19. Early Joining Benefit

We shall provide the Insured Person a one-time amount of Rs.2500 in 6th Policy Year if Policy is claim-free for 5 years from Policy Inception Date and an additional one-time amount of Rs.5000 in 11th Policy Year if Policy is claim-free for 10 years from Policy Inception Date provided that:

a) The age of senior most member covered in the policy at the time of first purchase should be below 40 years, and the policy is renewed continuously with Us;
b) the Policy is claim-free since the Policy Inception Date;
c) the amount provided under this Benefit can be reimbursed for any out-patient Medical Expenses including pharmacy. No direct cash benefit shall be offered under this Cover; and
d) The unutilized amount can be carried forwarded to the subsequent Policy Years.
e) The benefit amount shall lapse if the Policy is not renewed with Us.

20. Green Channel Benefit

If the Insured Person opts to avail of in-patient treatment on cashless basis in a PPN (preferred provider network) as specified by Us, We shall, in addition to the amount payable under Section 2.1 (Inpatient Care), provide the Insured Person a one- time amount for each such Hospitalization as reimbursement against:

a) Expenses for any non-payable items with respect to that particular hospitalization, Or

b) Expenses for any health wearable device purchased by the insured after claim for such hospitalization is accepted

Maximum amount provided under this benefit for each such hospitalization in PPN network is:

- Rs. 1,000, if payable Inpatient Care claim amount is up to Rs. 50,000
- Rs. 2,000, if payable Inpatient Care claim amount is above Rs. 50,000

21. Recharge of Sum Insured

We will provide a 100% Recharge of the Sum Insured up to 5 times in a Policy Year, provided that: s

- The Sum Insured and Cumulative Bonus (if any) is insufficient for a claim as a result of previous claims in that Policy Year;

- The Recharge of Sum Insured shall not be available for claims towards an Illness or Injury (including complications) for which a claim has been paid or accepted as payable in the current Policy Year for the same Insured Person under Inpatient Care or under Recharge of Sum Insured.

- The Recharge of Sum Insured shall be available only in respect of Your future claims that become payable under Section 2 Base Covers of the Policy and shall not be applicable to the first claim in the Policy Year;

22. Hospital cash

If the Insured Person is Hospitalized during the Policy Period and if We have accepted an Inpatient Care claim, then We shall, in addition, pay the daily cash amount specified in the Policy Schedule /Product Benefits Table for each continuous and completed period of 24 hours of Hospitalization provided that the Insured Person should have been Hospitalized for a minimum period of 48 hours continuously. We will not make any payment under this Benefit to the Insured Person for more than 30 days of Hospitalisation in total under any Policy Year.

23.Compassionate Visit in case of CI

If We have accepted the Insured Person's claim for Hospitalization in case of Critical Illness as per In-patient Care cover , then We shall reimburse the amount up to the limit specified against this Benefit in the Policy Schedule/Product Benefits Table, incurred in respect of a maximum of two of the Insured Person's Immediate Family Members for two way airfare or two way first class railway ticket in a licensed common carrier to the place where the Insured Person is Hospitalized provided that the Insured Person is Hospitalized in a Hospital which is situated at a distance of at least 100 kilometres from his/her actual place of residence.

24. Loss of income benefit

If We have accepted a claim for an Illness or Injury that results in Permanent Total Disablement, then We shall pay the amount (as lump sum) as specified against this Benefit in the Policy Schedule/Product Benefits Table.

Permanent total disablement for the purpose of this Benefit is defined as any injury or illness due to which the Insured Person is disabled from engaging in his/her primary occupation and loses his/her source of income generation as a consequence thereof. Such state of permanent total disablement must be certified by Medical Practitioner.

a. In case of salaried Insured Persons: Monthly amount equal to 1/12th of the Sum Insured or the Insured Person's per month salary (or per month salary of the Policyholder, in case of Family Floater Policy based on the average of last 3 months salary slip) whichever is lower shall be paid for a maximum of 6 months. Net monthly income (post tax), that is, monthly in hand salary excluding overtime, bonuses, tips, commissions or any other special compensation shall be considered for the purpose of payout under this benefit.

b. In case of self-employed Insured Persons: Monthly amount equal to 1/12th of the Sum Insured or monthly income (or monthly income of the Policyholder, in case of Family Floater Policy) based on the last income tax returns filed with the income tax department, whichever is lower shall be paid for a maximum of 6 months.

c. In case Policyholder and Insured person are not IT Assessee: Monthly income will be assessed basis the income proof provided on self-declaration basis along with bank statements / any other income statements as proof for the past 12 months. However, for such cases income will be considered as lower of self- declared amount or the income slab up to which individual is not an Income Tax Assessee (as per prevalent IT act). We will pay up to a maximum of 6 monthly benefits where each monthly benefit will be equal to $1/12^{th}$ of the Sum Insured or monthly income as declared by you or $1/12^{th}$ of the income as defined in the income tax slab for which an individual is not an Income Tax Assessee.

25. Enhanced Daily Cash Benefit

A daily cash amount will be payable per day if the Insured Person is Hospitalised in a shared accommodation at a Network Provider for each continuous and completed period of 24 hours if the Hospitalisation exceeds 48 hours. This allowance shall be paid in addition to the amount paid under Hospital Cash benefit.

26. Home Treatment Additional Daily Cash Benefit

In case the Insured Person opts for home care treatment by a service provider authorised by Us for an Illness or Injury which otherwise would have required Hospitalization as an in-patient, then in addition to coverage for such home hospitalization treatment expenses and Pre & post home hospitalization expenses up to the Sum Insured, We shall pay the Insured Person a lump sum amount as Daily Cash Benefit for each completed day of such treatment as specified in the Product Benefits Table/ Policy Schedule. Such home care treatment shall be authorized and provided by Our authorized service providers on the basis of Cashless facility. The Daily Cash Benefit shall not be available for treatment taken at home for procedures- Chemotherapy and Dialysis.

27. Companion Benefit

We will pay the amount specified in the Policy Schedule/Product Benefits Table for each continuous and completed period of 24 hours of Hospitalization, maximum up to 15 days towards the expenses incurred by the person accompanying the Insured Person at the Hospital during such Insured Person's treatment for an Illness or Injury provided that such Insured Person is Aged 12 years or below and such Hospitalization is for atleast 48 hours and is admissible under In-patient Care cover. Such accompanying person may or may not be an Insured person under this Policy.

28. Maternity Benefits

This Benefit is available for the Insured Person or the Insured Person's spouse provided both are legally married and are covered under the same Family Floater Policy. If the Insured Person is a widow, then this Benefit can be availed only in respect of a pregnancy conceived by the Insured Person when the Insured Person and her spouse were both covered as Insured Persons during the Policy Period or under the immediately preceding Policy with Us.

A waiting period of 48 months from the Policy Inception Date shall be applicable for this Benefit.

The following covers are available under this Benefit:

1. Maternity Cover
   We shall cover Maternity expenses up to the limit specified in the Product Benefits Table/ Policy Schedule for Hospitalization for the delivery of the Insured Person's child or for lawful medically necessary termination of pregnancy (including abortion and miscarriage required or arising due accidental injuries) maximum up to 2 deliveries or termination of pregnancy during the Insured Person's lifetime.
2. New Born Baby Cover
   If Hospitalization of a New Born Baby is required and if We have accepted a claim under Maternity Cover as mentioned above, then We will cover the Medical Expenses incurred towards the Medically Necessary Treatment of the Insured Person's New Born Baby up to 90 days from birth.
3. Vaccination for New Born Baby

   We will cover Reasonable and Customary Charges for vaccination expenses of the New Born Baby for the vaccinations as specified in the Policy until the New Born Baby completes one year irrespective of the end of the Policy Period.

29. Outpatient Cover

We will cover the Reasonable and Customary Charges incurred for medically necessary consultations with a Medical Practitioner on an out-patient basis to assess the Insured Person's health condition for any Illness. We will also cover the Reasonable and Customary Charges incurred for undergoing any Diagnostic Tests prescribed by the Medical Practitioner and medicines purchased under and supported with a Medical Practitioner's prescription.

We will also cover the Reasonable and Customary Charges for Dental Treatment, cost of spectacles, contact lenses and hearing aids once in 2 Policy Years with a sublimit of 30% of the annual limit for OPD Treatment, that is, all the bills for these expenses within the policy periods can be accumulated and claimed at once

Initial waiting periods of 30 days, pre-existing disease waiting period and specific disease waiting period shall be applicable.

30.Convalescence Benefit

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

31. Worldwide Emergency Hospitalization Cover

We will cover the Medical Expenses incurred outside India in relation to the Insured Person, up to the limits specified in the Policy Schedule/Product Benefits Table, provided that such Medical Expenses are incurred with respect to Medically Necessary Treatment, where such treatment has been certified as an Emergency by a Medical Practitioner and cannot be postponed until the Insured Person has returned to India.

32. Air Ambulance Cover

We shall cover the expenses that are incurred towards the Insured Person's transportation in an airplane or helicopter certified to be used as an ambulance to the nearest Hospital with adequate facilities in an Emergency following an Illness or Injury which occurs during the Policy Period and in India.

Optional Covers:

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

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

Optional Covers Aggregate Deductible and Voluntary Co-Payment, if opted shall be applicable to all the Insured Persons under the Policy.

Other optional covers, if opted, shall also be applicable to all the Insured Persons under the Policy and claims under any of these optional covers shall impact the Cumulative Bonus in this Policy.

1. Critical Illness Cover

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

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

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

i. Cancer of Specified Severity
ii. Myocardial Infarction (First Heart Attack of specific severity)
iii. Open Chest CABG

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

2. Personal Accident Cover

If at any time during the Policy Period, the Insured Person sustains an Injury resulting solely and directly due to an Accident anywhere in the world, and causes any of the following events, then We shall pay the Insured Person or his/her nominee as the case may be.

- Accidental Death
- Permanent Total Disablement

3. Aggregate Deductible

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

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

4. Voluntary Co-payment

For each and every claim Insured Person shall bear the percentage of admissible claim amount as opted under this Optional Cover irrespective of the Age. Co-payment applicable as per this Cover shall be in addition to any other Co-payment (Mandatory Co-Payment, Co-payment for treatment in higher zone) applicable under this Policy.

5. Hospital cash Optional Cover

If the Insured Person is Hospitalized during the Policy Period and if We have accepted an Inpatient Care claim, then We shall, in addition, pay the daily cash amount specified in the Policy Schedule /Product Benefits Table for each continuous and completed period of 24 hours of Hospitalization provided that the Insured Person should have been Hospitalized for a minimum period of 48 hours continuously. We will not make any payment under this Benefit to the Insured Person for more than 10 days of Hospitalisation in total under any Policy Year.
Any payment under this optional cover will be in addition to benefit under section 2.21 (Hospital Cash), if applicable.

6. Bonus Booster

If this optional cover is in force, the percentage of the Sum Insured and maximum Cumulative Bonus that can be accrued as defined in Section 2.14 “Cumulative Bonus” of this Policy, shall be modified as 20% of Sum Insured per claim free Policy Year up to a maximum of 100% of Sum Insured, for Support, Secure and Support Plus plans.

7. Maternity Benefit Optional Cover

This Optional cover is available for the Insured Person or the Insured Person’s spouse provided both are legally married and are covered under the same Family Floater Policy. If the Insured Person is a widow, then this Benefit can be availed only in respect of a pregnancy conceived by the Insured Person when the Insured Person and her spouse were both covered as Insured Persons during the Policy Period or under the immediately preceding Policy with Us.

A waiting period of 48 months from the Policy Start date of the Policy year in which this optional cover is opted and renewed continuously thereafter, shall be applicable for this Benefit.

The following covers are available under this Benefit:

1. Maternity Cover
   We shall cover Maternity expenses up to the limit specified in the Product Benefits Table/ Policy Schedule for Hospitalization for the delivery of the Insured Person's child or for lawful medically necessary termination of pregnancy (including abortion and miscarriage required or arising due accidental injuries) maximum up to 2 deliveries or termination of pregnancy during the Insured Person's lifetime.
2. New Born Baby Cover
   If Hospitalization of a New Born Baby is required and if We have accepted a claim under Maternity Cover as mentioned above, then We will cover the Medical Expenses incurred towards the Medically Necessary Treatment of the Insured Person's New Born Baby up to 90 days from birth.
3. Vaccination for New Born Baby

   We will cover Reasonable and Customary Charges for vaccination expenses of the New Born Baby for the vaccinations as specified in the Policy until the New Born Baby completes one year irrespective of the end of the Policy Period.

8. Home treatment Additional Daily Cash Optional Cover

In case the Insured Person opts for home care treatment by a service provider authorised by Us for an Illness or Injury which otherwise would have required Hospitalization as an in-patient, then then in addition to coverage for such home hospitalization treatment expenses and Pre & post home hospitalization expenses up to the Sum Insured, We shall pay the Insured Person a lump sum amount as Daily Cash Benefit for each completed day of such treatment as specified in the Product Benefits Table/ Policy Schedule. Such home care treatment shall be authorized and provided by Our authorized service providers on the basis of Cashless facility. The Daily Cash Benefit shall not be available for treatment taken at home for procedures- Chemotherapy and Dialysis.

9. Enhanced Pre & Post hospitalization Cover

If this optional cover is in force, the limit of coverage in terms of number of days immediately prior to Your date of Hospitalization and, the limit of coverage in terms of number of days immediately after Your discharge from the Hospital as per Section 2.2 and 2.3 of this Policy will be 60 days and 90 days respectively.

10. Worldwide Emergency Hospitalization Optional Cover

We will cover the Medical Expenses incurred outside India in relation to the Insured Person, up to the limits specified in the Policy Schedule/Product Benefits Table, provided that such Medical Expenses are incurred with respect to Medically Necessary Treatment, where such treatment has been certified as an Emergency by a Medical Practitioner and cannot be postponed until the Insured Person has returned to India.

11. OPD & Home Care for Covid-19:

We will reimburse 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 for a maximum of 14 days.
Expenses for diagnostic test, medicines, consultation charges, nursing charges, pulse oximeter (up to Rs 1,000), oxygen cylinder & nebulizer, expenses like PPE kit and pulmonary rehabilitation charges will be covered.
A waiting period of 15 days shall be applicable for this cover.

12. Non-payable expense Cover:

We shall also cover the expenses as listed under "List I – Item for which coverage in not available in the policy" of Annexure II of this Policy under Section 2.1 (Inpatient Care) and Section 2.4 (Day Care treatment).

13. 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, as long as the subsequent Hospitalization claim is arising due to relapse or complication of the disease that caused precedent claim. Recharge will not trigger if such subsequent hospitalization/day care is for treatment which was considered to be required as part of overall treatment plan at the time of diagnosis of disease or at the time of precedent hospitalization claim; for e.g. Chemotherapy sessions for cancer, periodic Dialysis for renal failure. Further, subject to above condition, where the claim is due to same or related illness to which a claim has already been paid, a waiting period of 45 days from the date of discharge from hospital for precedent claim of that illness or injury shall be applicable. Such Recharge shall be applicable only once in a policy year.

14. Zone wise Co-pay Waiver:

We shall waive off the co-pay as applicable per section 5 (31) of this policy, in case treatment is taken in a zone higher than the applicable zone as mentioned in Policy Schedule.

15. Waiver of Deductible:

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

In consideration to additional premium paid towards this optional cover with a Super Top up policy (i.e. OneHealth policy with Aggregate deductible), we give you an option to waive the deductible and convert it into a base policy after 4 policy years. We will give you the continuity benefit on the complete Sum Insured.

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

Please note: In case you do not convert the Super Top up policy (i.e. OneHealth policy with Aggregate deductible) into a base policy after 4 policy years or anytime thereafter, premium paid towards this optional cover shall not be refunded.

3. Exclusions

3.1 Standard Exclusions

3.1.1) Pre-Existing Diseases (Code- Excl01):

a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months (for Support Plan) ; 36 months (for Secure, Support Plus and Shield Plan) ; 24 months (for Premium Plan); of continuous coverage after the date of inception of the first policy with us.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
d) Coverage under the policy after the expiry of above defined months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

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

a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage, as may be the case after the date of inception of the first policy with the Insurer. This exclusion shall not be applicable for claims arising due to an accident.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

List of these diseases is:

1. Cataract
2. Stones in biliary and urinary systems
3. Hernia / Hydrocele
4. Hysterectomy for any benign disorder
5. Lumps / cysts / nodules / polyps / internal tumours
6. Gastric and Duodenal Ulcers
7. Surgery on tonsils / adenoids
8. Osteoarthrosis / 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

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

i. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
iii. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

3.1.4) Investigation & Evaluation (Code Excl04):

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

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

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

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

3.1.6) Change of Gender treatment (Code Excl07)

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

3.1.7) Cosmetic or Plastic Surgery (Code Excl08)

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

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

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

3.1.9) Breach of law (Code Excl10)

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

3.1.10) Excluded Providers (Code Excl11)

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

List of these have been provided on Our website.

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

3.1.12) Treatment received in heath 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- Excl13**

3.1.13) Dietary supplements and substances that can be purchased without prescription including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. **Code-Excl14**

3.1.14) Refractive Error (Code Excl15)

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

3.1.15) Unproven treatments (Code Excl16)

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

3.1.16) Sterility and Infertility (Code Excl17)

Expenses related to sterility and infertility. This includes:

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

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

3.1.17) Maternity expenses (Code Excl18)

i. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

ii expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

Note: This exclusion does not apply to Maternity Benefits (Section 2.28)

3.2) Specific Exclusions:

3.2.1) 90 days Initial Waiting Period for Optional Cover-Critical Illness Cover

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

3.2.2) A special waiting period, not exceeding 48 months, may be applied to individual Insured Persons depending upon the declarations made in the proposal form and existing health conditions. Such waiting periods shall be specifically stated in the Policy Schedule and will be applied only after receiving the Insured Person's specific consent. Any special waiting period in respect of Pre- Existing diseases shall not exceed 48 months.

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

3.2.4) Charges related to a Hospital stay not expressly mentioned as being covered.]. Service charges levied by the Hospital under whatever head. Complete list of these excluded expenses are mentioned in Annexure II of this Policy The list is available on our website www.magma hdi.com. This exclusion does not apply for Section 2.20 (Green Channel Benefit)

3.2.5) Expenses for Artificial life maintenance, including life support machine used to sustain a person, incurred after confirmation by the treating doctor that the patient is in vegetative state

3.2.6) 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.

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

3.2.8) Treatment for any Illness or Injury resulting from nuclear or chemical contamination, war, riot, revolution or acts of terrorism (other than natural disaster or calamity).

3.2.9) 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 (Section2.29)

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.

3.2.11) 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)

3.2.12) 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)

3.2.13) Any treatment arising from and/or taken for Crohn's Disease ,Ulcerative colitis, Cystic kidneys, Neurofibromatosis, Factor V Leiden Thrombophilia, Familial Hypercholesterolemia, Haemophilia, Hereditary Fructose Intolerance, Hereditary Hemochromatosis, Hereditary Spherocytosis.

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

3.2.15) Drugs or treatment not supported by prescription.

3.2.16) Issue of fitness certificate and fitness examinations.

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

3.2.18) External and/ or durable medical/non-medical equipment used for diagnosis and/ or treatment

3.2.19) 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.

3.2.20) OPD treatment is not covered.
However this exclusion does not apply for:
Outpatient Cover (Section 2.29)
Vaccination for New Born Baby (Section 2.28 (3))

3.2.21) All preventive care, vaccination including inoculation and immunisations except in case of
Vaccination for New Born Baby (Section 2.28 (3))

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

3.2.23) Treatment for sleep apnea, snoring, or any other sleep-related breathing problem.

3.2.24) Any treatment received outside India. This exclusion does not apply for Section 2.31 (Worldwide Emergency Hospitalization Cover).

3.2.25) Treatment provided by a Medical Practitioner who is not recognized by the Medical Council of India.

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

3.2.27) X-Ray or laboratory examinations or other diagnostic studies, not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, whether or not requiring Hospitalization.

Premium illustration:

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

Age of the members insured	Coverage opted on individual basis covering each member of the family seperately (at a single point in time)		Coverage opted on individual basis covering multiple member 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.)
60 years	15843	500000	NOT APPLICABLE*				53080	NA	53080	500000
59 years	15843	500000								
46 years	9648	500000								
44 years	6506	500000								
20 years	4848	500000								
16 years	4848	500000								
5 years	3514	500000								
Total Premium for all members of the family is Rs. 61050, when each member is covered seperately. Sum Insured available for each individual is Rs.500000			NOT APPLICABLE*				Total Premium when policy is opted on floater basis is Rs.53080. Sum Insured of Rs.500000 is available for entire family			

Note : Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also, the premium rates shall be exclusive of taxes applicable.
Above premium rates illustration is for OneHealth, Secure plan, Sum Insured 5 lakhs, Zone 1, 4A + 3C (Age 64, 56, 44, 38, 22, 15, 5)
***This option is not available with OneHealth Policy**

Discount/ Loading 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. Tenure discount

Policy Period	Discount percentage
2 years	10%
3 years	12.5%

2. Employee Discount: A discount of 15% is offered for employees of Magma Group provided the Policy is purchased without any intermediary.
3. Cross sell discount: A discount of 5% will be offered if the proposer is a Policyholder with Magma HDI on or prior to inception of this Policy.
4. Direct Sourcing Discount: A discount of 10% will be offered if the Policy is purchased through direct channel of distribution. This discount will not be offered if Employee discount is availed.

Loading: We shall apply a risk loading on the premium payable as per Our board approved underwriting policy (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance), which shall be mentioned specifically in the Policy Schedule. The maximum risk loading applicable shall not exceed 100% per diagnosis / medical condition and an overall risk loading of 200%. These loadings are applied from the Policy Inception Date including subsequent Renewal(s) with Us or on the receipt of a request for increase in Sum Insured (for which the loading shall be applied on the increased Sum Insured).
No loading shall be applied at the time of Renewal on the basis of individual claim experience.

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

Instalment Option	Factor to be applicable on premium for one year tenure Policy	Factor to be applicable on premium for two year tenure Policy	Factor to be applicable on premium for three year tenure Policy
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

Salient Features of the Policy

- Cashless facility: The Insured Person can avail of Cashless Facility at any of Our Network Providers in accordance with the process set out in the Policy. In case the Insured Person avails treatment in a Non-Network Hospital or if Cashless facility is not availed, Reimbursement of Claims can be availed. Claim intimation must be done at least 72 hours before admission to the Hospital in case of planned Hospitalization, and within 24 hours of admission to the Hospital, in case of Emergency Hospitalization. Claims documents must be submitted within 30 days from the date of discharge from the Hospital.

Free Look Provision: The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.
The insured shall be allowed a free look provision of fifteen 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;

- Pre-Policy Medical Check up may be required based on age, Sum Insured opted and Pre-Existing Disease. We shall reimburse at least 50% of the expenses incurred by the Insured on pre-Policy medical health check up once the proposal is accepted.

- Mandatory Co-Payment: Co- Payment of 20% shall be applicable for each claim if the Insured Person is Aged 61 years and above at the Policy Inception Date.

Zone Classification, Premium and Zone based Co-pay

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

a. Zone 1 means Delhi including National Capital Region, Mumbai including Thane, Navi Mumbai, Vasai-Virar, Bangalore and Gujarat,

b. Zone 2 means Coimbatore, Pune, Hyderabad, Chandigarh, Chennai, Kolkata and Kerala

c. Zone 3 means Rest of India excluding areas falling under Zone 1 and Zone 2

Zone classification can be changed by Us after informing the Policyholder at least 3 months in advance, subject to approval from the IRDAI.

In case the Insured Person opts to take treatment in a zone higher than the applicable zone as mentioned in Policy Schedule, the Insured Person shall bear a Co-Payment on admissible claim amount as mentioned below:

Zone 2 to Zone 1: 25% for every claim made

Zone 3 to Zone 2: 20% for every claim made

Zone 3 to Zone 1: 35% for every claim made.

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. .

In case the Insured Person opts to take treatment in a zone lower than the applicable zone as mentioned in Policy Schedule, no Co-Payment shall be applicable. Such Co-Payment shall be in addition to the Mandatory Co-payment and Voluntary Co-Payment, as applicable under the Policy.

Zone shall be based on city of residence of the Policyholder. We also provide the Policyholder an option to choose a zone higher or lower than this zone based on residence of the Insured Person(s).

Renewal

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

a) The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
b) Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years
c) Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
d) 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.
e) No loading shall apply on renewals based on individual claim experience.

Cancellation of Policy

a. The Policyholder may cancel this Policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.:
We shall cancel the Policy and refund the premium for the balance of the Policy Period in accordance with the table below, after deducting the amount spent on pre-policy medical check up by Us, provided that no claim has been made under the Policy by or on behalf of any Insured Person.

Cancellation date up to (x months) from the Policy Start Date	Refund of Premium (basis Policy Period)		
	1 Year	2 Year	3 Year
Up to 1 month	75.00%	87.50%	91.50%
1 month to 3 months	50.00%	75.00%	88.50%
3 months to 6 months	25.00%	62.50%	75.00%
6 months to 12 months	0.00%	50.00%	66.50%
12 months to 15 months	NA	25.00%	50.00%
15 months to 18 months	NA	12.50%	41.50%
18 months to 24 months	NA	0.00%	33.00%
24 months to 30 months	NA	NA	8.00%
Beyond 30 months	NA	NA	0.00%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any Benefit has been availed by the Insured person under the Policy.

(ii) The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

Premium Payment in Instalment

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

i. Grace Period of 15 Days would be given to Pay the instalment premium due for the Policy.

ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.

iii. The insured person will get the accrued continuity benefits in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.

iv. No interest will be charged If the instalment premium is not paid on due date.

v. In case of instalment premium due not received within the grace period, the policy will get cancelled

vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.

vii The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

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 45 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.

For Detailed Guidelines on portability, kindly refer the link
https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

Endorsements

We may allow the following endorsements. 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 the Policyholder, or the date of receipt of premium, whichever is later.

(i) Non-Financial Endorsements – which do not affect the premium.
- (1) Minor rectification/correction in name of the Policyholder/ Insured Person)
- (2) Rectification in gender
- (3) Rectification in relationship of the Insured Person with the Policyholder
- (4) Rectification of date of birth of the Insured Person (if this does not impact the premium)
- (5) Change in the address of the Policyholder
- (6) Change/Updation in the contact details
- (7) Change in Nominee Details

(ii) Financial Endorsements – which result in alteration in premium
- (1) Addition of Insured Person (New Born Baby or newly wedded spouse)
- (2) Addition of any Insured Person
- (3) Deletion of Insured Person
- (4) Change in Age/Date of Birth (if this impacts the premium)
- (5) Change in address (if this impacts zone and hence premium)
- (6) Change in Plan and/ or Sum Insured
- (7) 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 the amount of increase in Sum Insured.

Redressal of Grievance

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

Website: www.magma-hdi.co.in
Toll free: 1800 266 3202
E –mail: Gro@magma-hdi.co.in
Fax: 91 033 4401 7471
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 HDI General Insurance Co. Ltd.,
Office no. 516 and 517, 5th Floor,
Neelkanth Corporate Park,
Plot No. 240, 2401/1-8,
Kirol Road, Vidyavihar West

Mumbai – Maharashtra 400 086

For updated details of grievance officer, kindly refer the link https://www.magmahdi.com/grievance-redressal.
If Insured Person is not satisfied with the redressal of grievance through above methods, insured person may 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

Grievance may also be lodged at IRDAI Integrated Grievance management System: https://igms.irda.gov.in/

Tax Benefit- Income Tax benefits on the premium paid can be availed as per the provisions of Income Tax Act, 1961 section 80D and amendments made thereto.

Note: Policy terms & conditions and Premium rates are subject to change with prior approval from IRDAI.

Disclaimer: The foregoing is only an indication of the cover offered. For complete details on coverage, terms, conditions and exclusions, please read the Policy document before concluding sale.

Statutory Warning - Prohibition of Rebates

(Under Section 41 of Insurance Act 1938)

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Annexure:
Rate charts for Individual and Family Floater Policies are attached.
Product Benefits Table
List of Expenses Generally Excluded
List of TPA