

Customer Information Sheet

OneHealth - Extra cover

Description is illustrative and not exhaustive

Sl. No	Title	Description	Policy Clause Number
1	Product Name	OneHealth - Extra cover	
2	What am I covered for	In-patient Care: Hospitalization expenses that are incurred as in-patient during the policy period.	2.A.1
		Pre-Hospitalisation Expenses: Medical expenses incurred within specified days prior to hospitalisation	2.A.2
		Post-Hospitalisation Expenses: Medical expenses incurred within specified days from date of discharge from the hospital	2.A.3
		Day Care Treatment: Medical Expenses for day care procedures which do not require 24 hours hospitalization	2.A.4
		Ambulance Cover: Reasonable Charges for ambulance expenses incurred to transfer the Insured Person by road transport following an Emergency to the nearest Hospital	2.A.5
		Organ Donor Expenses: Medical Expenses incurred towards In Patient Hospitalization of an organ donor for Insured's organ transplant Surgery	2.A.9
		Domiciliary Hospitalisation : Medical Expenses for medical treatment taken at home if the treatment continues for an uninterrupted period of at least 3 days	2.A.6
		AYUSH Treatment : Medical expenses for in-patient AYUSH Treatment	2.A.7
		Psychiatric treatment Cover: Medical Expenses for In-patient treatment for Psychiatric conditions	2.A.11
		HIV/AIDS Cover: in-patient Hospitalization, Day care treatment and Pre-post Hospitalization expenses for HIV/AIDS related treatment.	2.A.12
		Modern Treatment Procedures: Coverage for listed Modern treatment procedures	2.A.8
		Recharge of Sum Insured: 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	2.A.13
		Room Rent Capping: Insured can opt for any room	2.A.10
		Optional Covers	
		Personal Accident Cover: A lump sum payment on Death or Permanent Total Disablement due to Accidental Injury	2.B.3
		Guaranteed Cumulative Bonus (GCB): With this optional cover, Cumulative Bonus limits applicable to the policy will be: 5% of Base Sum Insured per Policy Year up to a maximum of 50% of Base Sum Insured	2.B.1
		Worldwide Hospitalization Cover: Medical Expenses 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	2.B.4
	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	2.B.2	

		will be covered	
		Reduction of Pre existing disease waiting period: This optional benefit allows the Insured / Insured Person to opt for 24 months of waiting Period instead of 36 months.	
3	What are the major exclusions in the policy:	<ul style="list-style-type: none"> • Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. • Investigation & Evaluation • Treatment for any Illness or Injury resulting from nuclear or chemical contamination, war, riot, revolution, acts of terrorism or any similar event • Treatment for any External Congenital Anomaly. • cosmetic or plastic surgery • Hazardous or Adventure sports: (Code- Excl09) <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"> • First Thirty Days Waiting Period (Code- Excl03): 30 days for all illnesses (not applicable on renewal or for accidents) • Specific Waiting Periods: 24 months on treatment towards specified diseases • Pre-Existing Diseases (Code- Excl01):: A waiting period for coverage of declared and accepted Pre-existing diseases is applicable – 36 Months / Option to reduce this to 24 months 	Section 3
5	Payout basis	<ul style="list-style-type: none"> • Cashless or Reimbursement of covered medical expenses up to specified Sum Insured as per the scope of cover • Fixed amount is paid Policyholder on of the occurrence of a covered events- Personal Accident Cover 	
6	Loss Sharing	<ul style="list-style-type: none"> • A deductible amount as opted by the customer is to be born by the Insured per Policy Year 	
7	Renewal Conditions	<ul style="list-style-type: none"> • Lifetime renewability • The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person. • Grace Period of 30 days is applicable • Request for Renewal along with requisite premium shall be received by the Company before the end of the Policy Period 	Section 4.1.6, 4.1.7, 4.1.10
8	Renewal Benefits	Guaranteed Cumulative Bonus (GCB): With this optional cover, Cumulative Bonus limits applicable to the policy will be: 5% of Base Sum Insured per Policy Year up to a maximum of 50% of Base Sum Insured	Section 2. B.1
9	Cancellation	<ul style="list-style-type: none"> • 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. 	Section 4.1.7
		<ul style="list-style-type: none"> • The Insured may also cancel this Policy by giving fifteen (15) days' notice 	Section 4.1.7

		in writing to the Company.	
10	Claims	<p>For cashless service:</p> <ul style="list-style-type: none"> The standard claim form (Part A and Part B) and the cashless pre-authorization request form are available in our website www.magma-hdi.co.in for ready reference. The same may be also obtained from any of our offices on request. The updated Network Hospital List may be obtained at our website www.magma-hdi.co.in and also from the website of our TPA. Please note the Network Hospitals of the TPA are subject to change. 	Section 5.3
		<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 required claim documents as mentioned in Policy document not later than 30 days from the date of discharge. 	Section 5.3(a) Section 5.6 (3)
11	Policy Servicing/ Grievances/Complaints	<ul style="list-style-type: none"> Company Officials: In case the Insured Person is aggrieved in any way, the Insured Person may contact Us at: Email: Gro@magma-hdi.co.in Call us at: 1800 266 3202 Address: Any of Our branch offices or corporate office during business hours IRDAI (Call Centre): Toll Free Number: 155255 (or) 1800 4254 732 Timings: 8 AM to 8 PM -- (Monday to Saturday) Ombudsman: 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 	Section 4.1.16
12	Insured's Rights	<ul style="list-style-type: none"> Free Look: 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. 	Section 4.1.15
		<ul style="list-style-type: none"> Portability: 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 customercare@magma-hdi.co.in 	Section 4.1.9
		<ul style="list-style-type: none"> 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. 	Section 5.2
		<ul style="list-style-type: none"> The pre-authorization request shall be responded to at the earliest-maximum within 24 hours of receiving complete information Reimbursement claims under this Policy shall be settled or rejected, as the case may be, within 30 days of the receipt of the last necessary document 	Section 5.3 Section 5.3
13	Insured's Obligations	<ul style="list-style-type: none"> Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid. 	Section 4.1.1
		<ul style="list-style-type: none"> Disclosure of Material Information during the policy period 	Section 4.1.1
<p>Legal Disclaimer Note: 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>			

Annexure Benefit Premium Illustration

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