

# OneHealth - Extra Cover

## Customer Information Sheet/Know Your Policy

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 - Extra cover	
2	Policy Number	XXXX	
3	Type of Insurance Product/Policy	<input type="checkbox"/> Indemnity (Where insured losses are covered up to the Sum Insured under the policy.)	
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)	<b>Expenses in respect of:</b> <b>In-patient Care:</b> Admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours. <b>Pre-Hospitalisation Expenses:</b> (treatment prior to admission in hospital) of XX days. <b>Post-Hospitalisation Expenses:</b> (treatment after discharge from hospital) within XX days from date of discharge from the hospital. <b>Day Care Treatment:</b> Listed procedures requiring less than 24 hours of hospitalization (day care). <b>Ambulance Cover:</b> 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. <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 <b>AYUSH Treatment:</b> Medical expenses up to SI for in-patient AYUSH Treatment. <b>Modern Treatment Procedures:</b> Coverage for listed Modern treatment procedures	 2.A.1 2.A.2 2.A.3 2.A.4 Annexure III 2.A.5 2.A.6 2.A.7 2.A.8

		<b>Organ Donor Expenses:</b> Medical Expenses incurred towards In Patient Hospitalization of an organ donor for Insured's organ transplant Surgery.	2.A.9
		<b>Room Rent Capping:</b> Insured can opt for any room without any capping.	2.A.10
		<b>Psychiatric treatment Cover:</b> Medical Expenses up to Rs. XX for In-patient treatment for Psychiatric conditions	2.A.11
		<b>HIV/AIDS Cover:</b> in-patient Hospitalization, Day care treatment and Pre-post Hospitalization expenses for HIV/AIDS related treatment.	2.A.12
		<b>Recharge of Sum Insured:</b> Recharge of Sum Insured up to 100% of base sum insured and up to 5 times in a policy year, in case base sum insured and No Claim Bonus is insufficient due to previous claims in the policy year.	2.A.13
		<b>Optional Covers</b>	
		<b>Guaranteed Cumulative Bonus (GCB):</b> 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
		<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.2
		<b>Personal Accident Cover:</b> A lump sum payment on Death or Permanent Total Disablement due to Accidental Injury	2.B.3
		<b>Worldwide Hospitalization Cover:</b> 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
		<b>Reduction of Pre-existing disease waiting period:</b> This optional benefit allows the Insured / Insured Person to opt for 24 months of waiting Period instead of 36 months.	2.B.5

<b>6</b>	<b>Exclusions</b> (What the policy does not cover)	<p>Standard Exclusions</p> <ol style="list-style-type: none"> <li>1. Investigation &amp; Evaluation (Code- Excl04)</li> <li>2. Rest Cure, Rehabilitation and respite Care (Code- Excl05)</li> <li>3. Change of Gender treatment (Code - Excl07)</li> <li>4. Cosmetic or Plastic Surgery (Code - Excl08)</li> <li>5. Hazardous or Adventure sports: (Code - Excl09)</li> <li>6. Breach of law (Code - Excl10)</li> <li>7. Excluded Providers (Code - Excl11)</li> <li>8. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.</li> <li>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)</li> <li>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)</li> <li>11. Refractive Error (Code - Excl15)</li> <li>12. Unproven treatments (Code - Excl16)</li> <li>13. Sterility and Infertility (Code - Excl17)</li> <li>14. Maternity expenses (Code Excl18)</li> <li>15. Obesity/Weight Control (Code Excl06)</li> </ol> <p>Specific Exclusions</p> <ol style="list-style-type: none"> <li>16. Any Alternative Treatment except for the Benefits under AYUSH Treatment.</li> <li>17. 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 <a href="http://www.magmainurance.com">www.magmainurance.com</a>.</li> <li>18. Expenses for Artificial life maintenance, including life support machine used to sustain a person, incurred after confirmation by the</li> </ol>	Section 3
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		<p>treating doctor that the patient is in vegetative state.</p> <ol style="list-style-type: none"> <li>19. 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.</li> <li>20. Circumcision unless necessary for the treatment of an Illness or disease or necessitated by an Accident.</li> <li>21. 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).</li> <li>22. Treatment for any External Congenital Anomaly.</li> <li>23. 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.</li> <li>24. 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.</li> <li>25. We will not pay for routine eye examinations, contact lenses spectacles, hearing aids, dentures and artificial teeth.</li> <li>26. Private nursing/attendant's charges incurred during pre-hospitalization or post-hospitalization.</li> <li>27. Drugs or treatment not supported by prescription.</li> <li>28. Issue of fitness certificate and fitness examinations.</li> </ol>	
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		<p>29. Any charges incurred to procure any treatment/ Illness related documents pertaining to any period of Hospitalization/Illness.</p> <p>30. External and/ or durable medical/non-medical equipment used for diagnosis and/ or treatment, CPAP, CAPD, infusion pump.</p> <p>31. 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.</p> <p>32. OPD treatment is not covered.</p> <p>33. All preventive care, vaccination including inoculation and immunisations</p> <p>34. Treatment for, or arising from, an Injury that is intentionally self-inflicted, including attempted suicide.</p> <p>35. Treatment of any sexual problem including impotence (irrespective of the cause) or erectile dysfunction.</p> <p>36. Treatment for any sexually transmitted disease except HIV / AIDS, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.</p> <p>37. Treatment for sleep apnea, snoring, or any other sleep-related breathing problem.</p> <p>38. Any treatment received outside India. This exclusion does not apply for Worldwide Emergency Hospitalization Cover.</p> <p>39. Treatment provided by a Medical Practitioner who is not recognized by the Medical Council of India.</p> <p>40. Treatment provided by anyone with the same residence as the Insured Person or who is a member of the Insured Person's immediate family.</p> <p>41. 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.</p>	
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7	Waiting Period	<p><b>First Thirty Days Waiting Period (Code- Excl03):</b> 30 days for all illnesses (not applicable on renewal or for accidents)</p> <p><b>Specific Waiting Periods:</b> 24 months on treatment towards specified diseases</p> <ol style="list-style-type: none"> <li>1. Cataract</li> <li>2. Stones in biliary and urinary systems</li> <li>3. Hernia / Hydrocele</li> <li>4. Hysterectomy for any benign disorder</li> <li>5. Lumps / cysts / nodules / polyps / internal tumours</li> <li>6. Gastric and Duodenal Ulcers</li> <li>7. Surgery on tonsils / adenoids</li> <li>8. Osteoarthritis/ Arthritis/ Gout/ Rheumatism/ Spondylosis/ Spondylitis/ Intervertebral Disc Prolapse</li> <li>9. Fissure / Fistula / Haemorrhoid</li> <li>10. Sinusitis / Deviated Nasal Septum / Tympanoplasty/ Chronic Suppurative Otitis Media</li> <li>11. Benign Prostatic Hypertrophy</li> <li>12. Knee/Hip Joint replacement and any ligament, tendon or muscle tear</li> <li>13. Dilatation and Curettage</li> <li>14. Varicose veins</li> <li>15. Dysfunctional Uterine Bleeding / Fibroids/ Prolapse Uterus/ Endometriosis</li> <li>16. Chronic Renal Failure or end stage Renal Failure</li> <li>17. Internal congenital anomalies/diseases/defects</li> </ol> <p><b>Pre-Existing Diseases (Code- Excl01):</b> A waiting period for coverage of declared and accepted Pre-existing diseases is applicable – XX</p>	Section 3
8	Financial limits of coverage	<p><b>1. Sub-limit</b> (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>	2.A.1

		<ul style="list-style-type: none"> <li>Room/ ICU charges beyond XX</li> <li>For the following specified diseases:</li> <li>For cataract treatment, following per eye per Policy Year sublimit shall apply: XX</li> <li>Under Worldwide Emergency Hospitalization Cover, a deductible of Rs. 2,00,000 shall be applicable</li> </ul>	Section 2.31
		<p><b>2. Aggregate Deductible</b></p> <ul style="list-style-type: none"> <li>specified rupee amount the policyholder needs to pay against medical expenses on cumulative basis under the policy during a policy year before the liability of the Insurer arises.</li> <li>the liability of the insurer arises for any medical expenses incurred that exceeds the specified rupee amount.</li> </ul> <p>S</p>	
9	<b>Claims/ Claims Procedures</b>	<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-authorisation request form are available in our website <a href="http://www.magmainurance.com">www.magmainurance.com</a> for ready reference. The same may be also obtained from any of our offices on request.</li> <li>Toll Free No- 1800 266 3202</li> <li>The updated Network Hospital List may be obtained at our website <a href="http://www.magmainurance.com">www.magmainurance.com</a> and also from the website of our TPA. Please note the Network Hospitals of the TPA are subject to change.</li> <li>The authorization shall be issued to the Network Provider within 24 hours of receiving the complete information.</li> </ul>	Section 5.3
		<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</li> </ul>	Section 5.3(a)  Section 5.6 (3)



		<p>Policy document not later than 30 days from the date of discharge.</p> <ul style="list-style-type: none"> <li>Reimbursement claims under this Policy shall be settled or rejected, as the case may be, within 15 days once the claim admissibility is ascertained</li> </ul>	
<b>10</b>	<b>Policy Servicing</b>	<p>Call us at: 1800 266 3202</p> <ul style="list-style-type: none"> <li>Address: Any of Our branch offices or corporate office during business hours. List of branch offices can be found at <a href="http://www.magmainurance.com">www.magmainurance.com</a></li> </ul>	
<b>11</b>	<b>Grievances/Complaints</b>	<p><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@magmainurance.com">Gro@magmainurance.com</a>          Call us at: 1800 266 3202</p> <p><b>IRDAI (IGMS/Call Centre):</b>          Toll Free Number: 155255 (or) 1800 4254 732          Timings: 8 AM to 8 PM -- (Monday to Saturday)</p> <p><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</p>	<p>Section 4.1.16</p> <p>Annexure I</p>
<b>12</b>	<b>Things to remember</b>	<p><b>Free Look Cancellation:</b> 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><b>Policy Renewal:</b> Except on the grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy not withdrawn.</p> <p><b>Migration and Portability:</b> When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p><b>Change in Sum Insured:</b> Sum Insured can be changed (increased/ decreased) only at the time</p>	<p>4.1.15</p> <p>4.1.10</p> <p>4.1.9</p> <p>5.2</p>

		<p>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><b>Moratorium Period:</b> 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.</p> <p>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>	4.1.12
13	<b>Your Obligations</b>	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>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.</p> <p>Please notify Us in writing of any material change in the risk on account of change in the nature of occupation or business.</p>	4.1.1
<p style="text-align: center;"><b><u>Declaration by the Policy Holder</u></b></p> <p><input type="checkbox"/> <u>I have read and confirm having noted the details.</u></p> <p><u>Place:</u></p> <p><u>Date:</u> <span style="float: right;"><u>(Signature of the</u></span></p> <p><u>Policyholder)</u></p> <p><u>Note:</u> In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.</p>			

