Magma HDI General Insurance Company Limited
Regd. Office : 24 Park Street, Kolkata – 700 016
P : + 91 033 - 4401 7304 / 7477, F : 91 033 - 4401 7471

MAGMA HEALTH CARE INSURANCE POLICY

PROSPECTUS

Magma Health Care Insurance Policy is offered by Magma HDI General Insurance Company Limited to an individual and/or his family. The policy is designed to pay the Insured person(s) the hospitalization expenses as well as domiciliary hospitalization benefits if he/she suffers an illness or accidental injury during the policy period. Salient features of the policy are as under :

- Individual Health Insurance Policy is available for Individual person as well as for the entire family.
- Treatments only in the Hospitals / Nursing homes in India are covered.
- The coverage includes expenses incurred towards room, boarding expenses, nursing expenses, surgeon / specialist fees, charges for blood, oxygen etc.
- Domiciliary hospitalization benefit means Medical treatment for a period exceeding 3 days for such illness which in the normal course require treatment in a hospital but actually taken whilst confined at home in India since (1) the condition of the patient is such that he cannot be removed to a hospital or (2) the patient cannot be removed to hospital for lack of accommodation. This is subject to maximum of 20% of the Basic Sum Insured.
- Hospitalization expenses incurred for treatment of any one illness under agreed package charges of the Hospital/Nursing Home will be restricted to the limit of Sum Insured(including CB).
- Expenses incurred towards Ayush &/or Homeopathy treatment will be paid up to the limit of Sum Insured(including CB) provided the treatment is carried out in a government hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health or any other suitable institution.

- Insured person shall be entitled for reimbursement of cost of medical check-up once at the end of a block of every four claim free policies subject to maximum of 1% of the average Basic Sum Insured during the block of four claim free policies.
- Additional daily allowance of Rs 250/- per day towards miscellaneous expenses are payable for the duration of hospitalization in respect of admissible claim only. The maximum amount payable under this benefit is limited to Rs 1250/- per hospitalization.
- Ambulance charge of Rs 750/- per claim is payable in respect of an admissible claim subject to maximum of Rs 1500/-for the entire policy period.
- Pre-Hospitalization expenses for maximum period of 30 days prior to admission to Hospital and Post-Hospitalization expenses for maximum period of 60 days from the admission to Hospital are payable subject to overall SI limit of the Insured Person.

- Post-Hospitalization expenses for maximum period of 60 days from the admission to Hospital are payable subject to maximum of Rs 5000/- of the Insured Person.
- If medical expenses are incurred under two Policy Periods, the claims shall be paid taking into consideration the available sum insured in the two policy period, including the deductibles for each policy period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/due date of premium of health insurance policy, if not received earlier.

- The indemnity provided by the policy is restricted to sum insured and the sub limits provided in the policy wordings.
- Premium is calculated on the basis of age of the insured and the sum insured selected.
- If the Insured's age or his/her dependant's age is more than 50 years, he/she /his or her dependents shall have to undergo medical tests as prescribed by the Company and the cost of such expenses shall be borne by the Insured.
- Maximum entry age under the policy would be 65 years.
- Minimum Sum Insureds for Individual Policy and Family Floater Policy are Rs 1 lakh and Rs 2 lakhs respectively.
- Maximum Sum Insured is Rs. 10 lakhs for both Individual and Family Floater Policies.
- As per Income Tax Act, the premium paid for this cover is exempted from tax under Section 80 D.

Optional benefit: The Policy can be extended to cover Second Opinion at an additional premium. Salient features of this cover are given as under:

- If the Insured Person is diagnosed with any Qualified Medical Condition during the Policy Year, then at the Policyholder's/Insured Person's request, the Company shall arrange for a Second Opinion from the World's Leading Medical Centre.
- Second Opinion will be based only on the information and documentation provided to the Company which will be shared with the World's Leading Medical Centre and is subject to the following:

i) The Insured Person is free to choose whether or not to obtain the Second Opinion and, if obtained under this Benefit, then whether or not to act on it.
ii) The policy holder or insured person shall indemnify the company and hold the company harmless for any loss or damage caused by or arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions or representations made by the medical practitioner or for any consequences of any action take or not take in reliance thereon
iii) This Benefit can be availed a maximum of one time by an Insured Person during the Policy Year for each Qualified Medical Condition
iv) This Benefit is for additional information purposes only and does not and should not be deemed to substitute the Insured Person's visit or consultation to an independent Medical Practitioner.
v) Does not provide a Second Opinion or make any representation as to the adequacy or accuracy of the same, the insured person's or

any other person's reliance on the same or the use to which the Second Opinion is put.

vi) Does not assume any liability for and shall not be responsible for any actual or alleged errors, omissions or representations made by any Medical Practitioner or in any Second Opinion or for any consequences of actions taken or not taken in reliance thereon.

vii) Any Second Opinion provided under this Benefit shall not be valid for any medico-legal purposes.

Exclusions

- Pre-existing diseases are not covered. However, such exclusion may be waived if the Insured continues a medical insurance cover with any non-life insurance company for a continuous period of minimum 48 months.
- Any expense on hospitalization or domiciliary hospitalization incurred on account of any illness contracted during first 30 days from the date of commencement of an insurance cover is not covered. However this exclusion shall not be applicable if Hospitalization is required on account of an accident.
- During the first year of the cover, the expense on treatment of diseases such as Cataract, Benign Prostatic Hypertrophy, Myomectomy, Hysterectomy, Hernia, Hydrocele, Fistula in anus ,Piles, Arthritis ,Gout, Rheumatism, Joint replacement unless due to accident, Sinusitis and related disorders, Stone in the urinary and biliary systems, Dilatation and Curettage, Skin and all internal tumors/cysts/nodules/polyps of any kind including breast lumps unless malignant adenoids and hemorrhoids, Dialysis required for renal failure, Surgery on tonsils and sinuses. Gastric and duodenal ulcers are not payable.
- Injury or disease directly or indirectly attributable to War, invasion, Act of Foreign enemy, war like operation(whether war be declared or not) not payable
- Circumcision unless necessary for treatment of a disease not otherwise excluded or required as a result of accidental bodily injury; vaccination, inoculation, cosmetic or aesthetic treatment of any description(including any complications arising thereof), plastic surgery except those relating to treatment of Injury or Disease.
- Cost of spectacles and contact lenses or hearing aids .
- Dental treatment or surgery of any kind unless hospitalization is required .
- Convalescence, general debility, run down condition or rest cure, congenital external disease or defects or anomalies, sterility, veneral disease, intentional self -injury and use of intoxicating drugs/alcohols.
- Any expense on treatment related to HIV, AIDS and all related medical conditions.
- Expenses on Diagnostic ,X-Ray, or Laboratory examinations unless related to the treatment of Disease or Injury falling within ambit of Hospitalization or Domiciliary Hospitalization claim.
- Expenses on treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these, including caesarean

section and any infertility, sub fertility or assisted conception treatmentexcept for ectopic pregnancy.

- Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/material.
- Any expense on outpatient treatment of Insured person except for those expenses incurred for related treatment during post-hospitalization period.
- Any expense on treatment not approved by Indian Medical Council except for those specifically covered under the policy.
- Any expense related to Disease/Injury suffered whilst engaged in adventurous sportslike aerobatics, rafting, ice climbing and gliding, kite surfing, mountain biking, mountaineering, para gliding ,scuba diving, sky diving, snow skating etc.
- Any expense of any treatment related to Human T-Cell Lymphotropic Viruses types III (III-LB-III) or Lymphadinopathy Associated Viruses(LAV) or the Mutant derivatives or Variations Deficiency Syndrome.
- External medical equipment of any kind used at home as post hospitalization care like wheelchairs, crutches, instruments used in treatment of sleep apnea syndrome(CPAP) or continuous peritoneal ambulatory dialysis(CPAD) and oxygen concentrator for bronchial asthamatic condition etc.
- Any expense under Domiciliary Hospitalisation for
  - Pre and Post Hospitalisation treatment
  - Treatment of following diseases :
    - Asthma
    - Bronchitis
    - Chronic Nephritis and Nephritic Syndrome
    - Diarrhoea and all types of Dysenteries including Gastro –enteritis
    - Diabetes Mellitus
    - Epilepsy
    - Hypertension
    - Influenza, Cough and Cold
    - All types of Psychiatric or Psychosomatic Disorders
    - Pyrexia of unknown origin for less than 15 days
    - Tonsilitis and Upper Respiratory Tract infection including Laryngitis and Pharingitis
    - Arthritis, Gout and Rheumatism
    - Dental treatment or surgery
    - Any treatment not exceeding three days.
- War, terrorism acts, nuclear weapon induced treatment.
- Hospital Registration charges, admission charges, record charges and telephone charges.
- Treatment of obesity
- Non –medical expenses including personal comfort / convenience items/services such as telephone/television/aya/barber/beauty services/diet charges/baby food/cosmetics/napkins/toiletries/guest services etc.
- Hormone replacement therapy
- Psycho-somatic disease &/or Mental illness

Age Limit:

Entry Age

Minimum : 18 years for adult and 5 years for children(Children between the age of 3 months and 5 years of age can be covered provided one or both parents are covered concurrently under family floater policy)

Maximum : 65 years for adult and 23 years for children.

Note:Lives of children of 5 to 23 years can be covered without accompanying any parent under the Policy provided the proposer is any parent or legal guardian.

Renewable Age

Maximum: Life- long.

Sum Insured

Minimum: Rs. 1,00,000/- for Individual Policy and Rs 2,00,000/- for Family Floater cover.
Maximum **:**Rs 10,00,000/- for both Individual Policy and Family Floater Cover.

Pre Medical Check Up :
The Company would require submission of Medical Reports for ECG and Blood Sugar (Fasting+ PP) when the Insured Person is above 50 years and 50% of the cost of the same is to be borne by the Company.. This requirement will only be for cases (i)for fresh Proposals,(ii) when the Sum Insured is enhanced at the time of renewal ,(iii) when there is break in insurance for more than 30 days.

Details of Insured Person:
The Insured shall be required to furnish complete details of all Insured Persons in the format as indicated in the Proposal Form. Any additions and deletions during the currency of the Policy should be intimated to the Company in the same format.

Payment of Premium
Basic Cover
Depending upon the age of the Insured Person(s) and Sum Insured for that person, the Premium Table for Basic Cover is attached (Please refer to Annexure I and II)**.**

Optional Benefit Cover
Optional benefit of Second Opinion shall be covered by paying additional premium .
The premium, if paid by cheque, will be eligible for rebate under Section 80D of Income Tax Act.
Discounts:
Family Discount:

Family Discount of 10% on total premium is permissible for family size of more than one member. However, this discount is applicable only for coverage for family on individual Sum Insured basis (Annexure I) and not for family floater cover.

Note: Family is defined as an unit comprising of the Insured and any one or more of the following:

- Spouse
- Two Dependant Children (Dependant Children mean all unmarried children, stepchildren or legally adopted children who are above 3 months and under 23 years of age and are financially dependent on Insured.)
- Maximum number of persons to be covered under Individual Policy & Floater Policy is 4.

Direct Channel Discount:
15% discount if the business booked through direct channel.

Cumulative Bonus

The Basic Sum Insured under the Policy shall be increased by 5% of the Basic Sum Insured at each renewal in respect of each claim free year of insurance, subject to maximum of 50% of the Insured Person's Basic Sum Insured of the expiring Policy. In case of increase in Sum Insured at the time of renewal of policy ,Cumulative Bonus at the appropriate percentage will be applied on the expiring Sum Insured only; however the increased portion of Sum Insured will be eligible for Cumulative Bonus(if policy is claim free) at the first slab of 5% from the succeeding year onwards.

For Cumulative Bonus eligibility, the Policy has to be renewed within the expiry date or within a maximum of 30 days from the expiry date

In case of a claim under the Policy, the existing Cumulative Bonus will be reduced by 5% of Basic Sum Insured at the next renewal, subject to the stipulation that Basic Sum Insured shall be maintained.

Revision/Modification of the Policy

In the event of revision/modification of terms, conditions, coverages and/or premium of this policy, intimation shall be sent to all the existing insured members at least 3 months prior to the date of such revision/modification comes into effect.

Withdrawal of Policy
In the event of withdrawal of this policy at any time in future with appropriate approval from IRDA, the Company reserves their right to do so with an intimation of 3 months to all the existing insured members.

Portability

This policy is portable.If the Insured is desirous of porting this policy ,application in the appropriate form should be made before 45 days from the date when the renewal is due.

Claim Settlement Procedures

Upon happening of any injury/disease which may give rise to a claim under this policy, the Insured may opt either for Cashless Claims Procedure at Network Hospitals (through TPA) or Reimbursement Claims procedure at both Network and Non Network Hospitals where the Insured is required to bear the expenses and then claim from the Insurance Company for reimbursement.

In the event of a claim, the following documents in original are to be submitted by the Insure:

- First Consultation letter from the Doctor.
- Claim Form duly completed.
- Original Hospital Discharge Certificate.
- Original Hospital Bill giving detailed break up of all expense heads mentioned in the bill. Clear break ups are to be given for OT Charges, Doctor's Consulatation and Visit Charges, OT Consumables, Transfusions ,Room Rent etc.
- Original Money Receipt duly signed with Revenue Stamp.
- All original Laboratory and Diagnostic Test Reports, eg. X-Ray ,ECG,USG,MRI Scan, Haemogram etc.

****

Annexure I

Age/ SI	SI= 1Lac	SI= 2Lac	SI= 3Lac	SI= 4Lac	SI= 5Lac	SI= 10 Lac
0-1	1207	2489	2981	3813	4800	7135
2-5	1207	2489	2981	3813	4800	7135
6-15	1207	2489	2981	3813	4800	7135
16-20	1705	2845	3133	3813	4800	7135
21-25	1705	2845	3133	3813	5500	7135
26-30	1847	2845	4199	5447	5500	8087
31-35	2130	3000	4199	5447	5500	8562
36-40	2415	3556	4199	5447	6181	9514
41-45	2841	3556	4199	6918	8035	9514
46-50	3551	5795	7264	10349	11000	15222
51-55	3551	7483	7264	11984	13295	19979
56-60	5497	8710	11757	13618	15429	23309
61-65	8115	14205	14696	20000	21633	36153

66-70	9659	18274	18895	26303	34000	50423
71-75	12073	20256	24905	32682	37086	59461
76-80	12073	25957	30651	40853	49448	74208
>80	12073	31291	37789	50385	61810	90381

ANNEXURE II

MHDI Family Floater Premium (2A)

Age/ SI	2 Lacs	3 Lacs	4 Lacs	5 lacs	10 Lacs
18 to 35	5,056	7,075	9,178	9,267	14,428
36 to 45	5,992	7,075	11,656	13,539	16,031
46 to 50	9,764	12,240	17,439	18,535	25,649
51 to 55	12,609	12,240	20,192	22,402	33,665
56 to 60	14,676	19,810	22,946	25,998	39,275
61 to 65	23,935	24,762	33,700	36,452	60,917
66 to 70	30,792	31,837	44,320	57,291	84,963
71 to 75	34,131	41,965	55,070	62,490	1,00,192
76 to 80	43,738	51,647	68,837	83,319	1,25,040
>80	52,725	63,675	84,899	1,04,149	1,52,292

MHDI Family Floater Premium (2A + 1C)

Age/ SI	2 Lacs	3 Lacs	4 Lacs	5 lacs	10 Lacs
18 to 35	5,899	8,255	10,709	10,813	16,834
36 to 45	6,991	8,255	13,600	15,797	18,704
46 to 50	11,393	14,281	20,347	21,627	29,927
51 to 55	14,712	14,281	23,560	26,138	39,279
56 to	17,123	23,114	26,772	30,333	45,825

60					
61 to 65	27,926	28,892	39,320	42,531	71,076
66 to 70	35,927	37,147	51,712	66,845	99,132
71 to 75	39,823	48,964	64,254	72,911	1,16,901
76 to 80	51,032	60,260	80,317	97,214	1,45,893
>80	61,518	74,294	99,058	1,21,518	1,77,690

MHDI Family Floater Premium (2A + 2C)

Age/ SI	2 Lacs	3 Lacs	4 Lacs	5 lacs	10 Lacs
18 to 35	6,742	9,435	12,240	12,358	19,240
36 to 45	7,990	9,435	15,544	18,055	21,378
46 to 50	13,021	16,322	23,255	24,718	34,204
51 to 55	16,815	16,322	26,927	29,874	44,893
56 to 60	19,571	26,417	30,599	34,669	52,375
61 to 65	31,918	33,021	44,940	48,610	81,235
66 to 70	41,062	42,456	59,103	76,399	1,13,301
71 to 75	45,515	55,962	73,437	83,332	1,33,610
76 to 80	58,326	68,873	91,797	1,11,109	1,66,745
>80	70,311	84,912	1,13,216	1,38,886	2,03,087

MHDI Family Floater Premium (1A+ 1C)

Age/ SI	2 Lacs	3 Lacs	4 Lacs	5 lacs	10 Lacs
18 to	4,719	6,603	8,566	8,649	13,466

35					
36 to 45	4,993	5,896	9,714	11,283	13,359
46 to 50	8,137	10,200	14,532	15,446	21,374
51 to 55	10,508	10,200	16,827	18,668	28,054
56 to 60	12,230	16,508	19,121	21,665	32,730
61 to 65	19,946	20,635	28,083	30,377	50,764
66 to 70	25,660	26,531	36,934	47,742	70,803
71 to 75	28,442	34,971	45,892	52,075	83,494
76 to 80	36,448	43,039	57,364	69,433	104,200
>80	43,938	53,062	70,749	86,791	126,910

MHDI Family Floater Premium (1A+ 2C)

Age/ SI	2 Lacs	3 Lacs	4 Lacs	5 lacs	10 Lacs
18 to 35	5,056	7,075	9,178	9,267	14,428
36 to 45	5,992	7,075	11,656	13,539	16,031
46 to 50	9,764	12,240	17,439	18,535	25,649
51 to 55	12,609	12,240	20,192	22,402	33,665
56 to 60	14,676	19,810	22,946	25,998	39,275
61 to 65	23,935	24,762	33,700	36,452	60,917
66 to 70	30,792	31,837	44,320	57,291	84,963
71 to 75	34,131	41,965	55,070	62,490	100,192
76 to 80	43,738	51,647	68,837	83,319	125,040
>80	52,725	63,675	84,899	104,149	152,292

Note : i. A-Adult;C-Child
ii.For computation of Premium under Family Floater Cover (Annexure II), Age of the proposer and Sum Insured opted for by him/her are required to be considered. If the age of the spouse is higher than the proposer ,premium may be charged on the basis of the highest age in the family and corresponding Sum Insured opted for.
iii. The above rates are Net Rates excluding Service Tax.

Cancellation:

The Policy can be cancelled by the company on grounds of mis-representation, fraud,non-disclosure of material facts or non-cooperation by the insured by sending 15 days notice in writing by recorded delivery to the insured at the last known address. The insured will then be entitled to a pro-rata refund of premium for the un-expired period of this Policy from the date of cancellation.

The policy can also be cancelled at the request of the insured. The Retention premium for the period we were on risk will be calculated based on following short period table and the balance will be refunded to you subject to the condition that no claim has been preferred on us :

Period of Risk	Rate of premium to be charged
Upto 1 month	25% of annual premium
Upto 3 months	50% of annual premium
Upto 6 months	75% of annual premium
Above 6 months	100% of annual premium

Free Look Period:

On the first inception of the policy, Insured has a period of 15 days from the date of receipt of the documents to review the terms and conditions of the Policy. If the Insured disagrees to any of the terms or conditions of the Policy, he has the option to return the policy stating the reasons for his objection and he will be entitled to a refund of the premium paid, subject only to a deduction of the expenses incurred by the Insurance Company on Policy issuance and stamp duty charges .In cases where the risk has already commenced and the option of returning the policy is exercised by the Insured, the refund of the premium paid will also be subject to a deduction for proportionate risk premium for the period the Insurance Company has been on cover. No Claim shall be payable in free look Period if the Insured opts not to continue with the Cover

Renewal:

The policy will be renewed on payment of renewal premium. However option may be exercised not to renew the policy on grounds of fraud, misrepresentation, or suppression of any material fact either at the time of taking the policy or any time during the currency of the earlier policies or bad moral hazard.

Grace Period:

In case of own renewal, a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of availing all the benefits under the policy. However, any medical expenses incurred as a result of disease condition/accident contracted during the break period will not be admissible under the policy. For renewals received after the grace period of 30 days ,a fresh proposal for such insurance should be submitted to Us and it would be processed as per new business proposal.
Condonation of delay in renewal up to 30 days from the due date of renewal may be considered, with proper and reasonable explanation from the insured, without deeming such condonation as a break in policy. However, coverage will not be available for such period.

Procedure for enhancement of Sum Insured

Mid-term enhancement of Sum Insured is not permissible under the policy however, the Sum Insured can be enhanced at the time of renewal with the condition that the increased Sum Insured will be treated as fresh and all the exclusions like 30 days waiting period, pre-existing disease exclusions, first year exclusions will be applicable on the increased Sum Insured.

Automatic Restoration of Sum Insured
There shall be automatic restoration of the sum insured by 100% ,once during the policy period, immediately upon complete utilization of the basic sum insured which has otherwise been defined.

It is made clear that such restored sum insured can be utilized only for illness/disease directly or remotely unrelated to the illness/diseases for which claim/s was/were made. This facility is not available for Family Package Plan. Further, this restoration will cease to operate upon the expiry of this policy.

(For more details please refer to the Policy wordings)

****