

Customer Information Sheet

Description is illustrative and not exhaustive

Sl. No	Title	Description	Refer to Policy Clause Number
1	Product Name	Corona Kavach Policy, Magma HDI	
2	What am I covered for	a. Hospitalisation Expenses: Medical Expenses incurred on hospitalization for Covid for minimum period of 24 hours including pre-hospitalization expenses for a period of 15 days and post hospitalization expenses for a period of 30 days.	D Base Cover
		b. Ambulance charges: Expenses on road Ambulance subject to a maximum of Rs.2000/- per hospitalization	D Base Cover
		c. Home Care treatment expenses: Cost of treatment incurred by the insured person on availing treatment at home maximum up to 14 days per admission as per policy terms and conditions including pre-hospitalization expenses for a period of 15 days and post hospitalization expenses for a period of 30 days.	D Base Cover
		d. AYUSH Coverage: Medical Expenses incurred on hospitalization for Covid under AYUSH treatment	D Base Cover
		e. Hospital Daily Cash	D Optional Cover
3	What are the major exclusions in the policy:	Following is the partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:	E.i
		a. Admission primarily for investigation and evaluation	
		b. Admission primarily for rest cure, rehabilitation and respite care	E.i
		c. Any claim in relation to Covid where it has been diagnosed prior to Policy start date	E.ii
		e. day Care treatment and OPD treatment	E.ii
4	Waiting Period	Expenses related to treatment of Covid within 15 days from the policy commencement date shall be excluded	D Waiting Period
5	Payment basis	The Base cover is on indemnity basis and Optional Cover on Benefit basis	
6	Cancellation	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 7 days' written notice.	F.i

7	Claims	<p>a. For cashless service: 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.</p> <p>b. For Reimbursement of Claim: For reimbursement of claims the insured person may submit the necessary documents to TPA/Company within the prescribed time limit as specified hereunder.</p> <table border="1" data-bbox="359 526 1297 891"> <thead> <tr> <th>S. No.</th> <th>Type of Claim</th> <th>Prescribed time limit</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Reimbursement of hospitalization, day care and pre hospitalization expenses</td> <td>Within thirty days of date of discharge from hospital</td> </tr> <tr> <td>2</td> <td>Reimbursement of post hospitalization expenses</td> <td>Within fifteen days from completion of post hospitalization treatment</td> </tr> <tr> <td>3</td> <td>Reimbursement of home care expenses</td> <td>Within thirty days from completion of home care treatment</td> </tr> </tbody> </table> <p>For details on claim procedure please refer the policy document.</p>	S. No.	Type of Claim	Prescribed time limit	1	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within thirty days of date of discharge from hospital	2	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment	3	Reimbursement of home care expenses	Within thirty days from completion of home care treatment	F.ii
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9	Policy Servicing	<p>For any policy servicing related details please write to customercare@magmahdi.com.in Or call at 1800 266 3202</p>	F.i												
	Grievances/Complaints	<p>a. Details of Grievance redressal officer: https://www.magmahdi.com/grievance-redressal</p> <p>b. IRDAI Integrated Grievance Management System- http://igms.irda.gov.in</p> <p>c. Insurance Ombudsman- The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document.</p>													
10	Insured's Rights	<p>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</p>													
11	Insured's Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.</p>													
<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>															