Product Highlights

Types of Plans:

One stop-shop for your health insurance needs. We offer 5 different variants viz. Support, Secure, Support Plus, Shield and Premium.

Features:

- Recharge of Sum Insured: Unlimited recharge of your Sum Insured in case Sum Insured and Cumulative Bonus is insufficient due to previous claim in policy year.
- Hospital Cash*: Additional lump sum daily cash benefit for each day of hospitalization.
- Cumulative Bonus: For each claim-free policy year, a percentage of Sum Insured will be awarded as Cumulative Bonus. This bonus is not reduced in case of claim, except if utilized in the form of payout.
- Annual Health check-up**: Annual health check-up irrespective of claims in a policy year.
- Need-based covers# like: i) Loss of Income Benefit*

ii) Psychiatric Treatment iii) Bariatric Surgery iv) Lasik Surgery v) In-vitro Fertilization (IVF)

*Available on select plans. #For details on covers, please refer to the Benefit Table. **Available for members aged 26 years & above, and offered on cashless basis through our empaneled network providers only.

Eligibility

Age:

- Proposer/policyholder has to be minimum 18 years of age.
- Minimum entry age: For Individual Plan 5 years; for Floater Plan - 91 days
- Maximum entry age: No upper cap
- Renewal Lifelong

Policy Type:

Individual Plan: Covers single person Floater Plan: Covers maximum of 7 (up to 4 adults and 3 children)

Optional Covers

1. Critical Illness*: Lump sum payment if the insured suffers from a defined Critical Illness.

Support	Secure	Support	Shield	Premium
Plan	Plan	Plus Plan	Plan	Plan
Equal to Sum Insured			Equal to Sum Insured or ₹ 10,00,000 whichever is lower	₹10,00,000

2. Personal Accident*: Lump sum payment in case of: • Accidental death • Permanent Total Disability

Support	Secure	Support	Shield	Premium
Plan	Plan	Plus Plan	Plan	Plan
Equal to Sum Insured			Equal to Sum Insured or ₹ 10,00,000 whichever is lower	₹10,00,000

3. Voluntary Co-payment:*

You can choose 10% or 20% co-payment optional cover and avail reduction in premium on the premium. By opting for this, a defined percentage of each claim has to be borne by you, and the rest will be paid by us.

Key Additional Features

Early Joining benefits:

If you buy this policy with us before the age of 40, renew it continuously, and there is no claim, we give additional benefit amount:

- * \mathbf{R} 2,500 in the 6th Policy year, (i.e. 5 claim-free policy years)
- Additional ₹ 5,000 in the 11th Policy year (i.e. 10 claim free policy years)

You can claim this amount as OPD expenses (including pharmacy). Unutilized amount will be carried forward to subsequent years.

E Opinion for Critical Illness:

You can choose to avail a second opinion (via electronic modes) in case of any specified Critical Illness.

Fitness rewards and Wellness services:

Undertake fitness activities and earn fitness reward points. Redeem these as discount on your renewal premium.

Wellness Services: Avail Wellness Services like Doctor-on-call, Nutritionist e-counselling etc.

Aggregate Deductible*:

You can convert this into a top-up policy by opting aggregate deductible optional cover and by paying applicable discounted premium. Claim in a Policy Year becomes payable by us only after deductible limit is crossed.

Sum Insured (₹)	Deductible Options (₹)
2L, 3L	1L/2L/3L
4L	1L/2L/3L/4L
5L	1L/2L/3L/4L/5L
7.5L	2L/3L/4L/5L
10L, 15L, 20L	2L/3L/4L/5L/10L
25L, 30L, 50L	3L/4L/5L/10L
1Cr	5L/10L

Your Premium Zone:

Pay premium as per zone opted:

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

Zone 2: Coimbatore, Pune, Hyderabad, Chandigarh, Chennai, Kolkata and Kerala

Zone 3: Rest of India

In case of treatment in higher zone, co-pay is applicable. Please read the policy wordings for details.

Opt for multi-year policy and avail tenure discount:

2-year tenure policy:10% discount3-year tenure policy:12.5% discount

Tax Benefits:

Payment of Premium by any mode other than cash for this insurance is eligible for deduction as per the provisions of Section 80D of the Income Tax Act 1961 (Subject to change in the applicable tax laws.)

Exclusions:

Conditions arising out of or related to:

- Substance abuse
 Hazardous or adventure sports
- External congenital anomaly Cosmetic treatment
- Treatment not supported by prescription

are exclusions in the policy where no claim is payable. This is an indicative list; please refer to the policy wordings for complete details.

Claim Procedure:

Experience hassle-free cashless service at our network of 8700+ hospitals. You can also opt for the 'On-Request Cashless'* feature at any hospital of your preference.

Claims made easy - Download our "Magma HDI" mobile app or visit our website "<u>www.magmahdi.com</u>"

- 1. Intimate and track claims 2. Avail wellness services
- 3. Download forms 4. Search hospital for cashless
- 5. Access your policy facility features and health card, and more.

Freelook:

We provide you with a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If you are not satisfied, you can request for cancellation within this period and we will refund your premium for the unexpired policy period, after adjusting for pre-policy medical test cost, if conducted.

Disclaimer:

Liability of the Company does not commence until the Company has accepted the proposal and full premium has been paid.

Toll Free No. 1800 266 3202

*On-Request Cashless facility is subject to acceptance from the non-network hospital and Magma HDI Insurance Co Ltd. *For Planned admission, customer to intimate 48 hrs before admission. For emergency admission, customer to intimate within 48 hrs of admission.

As of 24th Feb,2024During the proposal stage, proposer may need to undergo pre-policy medical check-up (PPMC) at network diagnostic centres at cashless basis, if applicable under Magma HDI health underwriting guidelines. In case of non-acceptance of proposals, premium will be refunded after adjusting the cost of PPMC.

For complete list and details of exclusions, please refer to the policy wordings on www.magmahdi.com

The advertisement contains only an indication of covers offered. Benefits may vary according to the plan opted for. For more details on risk factors, terms and conditions please read the policy document carefully before concluding a sale. | Toll Free No.: 1800 266 3202 | www.magmahdi.com | E-mail: customercare@magma-hdi.co.in | Registered Office: Development House, 24 Park Street, Kolkata – 700016. CIN: U66000WB2009PLC136327 | **IRDAI Reg. No. 149** | OneHealth UIN: MAGHLIP24088V052324 | Trade Logo displayed above belongs to Magma Ventures Private Limited and HDI Global SE, and is used by Magma HDI General Insurance Company Limited, under license.

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Statutory Warning: Prohibition of Rebates Under Section 41 of Insurance Law (Amendment) Act, 2015: (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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.

IN SICKNESS AND IN HEALTH

Our new and improved OneHealth insurance protects you, come what may.







TRUTH MUST BE TOLD

		Plan	Support	Secure	Support Plus	Shield	Premium
				2L 3L 4L 5L 7.5L 10L	2L 3L 4L 5L 7.5L 10L	5L 7.5L 10L 15L 20L	10L 15L 20L 25L 30L 50L
		Sum Insured (SI) Rs.	2L 3L 4L 5L	15L 20L 25L	15L 20L 25L 30L 50L	25L 30L 50L 1 Cr	1Ċr 2 Ċr 3 Ċr
Covers	1	In-patient care Room Rent Capping	Covered up to SI; Room rent capped at 1% for normal room and 2% for ICU	Covered up to SI; Single private room	Covered up to SI; No room rent capping	Covered up to SI; No room rent capping	Covered up to SI; No room rent capping
	<u> </u>	Pre Hospitalization Expenses Post Hospitalization Expenses	30 days 60 days	30 days 60 days	30 days 60 days	60 days 90 days	60 days 90 days
	4	Day Care Treatment	Up to Rs. 2,000	Up to Rs. 2,500 per hospitalisation		d up to SI Up to Rs. 7,500 per hospitalisation	Up to Rs. 10,000 per hospitalisation
	6	Organ Donor Expenses	per hospitalisation	per hospitalisation		d up to SI	Op to Ks. 10,000 per hospitalisation
Ő	7	Domiciliary Hospitalization				d up to SI	
Base	8	AYUSH Treatment	Covered up to SI				
	9	IVF Treatment Cover		Up to Rs. 50,000			
	10	Bariatric Surgery Cover	Covered up to Rs. 1,00,000				
	11	Psychiatric Treatment Cover	Covered up to SI (sub-limit of Rs. 50,000 applicable for few conditions)				
	12	Lasik Surgery Cover	Covered Up to Rs. 25,000				
	13 14	HIV/AIDS Cover Modern Treatment Procedures	Covered up to SI Covered up to SI				
			10% of SI, subject to a	10% of SI, subject to a	10% of SI, subject to a	20% of SI, subject to a	22.220/ J
	15	Cumulative Bonus	maximum of 50%	maximum of 50%	maximum of 100%	maximum of 100%	33.33% of SI, subject to a maximum of 100%
		E-Opinion for Critical Illness				vered	
		Annual Health Check-up** Fitness Rewards and				nnual	
	18	Wellness Services		Appl	icable (Fitness Rewards points maxin	num up to 10% of premium can be ear	rned)
	19	Early Joining Benefit				m-free years and Rs. 5,000 for 10 claim	
	20	Green Channel Benefit		Rs.1,000 for clo	ims up to Rs. 50,000 and Rs. 2,000	for claims above Rs. 50,000 if treatme	ent taken at PPN
	21	Recharge of Sum Insured	Not Applicable		Unlimited rec	charge up to 100% of SI in a policy year	
	22	Hospital Cash	Not Applicable	Not Applicable	Rs. 500 per day	Rs. 1,000 per day	Rs. 1,500 per day
	23	Compassionate visit	Not Applicable	Not Applicable	Rs. 5,000	Rs. 15,000	Rs. 30,000
sus	24	in case of Cl Loss of Income benefit	Not Applicable	Not Applicable			able in lump sum each month for 6 months
Cove	24	Enhanced Daily cash Benefit	Not Applicable	Rs. 1,000 per day	Rs. 1,000 per day	Rs. 1,000 per day	Rs. 1,500 per day
und la		Home Treatment	Home treatment	Home treatment	Home treatment	Home treatment covered up to SI; Daily	Home treatment covered up to SI; Daily cash - For
Additional Covers	26	Additional Daily Cash Benefit	covered up to SI; Daily cash - Not Applicable	covered up to SI; Daily cash - Not Applicable	covered up to SI; Daily cash - Not Applicable	cash - For Zone 1& 2: Rs. 2,000 per day; For Zone 3: Rs. 1,500 per day	Zone 1 & 2: Rs. 3,000 per day; For Zone 3: Rs. 2,000 per day
◄	27	Companion Benefit	Not Applicable	Not Applicable	Not Applicable	Rs. 1,000 per day	Rs. 1,500 per day
	28	Maternity Benefits					
		1) Maternity Cover	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Up to Rs. 1,00,000
		2) New Born Baby Cover	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Up to Rs. 50,000
		3) Vaccination for New Born	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Up to Rs. 10,000 (included within the limit defined for New Born Baby Cover
							Up to Rs. 20,000 (Sub-limit of 30% of this limit is
	29 30	Outpatient Cover	Not Applicable	Not Applicable	Not Applicable	Not Applicable	available towards Dental treatment, spectacles, contact lenses and hearing aids) Rs. 20,000
	31	Worldwide Emergency					Up to 50% of SI or Rs.20,000, whichever is
		Hospitalization Cover	Not Applicable	Not Applicable	Not Applicable	Not Applicable	lower Deductible of Rs. 2L
	32	Air Ambulance Cover	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Up to Rs. 1,00,000
	1	Critical Illness Cover	Equal to SI	Equal to SI	Equal to SI	Equal to SI or 10,00,000 whichever is lower	Rs. 10,00,000
	2	Personal Accident Cover	Equal to SI	Equal to SI	Equal to SI	Equal to SI or 10,00,000 whichever is lower	Rs. 10,00,000
	3	Aggregate Deductible	For SI 2, 3L: 1L/ 2L/ 3L For SI 4L: 1L/ 2L/ 3L/ 4L For SI 5L: 1L/ 2L/ 3L / 4L/ 5L	For SI 2, 3L: 1L/ 2L/ 3L For SI 4L: 1L/ 2L/ 3L/ 4L For SI 5L: 1L/ 2L/ 3L/ 4L/ 5L For SI 7.5L: 2L/ 3L/ 4L/ 5L For SI 10L: 2L/ 3L/ 4L/ 5L/10L	For SI 2,3L: 1L/ 2L/ 3L For SI 4L: 1L/ 2L/ 3L/ 4L For SI 5L: 1L/ 2L/ 3L/ 4L/ 5L For SI 5.5L: 2L/ 3L/ 4L/ 5L For SI 10L: 2L/ 3L/ 4L/ 5L/10L	For SI 5L: 1L/ 2L/ 3L/ 4L/ 5L For SI 7.5L: 2L/ 3L/ 4L/ 5L For SI 10L,15L, 20L: 2L/ 3L/ 4L/ 5L/10L For SI 25L, 30L, 50 L: 3L/ 4L/ 5L/10L	For SI 10L,15L, 20L: 2L/ 3L/ 4L/ 5L/10L For SI 25L, 30L, 50L: 3L/ 4L/ 5L/10L For SI 1Cr: 5L/10L
	4	Voluntary Co-Payment	10% or 20% 10% or 20% 10% or 20%		10% or 20%		
	5	Hospital Cash Optional cover		Rs. 1,000 per day	,	Not Available	Not Available
*	6	Bonus Booster		20% of SI, subject to a maxim	num of 100%	Not Available	Not Available
Optional Covers*	7	Maternity Benefit optional Cover (Available for SI 5L and above only)	Maternity cover up to Rs. 50,000 ; New born baby up to Rs. 25,000; New born baby vaccination cover up to Rs. 5,000 (included within New born baby cove			Not Available	
ional	8	Home treatment additional daily cash optional cover	Rs. 1,000 per day Not		Not Available	Not Available	
Opti	9	Enhanced pre & post hospitalization cover	Pre-hospitalization 60 days, Post hospitalization 90 days Not Available		Not Available		
	10	Worldwide Emergency hospitalization cover (Available for SI 5 L and	50% of SI, max Rs. 10 Lakh, Deductible of Rs. 2 Lakh			h	Not Available
	11	OPD & Home Care for Covid-19 (per person limit)	Covid-19 (per person Rs. 10,000/ Rs. 15,000 / Rs. 20,000			Rs. 10,000 / Rs. 15,000 / Rs. 20,000 / Rs. 25,000	
	12	Non-payable expense Cover	Covered	Covered	Covered	Covered	Covered
	13	Recharge Benefit for same illnesses	Not Available	Covered	Covered	Covered	Covered
	14	Zone wise Co-pay waiver	Covered	Covered	Covered	Covered	Covered
	15	Waiver of Deductible	Available	Available	Available	Available	Not Available
	16	Air Ambulance Cover	Up to Rs. 2,00,000	Up to Rs. 2,00,000	Up to Rs. 2,00,000	Up to Rs. 2,00,000	Up to Rs. 2,00,000
	17	Removal of Mandatory Co Pay	Available	Available	Available	Available	Available
	18	Reduction of Pre-existing disease waiting period	3 Years	2 Years	2 Years	2 Years	Not Available
	19	Reduction of First Thirty Days Waiting Period	7 Days	7 Days	7 Days	7 Days	7 Days
	20	Outpatient Cover	Up to Rs. 5,000/10,000 (sublimit of 30% of this limit is available towards Dental treatment, spectades, contact lenses and hearing aids)	Up to Rs. 5,000 / 10,000 (sublimit of 30% of this limit is availabl towards Dental treatment spectacles, contact lenses and hearing aids)	Up to Rs. 5,000 / 10,000 (sublimit of 30% of this limit is availabl towards Dental treatment spectacles, contact lenses and hearing aids)	Up to Rs. 5,000 / 10,000 (sublimit of 30% of this limit is availabl towards Dental treatment spectacles, contact lenses and hearing aids)	Not Available
	21	Global Cover	Not Available	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured or	Up to Sum Insured or 50L whichever is lower
	<u> </u>	Enhanced Maternity Benefit	Waiting period	Waiting period	Waiting period	50L whichever is lower Waiting period	Waiting period
	22	Liniuncea maternity Benefit	reduction to 2 Years	reduction to 2 Years	reduction to 2 Years	reduction to 2 Years	reduction to 2 Years
	23	Extensive Post hospitalisation Benefit	Post Hospitalisation days increased	Post Hospitalisation days increased	Post Hospitalisation days increased	Post Hospitalisation days increased	Post Hospitalisation days increased
			to 180 days	to 180 days	to 180 days	to 180 days	to 180 days
р р	1	Initial waiting period	30 days	30 days	30 days	30 days	30 days
Waiting Period	2	Specific Disease waiting Period	2 years	2 years	2 years	2 years	2 years
> -	3	Pre-Existing Disease Waiting Period	4 years	3 years	3 years	3 years	2 years
L	-						

*Available on payment of additional premium if applicable.