

CUSTOMER INFORMATION SHEET/ KNOW YOUR POLICY – Saksham Health Insurance

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	Saksham Health Insurance	
2	Policy Number	XX	
3	Type of Insurance Product/Policy	<input checked="" 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 checked="" type="checkbox"/> Individual Sum Insured- Where each member has a separate sum insured under the policy) OR <input 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)	Expenses in respect of:	
		Inpatient Care: Admission in a Hospital for a minimum period of 24 hours consecutive 'In-patient Care' hours. Time limit of 24 hrs shall not apply when the treatment is undergone in a Day Care Centre.	4.1
		AYUSH Coverage – Expenses up to 100% of SI, incurred on hospitalization under AYUSH Treatment.	4.2
		Pre-Hospitalisation Expenses: (treatment prior to admission in hospital) of 30 days.	4.3
		Post-Hospitalisation Expenses: (treatment after discharge from hospital) within 60 days from date of discharge from the hospital.	4.4
		Emergency Ground Ambulance: Reasonable charges for expenses up to Rs.2000 incurred towards ambulance charges for transportation of an Insured person, per hospitalization.	4.5
		Cataract Treatment: Expenses incurred for treatment of cataract up to Rs.40,000/- per each eye in one policy year.	4.6
		Modern Treatment: Expenses incurred on hospitalisation for Modern Treatment listed procedures.	4.7
6	Exclusions (What the policy does not cover)	Standard Exclusions 1. Investigation & Evaluation (Code- Excl04) 2. Rest Cure, Rehabilitation and respite Care (Code- Excl05) 3. Obesity/Weight Control (Code Excl06) 4. Change of Gender treatment (Code - Excl07) 5. Cosmetic or Plastic Surgery (Code - Excl08) 6. Hazardous or Adventure sports: (Code - Excl09) 7. Breach of law (Code - Excl10) 8. Excluded Providers (Code - Excl11) 9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.	Section 8

10. 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)
11. 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)
12. Refractive Error (Code - Excl15)
13. Unproven treatments (Code - Excl16)
14. Sterility and Infertility (Code - Excl17)
15. Maternity expenses (Code Excl18)

Specific Exclusions

1. Any medical treatment taken outside India.
2. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.
3. Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from:
 - a. any nuclear fuel or from any nuclear waste; or
 - b. from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission);
 - c. nuclear weapons material.
 - d. nuclear equipment or any part of that equipment.
4. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.
5. Injury or Disease caused by or contributed to by nuclear weapons/materials.
6. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or as may be necessitated due to an accident.
7. Treatment with alternative medicines or Treatment, experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, naturopathy, chiropractic, reflexology and aromatherapy.
8. Suicide, Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/ activity that is against law with a criminal intent.
9. Vaccination or inoculation except as post bite treatment for animal bite.

		<p>10. Convalescence, general debility, “Run-down” condition, rest cure, Congenital external illness/disease/defect.</p> <p>11. Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy and expenses related to Domiciliary hospitalization shall not be covered.</p> <p>12. Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury.</p> <p>13. Venereal/ Sexually Transmitted disease other than HIV/ AIDS.</p> <p>14. Stem cell storage.</p> <p>15. Any kind of service charge, surcharge levied by the hospital.</p> <p>16. Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.</p> <p>17. Non-Payable items: The expenses that are not covered in this Policy are placed under List-I of Annexure-II</p> <p>18. Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.</p> <p>Specific conditions applicable for persons with disability</p> <p>i. Any treatment for the pre-existing disability covered, will have a waiting period of 24 months from the first policy inception date.</p> <p>ii. Any reconstructive/ Cosmetic/ prosthesis/ external or internal device implanted/ used at home for the purpose of treatment of existing disability or used for activities of daily living are/ is excluded from the policy.</p> <p>Specific conditions applicable for persons with HIV-AIDS</p> <p>i. This cover will exclude cost for any Anti-Retroviral Treatment.</p>	
7	Waiting Period	<p>First Thirty Days Waiting Period (Code- Excl03): 30 days for all illnesses (not applicable on renewal or for accidents)</p> <p>Specific Waiting Periods: 24 months on treatment towards specified diseases</p> <ol style="list-style-type: none"> 1. Benign ENT disorders 2. Tonsillectomy 3. Adenoidectomy 4. Mastoidectomy 5. Tympanoplasty 6. Hysterectomy 7. All internal and external benign tumors, cysts, polyps of any kind, including benign breast lumps. 8. Benign prostate hypertrophy 9. Cataract and age-related eye ailments 10. Gastric/ Duodenal Ulcer 11. Gout and Rheumatism 	Section 5

		<p>12. Hernia of all types 13. Hydrocele 14. Non-Infective Arthritis 15. Piles, Fissures and Fistula in anus 16. Pilonidal sinus, Sinusitis and related disorders 17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident. 18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy. 19. Varicose Veins and Varicose Ulcers 20. Internal Congenital Anomalies</p> <p>Pre-Existing Diseases (Code- Excl01): Pre-Existing Diseases (other than pre-existing HIV/AIDS and Disability) will be covered after a waiting period of forty-eight (48) months of continuous coverage. Expenses related to the treatment of Pre-existing Disability covered after 24 months of continuous coverage from date of commencement of policy.</p>	
8	Financial limits of coverage	<p>1. Sub-limit (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> <ul style="list-style-type: none"> Room Rent, Boarding, Nursing Expenses – Up to 1% of SI, per day ICU charges/ Intensive Cardiac Care Unit (ICCU) – Up to 2 % of SI, per day <p>For the following specified diseases:</p> <ul style="list-style-type: none"> For cataract treatment, following per eye per Policy Year sublimit shall apply: up to Rs.40,000/- per each eye in one policy year Modern treatment methods and Advancements in technology: Up to 50% of the Sum Insured. AYUSH Treatment expenses covered up to 50% of Sum insured during each policy year Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalisation. 	Section 4
		<p>2. Co-payment Each and every claim under the policy shall be subject to a co-payment of 20% applicable to claim amount admissible and payable as per the terms and conditions of the policy.</p>	Section 10.5
9	Claims/ Claims Procedures	<p>For Cashless Service:</p> <ul style="list-style-type: none"> The standard claim form (Part A and Part B) and the cashless pre-authorisation 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. Toll Free No- 1800 266 3202 	Section 10

		<ul style="list-style-type: none"> 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. The authorization shall be issued to the Network Provider within 24 hours of receiving the complete information. <p>For Reimbursement of claims:</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. 	
10	Policy Servicing	<p>Call us at: 1800 266 3202</p> <p>Address: Any of Our branch offices or corporate office during business hours. List of branch offices can be found at www.magma-hdi.co.in</p>	Section 9.1.15
11	Grievances/Complaints	<p>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</p> <p>IRDAI (IGMS/Call Centre): Toll Free Number: 155255 (or) 1800 4254 732 Timings: 8 AM to 8 PM -- (Monday to Saturday)</p> <p>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</p>	Section 9.1.15
12	Things to remember	<p>Free Look Cancellation: You may cancel the insurance policy if you do not want it, within 15 days from the beginning of the policy. For process related to Free Look Call us at: 1800 266 3202</p> <p>Policy Renewal: 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>Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p>Change in Sum Insured: Sum Insured can be changed (increased/ decreased) only at the time of renewal or at any time subject to underwriting by the company. For increase in</p>	<p>Section 9.14</p> <p>Section 9.10</p> <p>Section 9.9</p> <p>Section 9.2.1.b</p>

		<p>SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p>Moratorium Period: After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits.</p> <p>a. 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>	Section 9.12
13	Your Obligations	<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>	<p>Section 9.1.1</p> <p>Section 9.2.1.c</p>

Declaration by the Policy Holder

I have read and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

Note: In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

(XX- Dynamic field to be derived from system based on plan type and/or customer selection)