

Customer Information Sheet - OneHealth

Description is illustrative and not exhaustive

Sl. No	Title	Description	Policy Clause Number
1	Product Name	OneHealth	
2	What am I covered for	<p>In-patient Care: Hospitalization expenses that are incurred as in-patient during the policy period.</p> <p>Pre-Hospitalisation Expenses: Medical expenses incurred within specified days prior to hospitalisation</p> <p>Post-Hospitalisation Expenses: Medical expenses incurred within specified days from date of discharge from the hospital</p> <p>Day Care Treatment: Medical Expenses for day care procedures which do not require 24 hours hospitalization</p> <p>Ambulance Cover: Reasonable Charges for ambulance expenses incurred to transfer the Insured Person by road transport following an Emergency to the nearest Hospital</p> <p>Organ Donor Expenses: Medical Expenses incurred towards In Patient Hospitalization of an organ donor for Insured's organ transplant Surgery</p> <p>Domiciliary Hospitalisation : Medical Expenses for medical treatment taken at home if the treatment continues for an uninterrupted period of at least 3 days</p> <p>AYUSH Treatment : Medical expenses for in-patient AYUSH Treatment</p> <p>IVF Treatment Cover: Medical expenses incurred for IVF treatment provided this treatment is undergone before 40 years of age</p> <p>Bariatric Surgery Cover: Medical expenses incurred for undergoing medical necessary Bariatric surgery</p> <p>Psychiatric treatment Cover: Medical Expenses for In-patient treatment for Psychiatric conditions</p> <p>Lasik Surgery Cover: Medical expenses incurred for undergoing LASIK surgery provided the insured person has a refractive index plus/minus 7.5 or more</p> <p>HIV/AIDS Cover: in-patient Hospitalization, Day care treatment and Pre-post Hospitalization expenses for HIV/AIDS related treatment. A sub limit of 50,000 and a waiting period of 4 years applicable</p> <p>Modern Treatment Procedures: Coverage for listed Modern treatment procedures</p> <p>E Opinion For Critical Illness: You may avail of a second e-opinion from Our panel of Medical Practitioners for the Critical Illness</p> <p>Free Health Check-up – Annual health check up for Insured above age 25 years irrespective of claims in the Policy year</p> <p>Fitness Rewards and Wellness Services: Points can be earned as a percentage of existing Policy Premium which can be redeemed as discount on premium at the time of Renewal of the Policy. Points can be earned by undergoing Medical check-up or through participation in various fitness activities as specified in policy document. Wellness services like Doctor on Call, Specialist's e-opinion, Nutritional e-counselling and information of healthcare related offers can also be availed.</p> <p>Early Joining Benefit: We shall provide you an additional Sum insured if You have first bought this Policy with Us before age 40 and continue to renew with Us and provided that the policy is claim-free since Policy Inception Date</p>	<p>Section 2.1</p> <p>Section 2.2</p> <p>Section 2.3</p> <p>Section 2.4</p> <p>Section 2.5</p> <p>Section 2.6</p> <p>Section 2.7</p> <p>Section 2.8</p> <p>Section 2.9</p> <p>Section 2.10</p> <p>Section 2.11</p> <p>Section 2.12</p> <p>Section 2.13</p> <p>Section 2.14</p> <p>Section 2.16</p> <p>Section 2.17</p> <p>Section 2.18</p> <p>Section 2.19</p>

	Green Channel Benefit: If You opt to avail in-patient treatment in a PPN (preferred provider network), We shall additionally provide You one time benefit amount as reimbursement against specified expenses	Section 2.20
	Recharge of Sum Insured: Recharge of Sum Insured up to 500% of base sum insured , in case base sum insured and No Claim Bonus is insufficient due to previous claims in the policy year	Section 2.21
	Hospital Cash: Lump sum Benefit per day for each continuous and completed period of 24 hours of Hospitalization	Section 2.22
	Compassionate visit in case of CI: In case the insured is hospitalized for a CI at a hospital at least 100 km from residence, two way airfare for two immediate family members shall be covered	Section 2.23
	Loss of Income Benefit: In case of a disease of injury that results in Permanent Total Disablement, we shall pay lump sum amount equal to monthly income for 6 months	Section 2.24
	Enhanced Daily Cash Benefit: A daily cash amount will be payable per day in case of Hospitalization in a shared accommodation at a Network Provider	Section 2.25
	Home treatment Additional Daily Cash Benefit: A daily cash amount will be payable for home care treatment by a service provider authorised by Us	Section 2.26
	Companion Benefit: A daily cash amount will be payable in case of Hospitalization of an Insured below age 12 years	Section 2.27
	Maternity Benefits : Maternity Cover: Medical expenses for the delivery of Insured Person's child New Born baby Cover: Medical expenses for Hospitalization of Insured's New Born Baby Vaccination for New Born Baby: vaccination expenses of the New Born Baby for the specified vaccinations	Section 2.28 Section 2.28(1) Section 2.28(2) Section 2.28(3)
	Outpatient Cover: Medical Expenses incurred for medically necessary consultations, Diagnostic tests and medicines an out-patient basis	Section 2.29
	Convalescence Benefit: We will pay a lump sum amount of Rs.20000/- towards convalescence for Hospitalization beyond 15 days.	Section 2.30
	Worldwide Emergency Hospitalization Cover: 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	Section 2.31
	Air Ambulance Cover: Expenses incurred towards Your transportation in an airplane or helicopter certified to be used as an ambulance to the nearest Hospital with adequate facilities in an Emergency following an Illness or Injury	Section 2.32
	Optional Covers	
	Critical Illness Cover : A lump sum payment on diagnosis of any of the 11 listed Critical Illness specified in the Policy document	Optional Benefits 1
	Personal Accident Cover: A lump sum payment on Death or Permanent Total Disablement due to Accidental Injury	Optional Benefits 2
	Aggregate Deductible: Our liability to make payment under the Policy in respect of any claim made in that Policy Year will only commence once the Deductible has been exhausted during the Policy Year.	Optional Benefits 3
	Voluntary Co-Payment: For each and every claim You shall bear the percentage of admissible claim amount as opted	Optional Benefits 4
	Hospital cash Optional Cover: Lump sum Benefit per day for each continuous and completed period of 24 hours of Hospitalization	Optional Benefits 5

		Bonus Booster: With this optional cover, Cumulative Bonus limits applicable to the policy will be: 20% of Base Sum Insured per Policy Year up to a maximum of 100% of Base Sum Insured	Optional Benefits 6
		Maternity Benefit Optional Cover: <i>Maternity Cover:</i> Medical expenses for the delivery of Insured Person's child <i>New Born baby Cover:</i> Medical expenses for Hospitalization of Insured's New Born Baby <i>Vaccination for New Born Baby:</i> vaccination expenses of the New Born Baby for the specified vaccinations	Optional Benefits 7
		Home treatment Additional Daily Cash Optional Cover: A daily cash amount will be payable for home care treatment by a service provider authorised by Us	Optional Benefits 8
		Enhanced Pre & Post hospitalization Cover: With this optional cover, pre hospitalization limit is increased to 60 days and post hospitalization is increased to 90 days	Optional Benefits 9
		Worldwide Emergency Hospitalization Optional Cover: 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	Optional Benefits 10
3	What are the major exclusions in the policy:	<ul style="list-style-type: none"> • Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. • Investigation & Evaluation • Treatment for any Illness or Injury resulting from nuclear or chemical contamination, war, riot, revolution, acts of terrorism or any similar event • Treatment for any External Congenital Anomaly. • cosmetic or plastic surgery • Hazardous or Adventure sports: (Code- Excl09) <p>Note: The above is a partial list of the policy exclusions. Please refer to the policy wording for the complete list of exclusions.</p>	Section 3
4	Waiting Period	<ul style="list-style-type: none"> • First Thirty Days Waiting Period (Code- Excl03): 30 days for all illnesses (not applicable on renewal or for accidents) • Initial Waiting Period for Critical Illness: 90 days for all critical illness as specified in the Policy document • Specific Waiting Periods: 24 months on treatment towards specified diseases • Pre-Existing Diseases (Code- Excl01):: A waiting period for coverage of declared and accepted Pre-existing diseases is applicable – Support Plan: 48 months, Support Plus Plan: 36 months , Secure Plan: 36 months, Shield Plan: 36 months, Premium Plan: 24 months • For IVF Cover,; a waiting period of 3 years from Policy Inception Date shall be applicable • For Maternity benefits: 48 months from Policy Inception Date 	Section 3.1.3 Section 3.2.1 Section 3.1.2 Section 3.1.1 Section 2.9 Section 2.28
5	Payout basis	<ul style="list-style-type: none"> • Cashless or Reimbursement of covered medical expenses up to specified Sum Insured as per the scope of cover • Fixed amount is paid Policyholder on of the occurrence of a covered events- Hospital daily cash, Green channel benefit, Loss of Income benefit, Enhanced Daily Cash Benefit, Home treatment Additional Daily Cash Benefit, 	

		Companion Benefit, Convalescence Benefit and Optional Covers Critical Illness Cover, Personal Accident Cover	
6	Loss Sharing	<ul style="list-style-type: none"> • A co-payment will apply to all claims made for treatment at higher zone hospitals <ul style="list-style-type: none"> ○ Zone 2 to Zone 1: 25% ○ Zone 3 to Zone 2: 20% ○ Zone 3 to Zone 1: 35% • If Optional Cover “Aggregate Deductible” is opted, a deductible amount as opted is born by the Insured per Policy Year • If Optional Cover “Voluntary Co-Payment” is opted, a co-payment shall be applicable on each claim • For cataract treatment, following per ye per Policy Year sublimit shall apply: Support Plan: 25,000; Secure & Support Plus Plan: 35,000; Shield Plan: 50,000; Premium Plan: 1Lakh. • Under Worldwide Emergency Hospitalization Cover, a deductible of Rs. 2Lakhs shall be applicable 	<p>Section 5.5</p> <p>Optional Benefits 3</p> <p>Optional Benefits 4</p> <p>Section 2.1</p> <p>Section 2.30</p>
7	Renewal Conditions	<ul style="list-style-type: none"> • Lifetime renewability • The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person. • Grace Period of 30 days is applicable • Request for Renewal along with requisite premium shall be received by the Company before the end of the Policy Period 	Section 4.1.10
8	Renewal Benefits	<ul style="list-style-type: none"> • Cumulative Bonus: The Sum insured shall be increased, if the Policy is renewed with Us provided that there are no claims paid/outstanding in the expiring Policy Year by any Insured Person <ul style="list-style-type: none"> • Support & Secure- 10% of Base Sum Insured per Policy Year up to a maximum of 50% of Base Sum Insured • Support Plus - 10% of Base Sum Insured per Policy Year up to a maximum of 100% of Base Sum Insured • Shield - 20% of Base Sum Insured per Policy Year up to a maximum of 100% of Base Sum Insured • Premium – 33.3% of Base Sum Insured per Policy Year up to a maximum of 100% of Base Sum Insured <p>The accrued Cumulative Bonus shall not be reduced except if, and to the extent, it is utilized as claim payout.</p>	Section 2.14
9	Cancellation	<ul style="list-style-type: none"> • The Company may at any time cancel this Policy in the event of untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material particulars in the proposal form, personal statement, declaration, claim form declaration, medical history on the claim form and connected documents, or any material information having been withheld by You or any one acting on Your behalf, under this Policy. 	Section 4.1.7
		<ul style="list-style-type: none"> • The Insured may also cancel this Policy by giving fifteen (15) days’ notice in writing to the Company. 	Section 4.1.7
10	Claims	<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. 	Section 5.6-1

		<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. 	
		<p>For Reimbursement of Claim:</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. 	<p>Section 5.6 (2) (a)</p> <p>Section 5.6 (3)</p>
11	Policy Servicing/ Grievances/Co mplaints	<ul style="list-style-type: none"> 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 Address: Any of Our branch offices or corporate office during business hours IRDAI (IGMS/Call Centre): Toll Free Number: 155255 (or) 1800 4254 732 Timings: 8 AM to 8 PM -- (Monday to Saturday) 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 	Section 4.1.16
12	Insured's Rights	<ul style="list-style-type: none"> Free Look: You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. Portability: You can port your existing health insurance policy from another company or from existing product of MAGMA HDI General Insurance. Please contact Us at 1800 266 3202 or e-mail at customercare@magma-hdi.co.in Increase in SI: You can request for increase in Sum Insured at the time of renewal. Acceptance of the same shall be subject to underwriting guidelines. 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>Section 4.1.15</p> <p>Section 4.1.9</p> <p>Section 5.3</p> <p>Section 5.6(1)</p> <p>Section 5.6(2)</p>
13	Insured's Obligations	<ul style="list-style-type: none"> Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid. Disclosure of Material Information during the policy period 	<p>Section 4.1.1</p> <p>Section 4.2.8</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>			

Benefits Illustration in respect of policies offered on individual and family floater basis										Annexure A			
Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple member of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one sum insured is available for the entire family)						
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount, if any (Rs.)	Premium after Discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount, if any (Rs.)	Premium after discount (Rs.)	Sum Insured (Rs.)			
60 years	15843	50000	NOT APPLICABLE*				53080	NA	53080	500000			
59 years	15843	50000											
46 years	9648	50000											
44 years	6506	50000											
20 years	4848	50000											
16 years	4848	50000											
5 years	3514	50000											
Total Premium for all members of the family is Rs. 61050, when each member is covered separately. Sum insured available for each individual is <u>Rs.500000</u>		NOT APPLICABLE*				Total Premium when policy is opted on floater basis is Rs.53080. Sum insured of Rs.500000 is available for entire family							
<p>Note : Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also, the premium rates shall be exclusive of taxes applicable. Above premium rates illustration is for OneHealth, Secure plan, Sum Insured 5 lakhs, Zone 1, 4A+3C (Age 64, 56, 44, 38, 27, 15, 5)</p> <p>*This option is not available with OneHealth Policy</p>													