

OneHealth
SENIOR

PROSPECTUS



Eligibility

- This Policy can be offered as an Individual Policy covering one member or as a Family Floater Policy covering two members
- For individual Policies, minimum entry age is 56 years
- No cap on maximum entry age
- Proposer (Policyholder) should be 18 years or above
- Lifetime renewability
- Insured persons under Family Floater must be related to each other as legally married spouse

Policy Period

The Policy will be issued for 1 year or 2 years or 3 years period.

Sum Insured

Plan Name	Sum Insured options
Gold	3 Lakh / 4 Lakh / 5 Lakh/ 7.5 lakh/ 10 Lakh/ 15 Lakh/ 20 lakh/ 25 Lakh
Platinum	3 Lakh / 4 Lakh / 5 Lakh/ 7.5 lakh/ 10 Lakh/ 15 Lakh/ 20 lakh/ 25 Lakh

Benefits

The Benefits under this Policy are subject always to the Sum Insured and Cumulative Bonus, if any, any subsidiary limit specified in the Policy Schedule/Product Benefits Table, the terms, conditions, limitations and exclusions mentioned in the Policy.

Base Covers

1. Inpatient Care:

We shall cover the Reasonable and Customary Charges for the Medical Expenses (specified in the Policy) incurred by the Insured Person, if during the Policy Period, the Insured Person requires Hospitalization on the written Medical Advice of a Medical Practitioner for any Illness or Injury which is contracted or sustained by the Insured Person during the Policy Period and is covered under this Policy.

Room Rent Capping & Proportionate Deduction:

For Gold plan (up to 5 Lakh SI) reimbursement or payment of Room Rent and associated charges incurred at the Hospital shall not exceed 1% of the Sum Insured per day. In case of admission to Intensive Care Unit or Intensive Cardiac Care Unit (ICCU), reimbursement or payment of associated Medical Expenses shall not exceed 2% of the Sum Insured per day.

For Gold plan (SI >5 Lakh) and Platinum plan reimbursement or payment of Room Rent and associated expenses incurred at the Hospital shall be as per "Single private AC" room category.

In case of admission to room exceeding above stated limits, proportionate deduction on associated charges shall apply.

Sublimits:

For following procedures and Medical treatment (including In-patient care as per 2.A.1, Pre-hospitalization as per

2.2 and Post hospitalization as per 2.3), sublimits will be applicable. Co-pay as specified in section 5.2 will not be applicable.

- a) Cataract:
A sublimit per eye per policy year shall be applicable as specified in the Policy Schedule/Product Benefits Table.
- b) Major surgeries sublimit:
As specified in the Policy Schedule/Product Benefits Table.
Major surgeries here comprises of Cancer, Cerebro vascular Accident, Cardiovascular diseases, Renal diseases, Intestinal obstruction surgery, Bilo Pancreatic surgery, Gastro-Intestinal surgeries and Genito urinary tract surgeries
- c) Sublimit for Hernia, Hysterectomy & Prostate procedures:
As specified in the Policy Schedule/Product Benefits Table

2. Pre- Hospitalization Expenses:

We shall, on a reimbursement basis, cover the Insured Person's Pre-hospitalization Medical Expenses incurred in respect of an Injury or Illness that occurs during the Policy Period, immediately prior to the Insured Person's date of Hospitalization and up to the limits specified in the Policy Schedule/Product Benefits Table, provided that a claim has been admitted by Us under Inpatient Care and is related to the same Illness/Injury/condition.

3. Post- Hospitalization Expenses:

We shall, on a reimbursement basis, cover the Insured Person's Post-hospitalization Medical Expenses incurred due to an Injury or Illness that occurs during the Policy Period, immediately after the Insured Person's discharge from the Hospital and up to the limits specified in the Policy Schedule/Product Benefits Table, provided that a claim has been

admitted by Us under Inpatient Care and is related to the same Illness/Injury/condition.

4. Day Care Treatment:

We will cover the Medical Expenses incurred on the Insured Person's Day Care Treatment on the recommendation of a Medical Practitioner following an Illness or Injury which occurs during the Policy Period provided that the Medical Expenses incurred are for Medically Necessary Treatment and up to the limits specified in the Policy Schedule/Product Benefits Table.

Any OPD treatment undertaken in a Hospital/Day Care Centre will not be covered under this Benefit. Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses are not payable under this Benefit.

5. Ambulance Cover:

We will cover the Reasonable and Customary Charges up to the limit specified in the Policy Schedule/Product Benefits Table that are incurred towards the Insured Person's transportation by road ambulance to the nearest Hospital with adequate facilities in an Emergency following an Illness or Injury which occurs during the Policy Period provided that the ambulance service is offered by a registered healthcare or ambulance service provider and a claim has been admitted by Us under Inpatient Care. In Platinum plan, We will also cover expenses towards transportation in an airplane or helicopter certified to be used as an ambulance.

6. Domiciliary Hospitalisation

We will on reimbursement basis, cover the Medical Expenses incurred for the Insured Person's Domiciliary Hospitalization during the Policy Period following an Illness or Injury that occurs during the Policy Period provided that the Domiciliary Hospitalization continues for an uninterrupted period of at least 3 days and the condition for which treatment is taken would otherwise have necessitated Hospitalization.

7. AYUSH Treatment

We will, cover the Insured Person's Medical Expenses incurred for Inpatient Care during the Policy Period on treatment taken under AYUSH Treatment in a government Hospital or in any institute recognized by the government and/or accredited by the Quality Council of India/National Accreditation Board on Health.

8. Modern treatment Procedures:

The following procedures will be covered (wherever medically indicated), during the policy period:

- Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- Balloon Sinuplasty
- Deep Brain stimulation
- Oral chemotherapy
- Immunotherapy- Monoclonal Antibody to be given as injection

- Intra vitreal injections
- Robotic surgeries
- Stereotactic radio surgeries
- Bronchical Thermoplasty
- Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- IONM - (Intra Operative Neuro Monitoring)
- Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

9. E- Opinion for Critical Illness

If the Insured Person is diagnosed with a Critical Illness during the Policy Period, then the Insured Person may, at his/her sole discretion choose to avail of a second e-opinion from Our panel of Medical Practitioners for the Critical Illness and We shall arrange for and cover the e-opinion if the Insured Person has requested for the same.

10. Annual Health Check- up

Insured can avail a annual health check-up in this Policy. If requested by You. We will cover health check-ups arranged by Us through Our empanelled Network Providers, OR You can get reimbursement up to the limit defined for preventive health check-up done at any provider; provided that:

- a) This Benefit shall be available once per Policy Year per Insured Person
- b) This Benefit will be provided irrespective of any claim being made in the Policy Year.

11. Wellness Services:

- a) Doctor on call: Consultation with a Medical Practitioner from Our panel of Network Providers to discuss any health related query. This service can be availed maximum 3 times per Policy Year.
- b) Specialist's e-opinion: Avail a specialist Medical Practitioner's opinion on health queries that require such specialist Medical Practitioner's consideration. This service can be availed maximum 3 times per Policy Year.
- c) Nutritional e-counselling: On Your request, We will provide You with a Dietician and nutritional e-counselling. This service can be availed maximum 3 times per Policy Year.
- d) We may provide information on offers related to healthcare services like consultation, diagnostics, medical equipments and pharmacy. Please visit our website www.magma-hdi.co.in to know about such offers.

12. Shared Room Daily Cash:

A daily cash amount will be payable per day if the Insured Person is Hospitalised in a shared accommodation at a Network Provider for each continuous and completed period of 24 hours if the Hospitalisation exceeds 48 hours.

13. Organ Donor Expenses

We will cover the Medical Expenses incurred towards inpatient hospitalization of an organ donor for the Insured Person's organ transplant Surgery during the Policy Year provided that the organ donated is for the use of the Insured Person and the organ donor conforms to the provisions of The Transplantation of Human Organs Act, 1994 and other applicable laws.

B. Optional Covers:

All Optional Covers issued under this Policy shall be subject to the terms, conditions and exclusions of this Policy. All other Policy terms, conditions and exclusions shall remain unchanged.

1. Enhanced Post hospitalization Cover

If this optional cover is in force, the limit of coverage in terms of number of days immediately after Your discharge from the Hospital of this Policy will be 90 days.

2. Reduction in Co-payment:

If this optional cover is in force, the Co-payment as applicable per Section 5.2 of this policy shall be reduced to the Co-pay limit as defined against this optional cover in Product Benefit Table/Policy Schedule.

3. Nursing at Home:

We will cover the expenses for the medical services of a Qualified Nurse at Your home, provided the claim is admissible as per In-patient Care section and the nursing services are directly related to Illness or Injury, with respect to which In-patient Care was availed.

4. Hospital cash

In case of Hospitalization for which Inpatient Care claim is admissible, then additionally, a daily cash amount for each continuous and completed period of 24 hours of Hospitalization shall be paid. Hospitalization must be for a minimum period of 48 hours continuously. This benefit shall be paid for maximum 30 days of Hospitalisation in total under any Policy Year.

5. OPD Cover:

We will cover expenses for consultations with a Medical Practitioner on an out-patient basis, for undergoing any Diagnostic Tests and medicines purchased under and supported with a Medical Practitioner's prescription.

Expenses for Dental treatment; cost of spectacles, contact lenses and hearing aids shall not be covered under this Benefit.

Initial waiting period of 30 days, pre-existing disease waiting period and specific disease waiting period shall be applicable as specified in section 3 of the policy.

6. Recharge of Sum Insured

We will provide a 100% Recharge of the Sum Insured, provided that:

- The Sum Insured and Cumulative Bonus (if any) is insufficient for a claim as a result of previous claims in that Policy Year;
- The Recharge of Sum Insured shall not be available for claims towards an Illness or Injury (including complications) for which a claim has been paid or accepted as payable in the current Policy Year for the same Insured Person under Inpatient Care or under Recharge of Sum Insured.
- The Recharge of Sum Insured shall be available only in respect of Your future claims that become payable under Base Covers of the Policy and shall not be applicable to the first claim in the Policy Year.

7. Cumulative Bonus

In a Policy Year, if there are no claims paid or outstanding under Base Covers Section, then at the time of Renewal of the Policy, We shall apply a Cumulative Bonus on the Sum Insured for each such claim free Policy Year provided the Policy has been Renewed with Us without a break. The percentage of the Sum Insured and maximum Cumulative Bonus that can be accrued shall be 10% and 100% respectively. If a Cumulative Bonus has been applied and a claim is made in any Policy Year, then in the subsequent Policy Year We shall not decrease the accrued Cumulative Bonus except if, and to the extent, it is utilized as claim payout.

8. Non-payable expense Cover:

We shall also cover the expenses as listed under "List I – Item for which coverage is not available in the policy" of Annexure II of this Policy under Inpatient Care and Day Care treatment.

9. Increase in Co-payment:

If this optional cover is in force, the Co-payment as applicable per Section 5.2 of this policy shall be increased as per the additional co-pay opted against this optional cover.

3. Exclusions

3.1 Standard Exclusions

3.1.1) Pre-Existing Diseases (Code- Excl01):

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 12months
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of above defined months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

3.1.2) Specific Diseases Waiting Period (Code- Excl02):

- a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage, as may be the case after the date of inception of the first policy with the Insurer. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

List of these diseases is:

1. Cataract
2. Stones in biliary and urinary systems
3. Hernia / Hydrocele
4. Hysterectomy for any benign disorder
5. Lumps / cysts / nodules / polyps / internal tumours
6. Gastric and Duodenal Ulcers
7. Surgery on tonsils / adenoids
8. Osteoarthritis / Arthritis / Gout / Rheumatism / Spondylosis / Spondylitis / Intervertebral Disc Prolapse
9. Fissure / Fistula / Haemorrhoid
10. Sinusitis / Deviated Nasal Septum / Tympanoplasty / Chronic Suppurative Otitis Media
11. Benign Prostatic Hypertrophy
12. Knee/Hip Joint replacement and any ligament, tendon or muscle tear
13. Dilatation and Curettage
14. Varicose veins
15. Dysfunctional Uterine Bleeding / Fibroids / Prolapse Uterus / Endometriosis
16. Chronic Renal Failure or end stage Renal Failure
17. Internal congenital anomalies/diseases/defects

3.1.3) First Thirty Days Waiting Period (Code- Excl03)

- i. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

- iii. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

3.1.4) Investigation & Evaluation (Code Excl04):

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

3.1.5) Rest Cure, Rehabilitation and respite Care (Code Excl05)

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

3.1.6) Obesity/Weight Control (Code Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

3.1.7) Change of Gender treatment (Code Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

3.1.8) Cosmetic or Plastic Surgery (Code Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

3.1.9) Hazardous or Adventure sports: (Code- Excl09)

Expenses related to any treatment necessitated due to

participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

3.1.10) Breach of law (Code Excl10)

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

3.1.11) Excluded Providers (Code Excl11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

List of these have been provided on Our website.

3.1.12) Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)

3.1.13) Treatment received in health hydros, 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

3.1.14) 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

3.1.15) Refractive Error (Code Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

3.1.16) Unproven treatments (Code Excl16)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness

3.1.17) Sterility and Infertility (Code Excl17)

Expenses related to sterility and infertility. This includes:

- (i) Any type of contraception, sterilization
- (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- (iii) Gestational Surrogacy
- (iv) Reversal of sterilization

3.1.18) Maternity expenses (Code Excl18)

- i. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- ii expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

3.2) Specific Exclusions:

3.2.1) A special waiting period, not exceeding 48 months, may be applied to individual Insured Persons depending upon the declarations made in the proposal form and existing health conditions. Such waiting periods shall be specifically stated in the Policy Schedule and will be applied only after receiving the Insured Person's specific consent. Any special waiting period in respect of Pre- Existing diseases shall not exceed 48 months.

3.2.2) Any Alternative Treatment except for the Benefits under Section 2.A.7 (AYUSH Treatment)

3.2.3) Charges related to a Hospital stay not expressly mentioned as being covered. Service charges levied by the Hospital under whatever head. Complete list of these excluded expenses are mentioned in Annexure II of this Policy The list is available on our website www.magma hdi.com.

3.2.4) Expenses for Artificial life maintenance, including life support machine used to sustain a person, incurred after confirmation by the treating doctor that the patient is in vegetative state

3.2.5) Any charges incurred to procure any medical certificate, medical records, treatment or Illness/Injury related documents pertaining to any period of Hospitalization/Day Care Treatment undertaken for any Illness or Injury.

3.2.6) Circumcision unless necessary for the treatment of an Illness or disease or necessitated by an Accident.

3.2.7) Treatment for any Illness or Injury resulting from nuclear or chemical contamination, war, riot, revolution or acts of terrorism (other than natural disaster or calamity).

3.2.8) Treatment for any External Congenital Anomaly.

3.2.9) Dental Treatment including Surgical Procedures for the treatment of bone disease when related to gum disease or damage, or treatment for, or treatment arising from, disorders of the temporomandibular joint.

EXCEPTION: We will pay for a Surgical Procedure wherein the Insured Person Hospitalized as a result of an Accident and which is undertaken for Inpatient Care in a Hospital and carried out by a Medical Practitioner.

3.2.10) Any drugs or Surgical dressings that are provided or prescribed in the case of OPD treatment, or for the Insured Person to take home on leaving the Hospital, for any condition, except as included in Post-hospitalization Medical

Expenses under Section 2.A.3 and Section 2.B.5 (if opted) above.

3.2.11) We will not pay for routine eye examinations, contact lenses spectacles, hearing aids, dentures and artificial teeth.

3.2.12) Any treatment arising from and/or taken for Crohn's Disease, Ulcerative colitis, Cystic kidneys, Neurofibromatosis, Factor V Leiden Thrombophilia, Familial Hypercholesterolemia, Haemophilia, Hereditary Fructose Intolerance, Hereditary Hemochromatosis, Hereditary Spherocytosis.

3.2.13) Private nursing/attendant's charges incurred during pre-hospitalization or post-hospitalization.

3.2.14) Drugs or treatment not supported by prescription.

3.2.15) Issue of fitness certificate and fitness examinations.

3.2.16) Any charges incurred to procure any treatment/ Illness related documents pertaining to any period of Hospitalization/Illness.

3.2.17) External and/ or durable medical/non-medical equipment used for diagnosis and/ or treatment

3.2.18) Ambulatory devices, walkers, crutches, belts, collars, caps, splints, slings, braces, stockings of any kind, diabetic foot wear, glucometer/thermometer and also any medical equipment which is subsequently used at home.

3.2.19) OPD treatment is not covered.

3.2.20) All preventive care, vaccination including inoculation and immunisations

3.2.21) Treatment for, or arising from, an Injury that is intentionally self-inflicted, including attempted suicide.

3.2.22) Treatment for sleep apnea, snoring, or any other sleep-related breathing problem.

3.2.23) Any treatment received outside India.

3.2.24) Treatment provided by a Medical Practitioner who is not recognized by the Medical Council of India.

3.2.25) Treatment provided by anyone with the same residence as the Insured Person or who is a member of the Insured Person's immediate family.

3.2.26) X-Ray or laboratory examinations or other diagnostic studies, not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, whether or not requiring Hospitalization.

Premium illustration:

Benefit Illustration in respect of policies offered on individual and family floater basis										
Age of the Members insured (in yrs)	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members 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)	Premium After Discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount, (if any)	Premium After Discount (Rs.)	Sum Insured (Rs.)
Illustration 1 (Gold Plan)										
56	7,346	3 Lakh	Not Available				17,104	-	-	3 Lakh
61	10,690	3 Lakh	Not Available					-	-	
	Total Premium for all members of the family is Rs.18,036/-, when each member is covered separately. Sum insured available for each individual is Rs.3,00,000/-		-				Total Premium when policy is opted on floater basis is Rs.17,104/-, Sum insured of Rs.3,00,000/- is available for the entire family (2Adults)			
Illustration 2 (Platinum Plan)										
66	29,404	15 lakh	Not Available				47,046	-	-	15 Lakh
70	29,404	15 lakh	Not Available					-	-	
	Total Premium for all members of the family is Rs.58,808/-, when each member is covered separately. Sum insured available for each individual is Rs.15,00,000/-		-				Total Premium when policy is opted on floater basis is Rs.47,046/-, Sum insured of Rs.15,00,000/- is available for the entire family (2Adults)			
Note: Premium rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable.										

Discount/ Loading Factors:

Maximum up to 20% discount shall be offered based on following parameters. The discount is applicable on insured level in case of Individual policy. In case of Family floater policy, the discount is on policy level and not on insured level.

1. Tenure discount

Policy Period	Discount percentage
2 years	10%
3 years	12.5%

2. Cross sell discount: A discount of 5% will be offered if the proposer is a Policyholder with Magma HDI on or prior to inception of this Policy.

3. Direct Sourcing Discount: A discount of 10% will be offered if the Policy is purchased through direct channel of distribution.

Loading: We shall apply a risk loading on the premium payable as per Our board approved underwriting policy (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance), which shall be mentioned specifically in the Policy Schedule. The maximum risk loading applicable shall not exceed 100% per diagnosis / medical condition and an overall risk loading of 150%. These loadings are applied from the Policy Inception Date including subsequent Renewal(s) with Us or on the receipt of a request for increase in Sum Insured (for which the loading shall be applied on the increased Sum Insured).

No loading shall be applied at the time of Renewal on the basis of individual claim experience.

Loading for Instalment Option: If You want to opt for premium payment in instalments following loading shall be applicable. Tenure discount shall not be applicable if instalment option is chosen.

Instalment Option	Factor to be applicable on premium for one year tenure Policy	Factor to be applicable on premium for two year tenure Policy	Factor to be applicable on premium for three year tenure Policy
Monthly	1.05/12	1.05/24	1.05/36
Quarterly	1.04/12	1.04/24	1.04/36
Semi Annual	1.03/12	1.03/24	1.03/36

Salient Features of the Policy

- **Cashless facility:** The Insured Person can avail of Cashless Facility at any of Our Network Providers in accordance with the process set out in the Policy. In case the Insured Person avails treatment in a Non-Network Hospital or if Cashless facility is not availed, Reimbursement of Claims can be availed. Claim intimation must be done at least 72 hours before admission to the Hospital in case of planned Hospitalization, and within 24 hours of admission to the Hospital, in case of Emergency Hospitalization. Claims documents must be submitted within 30 days from the date of discharge from the Hospital.

Free Look Provision: The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured shall be allowed a free look provision of thirty days from date of receipt of the Policy document to review the terms and conditions of the Policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges; or
 - where the risk has already commenced and the option of return of the Policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
 - Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;
- Pre-Policy Medical Check up may be required based on age, Sum Insured opted and Pre-Existing Disease. We shall reimburse at least 50% of the expenses incurred by the Insured on pre-Policy medical health check up once the proposal is accepted.

- **Co-Payment:**

A Co-payment of 30% shall be applicable.

Such Co-payment shall not be applicable for claim arising out of an Accident.

For procedures, where sublimits are defined, above co-pay shall not be applicable.

For Joint replacement procedures, additional co-pay of 30% (for Gold plan) and 20% (for Platinum plan) shall be applicable.

Renewal

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years
- Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
- At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits with Break in Policy. Coverage is not available during the grace period.
- No loading shall apply on renewals based on individual claim experience.

Cancellation of Policy

- The Policyholder may cancel this Policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.:

We shall cancel the Policy and refund the premium for the balance of the Policy Period in accordance with the table below, after deducting the amount spent on pre-policy medical check up by Us, provided that no claim has been made under the Policy by or on behalf of any Insured Person.

Cancellation date up to (x months) from the Policy Start Date	Refund of Premium (basis Policy Period)		
	1 Year	2 Year	3 Year
Up to 1 month	75.00%	87.50%	91.50%
1 month to 3 months	50.00%	75.00%	88.50%
3 months to 6 months	25.00%	62.50%	75.00%
6 months to 12 months	0.00%	50.00%	66.50%
12 months to 15 months	NA	25.00%	50.00%
15 months to 18 months	NA	12.50%	41.50%
18 months to 24 months	NA	0.00%	33.00%
24 months to 30 months	NA	NA	8.00%
Beyond 30 months	NA	NA	0.00%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any Benefit has been availed by the Insured person under the Policy.

(ii) 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 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

Premium Payment in Instalment

If the Insured Person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

- i. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.
- ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
- iii. The insured person will get the accrued continuity benefits in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
- iv. No interest will be charged If the instalment premium is not paid on due date.
- v. In case of instalment premium due not received within the grace period, the policy will get cancelled
- vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

Portability

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI Guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured

person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link <https://www.irdai.gov.in/ADMINCMS/cms/whatsNew/Layout.aspx?page=PageNo3987&flag=1>

Withdrawal of the Policy

i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the Policy.

ii. Insured person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period, as per IRDAI guidelines, provided the policy has been maintained without a break.

Migration:

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the Policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration

Endorsements

We may allow the following endorsements. The Policyholder should request for any endorsement in writing. Any endorsement that is accepted by Us shall be effective from the date of the request as received from the Policyholder, or the date of receipt of premium, whichever is later.

- (i) Non-Financial Endorsements – which do not affect the premium.
 - (1) Minor rectification/correction in name of the Policyholder/ Insured Person)
 - (2) Rectification in gender
 - (3) Rectification in relationship of the Insured Person with the Policyholder
 - (4) Rectification of date of birth of the Insured Person (if this does not impact the premium)
 - (5) Change in the address of the Policyholder
 - (6) Change/Updation in the contact details
 - (7) Change in Nominee Details
- (ii) Financial Endorsements – which result in alteration in premium
 - (1) Addition of any Insured Person
 - (2) Deletion of Insured Person
 - (3) Change in Age/Date of Birth (if this impacts the premium)
 - (4) Change in Plan and/ or Sum Insured
 - (5) Addition/removal of Optional Cover(s)

Financial endorsements (1), as mentioned above, can be allowed during the term of Policy, all other financial endorsements are allowed at the time of renewal only.

We reserve the rights to do underwriting in case of any such endorsement requests.

Fresh waiting period shall be applicable with respect to the

Insured person added after Policy Inception Date. Where the Policy is Renewed for enhanced Sum Insured, all waiting periods would start and apply afresh for the amount of increase in Sum Insured.

Redressal of Grievance

In case of any grievance, the insured person may contact the Company through

Website: www.magmahdi.com

Toll free: 1800 266 3202

E –mail: Gro@magmahdi.co.in

Fax: 91 033 4401 7471

Courier: Any of Our branch offices or corporate office during business hours

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at:

Magma HDI General Insurance Co Ltd
Equinox Business Park, Tower 3,
2nd Floor, Unit no. 1A and 1B,
LBS Marg, Kurla West,
Mumbai, Maharashtra 400070.
E mail id : gro@magmahdi.co.in

For updated details of grievance officer, kindly refer the link <https://www.magmahdi.com/grievance-redressal>.

If Insured Person is not satisfied with the redressal of grievance through above methods, insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules, 2017. The contact details of the Insurance Ombudsman offices have been provided as Annexure-I

Grievance may also be lodged at IRDAI Integrated Grievance management System: <https://igms.irda.gov.in/>

Tax Benefit- Income Tax benefits on the premium paid can be availed as per the provisions of Income Tax Act, 1961 section 80D and amendments made thereto.

Note: Policy terms & conditions and Premium rates are subject to change with prior approval from IRDAI.

Disclaimer: The foregoing is only an indication of the cover offered. For complete details on coverage, terms, conditions and exclusions, please read the Policy document before concluding sale.

Trade Logo disclaimer:

Trade Logo displayed above belongs to Magma Ventures Private Limited and HDI Global SE and used by Magma HDI General Insurance Company Limited under license

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 out 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.

Annexure:

Rate charts for Individual and Family Floater Policies are attached.

Product Benefits Table

List of Expenses Generally Excluded

List of TPA

Annexure I

The contact details of the **Insurance Ombudsman offices** are as below-

Jurisdiction	Contact Details	Office of the Ombudsman
Gujarat, UT of Dadra and Nagar Haveli, Daman and Diu	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	AHMEDABAD
Karnataka	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	BENGALURU
Madhya Pradesh and Chhattisgarh	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	BHOPAL

Jurisdiction	Contact Details	Office of the Ombudsman
Odisha	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	BHUBANESHWAR
Punjab , Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, UT of Jammu and Kashmir, Ladakh & Chandigarh	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	CHANDIGARH
Tamil Nadu, Puducherry Town and Karaikal (which are part of UT of Puducherry)+C8	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in	CHENNAI
Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi
Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 -2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	GUWAHATI
Andhra Pradesh, Telangana, Yanam and part of the UT of Puducherry	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 -67504123 / 23312122 Email: bimalokpal.hyderabad@cioins.co.in	HYDERABAD

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