

CUSTOMER INFORMATION SHEET/ KNOW YOUR POLICY – Arogya Sanjeevani Policy

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	Arogya Sanjeevani Policy	
2	Policy Number	XXXX <<Dynamic field to be derived from system>>	
3	Type of Insurance Product/Policy	<input 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 type="checkbox"/> Individual Sum Insured- Where each member has a separate sum insured under the policy) OR <input checked="" 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:	
		Hospitalisation Expenses: Expenses incurred on hospitalization for minimum period of 24 hours including pre-hospitalization expenses for a period of 30 days and post hospitalization expenses for a period of 60 days.	D
		Day Care Procedures: Medical Expenses for day care procedures requiring less than 24 hours of hospitalization.	D
		AYUSH Coverage: Expenses incurred on hospitalization under AYUSH treatment up to SI	D
		Cataract Treatment: Expenses incurred up to 25% of Sum Insured or Rs.40,000/-, whichever is lower, per eye in one policy year.	D
		Expenses incurred on dental treatment and plastic surgery- Necessitated due to disease or injury.	D
		Ambulance charges: Expenses on road ambulance subject to a maximum of Rs 2,000 per hospitalization.	D
		Modern Treatment Procedures: Coverage for listed Modern treatment procedures up to 50% of Sum Insured.	D
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)	E

		<ol style="list-style-type: none"> 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. 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) <p>Specific Exclusions</p> <ol style="list-style-type: none"> 1. War (whether declared or not) and war like occurrence or invasion, act of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power seizure, capture, arrest, restrains and detainment of all kinds. 2. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion: 3. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death. 4. Chemical attack weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound 	
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7	Waiting Period	<p>Pre-existing diseases will be covered after a waiting period of forty-eight (48) months of continuous coverage</p>	E
		<p>First Thirty Days Waiting Period (Code- Excl03): Expenses related to treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident</p>	E
		<p>Specific Waiting Periods Specified surgeries/ treatments/diseases are covered after specific waiting period of 24 months</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 tumours, 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 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 	E

		<p>Diseases unless arising from accident</p> <p>18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.</p> <p>19. Varicose Veins and Varicose Ulcers</p> <p>Specified surgeries/treatments/diseases are covered after specific waiting period of 48 months</p> <p>1. Treatment for joint replacement unless arising from accident</p> <p>2. Age-related Osteoarthritis & Osteoporosis</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>Room charges (Hospitalization)</p> <p>Room rent: up to 2% of SI, subject to max of INR 5,000 per day</p> <p>ICU charges: up to 5% of SI, subject to max of INR 10,000 per day</p> <p>in case of Room rent exceeds the limits specified the claim shall be subject to the proportional deduction</p>	D
		<p>2. Co-payment</p> <p>Each and every claim under the policy shall be subject to a Co-payment of 5% applicable to claim amount admissible and payable as per the terms and conditions of this Policy.</p>	F.ii
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 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. 	F.ii
		<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 	F.ii

		document not later than 30 days from the date of discharge. • 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	
10	Policy Servicing	Call us at: 1800 266 3202 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	F.i
11	Grievances/Complaints	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 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	F.i Annexure I
12	Things to remember	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 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. 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. Insurer to specify the process for migration and portability. 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 SI, the waiting	F.i F.i F.ii

		<p>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>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>	F.i
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>	F.i
<p><u>Declaration by the Policy Holder</u></p> <p><input type="checkbox"/> I have read and confirm having noted the details.</p> <p><u>Place:</u></p> <p><u>Date:</u> <u>(Signature of the Policyholder)</u></p> <p><u>Note:</u> In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.</p>			