

### Extension Covers Wordings

#### 1. Room Rent Capping:

If this Extension Cover is in force, as mentioned in Policy Schedule/Certificate of Insurance then the reimbursement or payment of Room Rent and other boarding charges, and Qualified Nurses' charges incurred at the Hospital will not exceed the limits as specified against this Cover in Policy Schedule/Certificate of Insurance.

In case of admission to Intensive Care Unit or Intensive Cardiac Care Unit (ICCU), reimbursement or payment of such Medical Expenses will not exceed the per day limits as specified against this Cover in Policy Schedule/Certificate of Insurance.

**Proportionate clause:** In case of admission to a room/Intensive Care Unit/ICCU at rates exceeding limit as specified in Policy Schedule/Certificate of Insurance, the reimbursement or payment of all other Medical Expenses incurred at the Hospital, with the exception of the cost of medicines, will be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent/ICU Charges/ICCU charges.

#### 2. Room category Limit:

If this Extension Cover is in force, as mentioned in Policy Schedule/Certificate of Insurance then the reimbursement or payment of Room Rent and other boarding charges, and Qualified Nurses' charges incurred at the Hospital will be as per the room category eligibility as specified against this Cover in Policy Schedule/Certificate of Insurance.

**Proportionate clause:** In case the Insured Person is Hospitalized in a room category higher than the specified room category against this Extension cover, then the reimbursement or payment of all other Medical Expenses incurred at the Hospital, with the exception of the cost of medicines, will be effected in the same proportion as the eligible room category per day charge bears to the opted room category charge rate per day.

#### 3. Pre and Post Hospitalisation Expenses

We will, on reimbursement basis, cover Your Reasonable & Customary Pre-hospitalization Medical Expenses incurred in respect of an Injury or Illness that occurs during the Policy Period, immediately prior to Your date of Hospitalization and up to the limits specified in the Policy Schedule/Certificate of Insurance, provided that a claim has been admitted by Us under Base Cover Inpatient Care (section 1 or section 2) and is related to the same Illness/Injury/condition.

We will also cover Your Reasonable & Customary Post-hospitalization Medical Expenses incurred due to an Injury or Illness that occurs during the Policy Period, immediately after Your discharge from the Hospital and up to the limits specified in the Policy Schedule/ Certificate of Insurance, provided that a claim has been admitted by Us under Base Cover Inpatient Care (section 1 or section 2) and is related to the same Illness/Injury/condition.

Our maximum liability under this Extension Cover will be as specified against this Extension Cover in Policy Schedule/Certificate of Insurance.

#### **4. Ambulance Cover**

We will, on reimbursement basis cover the Reasonable and Customary Charges up to the limit specified in the Policy Schedule/Certificate of Insurance that are incurred towards Your 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 the claim for Hospitalization is as per the scope of in-patient care (Base cover 1) of this Policy.

Our maximum liability under this Extension Cover will be as specified against this Extension Cover in Policy Schedule/Certificate of Insurance.

#### **5. Organ Donor Expenses**

We will cover the Reasonable & Customary Medical Expenses incurred towards in- patient Hospitalization of an organ donor for Insured Person's organ transplant Surgery during the Policy Year provided that:

- a) the organ donor conforms to the provisions of The Transplantation of Human Organs Act, 1994 and other applicable laws.
- b) the organ donated is for the use of the Insured Person provided that the Insured Person has undergone an organ transplantation on the basis of Medical Advice;
- c) A claim has been admitted by Us under Base Cover Inpatient Care (section 1 or section 2)

Subject to the above, We will not cover:

- a) Any Pre-hospitalization Medical Expenses, Post-hospitalization Medical Expenses, or screening expenses of the organ donor, or any other Medical Expenses as a result of the harvesting from the organ donor;
- b) Costs directly or indirectly associated with the acquisition of the donor's organ;
- c) Any other medical treatment or complication in respect of the donor consequent to organ donation.

Our maximum liability under this Extension Cover will be as specified against this Extension Cover in Policy Schedule/Certificate of Insurance.

#### **6. Domiciliary Hospitalisation**

We will on reimbursement basis, cover the Reasonable & Customary Medical Expenses incurred for Your 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 as long as either

- a) the attending Medical Practitioner confirms in writing that You cannot be transferred to a Hospital or
- b) You satisfy Us that a Hospital bed was unavailable.

If a claim has been admitted by Us under this Benefit, then claims for Pre-hospitalization Medical Expenses will be payable and claims for Post-hospitalization Medical Expenses will not be payable.

Our maximum liability under this Extension Cover will be as specified against this Extension Cover in Policy Schedule/Certificate of Insurance.

For claims under this Extension Cover, Insured Person must submit a certificate from the attending Medical Practitioner confirming that the condition of the Insured Person is such that he/she is not in a condition to be removed to a Hospital; OR Insured Person must submit reasonable proof regarding unavailability of Hospital beds

### **7. AYUSH Treatment**

We will, on a reimbursement basis, cover Reasonable & Customary 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
- Teaching Hospitals of AYUSH colleges recognised by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH)
- AYUSH Hospitals having registration with a Government Authority under appropriate Act in the State/UT and complies with the following as minimum criteria:
  - o Has at least fifteen in-patient beds;
  - o Has minimum five qualified and registered AYUSH doctors;
  - o has qualified paramedical staff under its employment round the clock;
  - o has dedicated AYUSH therapy sections;
  - o maintains daily records of patients and make these accessible to the insurance company's authorized personnel

Our maximum liability under this Extension Cover will be as specified against this Extension Cover in Policy Schedule/Certificate of Insurance.

Permanent Exclusion 3 of the Policy wordings do not apply to this Extension Cover.

### **8. Maternity Cover:**

We will cover Reasonable & Customary Maternity expenses up to the limit specified in the Policy Schedule/Certificate of Insurance for Hospitalization for the delivery of child or for lawful medically necessary termination of pregnancy maximum up to 2 deliveries or 2 termination of pregnancy during Insured Person's lifetime. Only the Claim with respect to Primary Insured member and his spouse will be covered under this Extension Cover.

A waiting period of 9 months from Cover Start Date will be applicable for this Extension Cover.

In case the maternity period is extending over 2 policy periods, then such maternity period will be considered as a single claim and Our liability for claim payment under Extension Cover shall be as per the terms and conditions of the earlier of such 2 policy periods.

The following Medical Expenses are not covered under this Extension Cover:

- i) Medical Expenses in respect of the harvesting and storage of stem cells when carried out as a preventive measure against possible future illnesses;
- ii) Medical Expenses for ectopic pregnancy which are covered under Base Cover Inpatient Care

- iii) Pre-hospitalization Medical Expenses and Post- hospitalization Medical Expenses
- iv) Any expenses incurred for hospitalization in relation to maternity in pre and post natal periods
- v) Any Medical expenses incurred for voluntary medical termination of pregnancy during the first 12 weeks of the pregnancy

Permanent Exclusion 29 of the Policy wordings do not apply to this Extension Cover.

**9. Baby Day 1 Cover:**

If Hospitalization of a New Born Baby is required, then We will cover the Reasonable & Customary Medical Expenses incurred towards the Hospitalization Treatment of Your New Born Baby up to 90 days from birth. Our maximum liability under this Extension Cover will be subject to the limit specified in the Policy Schedule/ Certificate of Insurance.

In case the maternity period is extending over 2 policy periods, then such maternity period will be considered as a single claim and Our liability for claim payment under Extension Cover shall be as per the terms and conditions of the earlier of such 2 policy periods.

**10. Pre & Post natal cover:**

We will, on reimbursement basis, cover the reasonable and Customary expenses for pre and Post natal care of pregnant Insured Person during the Policy Period.

Our maximum liability under this Extension Cover will be as specified against this cover in Policy Schedule/Certificate of Insurance.

**11. Vaccination for New Born Baby:**

We will, on reimbursement basis, cover Reasonable and Customary Charges for vaccination expenses of the New Born Baby for the vaccinations as mentioned in the Annexure to Policy Schedule until the New Born Baby completes one year or up to the expiry date of this Policy, whichever comes first. Our maximum liability under this Extension cover is up to the limit as defined in the Policy Schedule/ Certificate of Insurance.

Permanent Exclusion 27 of the Policy wordings do not apply to this Extension Cover.

**12. Specified Vaccination Cover:**

We will, on reimbursement basis, cover Reasonable and Customary Charges for vaccination expenses of the Insured Person for the vaccinations as mentioned in the Annexure to Policy Schedule. Our maximum liability under this Extension cover is up to the limit as defined in the Policy Schedule/ Certificate of Insurance.

Permanent Exclusion 27 of the Policy wordings do not apply to this Extension Cover.

**13. Wellness offerings:**

We will provide value added services required to maintain or improve overall well-being of Insured Person, counselling, e- consultations , Road side assistance in the form of mobile ambulance

facilitation and ambulatory care facilitation in case Medical emergency, Health risk assessment basis Insured's response to Medical questionnaire, and Health coach service under this extension cover.

Our maximum liability under this cover will be as specified in Policy Schedule/Certificate of Insurance.

#### **14. Health Check-up**

We will arrange for a health check-up if requested by Policyholder. We will cover health check-ups arranged by Us through Our empanelled Network Providers or on reimbursement basis for check-up availed at any diagnostic centre, provided that:

- a) This Benefit will 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.

This Benefit cannot be carried forward if it is not availed during the period as specified above.

The list of medical tests covered under this Extension cover will be as specified in Annexure to Policy Schedule/Certificate of Insurance.

#### **15. Coverage in PPN Hospitals:**

If this Extension Cover is in force as mentioned in Policy Schedule/Certificate of Insurance, We will cover the expenses for treatment of illness or injury covered under this Policy if treatment is availed in Preferred Provider Network (PPN) hospital on cashless basis. For treatment undertaken in non-PPN hospital, or in a PPN on reimbursement basis, a co-payment of up to 25% will be applicable on admissible claim amount of each and every Claim.

For the purpose of this Extension Cover, Preferred Provider Network (PPN) means and refers to the hospitals empanelled by Us or Our TPA as Preferred Provider Network (PPN) Hospital. An updated list of PPN may is available on Our website [www.magma-hdi.com](http://www.magma-hdi.com). This list can also be availed through our call centre.

#### **16. Accidental Hospitalization daily Cash:**

If an Insured Person is Hospitalized due to injuries sustained due to Accident during the Policy Period and if the Hospitalization is as per the scope of in-patient care (Base cover 1) of this Policy, then We will also pay a daily cash amount specified in the Policy Schedule /Certificate of Insurance for each continuous and completed period of 24 hours of Hospitalization provided that:

- a. We will not make any payment under this Benefit to You for more than the number of days of Hospitalisation as specified in Policy Schedule /Certificate of Insurance
- b. A deductible in terms of number of days per Hospitalization event will be applicable if and as specified in Policy Schedule /Certificate of Insurance

#### **17. Compassionate Visit**

If an insured Person is Hospitalized for five consecutive days or more and if Hospitalization is as per the scope of in-patient care (Base cover 1) of this Policy, for any illness as specified in Policy Schedule/Certificate of Insurance for this Extension cover, then We will reimburse the amount up to the limit specified against this Extension Cover in the Policy Schedule/Certificate of Insurance, incurred in respect of a maximum of two of Insured Person's Immediate Family Members for two way airfare or two way first class railway ticket in a licensed common carrier to the place where Insured Person is Hospitalized provided that:

- a) Insured Person is Hospitalized in a Hospital which is situated at a distance of at least 100 kilometres from Your actual place of residence;
- b) The attending Medical Practitioner recommends the personal attendance of an Immediate Family Member;
- c) Travel by the Immediate Family Member to the place of Hospitalization is commenced during the period of Your Hospitalization
- d) This Benefit will be provided only once per Insured Person per Policy year.

“Immediate Family Member” would mean spouse, children and dependant parents of the Insured Person.

Additional claim documents for this Extension Cover:

Tickets and boarding passes, if applicable

### **18. Loss of income benefit**

If We have accepted a claim for an Illness or Injury that results in Permanent Total Disablement due to which the Insured Person is disabled from engaging in his/her primary occupation and loses his/her source of income generation as a consequence thereof, then We will pay the amount as specified against this Benefit in the Policy Schedule/Certificate of Insurance for the specified no. of months. Coverage under this Extension is available only for earning Insured members.

#### **1. In case of an Individual Policy :**

- a. In case of salaried Insured Persons: Monthly amount equal to benefit amount as specified in Policy Schedule/Certificate of Insurance or the Insured Person’s per month salary based on the average of last 3 months salary slip, whichever is lower will be paid for a maximum of number of months as specified in Policy Schedule/Certificate of Insurance. Net monthly income (post tax), that is, monthly in hand salary excluding overtime, bonuses, tips, commissions or any other special compensation will be considered for the purpose of payout under this benefit;
- b. In case of self-employed Insured Persons: Monthly amount equal to benefit amount as specified in Policy Schedule/Certificate of Insurance or monthly income based on the last income tax returns filed with the income tax department, whichever is lower; will be paid for a maximum of number of months as specified in Policy Schedule/Certificate of Insurance. This payout will consider income from primary occupation only and will not include income from any other sources.

#### **2. In case of a Family Floater Policy :**

- a. In case of salaried Insured Persons: Monthly amount equal to benefit amount as specified in Policy Schedule/Certificate of Insurance, or per month salary of the Insured Person based on the average of last 3 months salary slip of the Insured Person, or per month salary of the Primary Insured based on the average of last 3 months salary slip of the Primary Insured whichever is lower, will be paid for a maximum of number of months as specified in Policy Schedule/Certificate of Insurance. Net monthly income (post tax), that is, monthly in hand salary excluding overtime, bonuses, tips, commissions or any other special compensation will be considered for the purpose of payout under this benefit;

- b. In case of self-employed Insured Persons: Monthly amount equal to benefit amount as specified in Policy Schedule/Certificate of Insurance, or per month income of the Insured Person based on the last income tax return filed with the income tax department, or monthly income of the Primary Insured based on the last income tax returns filed with the income tax department; whichever is lower will be paid for a maximum of number of months as specified in Policy Schedule/Certificate of Insurance. This payout will consider income from primary occupation only and will not include income from any other sources.
3. In case Primary Insured and Insured person are not Income Tax Assessee: Monthly income will be assessed basis the income proof provided on self-declaration basis along with bank statements / any other income statements as proof for the past 12 months. However, for such cases income will be considered as lower of self- declared amount or the income slab up to which individual is not an Income Tax Assessee (as per prevalent Income Tax act). We will pay up to a maximum of number of months as specified in Policy Schedule/Certificate of Insurance, where each monthly benefit will be equal to benefit amount as specified in Policy Schedule/Certificate of Insurance or monthly income as declared by you or 1/12<sup>th</sup> of the income as defined in the income tax slab for which an individual is not an Income Tax Assessee.

This Benefit will be paid, subject to a valid admissible claim, only once during the lifetime of the Insured Person.

#### **19. Home Hospitalization Cover:**

In case Insured Person opts for home care treatment by a service provider authorised by Us for an Illness or Injury which otherwise would have required Hospitalization as an in-patient, then We will also cover such expenses under this Extension Cover provided such home care treatment has been authorized and provided by Our authorized service providers on the basis of Cashless facility.

#### **Claim Procedure for Home Hospitalization:**

For availing Home treatment, Insured Person can contact Our Authorized Home care provider. The updated list of Our authorized Home care provider is available on Our website [www.magma-hdi.co.in](http://www.magma-hdi.co.in). Insured Person can also call at our customer care number 1800 3002 3202 for information and assistance. The Home care provider will evaluate eligibility and, if Home care is assessed to be advisable for Insured Person's health condition, will contact Our TPA. The TPA will provide a pre-authorization to Home care provider within 24 hours of receiving the complete information.

In case as per Our authorized Home care provider, Home care is not found to be advisable for Insured Person's health condition, he/she can avail the treatment at a Hospital as an in-patient and the claim for the same on Cashless or reimbursement process.

#### **20. Home Treatment Additional Daily Cash Benefit**

In case Insured Person opts for home care treatment by a service provider authorised by Us for an Illness or Injury which otherwise would have required Hospitalization as an in-patient, then We will pay a Daily Cash Benefit for each completed day of such treatment as specified in the Policy Schedule/ Certificate of Insurance. Such home care treatment will be authorized and provided by Our authorized service providers on the basis of Cashless facility.

The Daily Cash Benefit will not be available for treatment taken at home for following procedures

- Chemotherapy

- Dialysis

### **21. Companion Benefit**

We will pay the amount specified in the Policy Schedule/Certificate of Insurance for each continuous and completed period of 24 hours of Hospitalization towards the expenses incurred by the person accompanying the Insured Person at the Hospital during such Insured Person's treatment for an Illness or Injury provided that:

- a. Such Insured Person who is Hospitalized is covered as dependent to Primary Insured in this Policy;
- b. The Insured Person should have been Hospitalized for a minimum period of 48 hours continuously;
- c. Such Hospitalization claim is as per the scope of in-patient care (Base cover 1) of this Policy
- d. We will not make any payment under this Benefit for more than the number of days of Hospitalisation as specified in Policy Schedule/Certificate of insurance.

Such accompanying person may or may not be an Insured person under this Policy.

### **22. Convalescence Benefit**

We will pay a lump sum amount as specified in Policy Schedule/Certificate of Insurance towards convalescence only once per Insured per Policy year provided that Hospitalization is as per the scope of in-patient care (Base cover 1) of this Policy and such Hospitalization continues beyond consecutive and completed number of days as specified in Policy Schedule/Certificate of Insurance.

### **23. Worldwide Emergency Hospitalization Cover**

We will cover the Reasonable & Customary Medical Expenses incurred outside India in relation to Insured Person , up to the limits specified in the Policy Schedule/Certificate of Insurance, provided that:

- a) Such Medical Expenses are incurred with respect to Medically Necessary Treatment, where such treatment has been certified as an Emergency by a Medical Practitioner and cannot be postponed until the Insured Person has returned to India and is as per the scope of in-patient care (Base cover 1) of this Policy;
- b) The Medical Expenses payable will be limited to Inpatient Care only;
- c) Any payment under this Benefit will be on a cashless basis or reimbursed only in Indian rupees;
- d) The payment of any claim under this Benefit will be based on the rate of exchange as on the date of payment to the Hospital published by the Reserve Bank of India (RBI) and will be used for conversion of foreign currency into Indian rupees for payment of claim. Where, on the date of discharge, if RBI rates are not published, the exchange rate next published by the RBI will be considered for conversion;
- e) Each admissible claim will be subject to a Deductible of as specified in Policy Schedule/Certificate of Insurance;



- f) Our overall liability will be limited to the limit as specified in Policy Schedule/Certificate of Insurance ;
- g) This Benefit is available on a worldwide basis;

Permanent Exclusions 36 & 38 of the Policy wordings do not apply to this Extension Cover.

This Benefit is available as Cashless facility through pre-authorization by Our service provider as well as on a re-imburement basis through Us. Process for Cashless facility through pre-authorization by Our service provider is as mentioned below:

- i) In the event of an Emergency, Insured Person will call Our service provider immediately, maximum within 24 hours of such hospitalization, on the helpline number specified in the Policy Schedule, requesting for a pre-authorization for the medical treatment required;
- ii) Our service provider will evaluate the request and eligibility under the Policy and call for more information or details, if required;
- iii) Our service provider will communicate within 24 hours of receiving the complete information, directly to the Hospital as to whether the request for pre-authorization has been approved or denied;
- iv) If the pre-authorization request is approved, Our service provider will directly settle the claim with the Hospital. Any additional costs or expenses incurred by Insured Person beyond the limits pre-authorized by the service provider will be borne by Insured Person;
- v) We will not cover any costs or expenses incurred in relation to any persons accompanying Insured Person during the period of Hospitalization, even if such persons are also Insured Persons.

**For admission in Non-Network Provider or into Network Provider if Cashless facility is not availed (Re-imburement Claims) for Worldwide Cover:**

Details of this are provided under section "Claim Procedure" in the Policy Wordings. Please note.

Additional claim documents for this Extension Cover:

The Insured Person's passport, visa, tickets and boarding passes.

**24. Worldwide Hospitalization Cover**

If this Extension Cover is in force as mentioned in Policy Schedule/Certificate of Insurance, then We will also cover the Reasonable & Customary Medical Expenses incurred outside India in relation to Insured Person , up to the limits specified in the Policy Schedule/Certificate of Insurance, provided that:

- a) Such Medical Expenses are incurred with respect to Medically Necessary Treatment and Hospitalization is as per the scope of in-patient care (Base cover 1) of this Policy
- b) A pre- authorization is obtained from our TPA by submitting all relevant documents prior to obtaining such treatment

- c) The Medical Expenses payable will be limited to Inpatient Care only;
- d) Any payment under this Benefit will be on a cashless basis or reimbursed only in Indian rupees;
- e) The payment of any claim under this Benefit will be based on the rate of exchange as on the date of payment to the Hospital published by the Reserve Bank of India (RBI) and will be used for conversion of foreign currency into Indian rupees for payment of claim. Where, on the date of discharge, if RBI rates are not published, the exchange rate next published by the RBI will be considered for conversion;
- f) Each admissible claim will be subject to a Deductible of as specified in Policy Schedule/Certificate of Insurance;
- g) Our overall liability will be limited to the limit as specified in Policy Schedule/Certificate of Insurance ;
- h) This Benefit is available on a worldwide basis;

Permanent Exclusions 36 & 38 of the Policy wordings do not apply to this Extension Cover.

This Benefit is available through pre-authorization by Our service provider. Process obtaining pre-authorization by Our service provider is as mentioned below:

- i) Insured Person will connect with Our service provider on the helpline number specified in the Policy Schedule, requesting for a pre-authorization for the medical treatment required;
- ii) Our service provider will evaluate the request and eligibility under the Policy and call for more information or details, if required;
- iii) Our service provider will communicate within 2 days (1 day in case of Emergency) of receiving the complete information, directly to the Hospital as to whether the request for pre-authorization has been approved or denied;
- iv) If the pre-authorization request is approved, Our service provider will directly settle the claim with the Hospital. Any additional costs or expenses incurred by Insured Person beyond the limits pre-authorized by the service provider will be borne by Insured Person;
- v) We will not cover any costs or expenses incurred in relation to any persons accompanying Insured Person during the period of Hospitalization, even if such persons are also Insured Persons.

**For admission in Non-Network Provider or into Network Provider if Cashless facility is not availed (Re-imbursalment Claims) for Worldwide Cover:**

Details of this are provided under section "Claim Procedure" in the Policy Wordings. Please note.

Additional claim documents for this Extension Cover:

The Insured Person's passport, visa, tickets and boarding passes.

**25. Worldwide OPD Cover:**

We will cover the Reasonable and Customary Charges incurred for availing following services on an out-patient basis to assess Insured Person's health condition for any Illness as specified in Policy Schedule/Certificate of Insurance

- medically necessary consultations with a Medical Practitioner
- undergoing any Diagnostic Tests prescribed by the Medical Practitioner
- medicines purchased under and supported with a Medical Practitioner's prescription.
- Non surgical and minor surgical procedures which are neither in-patient nor day care procedures

The scope of coverage for this Extension Cover is Worldwide.

The amount payable under this Benefit shall be up to the limit shown in the Policy Schedule/Certificate of Insurance.

Permanent Exclusions 11, 12, 26, 36 & 38 of the Policy wordings do not apply to this Extension Cover.

Medical Practitioner for the purpose of this Extension Cover means a person who holds valid registration from the authorized body for regulation of medical practice in respective state/country where he/she is practicing and is thereby entitled to practice medicine within its jurisdiction and is acting within its scope and jurisdiction of license.

#### **26. Air Ambulance Cover**

We will cover the Reasonable & Customary expenses up to the limit specified in the Policy Schedule/Certificate of Insurance that are 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 which occurs during the Policy Period provided that:

- a. Such transportation of Insured Person cannot be provided by a road ambulance;
- b. Claim for Hospitalization in the Hospital Insured Person is transported to is admissible under Base Cover (Section 1 or 4) of this Policy;
- c. Treatment is not available at the location where Insured Person is situated at the time of the Emergency;
- d. Such medical evacuation is prescribed by a Medical Practitioner and is medically necessary;
- e. Insured Person is situated in India and the treatment is required in India only and not overseas in any condition whatsoever;
- f. The air ambulance provider is registered in India;
- g. Expenses incurred towards return transportation by air ambulance is excluded under this Benefit.
- h. Expenses incurred for such Air Ambulance services in the event of any catastrophe or natural calamity will not be covered

#### Additional Claim documents for Air Ambulance Cover:

- i. Certification by the treating Medical Practitioner of such life threatening Emergency condition and confirming that current Hospital does not have suitable medical equipment and technology for the life threatening condition.

- ii. Bills/receipts of transportation agency/ambulance company/air ambulance receipts.

**27. Repatriation of Remains:**

In case of death of Insured Person due to covered illness or injury sustained during Policy Period, We will cover the Reasonable & Customary expenses incurred for transportation of mortal remains of Insured Person from the place of death to the home country maximum up to the limit as specified against this Extension Cover in Policy Schedule/Certificate of Insurance.

**28. Medical Evacuation Cover:**

We will cover the Reasonable & Customary expenses up to the limit specified in the Policy Schedule/Certificate of Insurance that are incurred due to necessary immediate evacuation of the Insured Person required due to medical emergency arising out of illness or injuries sustained in an Accident.

Provided the following:

1. Adequate medical facility is not available locally
2. Emergency evacuation is done to the nearest facility capable of providing adequate care under proper medical supervision
3. Such evacuation should have been carried out by medically equipped specialty aircraft, commercial airline, train or ambulance depending upon the nature of emergency medical needs and available and suitable transportation mode
4. We must be immediately notified if such emergency evacuation is availed

Claim under this extension cover will be applicable only if the claim is admissible under any of the Base Covers section of this Policy.

**29. IVF Treatment Cover**

We will, on reimbursement basis, cover the Reasonable & Customary Medical Expenses incurred by the Insured Person during the Policy Period for her IVF (in-vitro fertilization) treatment undertaken at a clinic duly registered in accordance with applicable law and on the written Medical Advice of a specialist Medical Practitioner, maximum up to the limit as mentioned in the Policy Schedule/Certificate of Insurance, provided that the Insured Person undergoes the treatment before 40 years of Age.

Following will not be covered under this Benefit:

- a) Any expenses with respect to the Insured Person's use of third party surrogate or gestational carrier in pregnancy
- b) Any expenses for consultation, diagnostic tests or procedure or any such other expenses for diagnosis of infertility

**30. Bariatric Surgery Cover**

We will cover the Reasonable & Customary Medical Expenses incurred by the Insured Person during the Policy Period for undergoing medically necessary Bariatric Surgery prescribed by a specialist Medical Practitioner, maximum up to the limit as mentioned in the Policy Schedule/Certificate of Insurance, provided that

- a) the Insured Person's BMI is above 35; and
- b) the Bariatric Surgery is non- cosmetic in nature.

Permanent Exclusion 25 of the Policy wordings do not apply to this Extension Cover.

### **31. Lasik Surgery Cover**

We will cover the Reasonable & Customary Medical Expenses incurred by the Insured Person during the Policy Period for undergoing LASIK Surgery for correction of refractive error, maximum up to the limit as mentioned in the Policy Schedule/ Certificate of Insurance, provided that:

- a) the Insured Person is Aged 40 years or below;
- b) the Insured Person has a refractive index of plus/minus 5 or more; and
- c) the procedure is prescribed as medically necessary by a Medical Practitioner who is an ophthalmologist.

Permanent Exclusion 13 of the Policy wordings do not apply to this Extension Cover.

### **32. Corporate Floater:**

We will additional provide coverage under this Policy, up to the amount specified against this Extension Cover, subject to following:

1. This Sum insured can be utilized only after exhaustion of individual member's sum insured
2. The maximum aggregate payable amount to an Insured Person from this Extension Cover will be as specified in Policy Schedule/certificate of Insurance
3. Any sub-limit if and as applicable to Extension Cover and Base covers will also be applicable for payment of claim under this Extension Cover

### **33. Coverage for Modern Medical Treatment:**

We will cover the Reasonable and customary medical expenses for undergoing modern medical treatment (for e.g. Robotics surgery, Cyber knife treatment, Hormone replacement therapy, gamma knife surgery, advanced reconstructive surgery etc.) at facilities equipped and certified to provide such treatment, subject to following:

1. Our maximum liability under this Extension Cover will be as specified in Policy Schedule/Certificate of Insurance
2. Only the medical condition and treatment modalities as defined in Policy Schedule/Certificate of Insurance will be covered under this Extension Cover

The list of procedures covered in addition to above, if any, will be displayed on our website [www.magma-hdi.co.in](http://www.magma-hdi.co.in)

### **34. External Medical Aid cover**

We will, on reimbursement basis, cover the Reasonable & Customary expenses incurred by Insured Person for procuring medically necessary walkers, crutches, ambulatory device, belts, collars, caps, splints, slings, braces, stockings, diabetic foot wear, prosthetic devices, orthopaedic devices and medical equipments as certified by treating Medical Practitioner to be necessary.. Our maximum liability under this extension cover will be as specified in Policy schedule/Certificate of Insurance. Such device/equipments/aids must be required consequent to an illness or injury occurring during Policy Period and must be medically necessary as certified by Medical Practitioner.

**35. Travel for Medical treatment Cover**

We will cover the expenses up to the limit specified in the Policy Schedule/Certificate of Insurance that are incurred towards Insured Person's transportation to another city for the purpose of availing treatment for illness or injuries provided the following:

- Adequate medical facility is not available locally
- Such treatment for which travel is undertaken is medically necessary and is as per written advice from treating Medical Practitioner.

**36. Non payable expenses Cover:**

We will cover the Reasonable & Customary expenses for specified items up to the limit specified in the Policy Schedule/Certificate of Insurance that are otherwise form a part of list of "Items for which optional cover may be offered by insurer" as per IRDAI Guidelines on Standardization in Health Insurance, 2016.. Only the items listed in annexure to Policy Schedule/Certificate of insurance will be covered under this Extension Cover.

**37. 30 day waiting period waiver cover:**

If this extension cover is in force, the initial 30 day waiting period as defined in Section III.1.a of this Policy shall be waived.

**38. Specific disease waiting period reduction cover:**

If this extension cover is in force, the waiting period as for Specific conditions as listed in Section III.1.b of this Policy will be reduced to number of years/months as specified in Policy schedule/Certificate of Insurance.

Waiting period as defined in Section III.1.b of this Policy will stand modified as per this Extension cover.

**39. Pre-existing Diseases cover:**

If this extension cover is in force, the waiting period as for Pre-existing diseases will be reduced to number of years/months as specified in Policy schedule/Certificate of Insurance.

Waiting period as defined in Section III.1.c of this Policy will stand modified as per this Extension cover.

**40. Top Up Cover (Aggregate Deductible Cover)**

If this Extension cover is applicable to this policy as mentioned in Policy Schedule/Certificate of Insurance, then the Policy becomes a Super Top-up policy wherein claim in a Policy Year becomes payable by Us only after deductible limit is crossed. A deductible does not reduce Sum Insured.

The Insured Person will bear on his/her own account an amount equal to the Deductible specified in the Policy Schedule/Certificate of Insurance, on his/her aggregate claim amounts during the policy year. . 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.

The Deductible will apply on individual basis in case of policy covering Primary Insured only and on floater basis in case Policy coverage is for Primary Insured and Dependents.

Additional claim documents:

- Claim settlement letter and copy of claim documents for the claim amount under deductible, in case same is covered by another insurer

**41. Deductible Cover**

If this Extension cover is applicable to this policy as mentioned in Policy Schedule/Certificate of Insurance, then the Policy becomes a Deductible based policy wherein claim for a hospitalization event becomes payable by Us only after deductible limit is crossed. A deductible does not reduce Sum Insured.

The Insured Person will bear on his/her own account an amount equal to the Deductible specified in the Policy Schedule/Certificate of Insurance for each and every hospitalization claim We assess to be payable by Us under the Policy. Our liability to make payment under the Policy in respect of any hospitalization claim will only be limited to amount over and above such deductible amount maximum up to the Sum insured of this Policy.

The Deductible will apply on each and every claim with respect to each Insured Person.

**42. Co-Payment**

If this Extension Cover is applicable to this policy as mentioned in Policy Schedule/Certificate of Insurance, then for each and every claim Insured Person will on his own account, bear the part of admissible claim amount as mentioned in Policy Schedule/Certificate of Insurance.

Co-payment applicable as per this Cover will be in addition to any other Co-payment applicable under this Policy, if any.

**43. Surrogacy Cover:**

We will, on reimbursement basis, cover the pregnancy related medical expenses incurred by Insured Person with respect to the person who is the surrogate person for delivery of Insured Person's child.

Our maximum liability under this Extension Cover will be as specified against this cover in Policy Schedule/Certificate of Insurance.

**44. Sleep Apnea Cover:**

We will, on reimbursement basis, cover the Reasonable and Customary expenses for treatment related to sleep apnea condition of Insured Person provided such treatment are medically necessary and is taken on written advice of a medical practitioner.

Our maximum liability under this Extension Cover will be as specified against this cover in Policy Schedule/Certificate of Insurance.

Permanent exclusion 33 does not apply to this Extension Cover.

**45. Rehabilitative Therapy & Speech Therapy Cover:**

We will, on reimbursement basis, cover the Reasonable and Customary expenses for rehabilitative therapy and Speech therapy of the Insured Person, provided the same has been advised in writing by a Medical Practitioner and such therapy is done by licensed therapist.

Our maximum liability under this Extension Cover will be as specified against this cover in Policy Schedule/Certificate of Insurance.

**46. Reconstructive Surgery Cover:**

We will cover the Reasonable and Customary expenses for reconstructive surgery of the Insured Person for correction of defects/anomaly arising out of illness/injuries sustained during the Policy period.

Our maximum liability under this Extension Cover will be as specified against this cover in Policy Schedule/Certificate of Insurance.

Permanent exclusion 34 does not apply to this Extension Cover.

#### **47. Well baby expense Cover:**

We will, on reimbursement basis, cover the Reasonable and Customary expenses for routine medical examination including diagnostic tests and immunization of Insured's new born baby's first year of life.

Our maximum liability under this Extension Cover will be as specified against this cover in Policy Schedule/Certificate of Insurance.

#### **48. Hospice & Palliative Care:**

If during the Policy period, an Insured Person is diagnosed with a medical condition which is terminal or when the treatment can no longer be expected to cure his/her condition then We will cover the Reasonable and Customary expenses for physical care, hospital or hospice accommodation, day care or out-patient care, nursing care and prescribed drugs.

Our maximum liability under this Extension Cover will be as specified against this cover in Policy Schedule/Certificate of Insurance.

#### **49. Out-patient skilled Nursing:**

We will cover the Reasonable and Customary expenses for skilled Nursing care on out-patient basis required by Insured Person on account of illness or injury suffered during the Policy Period. Such Nursing care must be taken basis the written advice of Medical Practitioner.

Our maximum liability under this Extension Cover will be as specified against this cover in Policy Schedule/Certificate of Insurance

#### **50. Alternative treatment:**

We will cover the Reasonable and Customary expenses for alternative treatments such as Chiropractic, Acupuncture, Naturopathy, as specified in Policy schedule/Certificate of Insurance provided the treatment is done by a registered practitioner of such respective therapies.

Our maximum liability under this Extension Cover will be as specified against this cover in Policy Schedule/Certificate of Insurance.

Permanent Exclusion 3 does not apply to this Extension Cover.

#### **51. Personal Accident Cover:**

If at any time during the Policy Period, the Insured Person sustains an Injury resulting solely and directly due to an Accident anywhere in the world, and results in death or Permanent Total Disablement (PTD) or Permanent Partial Disablement (PPD) of the Insured person within 12 months of such accident, then We shall pay the Insured Person or his/her nominee as the case may be, a lump sum amount as per the percentage (as defined in below table) of the amount as specified against this cover in Policy schedule/ Certificate of Insurance.

<b>Event</b>	<b>Benefit %</b>
A. Death	100%
B. Permanent Total Disablement (PTD)	
i) Loss of sight of both eyes	100%



ii) Loss of two entire hands	100%
iii) Loss of two entire feet	100%
iv) Loss of one entire hand and one entire foot	100%
v) Loss of one eye and one entire hand OR Loss of one eye and one entire foot	100%
vi) Loss of one entire hand or of one entire foot	50%
vii) Loss of sight of one eye	50%
viii) If such Injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured Person from engaging in any employment or occupation of any description	100%
C. Permanent Partial Disablement (PTD)	
Actual loss by physical separation of one entire hand or one entire foot	50%
Use of a hand or a foot without physical separation	50%
Loss of speech	75%
Loss of toes-all of any one foot	20%
Loss of toes great- both phalanges	5%
Loss of toes great- one phalanx	2%
Loss of toes other than great- if more than one toes lost: each	2%
Loss of hearing: both ears	75%
Loss of hearing: One ear	30%
Loss of four fingers and thumb of one hand	40%
Loss of four fingers of one hand	35%
Loss of thumb- both phalanges	25%
Loss of thumb- One phalanx	10%
Loss of index finger- three phalanges	10%
Loss of index finger- two phalanges	8%
Loss of index finger- one phalanx	4%
Loss of middle finger or Ring finger or little finger- three phalanges	6%
Loss of middle finger or Ring finger or little finger- two phalanges	4%
Loss of middle finger or Ring finger or little finger- one phalanx	2%
Loss of metacarpals- any (additional)	3%
Loss of sense of Taste	5%
Loss of sense of Smell	10%

Any other PPD	As assessed by Doctor
D. Temporary Total Disablement (TTD)	Weekly benefit for maximum 104 weeks

For the purpose of this Extension Cover, Loss means Actual loss by physical separation or Total and irrecoverable loss of functional use.

We will also give weekly benefit for Temporary Total Disablement (TTD) arising due to accidental injuries under this Extension Cover, subject to following:

- a. The TTD should be such that it completely prevents the Insured person from performing duties pertaining to employment/occupation
- b. TTD must be certified by Medical Practitioner or Doctor
- c. We will pay the benefit maximum up to 104 weeks from date of accident
- d. Maximum weekly benefit amount will be as per the same mentioned in the Policy schedule/Certificate of Insurance
- e. We will not pay amount in excess of Insured Person's weekly income excluding bonus, overtime, commissions or any other special compensation
- f. If the disability is for a part of week, then only proportionate part of the weekly benefit will be payable
- g. This cover is not applicable to Insured Person(s) who are covered as spouse or children, unless specifically mentioned in Policy schedule/Certificate of Insurance

If claim arises under two or more the events as listed in table above due to same or different accidental event(s) in the same Policy Period then our liability will be restricted to the amount payable under one of these covers which has maximum benefit amount percentage defined.

#### **52. Disease Sub-limit Cover:**

If this Extension Cover is in force, medical expenses of specified diseases' medical or surgical management will be covered maximum up to the sub-limit as defined for that illness/surgical procedure in annexure to Policy Schedule/Certificate of Insurance.

Such sub-limits are applicable as per Any One Illness. Any one illness means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

#### **53. Accidental Hospitalization Cover:**

If this Extension Cover is in force, the coverage under the Base cover 1 (In-patient Care) shall be restricted to Accidental injuries only.

We shall only cover the Reasonable and Customary Charges for the following Medical Expenses incurred by Insured Person if during the Policy Period, he/she requires Hospitalization on the written Medical Advice of a Medical Practitioner, for any Accidental Injury which is sustained during the Policy Period:

- a) Medical Practitioners' fees
- b) Room Rent and other boarding charges
- c) ICU Charges

- d) Operation theatre charges
- e) Diagnostic procedures' charges
- f) Medicines, drugs and other consumables as prescribed by the Medical Practitioner
- g) Qualified Nurses' charges
- h) Intravenous fluids, blood transfusion, injection administration charges
- i) Anaesthesia, Blood, Oxygen, operation theatre charges, surgical appliances
- j) The cost of prosthetics and other devices or equipment if implanted internally during a Surgical Procedure

Under this section, We will also cover the Medical Expenses incurred for Day Care Treatment on the recommendation of a Medical Practitioner following an 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/Certificate of Insurance. Any OPD treatment undertaken in a Hospital/Day Care Centre will not be covered under this Benefit.

Our maximum liability under this Cover will be as per the Sum Insured defined for Base Cover 1, as specified in Policy Schedule/Certificate of Insurance.

Waiting periods as mentioned in Section III.1 will not be applicable for this Extension Cover.