MANIPALCIGNA INFINIX

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about your policy.

<table>
<tr><th>Sr. No.</th><th>Title</th><th>Description</th><th>Clause Number as per Policy Wordings</th></tr>
<tr><td>1</td><td>Name of Insurance Product/Policy</td><td>ManipalCigna Infinix – Core</td><td>Not Applicable</td></tr>
<tr><td>2</td><td>Policy Number</td><td>XXXXXXXX</td><td rowspan="3"></td></tr>
<tr><td>3</td><td>Type of Insurance Product/Policy</td><td>Both indemnity and Benefit (Where the policy has elements of both)
Indemnity – We pay for the insured's eligible medical expenses either cashless or via reimbursement, based on the policy terms.
Benefit – Under certain benefits we pay a fixed amount upon the occurrence of a covered event.</td></tr>
<tr><td>4</td><td>Base Sum Insured (BSI)</td><td>• Individual Base Sum Insured – Wherein there is only 1 insured member in the Policy with an independent Sum Insured
<table>
<tr><th>Insured Name</th><th>Base Sum Insured (in ₹)</th></tr>
<tr><td><Insured Name 1></td><td>xxxxx</td></tr>
</table>
Or
• Floater Base Sum Insured – Wherein all members under the policy shares a single common Base Sum Insured limit for all members, which can be utilized by any or all members.
<table>
<tr><th>Insured Name</th><th>Base Sum Insured (in ₹)</th></tr>
<tr><td><Insured Name 1></td><td rowspan="3">xxxxx</td></tr>
<tr><td><Insured Name 2></td></tr>
<tr><td><Insured Name 3></td></tr>
</table></td></tr>
<tr><td rowspan="2">5</td><td rowspan="2">Policy Coverages (What the policy covers?)</td><td>Base Covers: Coverages that are inbuilt in your plan and covered upto Base Sum Insured (unless specified explicitly otherwise)</td><td>Section 2.I.</td></tr>
<tr><td>1. In-patient Hospitalization
We'll cover your medical expenses if you are hospitalized for 2 hours or more due to an illness or injury.</td><td>Section 2.I.1.</td></tr>
</table>

		You're also covered for hospitalizations related to: a. Listed Modern & advanced treatments: Listed modern treatments are covered provided we are informed in advance and our approval is obtained beforehand for both cashless and reimbursement claims. b. HIV/AIDS & STDs (24 hours hospitalization required) **c.** Mental health conditions (24 hours hospitalization required) Claims shall be adjudicated in accordance with the applicable guidance, directions, circulars, or clarifications issued from time to time by Regulatory Authorities including the General Insurance Council. You can check the details in the link below, which shares guidance from the General Insurance Council. Link: https://www.manipalcigna.com/documents/d/rewamp/modern_treatments_and_fever_guidelines Any treatment which can be taken on an OPD basis or does not require In-patient hospitalization shall be excluded. Few examples are as below a. Administration of intramuscular (IM) injections or intravenous (IV) fluids for nutritional or vitamin deficiencies b. Administration of antibiotics, analgesics and proton pump inhibitors (PPIs) c. Administration of intra ocular injections d. Nebulization	
		2. Day Care Treatment Medical expenses for all day care procedures that don't require a full-day hospital stay are covered.	Section 2.I.2.
		3. Pre-Hospitalization Medical Expenses Pre-hospitalization expenses are covered for up to: • 60 days (₹10L Sum Insured) • 90 days (Unlimited Sum Insured) before hospital admission.	Section 2.I.3.
		4. Post-Hospitalization Medical Expenses Post-hospitalization expenses are covered for up to: • 90 days (₹10L Sum Insured) • 180 days (Unlimited Sum Insured) after discharge.	Section 2.I.4.
		5. Domiciliary Hospitalization	Section 2.I.5.

		We cover medical expenses if Your medical condition is such that you are unable to move to a hospital, or if there's no hospital bed available. Pre- and post-hospitalization expenses are covered for up to 30 days each.	
		6. Road Ambulance Road ambulance expenses for emergency hospital transport are covered	Section 2.I.6.
		7. Donor Expenses Covers organ donor-related expenses including organ harvesting, pre- and post-hospitalization (up to 30 days each), and donor screening (for one successful transplant per year). Also includes cover for donor complications up to ₹2 lakhs per year (over and above your Base Sum Insured).	Section 2.I.7.
		8. AYUSH Treatment In-patient care AYUSH hospitalization treatments are covered	Section 2.I.8.
		9. Preferred Provider Network (PPN) To make the most of your health plan and avoid co-payment, choose a hospital that is part of your selected PPN package for In-patient Hospitalization, Day Care Treatment, or AYUSH Treatment.	Section 2.I.9.
		10. Wellness Program Stay active and earn rewards through our Healthy Life Management Program — up to 20% of your expiring premium. These rewards can be used as a discount on your next renewal.	Section 2.I.10.
		11. Tele-Consultation Avail unlimited tele-consultations with general physicians from our network.	Section 2.I.11.
		12. Discounts and Health Services from Network Providers Access health services, discounts and special rates through our Network Providers OR hospitals/service partners.	Section 2.I.12.
		13. Home Treatment (Available only if Unlimited BSI is opted) Expenses for treatment at home for specified conditions are covered provided we are informed in advance and our approval is obtained beforehand for both cashless and reimbursement claims.	Section 2.I.13.
		14. Emotional Quotient Unlimited e-access to psychologists, mental wellness tools & much more.	Section 2.I.14.
		15. NutriBoost Unlimited e-consults on nutrition, weight management & overall well-being.	Section 2.I.15.
		Optional Covers This section lists all the optional covers under the plan unless specifically mentioned as inbuilt. You're covered only for those optional covers that you choose and that are mentioned in your policy schedule.	Section 2.II.
		16. Personal Accident Plus	Section 2.II.1

		If an accident results in death or a listed permanent disability, we provide a lump sum payout as per your chosen cover.	
		17. Health Check-up All insured members aged 18+ can avail a health check-up once every policy year.	Section 2.II.2
		18. High-End Diagnostic Tests (Available only with Unlimited Sum Insured) If your doctor recommends certain advanced diagnostic tests listed under the policy, we'll reimburse the costs up to ₹50,000 in a policy year	Section 2.II.3
		19. Air Ambulance If there is a life-threatening medical emergency and quick air transport to the nearest hospital is required, the related air ambulance expenses are covered, up to ₹10 lakhs (over and above your Base Sum Insured).	Section 2.II.4
		20. Annual Aggregate Deductible Your annual deductible is the amount you opt to pay before your coverage for the policy year begins— pick a deductible that suits your needs and enjoy discounted premiums.	Section 2.II.5
		21. One-time Aggregate Deductible A one-time deductible is the amount you pay once while this benefit is in force before your coverage begins. Pick a one-time deductible that suits your needs and enjoy discounted premiums .	Section 2.II.6
		22. Room Rent Modification You can choose to upgrade your room eligibility to • Any room excluding suite & above (Available only with Unlimited BSI) OR • Any Room (Available only with Unlimited BSI) OR • Save by opting upto a twin-sharing AC room	Section 2.II.7
		23. Coverage of Non-Medical Expenses (NME) and Durable Medical Equipment (DME) a. **Listed NME:** Covered b. **Listed DME:** Covered up to ₹1 Lac (over & above Base SI) in case, prescribed during hospitalization or within 30 days post-discharge.	Section 2.II.8
		24. New Beginnings Coverage for maternity, your newborn's hospitalization, pre and post-natal expenses and first-year vaccinations —within the specified benefit amount.	Section 2.II.9
		25. Reduction of Waiting Period This benefit reduces both the below waiting periods from 36 months to 24 months so that you can access coverage for these conditions sooner under your policy. • Pre-Existing disease waiting period (Code – Excl. 01) and	Section 2.II.10

		• Specified diseases/procedure waiting period (Code – Excl. 02)	
		26. QuickAccess QuickAccess gives you coverage from Day 31 for select declared and accepted pre-existing conditions like diabetes, hypertension, obesity, asthma, thyroid disorders and more. Additionally, the waiting period for Specified diseases/procedures is reduced from 36 months to 24 months, enabling faster access to benefits.	Section 2.II.11
6	**Exclusions (What the policy does not cover)**	**List of Exclusions**	**Section 3**
		1. Investigation & Evaluation: Code- Excl. 04	
		2. Rest Cure, rehabilitation and respite care: Code- Excl.05	
		3. Obesity/ Weight Control: Code- Excl. 06	
		4. Change-of-Gender treatments: Code- Excl. 07	
		5. Cosmetic or plastic Surgery: Code- Excl. 08	
		6. Hazardous or Adventure sports: Code- Excl. 09	
		7. Breach of law: Code- Excl. 10	
		8. Excluded Providers: Code- Excl. 11	
		9. Treatment for Alcoholism, Drug or substance abuse, or Any addictive condition and consequences thereof: Code- Excl. 12	
		10. Treatments received in heath hydros, nature cure clinics, spas, or similar establishments: Code- Excl. 13	
		11. Dietary supplements and Over-the-Counter Substances: Code- Excl. 14	
		12. Refractive Error: Code- Excl. 15	
		13. Unproven Treatments: Code- Excl. 16	
		14. Sterility and Infertility: Code- Excl. 17	
		15. Maternity: Code Excl 18	
		16. Expenses incurred towards Dental Treatment, orthodontic treatment, dentures, or dental Surgery of any kind shall be excluded, unless such treatment is necessitated due to an Accident and requires a minimum of 24 hours Hospitalization. Treatment related to gum disease, tooth disease, or dental damage shall also be excluded, unless such treatment is attributable to an irreversible bone disease involving the jaw that cannot be treated in any other means, and is specifically covered under the Policy.	
		17. Expenses incurred towards circumcision shall be excluded, unless such procedure is medically necessary for the treatment of an illness or injury not otherwise excluded under the policy, or is necessitated due to an accident.	
		18. Expenses incurred towards Instruments or devices used for the treatment of Sleep Apnea Syndrome (including C.P.A.P.), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D.) and Oxygen Concentrator	

		for Bronchial Asthmatic condition, Infusion pump, or any other external medical devices used during or after treatment shall be excluded.	
		19. Expenses incurred towards the treatment of any External Congenital Anomaly or defects, and any complications or conditions arising therefrom, shall be excluded.	
		20. Expenses incurred towards prostheses, corrective devices, or medical appliances that are not required intra-operatively for the illness or injury for which the Insured Person is Hospitalized shall be excluded.	
		21. Expenses incurred towards any stay in a Hospital where no treatment is undertaken, or where the admission is for any purpose other than receiving eligible medical treatment of a type that ordinarily requires hospitalization, shall be excluded.	
		22. Expenses incurred towards treatment received outside the geographical limits of India shall be excluded.	
		23. Expenses incurred towards donor screening, or costs incurred in organ transplant surgery involving organs not harvested from a human body, shall be excluded, except for conditions covered under 'Donor expenses' benefit.	
		24. Expenses incurred on Non-Allopathic treatments except AYUSH, Hydrotherapy, Acupuncture, Reflexology or Chiropractic treatment.	
		25. Expenses incurred towards any Illness or conditions caused by, arising from, or attributable to ionizing radiation, contamination by radioactivity from any nuclear fuel (whether in explosive or hazardous form), or nuclear waste from the combustion of nuclear fuel, or resulting from any chemical or biological attack, or any sequence thereof, shall be excluded.	
		26. Expenses incurred towards any illness, injury, or condition caused by, arising from, or attributable to foreign invasion, act of foreign enemies, hostilities or warlike operations (whether war is declared or not, including while performing duties in the armed forces of any country), participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power, active participation in riots, or confiscation, nationalization, requisition, destruction of, or damage to property by or under the order of any government or local authority, shall be excluded.	
		27. Non-medical expenses mentioned in List – I of Annexure 2.	
		28. Any deductible or co-payment amount, if applicable, as specified in the Policy Schedule, shall be borne by the Insured Person.	
		29. Expenses related to cataract treatment involving all types of Multi-focal Lenses (including intraocular lenses), Multi-focal Toric Lenses, and Femto Laser-assisted surgeries are not covered.	
		30. Any kind of Out-Patient Treatment expenses including fractures (not requiring any kind of hospitalization).	

		31. Expenses related to an Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide.	
		32. Stem cell harvesting.	
		33. Vaccination including inoculation and immunisations (except post animal bite treatment).	
		34. Expenses related to the provision or fitting of hearing aids, spectacles or contact lenses.	
		35. Any treatment and associated expenses for alopecia, baldness including cortico steroids and topical immuno therapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, optometric therapy.	
		36. Any permanent exclusion applied on any medical or physical condition or treatment of an Insured Person as specifically mentioned in the Policy Schedule and as specifically accepted by Policyholder/Insured Person. Such exclusions shall be applied for the condition(s) or treatment(s) that otherwise would have resulted in rejection of insurance coverage under this Policy to such Insured Person as per Company's Underwriting Policy.	
		37. Pre-existing Conditions will be reviewed as per the company's underwriting policy/manual.	
		38. Treatment at a healthcare facility which is NOT a Hospital or Day Care Centre or AYUSH Hospital.	
		39. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.	
		40. Any treatment or part of a treatment that is not of a reasonable charge or not Medically Necessary.	
		41. Drugs or treatments which are not supported by a prescription.	
		42. Expenses incurred towards artificial life maintenance, including life support, after the patient has been certified to be in a vegetative state by the treating medical practitioner shall not be payable.	
7	**Waiting Period** • Time period during which specified disease/ treatment are not covered. • It is counted from the beginning of the policy coverage.	**List of Waiting Periods**	**Section 3**
		a. **Initial Waiting Period:** 30 days	
		b. **Specified diseases/procedure Waiting Period:** 36 months	
		c. **Pre-existing Disease Waiting Period:** 36 months	
		d. **Personal Waiting Period:** max. 36 months (applicable only if specifically mentioned in the Policy Schedule)	
		e. **New Beginnings (if opted):** 12 months (applicable for first-time maternity cover buyers - Fresh/Migration/Port policies)	Section 2.II.9
8	**Financial limits of coverage**	The policy will pay in accordance with the limits specified below	
	• Sub-limit	**Room / ICU Charges** (Basis Base Sum Insured and Optional Cover Opted): 1. Upto Single Private AC Room 2. Upto Twin Sharing AC Room 3. Upto Any Room excluding suite and above	Section 2.II.7

	• Co-payment	A co-payment shall apply if treatment or hospitalization is availed at a hospital outside the opted PPN Network tier, this co-payment will not apply in life threatening medical emergencies.	Section 2.I.9
	• Deductible	**Deductible** 1. Annual Aggregate Deductible: ₹XX OR 2. One-time Aggregate Deductible: ₹XX	Section 2.II.5 & Section 2.II.6
9	**Claims/Claims procedure**	**Details of procedure to be followed for cashless services as well as for reimbursement of claim including pre and post hospitalization:** To know the process for our cashless and reimbursement claims visit: https://www.manipalcigna.com/claims	**Section 5**
		Turn Around Time (TAT) for claim settlement 1. **TAT for pre-authorization of cashless facility –** within 1 hour from receipt of request. 2. **TAT for cashless final bill authorization -** 3 hours of receipt of request for final discharge from Network provider.	
		Web links for the followings: 1. **Network hospital details -** https://www.manipalcigna.com/locate-us 2. **Helpline Number -** https://www.manipalcigna.com/claims 3. **Hospital which are Unrecognised or from where no claims will be accepted by Us:** https://www.manipalcigna.com/locate-us 4. **Link for downloading claim form** - https://www.manipalcigna.com/downloads/claims	
10	**Policy Servicing**	For hassle free policy servicing customer can manage their policy by clicking on https://eservicing.manipalcigna.com/login or Download myManipalCigna App from Playstore or appstore	**Annexure - 3** **Clause: 16**
11	**Grievances/ Complaints**	**LEVEL 1** **Health Relationship Managers** Call our toll-free number 1800-102-4462 between 9:00 AM to 9:00 PM. Email us at: headcustomercare@manipalcigna.com	

		For Senior Citizen Assistance Seniorcitizensupport@ManipalCigna.com	
		LEVEL 2 **Grievance Redressal Officer** Call us on 022-61703600 between 10 AM to 6 PM (Monday to Friday) Email us at complaints@manipalcigna.com	
		LEVEL 3 **Chief Grievance Redressal Officer** Call us on 022-61703600 between 10 AM to 6 PM (Monday to Friday) E-mail us at: Compliance@manipalcigna.com For Senior Citizen Assistance: Seniorcitizensupport@ManipalCigna.com	
		LEVEL 4 **Approach Ombudsman** The office Name and address details applicable for your state can be obtained from - https://www.cioins.co.in/Ombudsman	
		Courier: Any of Our Branch office or corporate office during business hours. Policyholder/Insured Person may also approach the grievance cell at any of company's branches with the details of the grievance. If Policyholder/Insured Person is not satisfied with the redressal of grievance through one of the above methods, they may contact the grievance officer at, 'The Grievance Cell, ManipalCigna Health Insurance Company Limited, 401/402, 4th Floor, Raheja Titanium, Western Express Highway, Goregaon (East), Mumbai - 400063, Maharashtra, India. or E-mail: headcustomercare@manipalcigna.com.	
		For updated details of grievance officer, kindly refer link - https://www.manipalcigna.com/grievance-redressal	

		If Policyholder/Insured person is not satisfied with the redressal of grievance through above methods, they 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 Ombudsman offices attached as Annexure I of Policy document. Grievance may also be lodged at IRDAI complaints management system - https:// bimabharosa.irdai.gov.in/ You may also approach the Insurance Ombudsman if your complaint is open for more than 30 days from the date of filing the complaint	
12	**Things to Remember**	**Free Look Cancellation** • The free look period applies only to new individual health insurance policies, and not to renewals or ported/migrated policies. • The Policyholder has 30 days from the receipt of the policy document to review the terms and conditions and return the policy if not acceptable. • Free look is applicable only if no claim or benefit has been availed during this period. • To avail: Write to customercare@manipalcigna.com from your registered email ID, or Visit any MCHI Branch and submit a written request.	**Annexure - 3** **Clause: 15**
		Policy Renewal The policy is ordinarily renewable, except in cases of established fraud, non-disclosure, or misrepresentation by the insured.	**Annexure - 3** **Clause: 10**
		Migration: • The Policyholder may migrate the policy to other health insurance products/plans offered by the company by applying at least 30 days before the policy renewal date, as per IRDAI guidelines. • If the insured person has been continuously covered without any lapses under any company health insurance product/plan, accrued continuity benefits such as Base Sum Insured, No Claim Bonus, Specific Waiting Periods, waiting period for pre-existing diseases, and Moratorium Period will apply. • To avail: - Write to customercare@manipalcigna.com at least 30 days before renewal from a registered email ID, or - Visit the nearest ManipalCigna Branch, or Contact your assigned intermediary/agent.	**Annexure - 3** **Clause: 8**
		Portability	**Annexure - 3** **Clause: 9**

		• The Policyholder may port the policy to another insurer by applying for the entire policy including all family members at least 30 days before, but not earlier than 60 days from the policy renewal date, as per IRDAI portability guidelines. • If the Insured Person has been continuously covered without any lapses under any Indian health insurance policy, accrued continuity benefits such as Base Sum Insured, No Claim Bonus, Specific Waiting Periods, waiting period for pre-existing diseases, and Moratorium Period will apply. • To avail: - Write to customercare@manipalcigna.com at least 30 days before renewal from a registered email ID, or - Visit the nearest ManipalCigna Branch, or Contact your assigned intermediary/agent.	
		Change in Base Sum Insured • Changes are allowed at the time of policy renewal. • Submit a request using the proposal form before the policy expiry. • The company reserves the right to carry out underwriting for approval of the requested change.	**Annexure - 3 Clause: 10**
		Moratorium Period • After 60 continuous months of coverage (including portability and migration), no policy or claim shall be contestable on grounds of non-disclosure or misrepresentation, except in cases of established fraud. • The 60-month period is called the moratorium period. • For enhanced Base sum insured, the moratorium applies separately from the date of enhancement. Policies remain subject to all limits, sub-limits, co-payments, and deductibles as per the policy contract.	**Annexure - 3 Clause: 12**
13	**Your Obligations**	**Disclosure of Information** **Misrepresentation or Mis-description** The policy shall be null and void, and all premiums paid shall be forfeited to the Company in the event of any misrepresentation or mis-description of any material fact by the policyholder.	**Annexure - 3 Clause: 1**
		Non-Disclosure The policy shall be null and void, and all premiums paid shall be forfeited to the Company in the event of non-disclosure of any material fact by the policyholder. Note:	**Annexure - 3 Clause: 1**

		For the purpose of this policy, 'material facts' refers to all relevant information requested by the Company in the Proposal Form and related documents, necessary for taking an informed underwriting decision.	

Declaration by the Policyholder:

I have read the above and confirm having noted the details.

Place: _____

Date: _____

(Signature of Policyholder)

Note:

1. Insured/policyholder can get the product related document at: https://eservicing.manipalcigna.com/document-vault
2. In case of any conflict, the terms conditions mentioned in the policy wordings shall prevail.
3. You are advised to read this document in conjunction with the Policy Wordings and your Policy Schedule for in-depth details on product benefits and better understanding of your policy.
4. Benefits are applicable as per the plan and optional covers chosen, please refer to the policy schedule for the applicable benefits if force for you.