MANIPALCIGNA PROHEALTH PRIME

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

<table>
<tr><th>Sl No.</th><th>Title</th><th>Description
(Please refer to applicable policy clause number in the next column)</th><th>Policy Clause Number</th></tr>
<tr><td>1</td><td>Name of Insurance Product/Policy</td><td>ManipalCigna ProHealth Prime - Protect</td><td></td></tr>
<tr><td>2</td><td>Policy Number</td><td>xxxxxxxx</td><td></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 - Where insured losses are covered up to Sum Insured under the policy
Benefit - Where the Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event.</td><td></td></tr>
<tr><td>4</td><td>Base Sum Insured (Basis) (Along with amount)</td><td>• Individual Sum Insured - Where each insured member has a separate Base Sum Insured under the policy,
<table>
<tr><th>Insured Name</th><th>Base Sum Insured (₹)</th></tr>
<tr><td><Insured Name 1></td><td>xxxxx</td></tr>
<tr><td><Insured Name 2></td><td>xxxxx</td></tr>
<tr><td><Insured Name 3></td><td>xxxxx</td></tr>
</table>
Or
• Floater Sum Insured - Where all members under the policy have a single Base Sum Insured limit which may be utilized by any or all members.
<table>
<tr><th>Insured Name</th><th>Base Sum Insured (₹)</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>
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<table>
<tr>
<td>5</td>
<td>Policy Coverages (What the policy covers?)</td>
<td>
1. In-patient Hospitalization (When you are hospitalized)
• Room Rent: Covered up to Single Private AC Room
• For ICU - At actuals
This benefit shall also offer the below covers up to the limits mentioned:
a. Listed Modern and Advanced Treatments:
For Base Sum Insured < ₹5 Lacs: Up to 50% of Base Sum Insured For Base Sum Insured >= ₹5 Lacs: Up to Base Sum Insured
b. HIV/AIDS & STD: Up to Sum Insured
c. Mental Illness: Up to Sum Insured
For below mentioned ICD Codes: Waiting Period of 24 months shall apply.
<table>
<tr><th>ICD 10 CODES</th><th>DISEASES</th></tr>
<tr><td>F05</td><td>Delirium due to known physiological condition</td></tr>
<tr><td>F06</td><td>Other mental disorders due to known physiological condition</td></tr>
<tr><td>F07</td><td>Personality and behavioural disorders due to known physiological condition</td></tr>
<tr><td>F10</td><td>Alcohol related disorders</td></tr>
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<tr><td>F29</td><td>Unspecified psychosis not due to a substance or known physiological condition</td></tr>
<tr><td>F31</td><td>Bipolar disorder</td></tr>
<tr><td>F32</td><td>Depressive episode</td></tr>
<tr><td>F39</td><td>Unspecified mood [affective] disorder</td></tr>
<tr><td>F40</td><td>Phobic Anxiety disorders</td></tr>
<tr><td>F41</td><td>Other Anxiety disorders</td></tr>
<tr><td>F42</td><td>Obsessive-compulsive disorder</td></tr>
<tr><td>F44</td><td>Dissociative and conversion disorders</td></tr>
<tr><td>F45</td><td>Somatoform disorders</td></tr>
<tr><td>F48</td><td>Other nonpsychotic mental disorders</td></tr>
<tr><td>F60</td><td>Specific personality disorders</td></tr>
<tr><td>F84</td><td>Pervasive developmental disorders</td></tr>
<tr><td>F90</td><td>Attention-deficit hyperactivity disorders</td></tr>
<tr><td>F99</td><td>Mental disorder, not otherwise specified</td></tr>
</table>
2. Pre - hospitalization
Medical Expenses up to 60 days before the date of hospitalization; Covered upto the Sum Insured
3. Post - hospitalization
Medical Expenses up to 180 days post discharge from the hospital; Covered upto the Sum Insured
4. Day Care Treatment
All day care treatments covered up to the Sum Insured
</td>
<td>D.I.1

D.I.2

D.I.3

D.I.4</td>
</tr>
</table>

		5. Domiciliary Hospitalization (Treatment at Home) Covered up to 10% of the Sum Insured Pre and Post Hospitalization Expenses: 30 days each	D.I.5
		6. Road Ambulance (Reimbursement of Ambulance Expenses) Covered up to the Sum Insured	D.I.6
		7. Donor Expenses (Hospitalization Expenses of the donor providing the organ) Covered up to the Sum Insured • Pre & Post Hospitalization expenses (Up to 30 days each) of the donor • Cost towards donor screening once in a Policy year for successful transplant • Complications arising during hospitalization or up to 30 days from date of discharge – Covered Up to 25% of Base Sum Insured subject to maximum of ₹2 Lacs, Over and above Base Sum Insured. We will not cover expenses towards the Donor in respect of cost associated to the acquisition of the organ.	D.I.7
		8. Restoration (When opted Base Sum Insured is insufficient due to claims) Multiple Restoration is available in a Policy Year for all illnesses whether unrelated or same, in addition to the Base Sum Insured Applicable for below covers only D.I.1 - In-patient Hospitalization (Except for Bariatric Surgery) D.I.2 - Pre - hospitalization D.I.3 - Post - hospitalization D.I.4 - Day Care Treatment D.I.6 - Road Ambulance D.I.7 - Donor Expenses D.I.9 - AYUSH Treatment D.IV.1 - Non-Medical Items Restoration shall not get triggered for the 1st claim The maximum liability under a single claim shall not be more than Base Sum Insured + Cumulative Bonus + Restored Sum Insured	D.I.8
		9. AYUSH Treatment Covered up to the Sum Insured	D.I.9
		10. Air Ambulance Cover **11.** Air Ambulance expenses are covered up to the Base Sum Insured or ₹10 lakhs, whichever is lower. This benefit is available over and above the Base Sum Insured	D.I.10
		12. Bariatric Surgery Cover Bariatric Surgery expenses are covered up to the Base Sum Insured or ₹5 lakhs, whichever is lower. A waiting period of 36 months will apply for this benefit.	D.I.11
		13. Daily Cash for Shared Accommodation Daily Cash benefit for occupying shared accommodation during In-patient Hospitalization, shall be covered as below- a. For Base Sum Insured up to ₹10 Lacs: ₹800 per day up to maximum of ₹5,600 b. For Base Sum Insured above ₹10 Lacs: ₹1,000 per day up to maximum of ₹7,000 Payable for each continuous and completed 24 Hours of Hospitalization during the Policy Year.	D.I.13

		This benefit gets triggered post 48 hours of In-patient Hospitalization and shall be payable from 1st day onwards.	
		Value Added Covers **This section lists the additional value-added benefits that are available along with your plan**	
		13. Health Check Up Available each Policy Year (including the first year), to all Adult Insured Persons who are 18 years of Age or above at the start of the policy year. • For Base Sum Insured up to ₹5 Lacs: Package 1 subject to a maximum of up to ₹1,000 per adult member. • For Base Sum Insured above ₹5 Lacs and up to ₹10 Lacs: Package 2 subject to a maximum of up to ₹2,500 per adult member. • For Base Sum Insured above ₹10 Lacs: Package 3 subject to maximum of up to ₹5,000 per adult member. Annually from 1st year onwards. This benefit will not be available during the free look period of the Policy. The packages shall be offered on cashless basis only. However, the eligible insured may avail any health check from the MCHI Network of Health Check Up Center upto the limit specified	D.II.1
		14. Domestic Second Opinion Available for 36 listed Critical Illness/es	D.II.2
		15. Tele-Consultation Unlimited Tele-consultation during the Policy Year	D.II.3
		16. Cumulative Bonus A guaranteed bonus of 25% of Base Sum Insured for every completed Policy Year irrespective of claims, subject to a maximum accumulation up to 200% of the Base Sum Insured	D.II.4
		17. Switch Off Benefit The Policy can be Switched Off, after one year, any time during the Policy Year in case you/ Insured Person travel out of India, for a period maximum up to 30 days. This benefit shall not be available for the last 90 days of the Policy Year. Premium discount shall be calculated on pro-rated basis if Policy is switched off due to Insured Person (in individual Policy) or all Insured Persons (under floater Policy) travelling out of India and this discount shall be adjusted in the renewal premium falling due immediately after the expiring Policy Period. The Policy will reactivate the cover on the requested date of Switch On as intimated to Us by You/ Insured Person. The option to Switch Off the cover shall be available only once in a Policy Year and upto a maximum of 30 days at a stretch. This shall not deactivate the following cover, if opted: i. Worldwide Emergency Hospitalization with Outpatient Cover under Freedom optional package ii. Personal Accident Cover iii. ManipalCigna Critical Illness Add-on Cover	D.II.5

		18. Wellness Program Rewards can be earned maximum up to 20% of expiring base Premium (excluding premium for optional covers, Rider and taxes as applicable), by completing activities specified under Our Healthy Life Management Program. These earned Reward Points can be used against payable Renewal premium (excluding Premium for optional covers, Rider and taxes as applicable) as discount from 1st Renewal of the Policy. Carry forward of earned Reward Points shall not be allowed.	D.II.6
		19. Discount from Network Providers Discount on Pharmacy, Diagnostics and Health Supplements offered by the Network Providers of ManipalCigna Health Insurance Company Limited	D.II.7
		20. Premium Waiver Benefit Waives off one year Policy Premium (including premium for optional covers, rider and taxes as applicable) upon occurrence of any of the listed contingencies (Accidental death/ listed Critical Illnesses) to the Policyholder who is also an Insured Person in the Policy.	D.II.8
		Optional Packages (Applicable only if opted) **This section lists the available optional packages under your plan and the limits under each of these options.** **The limits specified under these optional packages shall override the applicable limits mentioned as part of base cover for the respective coverages.**	
		1. Enhance Plus	
		A. Maternity & New Born Hospitalization Expenses	
		a. **Maternity Cover** (up to maximum 2 deliveries or terminations)- Covered up to 10% of Base Sum Insured Opted subject to a maximum of ₹1 Lac in addition to the Sum Insured	D.III.1.i.A
		b. **New Born Baby** - Coverage for the In-patient Hospitalization expenses of a new born up to the limit provided under Maternity Expenses	D.III.1.i.B
		c. **First Year Vaccination** Covered as per national immunization program, up to the limit provided under Maternity Expenses	D.III.1.i.C
		B. Room Accommodation upgrade The Insured Person shall be able to upgrade the room type category eligibility under the Policy to "Any Room Category" in a Hospital.	D.III.1.ii
		C. Health Maintenance Benefit Up to ₹3000 per Policy Year. Reimbursement of the Reasonable and Customary Charges incurred by the Insured Person for Medically Necessary charges incurred during the Policy Year on an Out Patient basis for: i. Consultation with Medical Practitioner, Diagnostic tests, preventive tests, drugs, prosthetics, medical aids (spectacles and contact lenses, hearing aids, crutches, wheel chair, walker, walking stick, lumbo-sacral belt), prescribed by the specialist Medical Practitioner. ii Towards Dental Treatments and AYUSH forms of Medicines wherever prescribed by Medical Practitioner.	D.III.1.iii

2. Assure (Applicable for Base Sum Insured ₹3 Lacs, ₹4 Lacs and ₹5 Lacs) D.III.2.i

A. Room Accommodation Limit

Room Rent – Covered Up to 1% of Base Sum Insured per day. ICU – Covered Upto 2% of Base Sum Insured per day.

B. Disease Specific Sub-limits D.III.2.ii

Base Sum Insured	₹3 and ₹4 Lacs	₹5 Lacs
Treatment for each Ailment/ Procedure mentioned below: 1. Surgery for treatment of all types of Hernia 2. Hysterectomy 3. Surgeries for benign Prostate Hypertrophy 4. Surgical treatment of stones of renal system	₹50,000	₹65,000
Treatment of Cataract (Per Eye)	₹20,000	₹30,000
Treatment of Total Knee replacement (Per knee)	₹80,000	₹1,00,000
Treatment for breakage of bones	₹2,00,000	₹2,50,000

Wherever the above mentioned sub-limits are applied, co-payment for the treatment taken at higher zone as mentioned under section F.II.9 shall also apply. D.III.2.iii

C. Modern and Advanced Treatments

Covered Upto 10% of Base Sum Insured

3. Freedom (Applicable to Indian Residents only)

A. Room Accommodation upgrade

The Insured Person shall be eligible to upgrade the room type category eligibility under the Policy to "Any Room Category" in a Hospital. D.III.4.i

B. Worldwide Emergency Hospitalization with Outpatient Cover D.III.4.ii

Covered up to Sum Insured opted for Emergency In-patient Hospitalization or Emergency Outpatient outside India.

Any claim payable under this benefit is over and above the Sum Insured.

Optional Covers (Applicable only if opted) D.IV.1

This section lists the available optional covers under your plan and the limits under each of these options

1. Non-Medical Items

Non-Medical items covered up to the Sum Insured opted in

		case of In-patient Hospitalization and/or Day Care Treatment.	
		2. Deductible Deductible of ₹10,000 or ₹25,000 can be opted at the inception or during any Renewal of the Policy. For Deductible of ₹10,000, the cover can be removed at the time of Policy Renewal. For Deductible of ₹25,000, the Insured Person can remove the Deductible of ₹25,000 only at the time of renewal falling the Deductible of ₹25,000 only at the time of renewal falling immediately due after 4 continuous Policy Years or any subsequent renewals thereon, from the year of opting subsequent renewals thereon, from the year of opting ₹25,000 Deductible.	D.IV.2
		3. Infertility Treatment Infertility Cover (Available if D.III.1 'Enhance Plus' or D.III.3 'Enhance' optional package is opted and for Sum Insured ₹7.5 Lacs and above) Covered for Infertility Expenses up to ₹2.5 Lacs in addition to Maternity Sum Insured under Maternity Cover. Maximum upto 2 successful procedures shall be covered during the lifetime of the eligible Insured person and the coverage shall terminate thereafter. Waiting period of 36 months shall apply for this cover. The cover shall cease upon the eligible Insured Person attaining 60 years of age.	D.IV.3
		4. Personal Accident Cover Lump sum benefit equal to two times of Base Sum Insured subject to a maximum of ₹50 Lacs in case of Accidental Death or Permanent Total Disablement of Insured Member due to accident.	D.IV.4
		5. Cumulative Bonus Booster A guaranteed bonus of 50% increase in Base Sum Insured for every Policy Year irrespective of claims, subject to a maximum accumulation up to 200% of the Base Sum Insured This benefit is applicable for Base Sum Insured of ₹5 Lacs and above. Opting for this Benefit will replace the Cumulative Bonus in the Base Cover.	D.IV.5
		Add on cover (Rider) (Applicable only if opted) **This section lists the Add on cover available under your plan** **1. ManipalCigna Critical Illness Add on:** Lump sum payment of Sum Insured, upon diagnosis of a Critical Illness listed under Add on policy wordings.	Add on policy wordings

		2. ManipalCigna Prime Plus **a. Room Rent Modification** The Insured Person shall be eligible to modify the room type category eligibility under the Policy as follows: Option 1: Any room; ICU Up to Sum Insured Option 2: Twin Sharing AC room; ICU Up to Sum Insured **b. Surplus Benefit** Additional 100% of Base Sum Insured, available from day 1 for 1st claim only, in each policy year. **c. Supreme Bonus** Guaranteed Cumulative Bonus of 100% of Base Sum Insured each policy year; subject to a maximum of 800% of the Base Sum Insured. **d. Premium Management Cover** Once opted below benefits shall not be available in Base product. 1. Air Ambulance Cover 2. Bariatric Surgery Cover 3. Daily Cash for Shared Accommodation 4. Health Check Up 5. Domestic Second Opinion 6. Tele Consultation 7. Premium Waiver Benefit **e. Women Care** Coverage for Mammography, Cervical Cancer screening and PCOS/PCOD diagnostic tests on cashless basis from MCHI network for women aged 18 years and above. The limit for the same is ₹10,000 per female insured. **f. Deductible** Option to opt from ₹50k, ₹1 Lac, ₹2 Lacs, ₹3 Lacs, ₹4 Lacs and ₹5 Lacs. Deductible will be applied for each Policy Year on the aggregate of all Claims in that Policy Year.	

6	**Exclusions (What the policy does not cover)**	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 or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code - Excl. 13 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 - 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. External Congenital Anomaly or defects or any complications or conditions arising therefrom. 17. Dental treatment, orthodontic treatment, dentures or Surgery of any kind unless necessitated due to an Accident and requiring minimum 24 hours Hospitalization. Treatment related to gum disease or tooth disease or damage unless related to irreversible bone disease involving the jaw which cannot be treated in any other way, unless specifically covered under the Policy. 18. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder or due to an accident. 19. Instruments used in treatment of Sleep Apnea Syndrome (C.P.A.P.) and Continuous Peritoneal Ambulatory Dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition, Infusion pump or any other external devices used during or after treatment. 20. Prostheses, corrective devices and medical appliances, which are not required intra-operatively for the disease/ illness/ injury for which the Insured Person was Hospitalized. 21. Any stay in Hospital without undertaking any treatment or any other purpose other than for receiving eligible treatment of a type that normally requires a stay in the hospital 22. Treatment received outside India other than for coverage under D.III.4.ii Worldwide Emergency Hospitalization with Outpatient Cover under Freedom optional package if opted. 23. Costs of donor screening or costs incurred in an organ transplant surgery involving organs not harvested from a human body subject to conditions mentioned in D.I.7 'Organ Donor'.	E.I.4 to E.I.18 and E.II.7 to E.II.32

		24. Any form of Non-Allopathic treatment (except AYUSH Treatment), Hydrotherapy, Acupuncture, Reflexology or Chiropractic treatment. 25. All Illness/expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel nuclear, chemical or biological attack or in any other sequence to the loss. 26. All expenses caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or 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, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority. 27. All non-medical expenses including convenience items for personal comfort not consistent with or incidental to the diagnosis and treatment of the disease/illness/injury for which the Insured Person was hospitalized - belts, collars, splints, slings, braces, stockings of any kind, diabetic footwear, thermometer and any medical equipment that is subsequently used at home except when they form part of room expenses, procedure charges and cost of treatment. For complete list of Non-medical expenses, please refer to the Annexure III List - I “Items for which Coverage is not available in the Policy” 28. Any deductible amount or percentage of admissible claim under co-pay if applicable and as specified in the Policy Schedule. 29. Pre-existing condition disclosed by the Insured Person will be reviewed according to the company’s underwriting policy/manual. 30. 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. 31. Expenses related to any Modern & Advanced Treatments other than those covered under this Policy shall not be payable. 32. Any kind of Out-Patient Treatment expenses including fractures (not requiring any kind of hospitalization). 33. Expenses related to an Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide. 34. Stem cell harvesting. 35. Vaccination including inoculation and immunisations (except post animal bite treatment) 36. Expenses related to the provision or fitting of hearing aids, spectacles or contact lenses. 37. 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. 38. 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. 39. Treatment at a healthcare facility which is NOT a Hospital or Day Care Centre or AYUSH Hospital. 40. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed. 41. Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary. 42. Drugs or treatments which are not supported by a prescription. 43. 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.	**a. Initial Waiting Period:** 30 days for all illnesses (not applicable on in case of continuous renewal or accidents) **b. Specific Waiting Period (Not Applicable on claim arising due to accidents):** 24 Months for following diseases: i. Cataract, ii. Hysterectomy for Menorrhagia or Fibromyoma or prolapse of Uterus or myomectomy for fibroids unless necessitated by malignancy, iii. Knee Replacement Surgery (other than caused by an Accident), Non-infectious Arthritis, Gout, Rheumatism, Osteoarthritis and Osteoporosis, Joint Replacement Surgery (other than caused by Accident), Prolapse of Intervertebral discs (other than caused by Accident), all Vertebrae Disorders, including but not limited to Spondylitis, Spondylosis, Spondylolisthesis, Congenital Internal, iv. Varicose Veins and Varicose Ulcers, v. Stones in the urinary uro-genital and biliary systems including calculus diseases and complications thereof, vi. Benign Prostate Hypertrophy, all types of Hydrocele, vii. Fissure, Fistula in anus, Piles, all types of Hernia, Pilonidal sinus, Hemorrhoids and any abscess related to the anal region. viii. Chronic Suppurative Otitis Media (CSOM), Deviated Nasal Septum, Sinusitis and related disorders, Surgery on tonsils/Adenoids, Tympanoplasty and any other benign ear, nose and throat disorder or surgery. ix. gastric and duodenal ulcer, any type of Cysts/Nodules/ Polyps/internal tumors/skin tumors, and any type of Breast lumps (unless malignant), Polycystic Ovarian Diseases, x. Any surgery of the genito-urinary system unless necessitated by malignancy. **c. Pre-existing Disease:** i. Covered after 24 months for Base Sum Insured ₹7.5 Lacs and above ii. Covered after 36 months for Base Sum Insured up to ₹5 Lacs.	E.I.3 E.I.2 E.I.1

d. Maternity Waiting Period E.II.1

Any treatment arising from or traceable to pregnancy, childbirth including caesarean section until 36 months of continuous coverage has elapsed for the particular Insured Person since the inception of the first Policy with Us.
However, this exclusion / waiting period will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending Medical Practitioner.

e. Personal Waiting period: E.II.2

A special Waiting Period not exceeding 36 months, may be applied to individual Insured Persons for the list of acceptable Medical Ailments listed under the Underwriting Manual of the Product, depending upon declarations on the proposal form and existing health conditions. Such waiting periods shall be specifically stated in the Schedule and will be applied only after receiving Your specific consent.

f. Mental Illness Cover Waiting Period E.II.4

Covered after 24 months below mentioned ICD Codes

ICD 10 CODES	DISEASES
F05	Delirium due to known physiological condition
F06	Other mental disorders due to known physiological condition
F07	Personality and behavioural disorders due to known physiological condition
F10	Alcohol related disorders
F20	Schizophrenia
F23	Brief psychotic disorders
F25	Schizoaffective disorders
F29	Unspecified psychosis not due to a substance or known physiological condition
F31	Bipolar disorder
F32	Depressive episode
F39	Unspecified mood [affective] disorder
F40	Phobic Anxiety disorders
F41	Other Anxiety disorders
F42	Obsessive-compulsive disorder
F44	Dissociative and conversion disorders
F45	Somatoform disorders
F48	Other nonpsychotic mental disorders
F60	Specific personality disorders
F84	Pervasive developmental disorders
F90	Attention-deficit hyperactivity disorders
F99	Mental disorder, not otherwise specified

		g. Bariatric Surgery Waiting Period Covered after 36 months **h. Infertility Treatment Waiting Period** Covered after 36 months	E.II.5 E.II.6
8	**Financial limits of coverage** • Sub-limit (it is pre-defined limit and the insurance company will not pay any amount in excess of this limit • Co-payment (it is a specified amount percentage of admissible claim amount to be paid by policyholder / insured). • Deductible (It is specified amount: - up to which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than specified amount) • Any other limit (as applicable)	1. The policy will pay only up to the limits specified hereunder for the following diseases/procedures: Listed Modern and Advanced Treatments covered up to - For Base Sum Insured < ₹5 Lacs: Up to 50% of Sum Insured - For Base Sum Insured >= ₹5 Lacs: Up to Sum Insured 2. In case of claim, this policy requires you to share the following sub limits: Expenses exceeding the following Sub-limits • For Room/ICU - Room Rent: Covered up to Single Private AC Room - For ICU - Covered up to Sum Insured • For the following disease - Not Applicable 3. Co- Payment - Xxxx % ***Zonal Co-payment** Identification of Zone will be based on the location-City of the proposed Insured Persons. a) Persons paying Zone I premium can avail treatment all over India without any Zonal Co-pay b) Persons paying Zone II premium i. Can avail treatment in Zone II and Zone III without any Zonal Co-pay ii. Availing treatment in Zone I will have to bear 10% of each and every claim. c) Person paying Zone III premium i. Can avail treatment in Zone III, without any Zonal Co-pay ii. Availing treatment in Zone II will have to bear 10% of each and every claim. iii. Availing treatment in Zone I will have to bear 20% of each and every claim. Aforesaid Co-payments for claims occurring outside of the Zone will not apply in case of Hospitalization due to Accident. 4. Deductible - Deductible of Rs. Xxx per policy year on aggregate basis.	D.I.1 D.I.1 F.II.9

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 Turn Around Time (TAT) for claim settlement i. TAT for pre-authorization of cashless facility – within 1 hours from receipt of request. ii. TAT for cashless final bill settlement – within 3 hours from receipt of request. Web links for the followings: i. Network hospital details - https://www.manipalcigna.com/locate-us ii. Helpline Number - https://www.manipalcigna.com/claims iii. Hospital which are blacklisted or from where no claims will be accepted by insurer- https://www.manipalcigna.com/locate-us iv. Link for downloading claim form - https://www.manipalcigna.com/downloads/claims	G.I
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	
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** Call us on 022-61703600 between 10 AM to 6 PM (Monday to Friday) Email 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	F.I.16

		Courier: Any of Our Branch office or corporate office during business hours. Insured Person may also approach the grievance cell at any of company's branches with the details of the 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, 'The Grievance Cell, ManipalCigna Health Insurance Company Limited, 401/402, 4th Floor, Raheja Titanium, Western Express Highway, Goregaon (East), Mumbai – 400063, Maharashtra, India or **Email:** headcustomercare@manipalcigna.com. For updated details of grievance officer, kindly refer link - https:// www.manipalcigna.com/grievance-redressal If Insured person is not satisfied with the redressal of grievance through above methods, the 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 Ombudsman offices attached as Annexure I to this 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 Cancellations:** 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 person shall be allowed a free look period of 30 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. To avail: Customer can request for cancellation writing to - customercare@manipalcigna.com from the registered email id with us. OR Customer can also visit any MCHI Branch and give a written request **Policy Renewal:** The policy shall ordinarily be renewable except on grounds of established fraud, misrepresentation, non-disclosure by the insured person. **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 to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period etc. as per IRDAI guidelines on migration.	F.I.15 F.I.10 F.I.8
		To avail: - Customer can share for migration of the policy 30 days prior to the renewal date by writing to - customercare@manipalcigna.com from an email registered with us OR - Visit nearest ManipalCigna Branch and submit a written request OR - Contact the intermediary/agent assigned to the customer for assistance	

		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 30 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 all the accrued continuity benefits to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period etc., as per IRDAI guidelines on portability. To avail: - Customer can share for portability of the policy 30 days prior to the renewal date by writing to - customercare@manipalcigna.com from an email registered with us OR - Visit nearest ManipalCigna Branch and submit a written request OR - Contact the intermediary/agent assigned to the customer for assistance	F.I.9
		Change in Base Sum Insured: It will be allowed at the time of Renewal of the Policy. You can submit a request for the changes by filling the proposal form before the expiry of the Policy. We reserve Our right to carry out underwriting in relation to acceptance of request for change of Base Sum Insured	F.II.8 g
		Moratorium Period: After completion of 60 continuous months of coverage (including Portability and Migration) in health insurance policy, no Policy and claim shall be contestable by the Insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of 60 continuous months is called as moratorium period. The moratorium would be applicable for the Base Sums Insured of the first Policy and subsequently completion of 60 continuous months would be applicable from date of enhancement of Base Sums Insured only on the enhanced limits. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.	F.I.12
13	**Your Obligations**	**Disclosure of Information** a. **Misrepresentation or Mis-description** : The Policy shall be null and void, and all premium paid thereon shall be forfeited to the Company in the event of any misrepresentation or mis-description of any material fact by the policyholder. b. **Non-Disclosure** :The Policy shall be null and void, and all premium paid thereon shall be forfeited to the Company in the event of non-disclosure of any material fact by the policyholder. **Note**: 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.	F.I.1

Declaration by the Policy Holder;

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

Place: _____

Date: _____

(Signature of Policyholder)

Note:

i. Insured/policyholder can get the product related document at https://eservicing.manipalcigna.com/document-vault

ii. In case of any conflict, the terms conditions mentioned in the policy document shall prevail.

(Benefits and exclusion are applicable as per the plan chosen, please refer the policy schedule for the applicable benefits).