MANIPALCIGNA PROHEALTH SELECT

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 the Policy Clause Number in next column)</th><th>Policy Clause Number</th></tr>
<tr><td>1</td><td>Name of Insurance Product/Policy</td><td>ManipalCigna ProHealth Select - ProHealth Select (A)</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 Base 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 (in ₹)</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 Base 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 (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><td></td></tr>
</table>

	Policy Coverages	**Base Covers** **1. Inpatient Hospitalization** Covers In-patient care hospitalization expenses for Illnesses, Injuries, Modern treatments, entera; feedings and HIV	D.I.1
		Room rent (default): Covered up to 2% of Base Sum Insured max upto INR 3,000 ICU: Covered Up to 4% of Base Sum Insured max upto INR 7,000	D.I.2
		2. Pre-hospitalization Cover Medical Expenses of an Insured Person which are incurred during a policy period due to anI Ilness or Injury up to 60 days immediately prior to the Insured Person's date of Hospitalization	D.I.3
		3. Post-hospitalization Cover Medical Expenses of an Insured Person which are incurred due to an Illness or Injury up to 90 days immediately post discharge of the Insured Person from the Hospital.	D.I.4
		4. Day Care Treatment Listed treatments covered upto Sum Insured.	D.I.5
		5. Domiciliary Treatment Covered upto Sum Insured.	D.I.6
		6. Ambulance Cover Covered upto ₹2000 per hospitalization event.	D.I.7
		7. Donor Expenses Covered upto Sum Insured.	D.I.8
		8. Restoration Base Sum Insured restored to 100% when total of opted Base Sum Insured and Cumulative Bonus (or Cumulative Bonus Booster if opted) is insufficient due to claims. Available once in a policy year for unrelated illnesses in addition to the Sum Insured opted.	D.I.9
		9. AYUSH Cover Covered upto Sum Insured.	
		Value Added Cover **(This section lists the additional value added benefits that are available along with your plan)**	D.II.1
		10. Cumulative Bonus 5 % of Base Sum Insured each year maximum upto 100% irrespective of claims under the Policy.	D.II.2
		11. Healthy Rewards Reward Points equivalent to 1% of paid premium, to be earned each year. Rewards can also be earned for enrolling and completing Our Array of Wellness Programs. These earned Reward Points can be used to get a discount in premium from the next renewal OR they can be redeemed for availing services through any of our Network providers as defined in the policy. OR Equivalent value of Health Maintenance Benefit anytime during the Policy. (Applicable if HMB optional cover has been opted under ProHealth Select (A))	D.III.1

		Optional Covers (Available if opted) **1. Deductible** (Deductible is the amount beyond which a claim will be payable in the Policy) ₹1/2/3/4/5 Lacs	
		2. Voluntary Co-pay (The cost sharing percentage that you have opted will apply on each claim.) 10% or 20% If you have opted for a Deductible, Voluntary Co-payment does not apply. **3. Cumulative Bonus Booster** (The option A, B, C or D that you have opted on the policy shall apply.) - Any of the following options be opted - **Option A:** 10% of Base Sum Insured, maximum up to 100%,irrespective of claims under the Policy - **Option B:** 25% of Base Sum Insured, maximum up to 100%, irrespective of claims under the Policy - **Option C:** 50% of Base Sum Insured, maximum up to 100%,irrespective of claims under the Policy - **Option D:** 10% of Base Sum Insured, maximum up to 200%, irrespective of claims under the Policy. **4. Removal of room rent Limit** Covered up to Single Private Room **5. Re-Assurance** Automatic Extension of Policy for 2 years on diagnosis of a listed Critical Illness or Permanent Total Disability due to Accident. **6. Health Check-Up** Every year for all Insured Persons aged 18 years or above. Health Check-Ups will be available once each year. **7. Worldwide Emergency Cover (Outside India)** Covered upto Sum Insured Once in a Policy Year **8. Disease Specific Sub-Limits** You may choose to opt for Disease Specific Sub Limit on an optional basis under the ProHealth Select (A). Maximum payable per surgery or medical management cost per policy period	D.III.2 D.III.3 D.III.4 D.III.5 D.III.6 D.III.7 D.III.8

Sub-Limit (Amount in ₹)				
	Ailments/ Surgeries / Medical Procedures	**Option 1**	**Option 2**	**Option 3**
1	Cataract (Per eye)	₹7,500	₹15,000	₹22,500
2	Surgeries for Non-malignant Tumors/Cysts/ Nodule/Polyp/Benign Prostate Hypertrophy	₹15,000	₹30,000	₹45,000
3	Stone in Urinary/Biliary System	₹20,000	₹40,000	₹60,000
4	Hernia (per side)	₹12,500	₹25,000	₹37,500
5	Appendicitis	₹10,000	₹20,000	₹30,000
6	Hysterectomy	₹15,000	₹30,000	₹45,000
7	Any Joint Replacement	₹40,000	₹60,000	₹80,000
8	Piles/Fissures/Fistula	₹10,000	₹20,000	₹30,000
9	Medical Management or Surgeries related to Ischemic Heart Disease / Cardiac	₹40,000	₹60,000	₹80,000
10	Treatment for Injuries/ Breakage of Bones	₹27,500	₹55,000	₹80,000
11	Cerebrovascular Medical Management/Surgery	₹25,000	₹50,000	₹75,000
12	Cancer/Oncology (Medical & Surgical)	₹40,000	₹60,000	₹80,000
13	Abscess/Ligament Tear	₹20,000	₹40,000	₹60,000
14	Treatment towards Kidney damage or renal failure	₹40,000	₹60,000	₹80,000

Wherever the above-mentioned sub-limits are applied, co-payment for the treatment taken at higher zone as mentioned under section F.II.12(4) shall also apply.

1. **Health Maintenance Benefit**
   Covered up to ₹ 500 or 1000 as opted

Add on cover(Rider if Opted)

1. **ManipalCigna Critical Illness Add-on Cover:**
   Lump sum payment of an additional 100% of Sum Insured Opted Or as opted under the Policy for named Critical Illnesses.
2. **ManipalCigna Health 360 Add-on:**

Add on policy wordings

		a. **ManipalCigna Health 360-Shield:** Coverage for listed Non-medical items up to base policy Sum Insured and Durable Medical Equipment up to maximum of ₹1 Lac b. **ManipalCigna Health 360- OPD:** **Package 1:** Get coverage for doctor consultations on cashless basis within the OPD Sum Insured **Package 2:** Get coverage for doctor consultations and prescribed diagnostics on cashless basis within the OPD Sum Insured **Package 3:** Get coverage for doctor consultations, prescribed diagnostics and pharmacy on cashless basis within the OPD Sum Insured. Pharmacy limit is 20% of the OPD Sum Insured.	
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 hospitalisation 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 any complications or conditions arising therefrom 17. Dental treatment, dentures or surgery of any kind unless necessitated due to an accident 18. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder or due to an accident. 19. Prostheses, corrective devices and medical appliances, which are not required intra-operatively for the disease/ illness/ injury for which the Insured Person was hospitalised. 20. Treatment received outside India other than for coverage under Worldwide Emergency Cover.	E.I.4 to E.I.18 and E.II.2 to E.II.30

		21. All 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. 22. All expenses directly or indirectly, caused by or arising from war or war-like situation, 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. 23. For complete list of non-medical items, please refer to the Annexure IV, List I of "Non-Payable Items" and also on Our website 24. Any form of Non-Allopathic treatment (except AYUSH Cover), Hydrotherapy, Acupuncture, Reflexology or Chiropractic treatment. 25. Pre-existing condition disclosed by the Insured Person will be reviewed according to the company's underwriting policy/manual. 26. 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. 27. Costs of donor screening or costs incurred in an organ transplant surgery involving organs not harvested from a human body. 28. Instrument 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. 29. Any deductible amount or percentage of admissible claim under co-pay or above Sub-Limit if applicable and as specified in the Schedule to this Policy. 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 in case of continuous renewal or accidents). **b. Specific Waiting Period (Not Applicable for claims arising due to accident):** 24 Months for following diseases: i. Cataract ii. Hysterectomy for Menorrhagia or Fibromyoma or prolapse of Uterus unless necessitated by malignancy myomectomy for fibroids, iii. Knee Replacement Surgery (other than caused by an Accident), Non-infectious Arthritis, Gout, Rheumatism, Oestoarthritis and Osteoposrosis, Joint Replacement Surgery (other than caused by Accident), Prolapse of Intervertibral discs (other than caused by Accident), all Vertibrae 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, 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:** Covered after 36 Months **d. Re-Assurance Cover:** Covered after 90 Days **e. Personal Waiting Period:** Covered after 36 Months	E.I.3 E.I.2 E.I.1 E.ii.1 E.ii.2

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 and 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: Not Applicable 2. In case of claim this policy requires you to share the following costs: Expenses exceeding the following sub-limits a. Room/ICU Charges (in-patient Hospitalization) - Room Charges: Covered up to 2% of Sum Insured for a Hospital Room, up to a max of ₹3,000 - ICU Charges: Up to 4% of Sum Insured for ICU up to a max of ₹7,000 b. For the following disease: - Medical Expenses on HIV/AIDS-up to the Sum Insured with a maximum limit of ₹5 Lacs - Disease Specific Sub-Limits (Optional cover if opted) Maximum payable per surgery or medical management cost per policy period	D.I.1 & G.IV D.I.1

		Sub-Limit (Amount in ₹)				D.III.8
		Ailments/ Surgeries / Medical Procedures		**Option 1**	**Option 2**	**Option 3**
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		14	Treatment towards Kidney damage or renal failure	₹40,000	₹60,000	₹80,000
		3. Co-payment Xxxx% 4. Deductible, if opted Deductible of ₹Xxx per policy year on aggregate basis.				D.III.2 D.III.1

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 hour from the last complete document. ii. TAT for cashless final bill authorization - within 3 hours from the last complete document 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.4
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 022-617036000 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 - Complaince@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.13

		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 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: o Write to customercare@manipalcigna.com from your registered email ID, or o Visit any MCHI Branch and submit a written request. -	F.I.5

		Policy Renewal: The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured person. **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: o Write to customercare@manipalcigna.com at least 30 days before renewal from a registered email ID, or o Visit the nearest ManipalCigna Branch, or o Contact your assigned intermediary/agent. **Portability:** • 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: o Write to customercare@manipalcigna.com at least 30 days before renewal from a registered email ID, or o Visit the nearest ManipalCigna Branch, or o Contact your assigned intermediary/agent.	F.I.9 F.I.12

		Change in 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 Sum Insured **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 Sums Insured of the first Policy and subsequently completion of 60 continuous months would be applicable from date of enhancement of 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.II.9.g F.I.18
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).