

MANIPALCIGNA PROHEALTH PRIME
**Plan: Protect | Advantage
Customer Information Sheet**

Title	(Description is illustrative and not exhaustive) Please refer to the Plan and Sum Insured you have opted to understand the available benefits under your plan in brief			Refer to the following Policy Section number in the Policy Wording for more details on each cover
What am I covered for	Identify your Plan	Protect	Advantage	
Basic Cover This section lists the Basic benefits available on your plan	Identify your Opted Sum Insured (SI)	₹ 3 Lacs, ₹ 4 Lacs, ₹ 5 Lacs, ₹ 7.5 Lacs, ₹ 10 Lacs, ₹ 12.5 Lacs, ₹ 15 Lacs, ₹ 20 Lacs, ₹ 25 Lacs, ₹ 30 Lacs, ₹ 40 Lacs, ₹ 50 Lacs, ₹ 100 Lacs	₹ 5 Lacs, ₹ 7.5 Lacs, ₹ 10 Lacs, ₹ 12.5 Lacs, ₹ 15 Lacs, ₹ 20 Lacs, ₹ 25 Lacs, ₹ 30 Lacs, ₹ 40 Lacs, ₹ 50 Lacs, ₹ 100 Lacs	
	In-patient Hospitalization (When you are hospitalized)	Room Rent: Covered up to Single Private A/C Room For ICU - Covered up to Sum Insured This benefit shall also offer the below covers up to the limits mentioned: a. Listed Modern and Advanced Treatments: For Sum Insured < ₹ 5 Lacs: Up to 50% of Sum Insured For Sum Insured ≥ ₹ 5 Lacs: Up to 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		D.I.1
		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	
	Pre-hospitalization	Medical Expenses Covered up to 60 days before the date of hospitalization; Covered up to the Sum Insured		D.I.2
	Post-hospitalization	Medical Expenses Covered up to 180 days post discharge from the hospital; Covered up to the Sum Insured		D.I.3
	Day Care Treatment	Covered up to the Sum Insured		D.I.4
	Domiciliary Hospitalization (Treatment at Home)	Covered up to 10% of the Sum Insured Pre and Post Hospitalization Expenses: 30 days each		D.I.5
	Road Ambulance (Reimbursement of Ambulance Expenses)	Covered up to the Sum Insured		D.I.6

	Donor Expenses (Hospitalization Expenses of the donor providing the organ)	Covered up to the Sum Insured	D.I.7
	Restoration of Sum Insured (When opted Sum Insured is insufficient due to claims)	<p>Multiple Restoration is available in a Policy Year for all illnesses whether unrelated or same, in addition to the Sum Insured</p> <p>Applicable for below covers only</p> <ol style="list-style-type: none"> 1. D.I.1 – In-patient Hospitalization (Except for Bariatric Surgery) 2. D.I.2 – Pre - hospitalization 3. D.I.3 – Post - hospitalization 4. D.I.4 – Day Care Treatment 5. D.I.6 – Road Ambulance 6. D.I.7 – Donor Expenses 7. D.I.9 – AYUSH Treatment 8. D.IV.1 – Non-Medical Items <p>Restoration shall not get triggered for the 1st claim</p> <p>The maximum liability under a single claim shall not be more than Base Sum Insured + Cumulative Bonus + Restored Sum Insured</p>	D.I.8
	AYUSH Treatment (In-patient Hospitalization)	Covered up to the Sum Insured	D.I.9
	Air Ambulance Cover	Covered up to Sum Insured subject to maximum of ₹ 10 Lacs in addition to the Sum Insured for expenses incurred on Air Ambulance	D.I.10
	Bariatric Surgery Cover	Covered up to the Sum Insured subject to maximum of ₹ 5 Lacs Waiting Period of 36 months shall apply for Bariatric Surgery	D.I.11
	Outpatient Expenses	<p>Not Available</p> <p>Option to choose from - ₹ 20,000, ₹ 30,000, ₹ 50,000 Per Policy Year Can be used to pay for Consultations and Diagnostics including Dental and Vision: Up to 100% of the Sum Insured opted for Outpatient expenses. Up to 20% of the Outpatient Limit can be used for Pharmacy (Drugs and Medicines prescribed by Network Medical Practitioners). This benefit is available only on cashless basis from the Network providers of ManipalCigna Health Insurance Company Limited. Any unutilized amount under this benefit shall not be carried forward to subsequent Policy Year.</p>	D.I.12
	Daily Cash for Shared Accommodation	<p>Daily Cash benefit for occupying shared accommodation during In-patient hospitalization, shall be covered as below:-</p> <ol style="list-style-type: none"> a. For Sum Insured up to ₹ 10Lacs: ₹ 800 per day up to maximum of ₹ 5,600 b. For Sum Insured above ₹ 10Lacs: ₹ 1,000 per day up to maximum of ₹ 7,000 <p>Payable for each continuous and completed 24 Hours of Hospitalization during the Policy Year. This benefit gets triggered post 48 hours of In-patient hospitalization and shall be payable from 1st day onwards.</p>	D.I.13
Value Added Covers This section lists the additional value added benefits that are available along with your plan	Health Check-up	<p>Available each policy year(including the first year), to all Adult Insured persons who have completed 18 years of Age.</p> <ul style="list-style-type: none"> • For Sum Insured up to ₹ 5 lacs: Package 1 subject to a maximum of up to ₹ 1,000 per adult member. • For 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 Sum Insured above ₹ 10 lacs: Package 3 subject to maximum of up to ₹ 5,000 per adult member. <p>Annually from 1st year onwards</p> <p>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 up to the limit specified</p>	D.II.1

	Domestic Second Opinion	Available for 36 listed Critical Illness/es	D.II.2	
	Tele-Consultation	Unlimited Tele-consultation during the Policy Year	D.II.3	
	Cumulative Bonus	A guaranteed bonus of 25% of Sum Insured for every completed Policy Year irrespective of claims, subject to a maximum accumulation up to 200% of the Sum Insured	D.II.4	
	Switch Off Benefit	<p>The Policy can be Switched Off, after one year, any time during the Policy Year except for Personal Accident Cover, Worldwide Emergency Hospitalization with Outpatient Cover under Freedom optional package and Critical Illness Add-On cover, if opted, in case you/ Insured Person travel out of India, for a period maximum up to 30 days.</p> <p>This benefit shall not be available for the last 90 days of the Policy Year.</p> <p>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.</p> <p>The Policy will reactivate the cover on the requested date of Switch On as intimated to Us by You/ Insured Person.</p> <p>The option to Switch Off the cover shall be available only once in a policy year and up to a maximum of 30 days at a stretch. This shall not deactivate the following cover, if opted:</p> <p>1. Worldwide Emergency Hospitalization with Outpatient Cover under Freedom optional package</p> <p>2. Personal Accident Cover</p> <p>3. Critical Illness Add-on</p>	D.II.5	
	Wellness Program	<p>Rewards can be earned maximum up to 20% of expiring base Premium (excluding premium for optional covers, Rider and taxes), by completing activities specified under Our Healthy Life Management Program.</p> <p>These earned Reward Points can be used against payable Renewal premium (excluding Premium for optional covers, Rider and taxes) as discount from 1st Renewal of the Policy.</p> <p>Carry forward of earned Reward Points shall not be allowed.</p>	D.II.6	
	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	
	Premium Waiver Benefit	Waives off one year Policy Premium (including premium for optional covers, rider and taxes) 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 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.	Enhance Plus	<p>1. Maternity & New Born Hospitalization Expenses</p> <p>a. Maternity Cover (up to maximum 2 deliveries or terminations) - Covered up to 10% of Sum Insured Opted subject to a maximum of ₹ 1 Lac in addition to the Sum Insured opted</p> <p>b. New Born Baby – Coverage for the In-patient Hospitalization expenses of a new born up to the limit provided under Maternity Expenses</p> <p>c. First Year Vaccination Covered as per national immunization program, up to the limit provided under Maternity Expenses</p>	Not Available	D.III.1.i
		<p>2. Room Accommodation upgrade</p> <p>The Insured Person shall be able to upgrade the room type category eligibility under the Policy to “Any Room Category” in a Hospital.</p>		D.III.1.ii
		<p>3. Health Maintenance Benefit</p> <p>Up to ₹ 3000 per Policy Year.</p> <p>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:</p> <p>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.</p> <p>ii. Towards Dental Treatments and AYUSH forms of Medicines wherever prescribed by a Medical Practitioner.</p>		D.III.1.iii

Assure (Applicable for Sum Insured ₹ 3 Lacs, ₹ 4 Lacs and ₹ 5 Lacs)	1. Room Accommodation Limit Room Rent - Up to 1% of Sum Insured per day. ICU - Up to 2% of Sum Insured per day.				D.III.2.i
	2. Disease Specific Sub-limits				D.III.2.ii
	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		
	3. Modern and Advanced Treatments Covered Up to 10% of Sum Insured				D.III.2.iii
Enhance	Not Available			1. Maternity & New Born Hospitalization Expenses a. Maternity Cover (up to maximum 2 deliveries or terminations) - Covered up to 10% of Sum Insured Opted subject to a maximum of ₹ 1 Lac in addition to the Sum Insured opted b. New Born Baby - Coverage for the In-patient hospitalization expenses of a new born up to the limit provided under Maternity Expenses c. First Year Vaccination Covered as per national immunization program, up to the limit provided under Maternity Expenses	D.III.3.i
				2. 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.3.ii
Freedom (Applicable to Indian Residents only)	1. 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	
	2. Worldwide Emergency Hospitalization with Outpatient Cover 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.			D.III.4.ii	

Optional Covers This section lists the available optional covers under your plan and the limits under each of these options	Non-Medical Items	Non-Medical items covered up to the Sum Insured opted in case of In-patient Hospitalization and/ or Day Care Treatment.		D.IV.1
	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 immediately due after 4 continuous Policy Years or any subsequent renewals thereon, from the year of opting ₹ 25,000 Deductible This benefit will not be available if 'Assure' optional package is opted.	Not Available	D.IV.2
	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 Up to 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	Not Available	D.IV.3
	Personal Accident Cover	Lump sum benefit equal to two times of 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
	Cumulative Bonus Booster	A guaranteed bonus of 50% increase in Sum Insured for every Policy Year irrespective of claims, subject to a maximum accumulation up to 200% of the Sum Insured This benefit is applicable for 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) This section lists the Add on cover available under your plan	ManipalCigna Critical Illness Add On Cover	Lump sum payment of an additional 100% of Sum Insured Opted		Add on policy wordings
What are the Major exclusions in the Policy This section provides a brief list of the major charges/treatments which will not be covered under the Policy permanently.	Please note that this is an indicative list of exclusions; please refer the Policy wording and clauses for the complete list of exclusions. - Investigation & Evaluation: Code - Excl. 04 - Rest Cure, rehabilitation and respite care: Code - Excl. 05 - Obesity/ Weight Control: Code - Excl. 06 - Change-of-Gender treatments: Code - Excl. 07 - Cosmetic or plastic Surgery: Code - Excl. 08 - Hazardous or Adventure sports: Code - Excl. 09 - Breach of law: Code - Excl. 10 - Excluded Providers: Code - Excl. 11 - Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof Code - Excl. 12 - Treatments received in heath hydros, nature cure clinics, spas or similar establishments. Code - Excl. 13 - Dietary supplements and substances that can be purchased without prescription. Code - Excl. 14 - Refractive Error: Code - Excl. 15 - Unproven Treatments: Code - Excl. 16 - Sterility and Infertility: Code - Excl. 17 - Maternity: Code - Excl. 18 - External Congenital Anomaly or defects. - Dental treatment unless specifically covered under the Policy. - Circumcision - Prostheses, corrective devices and/or medical appliances - Treatment received outside India other than for coverage under Worldwide Emergency Hospitalization with Outpatient Cover (if opted). - All Illness/expenses caused by ionizing radiation or contamination by radioactivity. - All expenses caused by or arising from war or war-like situation. - Any form of Non-Allopathic treatment (except AYUSH Treatment under In-patient Hospitalization)			E.I and E.II

Waiting Period This sections lists the applicable period (days/ months) before you can make a claim for the listed diseases/ treatments	a. First 30 days from the Policy start date, for all Hospitalization due to Illnesses, except Accident.	E.I.3																																													
	b. Specified disease/procedure waiting period: 24 months will be applicable for Specified disease/ procedure.	E.I.2																																													
	c. Pre-existing disease waiting period:		E.I.1																																												
	a. For Sum Insured up to ₹ 5 Lacs – A 36 months waiting period will be applicable for any Pre-existing disease, and b. For Sum Insured ₹ 7.5 Lacs and above – A 24 months waiting period will be applicable for any Pre-existing disease																																														
	d. A Personal waiting period not exceeding 48 months may applied to individuals depending upon declarations on the proposal form and existing health conditions. Please refer to the “Special Conditions” Column on your Policy Schedule to identify if any personal waiting period is applied to your Policy.		E.II.2																																												
	e. A 36 months of waiting period will be applicable for Maternity and New Born Hospitalization Expenses, Bariatric Surgery, Infertility Treatment		E.II.5, E.II.1, E.II.6																																												
	f. A 24 months of waiting period will be applicable for Mental Illness for below mentioned ICD Codes.		E.II.4																																												
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g. 90 days waiting period will be applicable for listed Critical Illness where Critical Illness Add on cover has been opted.																																															
Pay-out Basis This section lists the manner in which the proceeds of the Policy will be paid to you		G.I																																													
For covers with pay-out on indemnity basis: a. Cashless: Cashless facility will be provided at our Network or b. Reimbursement: We will pay directly to you as a Reimbursement against the bills when you have paid for the expenses																																															
Loss Sharing This sections lists the various circumstances under which you will bear some portion of the claim out of your pocket		D.IV.2																																													
a. A deductible of ₹ 10,000 will apply on the Policy if opted. All payable claims up to this amount will be borne by you. Any claim over and above this limit will become payable under the Policy.																																															
b. Persons opting to take treatment outside of their Zone will bear a 10% or 20% co-pay as applicable unless opted for Zone Upgrade option.		F.II.9																																													
c. Room accommodation (only on opting Assure optional package under Protect Plan): up to 1% of the opted Sum Insured per day. For ICU accommodation, we will cover up to 2% of the opted Sum Insured per day.		D.III.2.i																																													
d. Listed Modern and Advanced Treatments: For Sum Insured < ₹ 5 Lacs: Up to 50% of Sum Insured.However, if Assure optional package under Protect Plan is opted then, this shall be limited up to 10% of the Sum Insured.		D.I.1, D.III.2.iii																																													
e. Listed ailments / procedures are subjected to sub-limits for Sum Insured ₹ 3 Lacs, ₹ 4 Lacs and ₹ 5 Lacs (only on opting Assure optional package under Protect Plan)		D.III.2.ii																																													

Renewal Conditions This section lists the terms of renewals under the Policy	a. The Policy is ordinarily renewable on mutual consent for life, subject to application of Renewal and realization of Renewal premium. The Policy with Freedom optional package shall be renewed subject to the Insured Person being an Indian resident at the time of renewal. b. Continuity will be provided if renewed within 30/15 days, as the case may be, from the date of expiry of previous policy. If there is a break in the policy, any claim occurring within the break in period will not be covered under the Policy. c. Renewals will not be denied except on grounds of misrepresentation, moral hazard, fraud, non-disclosure of material facts or non-co-operation by You. d. Alterations Increase/ decrease in Sum Insured or Change in Plan/Product, addition/ deletion of members, addition deletion of Medical Condition existing prior to policy inception 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 or addition/deletion of members, addition deletion of Medical Condition existing prior to policy inception, on renewal. The terms and conditions of the existing policy will not be altered.	F.I.10 & F.II.8
Renewal Benefits This section lists the various benefits you can avail/ accumulate every time you renew a Policy with us	a. Cumulative Bonus- A guaranteed bonus of 25% of Sum Insured for every Policy Year irrespective of claims, subject to a maximum accumulation up to 200% of the Sum Insured. b. Cumulative Bonus Booster - A guaranteed 50% of Sum Insured for every Policy Year irrespective of claims, subject to a maximum accumulation up to 200% of the Sum Insured. c. Health check-up - Health check-up is provided to all Insured Persons aged 18 years and above. Applicable from first Policy Year. d. Switch Off Benefit - a Premium discount on pro-rated basis based on the number of days the policy has been switched off which shall be adjusted in the renewal premium falling due immediately after the expiring Policy Period e. Wellness Program - The earned Reward Points can be used against payable Renewal premium (excluding optional covers, Rider and taxes) as discount from 1 st Renewal of the Policy	D.II.4 D.IV.5 D.II.1 D.II.5 D.II.6
Cancellation The section explains the Policy cancellation process in brief	a. Cancellations may be intimated to Us by giving 15 days' notice wherein, We shall refund the premium for the unexpired term on the short period scale as mentioned in the Policy wordings enclosed in the kit. The Premium shall only be refunded only if no claim has been made under the Policy. No refund will be processed for cancellation of policies with Premium Payment Mode as Half-yearly, Quarterly or Monthly. b. This Policy can be cancelled on grounds of misrepresentation, fraud, non-disclosure of material fact, upon giving 15 days' notice without refund of premium.	F.I.7
Claims	a. Planned Hospitalization - You/the Insured Person will intimate such admission at least 3 days prior to the planned date of admission. b. Emergency Hospitalization - You /the Insured Person will intimate such admission within 48 hours of such admission. c. Wherever You have opted for a reimbursement of expenses, You may submit the following documents for reimbursement of the claim to Our branch or head office at your own expense not later than 15 days from the date of discharge from the Hospital. You can obtain a Claim Form from any of our Branch Offices or download a copy from our website www.manipalcigna.com	G.I.3, G.I.4 G.I.5
Policy Servicing/ Grievances/ Complaints	Policy Servicing: Email Id: www.manipalcigna.com Toll Free: 1800-102-4462 Refer Redressal of Grievance specified under the Policy. Senior Citizens may write to us at - seniorcitizensupport@manipalcigna.com Details of Grievance redressal officer - https://www.manipalcigna.com/grievance-redressal IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/ Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided as Annexure-I of Policy document.	F.I.16 G.II
Insured's Rights	a. Free Look period: Applicable only if no claim has been made under the Policy. b. 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. c. The insured person shall be allowed a free look period of fifteen 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.	F.I.15
Insured's Obligations	a. Please disclose all Pre-existing disease/s or condition/s before buying a Policy. b. The Policy shall be null and void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder. ("Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)	F.I.1

Legal disclaimer: The information mentioned above is illustrative and not exhaustive. Information must be read in conjunction with the product brochures/ prospectus and Policy document. In case of any conflict between the Customer Information Sheet, Prospectus and the Policy document the terms and conditions mentioned in the Policy document shall prevail.

For benefit illustration with indicative ages and Sum Insured, please refer Annexure to CIS - Benefit Illustration

Note

The Company may customize the CIS based on the coverages opted by the customer, in order to make the document more apt and concise to customer needs and provide relevant information to customer.