

MANIPALCIGNA PROHEALTH PRIME

Active Plan
Customer Information Sheet
(Description is illustrative and not exhaustive)

Title	Description				Refer to the following Policy Section number in the Policy Wording for more details on each cover		
Your Coverage Details:	Identify your Plan	Active					
Basic Cover: This section lists the Basic benefits available on your plan	Identify your Opted Sum Insured (In ₹)	₹3 Lacs, ₹5 Lacs, ₹7.5 Lacs, ₹10 Lacs, ₹12.5 Lacs, ₹15 Lacs			D.I.1		
	In-patient Hospitalization (When you are hospitalized)	Room Rent: For Sum Insured ₹3 Lacs: 1% of Sum Insured For Sum Insured ₹5 Lacs and above: Single Private A/C Room For ICU - Up to Sum Insured					
		Sum Insured (in ₹)	₹3 Lacs	₹5 Lacs		₹7.5 and ₹10 Lacs	> ₹10 Lacs
		Treatment for each ailment / procedure mentioned below: 1. Surgery for treatment of all types of Hernia 2. Hysterectomy 3. Surgeries for benign Prostate Hyper trophy 4. Surgical treatment of stones of renal system	₹50,000	₹65,000		₹80,000	NA
		Treatment of Cataract (Per Eye)	₹20,000	₹30,000		₹30,000	NA
		Treatment of Total Knee replacement (Per knee)	₹80,000	₹1,00,000		₹1,20,000	NA
		Treatment for breakage of bones	₹2,00,000	₹2,50,000		₹3,00,000	NA
		Wherever the above mentioned Sub-limits are applied, the Mandatory Co-payment shall not be applicable. This benefit shall also offer the below covers up to the limits mentioned: a. Listed Modern and Advanced Treatments: up to 50% of Sum Insured b. HIV/AIDS & STD: up to Sum Insured c. Mental Illness: up to 50% of Sum Insured For below mentioned ICD Codes: Waiting Period of 24 months shall apply.					
		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 30 days before the date of hospitalization; Covered up to the Sum Insured	D.I.2
	Post - hospitalization	Medical Expenses covered up to 60 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)	Multiple Restoration is available in a Policy Year for unrelated illnesses, in addition to the Sum Insured Applicable for below covers only 1. D.I.1 – In-patient Hospitalization 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.III.1 – Non-Medical Items Restoration shall not get triggered for the 1 st claim The maximum liability under a single claim shall not be more than Base Sum Insured + Cumulative Bonus + Restored Sum Insured	D.I.8
	AYUSH Treatment (In-patient Hospitalization)	Covered up to the Sum Insured	D.I.9
	Convalescence Benefit (For Hospitalization >=10 days)	Applicable for Sum Insured of ₹5 lacs and above: Lump sum benefit amounting to ₹30,000 per hospitalization upon completion of at least 10 consecutive days of hospitalization.	D.I.10
	Daily Cash for Shared Accommodation	Daily Cash benefit for occupying shared accommodation during In-patient hospitalization shall be covered as below:- a. For Sum Insured from ₹5 lacs to ₹10Lacs: ₹800 per day up to maximum of ₹5600 b. For Sum Insured above ₹10 Lacs: ₹1,000 per day up to maximum of ₹7000 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 1 st day onwards.	D.I.11
Value Added Covers This section lists the additional value added benefits that are available along with your plan	Domestic Second Opinion	Available for 36 listed Critical Illness/es	D.II.1
	Tele consultation	Unlimited Tele-consultation in a Policy Year	D.II.2
	Cumulative Bonus	Bonus of 10% per claim free year subject to a maximum upto 100% of Sum Insured. In case of a claim, the accumulated Cumulative Bonus shall get reduced @10% of Sum Insured.	D.II.3
	Wellness Program (For Lives suffering from one or more of the following conditions: Asthma, Diabetes, Hypertension, Dyslipidaemia, Obesity)	Rewards can be earned by adhering to Condition Management Program and improving the Health Parameters. These earned Reward Points can be used against payable Renewal premium (excluding premium for optional covers, Rider and taxes) as discount from 1 st Renewal of the Policy. Reward Accrual - Max upto 15% of the expiring base Premium (excluding premium for optional covers, Rider and taxes), applicable for the respective insured. Reward Redemption - The earned reward points could be redeemed as discount to pay a portion of the renewal premium (excluding premium for optional covers, Rider and taxes) The earned rewards shall lapse, in case the same is not used at the time of subsequent renewal (renewal falling due immediately after the accrual).	D.II.4
	Discount from Network Provider	Discount on Pharmacy, Diagnostics and Health Supplements offered by the Network Providers of ManipalCigna Health Insurance Company Limited	D.II.5
	Premium Waiver Benefit	Waives off one year Policy Premium (including 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.6
Optional Covers	Non-Medical Items	Non-Medical items covered up to the Sum Insured in case of In-patient Hospitalization and/or Day Care Treatment	D.III.1
	Waiver of Mandatory Co-payment	Waives off Mandatory Co-payment of 10% per claim subject to underwriting.	D.III.2

	Worldwide Accidental Emergency Hospitalization Cover (Applicable to Indian Residents only)	Covered up to the Sum Insured for Emergency In-patient Hospitalization outside India. This benefit is available once in a Policy Year for each Insured Person. Any claim payable under this benefit is over and above the Sum Insured.	D.III.3
	Health Check Up	Available once every third policy year, to all Adult insured persons who have completed 18 years of Age, subject to a maximum up to ₹2500 per adult member in lieu of 'Wellness Program'. This package shall be offered on cashless basis only. However, the eligible insured may avail any health check from the MCHI Network of Health Check Up Centre upto the limit specified	D.III.4
	Waiver of Disease Specific Sublimit	Disease Specific Sublimit which is applicable for listed ailments/ procedures as specified under section D.I.1 In-patient hospitalization shall be waived subject to underwriting.	D.III.5
What are the Major exclusions in the Policy This section provides a brief list of the 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. <ul style="list-style-type: none"> - 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 health hydros, nature cure clinics, spas or similar establishments s. 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 - External Congenital Anomaly or defects. - Dental treatment. - Circumcision. - Prostheses, corrective devices and/or medical appliances. - Treatment received outside India other than for coverage under Worldwide Accidental Emergency Hospitalization 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 for AYUSH Treatment under In-patient Hospitalization). 		E.I & E.II

Waiting Period This sections lists the applicable period (days/ months) before you can make a claim for the listed diseases/ treatments	- First 30 days from the Policy start date, for all Hospitalization due to Illnesses, except Accident.	E.I.3																																											
	- Specified disease/procedure waiting period: First 24 months waiting period will be applicable for Specified disease/ procedure.	E.I.2																																											
	- Pre-existing disease waiting period: A 24 months waiting period will be applicable for any Pre-existing disease. - Any condition or illness, complication or ailment arising out of any of the below mentioned conditions declared and accepted as a part of Pre-existing disease, the same shall not be considered as part of Pre-existing disease waiting period. Wherein, they shall be covered after the first 90 days from the Inception Date of first policy with Us. a. Asthma b. Diabetes c. Dyslipidaemia d. Obesity e. Hypertension	E.I.1																																											
	- A Personal waiting period not exceeding 48 months may be 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.1																																											
	- 24 months waiting period will be applicable for Mental Illness for the below mentioned ICD Codes.	D.I.1																																											
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Renewal Conditions This section lists the terms of renewals under the Policy	<ul style="list-style-type: none">- The Policy is ordinarily renewable on mutual consent for life, subject to application of Renewal and realization of Renewal premium. The Policy with Optional cover Worldwide Accidental Emergency Hospitalization Cover shall be renewed subject to the Insured Person being an Indian resident at the time of renewal- 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- Renewals will not be denied except on grounds of misrepresentation, moral hazard, fraud, non-disclosure of material facts or non-co-operation by You- Alterations like 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.9																																											
Payout Basis This section lists the manner in which the proceeds of the Policy will be paid to you	<p>For covers with pay-out on indemnity basis:</p> <ul style="list-style-type: none">- Cashless: Cashless facility will be provided at our Network or- Reimbursement: We will pay directly to you as a Reimbursement against the bills when you have paid for the expenses.	G.I																																											

Loss Sharing This sections lists the various circumstances under which you will bear some portion of the claim out of your pocket	- A compulsory Co-payment of 10% is applicable on all claims irrespective of Age of entry in to the Policy	F.II.6
	- Listed ailments / procedures are subjected to sub-limits basis the applicable Sum Insured options	D.I.1
	- Listed Modern and Advanced Treatments shall be covered up to 50% of Sum Insured	D.I.1
	- Mental Illness shall be covered up to 50% of Sum Insured	D.I.1
	- 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.10
Renewal Benefits This section lists the various benefits you can avail/ accumulate every time you renew a Policy with us	- Cumulative Bonus - We will provide a 10% of Sum Insured as Cumulative Bonus for every claim free policy year, subject to a maximum of 100% accumulation. In case of a claim in a particular Policy Year, the accumulated cumulative bonus shall reduce by the same rate at which it has accrued. There will be no impact on the Sum Insured, only the accrued Cumulative Bonus will be decreased.	D.II.3
	- Rewards - 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
Cancellation The section explains the Policy cancellation process in brief	<ul style="list-style-type: none"> - 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. - 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 The section explains the claims intimation process in brief	<ul style="list-style-type: none"> - Planned Hospitalization - You/the Insured Person will intimate such admission at least 3 days prior to the planned date of admission. - Emergency Hospitalization - You /the Insured Person will intimate such admission within 48 hours of such admission. 	G.I.3, G.I.4
	- 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.5
Policy Servicing/ Grievances/ Complaints The section provides the key contact details for Policy Servicing and raising grievances	Policy Servicing: Email Id: customercare@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	<ul style="list-style-type: none"> - Free Look period: Applicable only if no claim has been made under the Policy. - 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 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	<ul style="list-style-type: none"> - Please disclose all Pre-existing disease/s or condition/s before buying a Policy. - 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 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.