MANIPALCIGNA PRIME SENIOR

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 next column)</th><th>Policy Clause Number</th></tr>
<tr><td>1</td><td>Name of Insurance Product/Policy</td><td>ManipalCigna Prime Senior - Classic</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>Sum Insured (Basis) (Along with amount)</td><td>• Individual Sum Insured - Where each insured member has a separate sum insured under the policy,
<table>
<tr><th>Insured Name</th><th>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 Sum Insured - Where all members under the policy have a single sum insured limit which may be utilized by any or all members.
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<tr><td><Insured Name 1></td><td rowspan="3">xxxxx</td></tr>
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<tr><td><Insured Name 3></td></tr>
</table></td><td></td></tr>
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<tr>
<td>5</td>
<td>Policy Coverages (What the policy covers?)</td>
<td>
1. In-patient Hospitalization
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: 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.
<table>
<tr><th>ICD 10 CODES</th><th>DISEASES</th></tr>
<tr><td>F05</td><td>Delirium due to known physiological condition</td></tr>
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<tr><td>F99</td><td>Mental disorder, not otherwise specified</td></tr>
</table>
2. Pre - hospitalization
Medical Expenses Covered up to 30 days before the date of hospitalization; Covered up to the Sum Insured.
3. Post - hospitalization
Medical Expenses Covered up to 60 days post discharge from the hospital; Covered up to the Sum Insured.
4. Day Care Treatment
Covered up to the Sum Insured
5. Domiciliary Hospitalization (Treatment at Home)
Covered up to Sum Insured
Pre and Post Hospitalization Expenses: 30 days each
</td>
<td>D.I.1

D.I.2

D.I.3

D.I.4

D.I.5</td>
</tr>
</table>

		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 including: • 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 SI subject to maximum of ₹2 Lacs, Over and above 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. AYUSH Treatment Covered up to the Sum Insured.	D.I.9
		Value Added Covers This section lists the additional value added benefits that are available along with your plan **1. Tele-Consultation** Unlimited Tele-consultation including specialist during the Policy Year.	D.II.2
		2. Cumulative Bonus A guaranteed bonus of 10% of Sum Insured for every completed Policy Year, subject to a maximum accumulation up to 100% of the Sum Insured.	D.II.3
		3. Discount from Network Providers Discount on Pharmacy, Diagnostics, Medical Devices, Health Supplements and other health-related services offered by the Network Providers of ManipalCigna Health Insurance Company Limited.	D.II.5
		4. Health Check Up Once after every claim free year For Sum Insured up to ₹10 Lacs: Up to ₹2,000 per insured member For Sum Insured above ₹10 Lacs: Up to ₹2,500 per insured member Available from 2nd year onwards. The Health Check-up shall be offered on cashless basis only. However, the eligible insured may avail health check from the MCHI Network of Health Check Up Center up to the limit specified	D.II.6
		Optional Covers (Available if opted) This section lists the available optional covers under your plan and the limits under each of these options **1. Any Room 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.1

		2. Premium Management (Not available on Opting 'Any Room Upgrade' Optional Cover) Room Rent: Covered up to ₹3000 per day For ICU - Covered up to Sum Insured	D.III.2
		3. Restoration of Sum Insured (When opted Sum Insured is insufficient due to claims) (Applicable for Sum Insured 5 Lacs and above) Multiple Restoration is available in a Policy Year for all illnesses, whether unrelated or same, in addition to the Sum Insured Applicable for below covers only a) D.I.1 - In-patient Hospitalization b) D.I.2 - Pre - hospitalization c) D.I.3 - Post - hospitalization d) D.I.4 - Day Care Treatment e) D.I.6 - Road Ambulance f) D.I.7 - Donor Expenses g) D.I.9 - AYUSH Treatment h) Non-Medical Items (if ManipalCigna Health 360 Shield is opted and applicable) 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.III.3
		4. Reduction in PED waiting period Option to reduce the PED waiting period to 90 Days.	D.III.4
		5. Deductible Deductible of ₹10,000, ₹25,000, ₹50,000, ₹1,00,000, ₹2,00,000, ₹3,00,000, ₹4,00,000 or ₹5,00,000 can be opted at the inception or during any Renewal of the Policy. For Deductible of ₹10,000, the cover can be opted either at inception or can be opted or removed at the time of Policy Renewal. For Deductible of ₹25,000 and above, the cover can be opted either at inception or can be opted or removed at the time of Policy Renewal. On opting out of deductible of ₹25,000 and above, the enhanced coverage during any policy renewals will not be available for an illness, disease, injury already contracted under the preceding Policy Periods or earlier. All waiting periods as applicable under the base policy shall apply afresh for this enhanced limit from the effective date of such enhancement.	D.III.5
		Add on cover(Rider) (If Opted) This section lists the Add on cover available under your plan **1. ManipalCigna Health 360 Add On Cover (UIN: MCIHLIA23023V012223)** **a. ManipalCigna Health 360-Shield:** Coverage available for NME and DME NME: covered up to SI as part of base SI DME: Listed DME covered up to ₹1 Lac	Add on policy wordings

		b. ManipalCigna Health 360-OPD: **i. Package 1:** Get cover for doctor consultations on cashless basis within the OPD Sum Insured. **ii. Package 2:** Get coverage for doctor consultations and prescribed diagnostics on cashless basis within the OPD Sum Insured. **iii. 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. Code - Excl. 13 11. Dietary supplements and substances that can be purchased without prescription. 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. 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. 17. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder or due to an accident. 18. 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. 19. External Congenital Anomaly or defects or any complications or conditions arising therefrom. 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 taken outside the geographical limits of India.	E.I.4 to E.I.18 and E.II.3 to E.II.27

		23. Costs of donor screening or costs incurred in an organ transplant surgery involving organs not harvested from a human body. 24. Any form of Non-Allopathic treatment (except AYUSH Treatment), Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or any other form of indigenous system of medicine. 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.	

		30. Expenses incurred towards all types of Multi-focal Lenses, Multi-focal toric lenses and Femto Laser-assisted Surgeries for the treatment of Cataract, subject to Policy terms and conditions. **Note:** a. Femto Laser Surgeries refer to advanced medical procedures utilizing femtosecond laser technology for precision-based treatments, commonly used in ophthalmic surgeries such as LASIK or cataract removal. b. Multi-focal Lenses include intraocular lenses designed to provide vision correction at multiple distances, such as bifocal, trifocal, progressive lenses, or any other premium intraocular lenses. 31. Expenses related to any Modern & Advanced Treatments other than those covered under this Policy shall not be payable. 32. Out patient treatment expense 33. Expenses related to an Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide. 34. Preventive care, vaccination, inoculation, or immunization, except when administered as part of hospitalization required for post animal bite treatment. 35. Expenses related to the provision or fitting of hearing aids, spectacles or contact lenses. 36. 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. 37. Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary. Drugs or treatments which are not supported by a prescription. 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. 40. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.	

7	**Waiting Period** This sections lists the applicable period (days/ months) before you can make a claim for the listed diseases/ treatments	**1. Initial Waiting Period:** First 30 days from the Policy start date, for all Hospitalization due to Illnesses, except Accident. **2. Specific Waiting Period (Not Applicable on claim arising due to accidents):** 24 Months for following diseases: i. Cataract and other disorders of lens and Retina, 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, 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, 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/ throat disorder or surgery, ix. Gastric and duodenal ulcer, any type of Cysts/Nodules/ Polyps/ Benign tumors including internal tumors and skin tumors, and type of breast lumps, x. Any surgery of the genito-urinary system unless necessitated by malignancy. xi. Congenital Internal diseases xii. Rheumatism including the rheumatism of bones, joints and also rheumatic heart disease If these diseases are pre-existing at the time of proposal or subsequently found to be pre-existing the pre-existing waiting periods as mentioned in the Policy Schedule shall apply **3. Pre-existing disease waiting period:** 24 months	E.I.3 E.I.2 E.I.1

<table>
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4. Personal Waiting period: A Personal waiting period not exceeding 36 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.

5. Mental Illness Cover Waiting Period:
A 24 months of waiting period will be applicable for Mental Illness for below mentioned ICD Codes
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</td>
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E.II.2</td>
</tr>
<tr>
<td>8</td>
<td>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</td>
<td>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 sub limits: Expenses exceeding the following Sub-limits
Room Rent: Covered up to Single Private A/C Room
For ICU - Covered up to Sum Insured</td>
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</table>

	• 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)	3. Co-payment xxx% ***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. The aforesaid Co-payments will be applied in conjunction to Section F.II.5 of the Policy. 4. Deductible Deductible of Rs. Xxx per policy year on aggregate basis.	F.II.5 & F.II.6 D.III.5
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 receipt of request. ii. TAT for cashless final bill settlement – within 3 hours from the 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.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 022-61703600 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: 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 **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	F.I.16

12	**Things to remember**	**Free Look Cancellations:** The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting the policy. The insured shall be allowed a period of 30 days from date of receipt of the Policy to review the terms and conditions of the Policy, and to return the same if not acceptable. 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 of material facts 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. 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	F.I.15. F.I.10 F.I.8.

		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 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 **Change in Sum Insured:** Sum insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the Company. For any increase in SI, the waiting period shall start afresh only for the enhanced portion of the 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.I.9 F.II.8.g F.I.12
13	**Your Obligations**	**Disclosure of Information** a. 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. 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. ("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

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).