

## MANIPALCIGNA PROHEALTH SELECT

### Customer Information Sheet

Title	Description 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	
<b>Your Coverage Details:</b>	<b>Identify your Plan</b>	<b>ProHealth Select (A)</b>	<b>ProHealth Select (B)</b>	
<b>Basic Cover</b> This section lists the Basic benefits available in your plan	<b>Identify your Opted Sum Insured</b>	₹0.50, 1, 2, 3, 4, 5, 7, 10, 15, 20, 25 Lacs	₹2, 3, 4, 5, 7, 10, 15, 20, 25, Lacs	
	<b>Inpatient Hospitalisation</b> (When you are hospitalised)	Covered up to 2% of Sum Insured for a Hospital Room, up to a max of ₹3,000 OR Up to 4% of Sum Insured for ICU up to a max of ₹7,000	D.I.1	
	<b>Pre - hospitalisation</b>	60 days	D.I.2	
	<b>Post - hospitalisation</b>	90 days	D.I.3	
	<b>Day Care Treatment</b>	Covered up to the limit of Sum Insured opted	D.I.4	
	<b>Domiciliary Treatment</b> (Treatment at Home)	Covered up to the limit of Sum Insured opted	D.I.5	
	<b>Ambulance Cover</b> (Reimbursement of Ambulance Expenses)	Covered upto ₹2000 per hospitalisation event	D.I.6	
	<b>Donor Expenses</b> (Hospitalisation Expenses of the donor providing the organ)	Covered upto full Sum Insured	D.I.7	
	<b>Restoration of Sum Insured</b> (Not Available for Sum Insured ₹0.5 and 1 Lac under ProHealth Select A)	Sum Insured restored to 100% when total of opted 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.8	
	<b>AYUSH Cover</b>	Covered upto full Sum Insured	D.I.9	
<b>Value Added Covers</b>	<b>Cumulative Bonus</b>	5 % each year maximum upto 100%. This will not be reduced in case of claim under the Policy.	D.II.1	
	<b>Healthy Rewards</b>	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.II.2	
<b>Optional Covers</b> This section lists the available optional covers under your plan and the limits under each of these options	<b>Deductible</b> (Deductible is the amount beyond which a claim will be payable in the Policy)	₹1/2/3/4/5 Lacs	₹1/2/3/4/5 Lacs	D.III.1
	<b>Voluntary Co-pay</b> (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.	Not Available	D.III.2
	<b>Cumulative Bonus Booster</b> (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% increase in Sum Insured, maximum up to 100%. This will not reduce in case of claim under the Policy.  Option B : 25% increase in Sum Insured, maximum up to 100%. This will not reduce in case of claim under the Policy.  Option C: 50% Increase in Sum Insured, maximum up to 100% This will reduce in the same proportion in case of claim under the Policy, but in no case shall the Sum Insured be reduced.  Option D: 10% increase in Sum Insured irrespective of a claim under the Policy, up to a maximum of 200%.		D.III.3
	<b>Removal of room rent Limit</b>	Allows coverage under In-patient Hospitalisation Up to a Single Private Room		D.III.4
	<b>Re-Assurance</b>	Automatic Extension of Policy for 2 years on diagnosis of a listed Critical Illness or Permanent Total Disability due to Accident		D.III.5

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<b>Your Coverage Details:</b>	<b>Identify your Plan</b>	<b>ProHealth Select (A)</b>	<b>ProHealth Select (B)</b>	
	<b>Health Check-Up</b>	Every year for all Insured Persons above 18 years.	Not Available	D.III.6
	<b>Worldwide Emergency Cover (Outside India)</b>	Covered upto Full Sum Insured Once in a Policy Year	Not Available	D.III.7
	<b>Disease Specific Sub-Limits</b>	As per limits specified	Not Available	D.III.8
	<b>Health Maintenance Benefit</b>	Covered up to ₹500 or ₹1000 as opted	Not Available	D.III.9
<b>Add on cover (Rider if Opted)</b> This section lists the Add on cover available under your plan	<b>Critical Illness</b>	Lump sum payment of an additional 100% of Sum Insured Opted Or as opted under the Policy for named Critical Illnesses		Critical Illness Add On Cover - Policy Wordings
<b>What are the Major exclusions in the Policy</b> 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 to the Policy wording and clauses for the complete list of exclusions. <ul style="list-style-type: none"> <li>- Investigation &amp; Evaluation - Code - Excl 04</li> <li>- Rest Cure, rehabilitation and respite care - Code - Excl 05</li> <li>- Obesity/ Weight Control: Code - Excl 06</li> <li>- Change-of-Gender treatments: Code - Excl 07</li> <li>- Cosmetic or plastic Surgery: Code - Excl 08</li> <li>- Hazardous or Adventure sports: Code - Excl 09</li> <li>- Breach of law: Code - Excl 10</li> <li>- Excluded Providers: Code - Excl 11</li> <li>- Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl 12</li> <li>- Treatments received in health hydros, nature cure clinics, spas or similar establishments Code- Excl 13</li> <li>- Dietary supplements and substances that can be purchased without prescription Code – Excl 14</li> <li>- Refractive Error: Code - Excl 15</li> <li>- Unproven Treatments: Code - Excl 16</li> <li>- Sterility and Infertility: Code - Excl 17</li> <li>- Maternity: Code - Excl 18</li> <li>- External Congenital Anomaly or defects</li> <li>- Dental treatment, dentures or surgery of any kind unless necessitated due to an accident</li> <li>- Circumcision</li> <li>- Prostheses, corrective devices and medical appliances,</li> <li>- Treatment received outside India</li> <li>- Any form of Non - Allopathic treatment</li> <li>- All expenses caused by ionizing radiation or contamination by radioactivity, directly or indirectly, caused by or arising from warlike operations</li> <li>- Costs of donor screening</li> <li>- Any deductible amount or percentage of admissible claim under co-pay or above Sub - Limit if applicable</li> </ul>			E
<b>Waiting Period</b> 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 illnesses except accidents. b. 90 days waiting period will be applicable for listed Critical Illness in case of Re-Assurance Cover and where Critical Illness Add on cover has been opted. c. Two Years Waiting Period will be applicable for specific illnesses. d. A 48 months waiting period will be applicable for any Pre-existing disease			E.I.1, E.I.2, E.I.3 & E.II.1
<b>Payout Basis</b> This section lists the manner in which the proceeds of the Policy will be paid to you	a. For all covers (excluding Critical Illness Add On Benefit) pay-out will be on reimbursement of actual expenses either by way of Cashless to the Hospital/ Network provider when a cashless facility is availed or directly to you as a reimbursement against the bills when you have paid for the expenses. b. Critical Illness Add on pay-out will be on benefit payment basis as a lump sum fixed amount.			G.I.4 & G.I.5  Critical Illness Add On Cover - Policy Wordings

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<b>Cost Sharing</b> This sections lists the various circumstances under which you will bear some portion of the claim out of your pocket	<p>a. A Voluntary co-payment of 10% or 20% on admissible claim amount (final payable claim amount after assessment) will apply to each and every claim if opted under the plan.</p> <p>b. A deductible option of ₹1/ 2/ 3/ 4/ 5 Lacs as per the plan opted will apply on the Policy. 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. To know the applicable deductible on your Policy please refer the Policy Schedule benefits.</p> <p>C. Disease Specific Sub-limit, if opted under the plan, will limit maximum payable per surgery or medical management cost per policy period for given list of List of Ailments / Surgeries / Medical Procedures as per the option selected under the policy.</p> <table border="1" data-bbox="236 674 1321 1312"> <thead> <tr> <th colspan="5">Sub-Limit (Amount in ₹)</th> </tr> <tr> <th colspan="2">Ailments/ Surgeries / Medical Procedures</th> <th>Option 1</th> <th>Option 2</th> <th>Option 3</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Cataract (Per eye)</td> <td>7,500</td> <td>15,000</td> <td>22,500</td> </tr> <tr> <td>2</td> <td>Surgeries for Non-malignant Tumors/Cysts/Nodule/Polyp/Benign Prostate Hypertrophy</td> <td>15,000</td> <td>30,000</td> <td>45,000</td> </tr> <tr> <td>3</td> <td>Stone in Urinary/Biliary System</td> <td>20,000</td> <td>40,000</td> <td>60,000</td> </tr> <tr> <td>4</td> <td>Hernia (per side)</td> <td>12,500</td> <td>25,000</td> <td>37,500</td> </tr> <tr> <td>5</td> <td>Appendicitis</td> <td>10,000</td> <td>20,000</td> <td>30,000</td> </tr> <tr> <td>6</td> <td>Hysterectomy</td> <td>15,000</td> <td>30,000</td> <td>45,000</td> </tr> <tr> <td>7</td> <td>Any Joint Replacement</td> <td>40,000</td> <td>60,000</td> <td>80,000</td> </tr> <tr> <td>8</td> <td>Piles/Fissures/Fistula</td> <td>10,000</td> <td>20,000</td> <td>30,000</td> </tr> <tr> <td>9</td> <td>Medical Management or Surgeries related to Ischemic Heart Disease / Cardiac</td> <td>40,000</td> <td>60,000</td> <td>80,000</td> </tr> <tr> <td>10</td> <td>Treatment for Injuries/Breakage of Bones</td> <td>27,500</td> <td>55,000</td> <td>80,000</td> </tr> <tr> <td>11</td> <td>Cerebrovascular Medical Management/Surgery</td> <td>25,000</td> <td>50,000</td> <td>75,000</td> </tr> <tr> <td>12</td> <td>Cancer/Oncology (Medical &amp; Surgical)</td> <td>40,000</td> <td>60,000</td> <td>80,000</td> </tr> <tr> <td>13</td> <td>Abscess/Ligament Tear</td> <td>20,000</td> <td>40,000</td> <td>60,000</td> </tr> <tr> <td>14</td> <td>Treatment towards Kidney damage or renal failure</td> <td>40,000</td> <td>60,000</td> <td>80,000</td> </tr> </tbody> </table> <p>d. Persons opting to take treatment outside of their Zone will bear a 10% or 20% co-pay as applicable under Select (B). Voluntary Co-pay and deductible shall not be available on the same policy.</p>			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	G.I.7
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<b>Renewal Conditions</b> This section lists the terms of renewals under the Policy	<p>a. This Policy is ordinarily renewable for lifetime on mutual consent, subject to application of Renewal and realization of Renewal premium.</p> <p>b. Continuity will be provided if renewed within 30 or 15 days, as applicable, 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.</p> <p>c. Renewals will not be denied except on grounds of misrepresentation, fraud, non-disclosure or non-co-operation from the Insured.</p> <p>d. Alterations in the policy such as Increase/ decrease in Sum Insured or Change in Plan/Product, addition/ deletion of members, addition/deletion of Medical Condition will be allowed at the time of Renewal of the Policy. We reserve Our right to carry out underwriting in relation to any request for changes on the Policy. The terms and conditions of existing policy will not be altered.</p>			F.I.9, F.II.8																																																																																
<b>Renewal Benefits</b> This section lists the various benefits you can avail every time you renew a Policy with us	<p>a. Healthy Rewards - Reward Points are earned for each year of renewal premium paid</p> <p>b. Accumulated Reward Points can be redeemed for a discount of up to 10% on renewal premium.</p>			F.II.9 D.II.2																																																																																
<b>Cancellation</b> The section explains the Policy cancellation process in brief	<p>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.</p> <p>b. 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, or non-disclosure of material fact by You , upon giving 15 days' notice without refund of premium.</p>			F.I.6																																																																																

**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 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