ManipalCigna Health Insurance

MANIPALCIGNA PROHEALTH INSURANCE

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
Your Coverage Details:	**Identify your Plan**	**Protect**	**Plus**	**Preferred**	**Premier**	**Accumulate**	
Basic Cover: This section lists the Basic benefits available on your plan	Identify your Opted Sum Insured (SI)	₹ 2.5 Lacs ₹ 3.5 Lacs ₹ 4.5 Lacs, ₹ 5.5 Lacs, ₹ 7.5 Lacs, ₹ 10 Lacs, ₹ 15 Lacs, ₹ 20 Lacs, ₹ 25 Lacs, ₹ 30 Lacs, ₹ 50 Lacs	₹ 4.5 Lacs ₹ 5.5 Lacs, ₹ 7.5 Lacs, ₹ 10 Lacs, ₹ 15 Lacs, ₹ 20 Lacs, ₹ 25 Lacs, ₹ 30 Lacs, ₹ 50 Lacs	₹ 15 Lacs, ₹ 30 Lacs, ₹ 50 Lacs	₹ 100 Lacs	₹ 5.5 Lacs, ₹ 7.5 Lacs, ₹ 10 Lacs, ₹ 15 Lacs, ₹ 20 Lacs, ₹ 25 Lacs, ₹ 30 Lacs, ₹ 50 Lacs	
	Inpatient Hospitalisation (When you are hospitalised)	For Sum Insured up to ₹ 5.5 Lacs - Covered up to Single Private Room For Sum Insured ₹ 7.5 Lacs and Above - Covered up to any Room Category except Suite or higher category	Covered upto any Room Category except Suite or higher category			For Sum Insured ₹ 5.5 Lacs - Covered up to Single Private Room For Sum Insured ₹ 7.5 Lacs and Above - Covered up to any Room Category except Suite or higher category	D.I.1
	Pre - hospitalisation	Medical Expenses Covered up to 60 days before date of hospitalisation					D.I.2
	Post - hospitalisation	Medical Expenses Covered up to 90 days post discharge from hospital	Medical Expenses Covered up to 180 days post discharge from hospital			Covered up to 90 days post discharge from hospital	D.I.3
	Day Care Treatment	Covered up to the limit of Sum Insured opted					D.I.4
	Domiciliary Treatment (Treatment at Home)	Covered up to the limit of Sum Insured opted					D.I.5
	Ambulance Cover (Reimbursement of Ambulance Expenses)	Upto ₹ 2000 paid per hospitalisation event	Upto ₹ 3000 paid per hospitalisation event	Actual incurred expenses paid per hospitalisation event		Upto ₹ 2000 paid per hospitalisation event	D.I.6
	Donor Expenses (Hospitalisation Expenses of the donor providing the organ)	Covered up to full Sum Insured					D.I.7
	Worldwide Emergency Cover (Outside India)	Covered up to full Sum Insured once in a Policy Year					D.I.8
	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 opted					D.I.9

	AYUSH Cover	Covered up to full Sum Insured					D.I.10
	Health Maintenance Benefit (Treatment that does not require hospitalisation and can be carried out in an Out Patient Department)	Covered up to ₹ 500 per policy year	Covered up to ₹ 2000 per policy year	Covered up to ₹ 15,000 per policy year.		Option to choose from - ₹ 5000, ₹ 10,000, ₹ 15,000, ₹ 20,000 per policy year Can also be used to pay for Co-pay or Deductible. Up to 50 % of the accumulated Health Maintenance Benefit can be utilised for payment against premium from first renewal of the policy	D.I.11
	Maternity Expenses	Not Available	Covered upto ₹ 15,000 for normal delivery and ₹ 25,000 for C- Section per event, after a Waiting Period of 48 months	Covered upto ₹ 50,000 for normal delivery and ₹ 100,000 for C-Section per event, after a waiting Period of 48 months	Covered upto ₹ 100,000 for normal delivery and ₹ 200,000 for C-Section per event, after a waiting Period of 48 months	Not Available	D.I.12
	New Born Baby Expenses		Covered for the inpatient hospitalisation expenses of a new born up to the limit provided under Maternity Expenses				D.I.13
	First Year Vaccinations		Covered as per national immunisation programme over and above Maternity Sum Insured				D.I.14
Value Added Covers This section lists the additional value added benefits that are available along with your plan	Health Check-up	Available once every 3rd Policy year to all insured persons who have completed 18 years of Age	Available each policy year(excluding the first year), to all insured persons who have completed 18 years of Age			Available once every 3rd Policy year to all insured persons who have completed 18 years of Age	D.II.1
	Expert Opinion on Critical illness (By a Specialist)	Available once during the Policy Year					D.II.2
	Cumulative Bonus	A guaranteed 5% Increase in Sum Insured per policy year, maximum up to 200% of Sum Insured.	A guaranteed 10% Increase in Sum Insured per policy year, maximum up to 200% of Sum Insured.			A guaranteed 5% Increase in Sum Insured per policy year, maximum up to 200% of Sum Insured.	D.II.3
	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 against payable premium (including Taxes) from 1st Renewal of the Policy. OR they can be redeemed for equivalent value of Health Maintenance Benefits any time during the policy OR as equivalent value while availing services through our Network Providers as defined in the policy.					D.II.4

Optional Covers This section lists the available optional covers under your plan and the limits under each of these options	Hospital Daily Cash Benefit	₹ 1000 for each continuous and completed 24 Hours of Hospitalisation during the Policy Year up to a maximum of 30 days in a policy year	₹ 2000 for each continuous and completed 24 Hours of Hospitalisation during the Policy Year up to a maximum of 30 days in a policy year	₹ 3000 for each continuous and completed 24 Hours of Hospitalisation during the Policy Year up to a maximum of 30 days in a policy year	₹ 1000 for each continuous and completed 24 Hours of Hospitalisation during the Policy Year up to a maximum of 30 days in a policy year	D.III.1
	Deductible (Please select the Sum Insured and Deductible amount as you have opted on the Policy. Deductible is the amount beyond which a claim will be payable in the Policy)	₹ 1/ 2/ 3/ 4/ 5/ 7.5 /10 Lacs		Not Available	₹ 0.5/ 1/ 2/ 3/ 4/ 5/ 7.5 / 10 Lacs	D.III.2
	Waiver of Deductible	Available		Not available	Available	D.III.2
	Reduction in Maternity Waiting	Not available	Maternity waiting period Reduced from 48 months to 24 months		Not available	D.III.3
	Voluntary Co-pay (The cost sharing percentage that you have opted will apply on each claim.) If you have opted for a Deductible, Voluntary Co-payment does not apply	10% or 20% Voluntary Co-payment for each and every claim as opted		Not Available	10% or 20% voluntary co-payment for each and every claim as opted on the Policy	D.III.4
	Waiver of Mandatory Co-pay	Waiver of Mandatory co-payment of 20% for Insured Persons aged 65 years and above				D.III.5
	Cumulative Bonus booster	A guaranteed 25% increase in Sum Insured per policy year, maximum up to 200% of Sum Insured		Not Available	A guaranteed 25% increase in Sum Insured per policy year, maximum up to 200% of Sum Insured	D.III.6
Add on cover(Rider) This section lists the Add on cover available under your plan	Critical Illness	Lump sum payment of an additional 100% of Sum Insured Opted		Not Available	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 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 - Sterility and Infertility: Code- Excl. 17 - Maternity: Code Excl. 18 (applicable to Protect and Accumulate plan) - External Congenital Anomaly or defects. - Dental treatment. - Circumcision - Prostheses, corrective devices and/or medical appliances - Treatment received outside India other than for coverage under World Wide Emergency Cover, Expert Opinion on Critical Illnesses. - All Illness/expenses caused by ionizing radiation or contamination by radioactivity. - All expenses caused by or arising from war or war-like situation. - Annexure IV list I of “Items for which Coverage is not available in the Policy”. - Any form of Non-Allopathic treatment (except AYUSH In-patient Treatment), - 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. - Costs of donor screening or costs incurred in an organ transplant surgery involving organs not harvested from a human body. *Note: This list does not apply to coverage under Health Maintenance Benefit	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 illnesses except accidents. b. 90 days waiting period will be applicable for listed Critical Illness where Critical Illness Add on cover has been opted. c. Specified disease/procedure waiting period: Two Year Waiting Period will be applicable for specific illnesses d. A 48 months of waiting period will be applicable for Maternity, New Born and First year Vaccination expenses (Except where Reduction in Maternity Waiting is opted) e. A Personal waiting period may apply 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. f. Pre-existing disease waiting period: A 48 months waiting period will be applicable for any Pre-existing disease, for Protect, a 36 months waiting period for any Pre-existing disease, for Plus and Accumulate plan and 24 months waiting period for Preferred & Premier Plan.	E.I.3 Add on policy wordings E.I.2 E.II.1 E.II.2 E.I.1
Pay-out Basis 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 and Hospital Daily Cash 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. c. Health Maintenance Benefit will be on reimbursement basis on submission of bills or payment towards Deductible or Co pay wherever opted.	G.I Add on policy wordings G.I.12

Cost Sharing This sections lists the various circumstances under which you will bear some portion of the claim out of your pocket	a. A mandatory co-payment will be applicable for insured's aged 65 years and above b. 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. c. A deductible option of ₹ 1 Lac, ₹ 2 Lacs, ₹ 3 Lacs, ₹ 4 Lacs, ₹ 5 Lacs, ₹ 7.5 Lacs, ₹ 10 Lacs as per plan selected 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. To know the applicable deductible on your Policy please refer the Policy Schedule benefits. Co-pays under "b" above will not be applied for a Deductible Cover. Persons opting to take treatment outside of their Zone will bear a 10% or 20% co-pay as applicable. d. A deductible of ₹ 50,000, ₹ 1Lac, ₹ 2 Lacs, ₹ 3 Lacs, ₹ 4 Lacs, ₹ 5 Lacs, ₹ 7.5 Lacs,₹ 10 Lacs as opted will apply on Accumulate Plan. 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. e. If a special sub-limit is applied at the time of Underwriting on a particular medical condition, the Policy will pay only 75% of the payable claim amount arising out of the specified illness/medical condition.	F.II.6 D.III.4 G.I.16 G.I.16 F.II.12
Renewal Conditions This section lists the terms of renewals under the Policy	a. This Policy is ordinarily renewable for lifetime on mutual consent, subject to application of Renewal and realisation of Renewal premium. b. Continuity will be provided if renewed within 30/15 days 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, fraud, non-disclosure or non-co-operation from the Insured. 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.	F.II.8, F.I.9 & F.II.9
Renewal Benefits This section lists the various benefits you can avail/ accumulate every time you renew a Policy with us	a. Cumulative Bonus- We will provide a 5% or 10% or 25% increase in Sum Insured for every policy year, subject to a maximum of 200% accumulation, as per the Plan opted. The cumulative bonus will remain intact and not get reduced in case a claim is made during the policy. b. Health check-up – A health check-up is provided for persons aged 18 years and above, irrespective of the claim status of the Policy. For Protect & Accumulate plan – Available once every 3rd Policy year For Plus, Preferred and Premier Plan – Available once at each policy year (excluding first year) c. Healthy Rewards – Reward Points are earned for each year of premium paid	D.II.3 D.II.1 D.II.4
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. 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. c. Cover may end immediately for all Insured Persons, if there is non-cooperation by You/ Insured person, with refund of premium on pro rata basis after deducting Our expenses, by giving 15 days' notice in writing.	F.I.7

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