



# PERSONALISED PLAN WITH UNLIMITED COVERAGE\*^

\*T&C Apply  
^Available as an optional cover with Anant benefit  
on payment of additional premium

We know how much your health means to you and the need for a complete health insurance. **ManipalCigna Sarvah** has you covered. With Sarvah, you can feel secure knowing we're always by your side, every step of the way.

**ManipalCigna Sarvah Uttam Plan** is the ultimate personalized and comprehensive health insurance plan designed for complete peace of mind. The infinite power of this plan ensures you're fully protected against high medical expenses and unexpected health challenges.



**Sarvanand**, your go to Sarvah Expert brings you the new and improved **ManipalCigna Sarvah Uttam**. With its wit and mystical charm, Sarvanand guides you to the best plans for you and your loved ones, offering wisdom and care you can trust.

## GET ANANT CARE WITH **ANANT BENEFIT\***

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No more worries about running out of funds with endless coverage!

With the Anant Benefit, enjoy infinite Sum Insured and no limit on claims for hospitalizations due to Heart Conditions, Cancer, Stroke, Major Organ/Bone Marrow Transplant or Accident - where you need financial support the most, without impacting your savings or investments. Now, focus on your recovery, not the hefty medical bills.





## YOUR **SARATHI**\* IN A TRUE SENSE

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Uncertainties don't wait, then why should you? With Sarathi 2.0, get your waiting period reduced to 30 days from the usual 36 months, even if you have Pre-Existing diseases such as Asthma, Diabetes, Dyslipidemia, Obesity, Hypertension.

# ENJOY 15X BONUS WITH **GULLAK\*** ADVANTAGE

Your Gullak balance grows by 100% of the Base Sum Insured each year with a guaranteed 15x bonus, safeguarding you against inflation and ensuring your coverage never runs out

**Base Sum Insured ₹10 Lac grows to ₹1.6 Crore — at no additional premium.**



## GET REST ASSURED WITH **RESTORATION\***

Challenges don't stop, and neither should your coverage. Restore your Base Sum Insured unlimited times in a policy year for both related and unrelated illnesses or injuries, providing continuous protection for you and your family.



Base Cover  
₹10L



First Claim of  
₹2L

Claim  
Paid

Balance  
Cover  
₹8L



+



Suppose Second Claim is of ₹12 Lacs  
New cover of ₹18 Lacs is available with Restoration Benefit

## STAY FULFILLED WITH **SURPLUS BENEFIT\***

Get double the protection. From day one, receive an extra 100% of your Base Sum Insured for the first claim each policy year, so you're prepared for everything.



**Your Base Cover**



**Your Base Cover With Surplus Benefit\***



## STAY FUTURE-PROOF WITH OUR **MATERNITY AND NEWBORN COVERAGES\***

With Maternity and Newborn cover, enjoy peace of mind knowing you and your growing family are protected during life's precious milestones and welcome the newborn without any worry in this beautiful world.



# GOOD HEALTH, **GREAT REWARDS**

Stay healthy by walking and enjoy up to 20% off on your premium with Wellness benefits, renew within 15 days to get an extra 2.5% discount, and earn up to 7.5% off with a no-claim year. Because with ManipalCigna Sarvah good health comes with great savings.

| YEARS            | RENEWAL PREMIUM DISCOUNT |
|------------------|--------------------------|
| Year 1(no claim) | 2.5%                     |
| Year 2(no claim) | 5%                       |
| Year 3(no claim) | 7.5%                     |
| Year 4(no claim) | 7.5%                     |
| Year 5(claim)    | 0%                       |
| Year 6(no claim) | 2.5%                     |

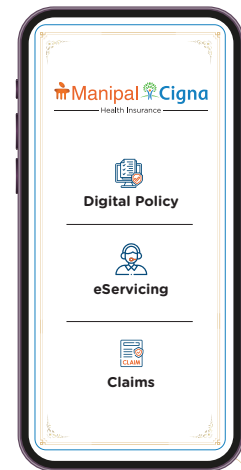
Note: No claim discount will be earned till the eldest age in the policy is less than 56. The level of discount earned till the age of 55 will continue to be carried forward till there is a claim in the Policy. After the claim, the discount level will be reset to 0 and it will not accrue again.





## BE STRESS- FREE WITH NO ZONAL CO-PAY

Pay for the treatment, not the location. Get treated in any city of your choice without any additional financial burden. Because your care should never be limited by geography.



**SADA SECURE RAHO!**

Get access to infinite  
power with **Sarvah Uttam Plan**



Scan the QR code and  
download the  
**myManipalCigna app**



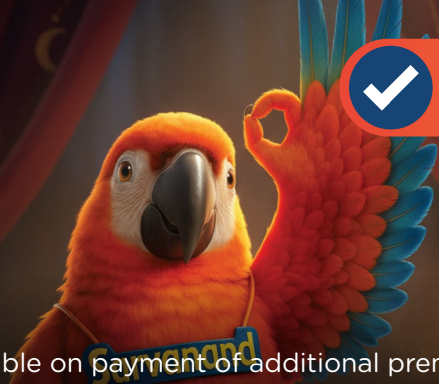
## Benefits at a glance

| Title                                                                                                                                     | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
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|                                                                                                                                           | Please refer to the Plan and Base Sum Insured you have opted to understand the available benefits under your plan in brief:                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
|                                                                                                                                           | Relationship Covered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Individual:</b> Self, legally married spouse or live-in partner, son, daughter, father/ mother/ father-in-law/ mother-in-law/ son-in-law/ daughter-in-law/ grand-parents/ grandchildren/ uncle/ aunt/ nephew/ niece/ brother/ sister/ sister in-law/ brother in-law.<br><b>Floater:</b> Self, legally married spouse or live-in partner, dependent children (natural / legally adopted), dependent parents/ parents-in-law                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
| <b>Your Coverage Details:</b>                                                                                                             | Identify your Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ManipalCigna Sarvah - Uttam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
| <b>Basic Cover</b><br><br>This section lists the Basic benefits available on your this Policy                                             | Identify your Opted Base Sum Insured (in ₹)                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ₹5 Lacs, 7.5 Lacs, 10 Lacs, 15 Lacs, 20 Lacs, 25 Lacs, 50 Lacs, 100 Lacs, 200 Lacs, 300 Lacs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
|                                                                                                                                           | In-patient Hospitalization (When you are hospitalized)                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Covered up to Sum Insured<br>Room Rent: Covered up to Single Private AC Room<br>For ICU - Covered up to Sum Insured<br>This benefit shall also offer the below covers up to the limits mentioned:<br>i.Modern and Advanced Treatments: Covered up to Sum Insured<br>ii.HIV/AIDS & STD: Covered up to Sum Insured<br>iii.Mental Illness: Covered up to Sum Insured<br>For ICD Codes mentioned below: Waiting Period of 24 months shall apply<br><table><tr><th colspan="2">ICD 10 CODES                      DISEASES</th></tr><tr><td>F05</td><td>Delirium due to known physiological condition<br/>Other mental disorders due to known physiological condition</td></tr><tr><td>F06</td><td>Personality and behavioural disorders due to known physiological condition</td></tr><tr><td>F07</td><td>Alcohol related disorders</td></tr><tr><td>F10</td><td>Schizophrenia</td></tr><tr><td>F20</td><td>Brief psychotic disorders</td></tr><tr><td>F23</td><td>Schizoaffective disorders</td></tr><tr><td>F25</td><td>Unspecified psychosis not due to a substance or</td></tr><tr><td>F29</td><td>known physiological condition</td></tr><tr><td>F31</td><td>Bipolar disorder</td></tr><tr><td>F32</td><td>Depressive episode</td></tr><tr><td>F39</td><td>Unspecified mood [affective] disorder</td></tr><tr><td>F40</td><td>Phobic Anxiety disorders</td></tr><tr><td>F41</td><td>Other Anxiety disorders</td></tr><tr><td>F42</td><td>Obsessive-compulsive disorder</td></tr><tr><td>F44</td><td>Dissociative and conversion disorders</td></tr><tr><td>F45</td><td>Somatoform disorders</td></tr><tr><td>F48</td><td>Other nonpsychotic mental disorders</td></tr><tr><td>F60</td><td>Specific personality disorders</td></tr><tr><td>F84</td><td>Pervasive developmental disorders</td></tr><tr><td>F90</td><td>Attention-deficit hyperactivity disorders</td></tr><tr><td>F99</td><td>Mental disorder, not otherwise specified</td></tr></table> | ICD 10 CODES                      DISEASES |               | F05                   | Delirium due to known physiological condition<br>Other mental disorders due to known physiological condition | F06                               | Personality and behavioural disorders due to known physiological condition                                                       | F07                                 | Alcohol related disorders                                       | F10            | Schizophrenia               | F20                                 | Brief psychotic disorders                   | F23                                          | Schizoaffective disorders                    | F25 | Unspecified psychosis not due to a substance or | F29 | 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 |
|                                                                                                                                           | ICD 10 CODES                      DISEASES                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
|                                                                                                                                           | F05                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Delirium due to known physiological condition<br>Other mental disorders due to known physiological condition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
|                                                                                                                                           | F06                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Personality and behavioural disorders due to known physiological condition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
|                                                                                                                                           | F07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Alcohol related disorders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
|                                                                                                                                           | F10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Schizophrenia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
|                                                                                                                                           | F20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Brief psychotic disorders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
|                                                                                                                                           | F23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Schizoaffective disorders                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
|                                                                                                                                           | F25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Unspecified psychosis not due to a substance or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
| F29                                                                                                                                       | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
| Day Care Treatment                                                                                                                        | All Day Care Procedure covered up to Sum Insured.                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
| Pre -hospitalization Medical Expenses                                                                                                     | Medical Expenses incurred during policy period covered up to 90 days before the date of hospitalization; covered up to the Sum Insured                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
| Post – hospitalization Medical Expenses                                                                                                   | Medical Expenses covered up to 180 days post discharge from the hospital; covered up to the Sum Insured                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
| Domiciliary Hospitalization (Treatment at Home)                                                                                           | Covered up to the Sum Insured<br>Pre and Post Hospitalization Expenses: 30 days each                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
| Road Ambulance (Reimbursement of Ambulance Expenses)                                                                                      | Covered up to the Sum Insured                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
| Donor Expenses (Hospitalization Expenses of the donor providing the organ)                                                                | Covered up to the Sum Insured<br>• Pre & Post Hospitalization expenses (Up to 30 days each) of the donor<br>• Cost towards donor screening once in a Policy year for successful transplant<br>• Complications arising during hospitalization or up to 30 days from date of discharge – Covered up to 25% of Base Sum Insured subject to maximum of ₹2 Lacs, Over and above Base Sum Insured<br>We will not cover expenses towards the Donor in respect of cost associated to the acquisition of the organ. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
| AYUSH Treatment                                                                                                                           | Covered up to the Sum Insured                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
| <b>Value Added Covers</b><br><br>This section lists the additional value added benefits that are available along with your plan           | Tele-Consultation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Unlimited Tele-consultation with General Physician during the Policy Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
|                                                                                                                                           | Wellness Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Rewards can be earned by completing activities specified under Our Healthy Life Management Program up to maximum of 20% of expiring base Premium (excluding Premium for optional covers other than Deductible, Voluntary Co-Payment, Twin Sharing AC Room, Extension of Specific Waiting Period, Rider and taxes as applicable).<br>These earned Reward Points can be used as premium discount from 1st Renewal of the Policy.<br>Carry forward of earned Reward Points shall not be allowed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
|                                                                                                                                           | Discount from Network Provider                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Discount on Pharmacy, Diagnostics and Health Supplements offered by the Network Providers of ManipalCigna Health Insurance Company Limited                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
| <b>Optional Covers</b><br><br>This section lists the available optional covers under your plan and the limits under each of these options | Personal Accident Cover                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Coverage under this option is available on Individual and Family Basis.<br>Min Age at Entry – 5 Years, Max Age at Entry 65 Years.<br>Relationships Covered - Self, Lawfully Wedded Spouse/Live-in Partner, Dependent Children, Dependent Parents/Parent in laws<br>Individual Benefit Amount - ₹10L, ₹15L, ₹20L, ₹25L, ₹30L, ₹40L, ₹50L, ₹1Cr, ₹2Cr, ₹3Cr.<br><table><tr><th>Scope of Cover</th><th>% of PA Cover</th></tr><tr><td>Accidental Death (AD)</td><td>100% of the Personal Accident Cover Benefit Amount.</td></tr><tr><td>Permanent Total Disablement (PTD)</td><td>200% of Benefit Amount (if Death/PTD) occurs due to an Accident while travelling as a fare paying passenger on a common carrier.</td></tr><tr><td>Permanent Partial Disablement (PTD)</td><td>% of Personal Accident Benefit Amount. (as defined in the Grid)</td></tr></table><br>Family Cover Benefit Amount Eligibility<br><table><tr><th>Earning Member</th><th>As per Benefit Amount Opted</th></tr><tr><td>Non- earning Spouse/Live-in Partner</td><td>60% of the Benefit amount of Earning member</td></tr><tr><td>Dependent Children /Parents/Parents -in-Laws</td><td>30% of the Benefit amount, max up to ₹50Lacs</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Scope of Cover                             | % of PA Cover | Accidental Death (AD) | 100% of the Personal Accident Cover Benefit Amount.                                                          | Permanent Total Disablement (PTD) | 200% of Benefit Amount (if Death/PTD) occurs due to an Accident while travelling as a fare paying passenger on a common carrier. | Permanent Partial Disablement (PTD) | % of Personal Accident Benefit Amount. (as defined in the Grid) | Earning Member | As per Benefit Amount Opted | Non- earning Spouse/Live-in Partner | 60% of the Benefit amount of Earning member | Dependent Children /Parents/Parents -in-Laws | 30% of the Benefit amount, max up to ₹50Lacs |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
| Scope of Cover                                                                                                                            | % of PA Cover                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
| Accidental Death (AD)                                                                                                                     | 100% of the Personal Accident Cover Benefit Amount.                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
| Permanent Total Disablement (PTD)                                                                                                         | 200% of Benefit Amount (if Death/PTD) occurs due to an Accident while travelling as a fare paying passenger on a common carrier.                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
| Permanent Partial Disablement (PTD)                                                                                                       | % of Personal Accident Benefit Amount. (as defined in the Grid)                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
| Earning Member                                                                                                                            | As per Benefit Amount Opted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
| Non- earning Spouse/Live-in Partner                                                                                                       | 60% of the Benefit amount of Earning member                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |
| Dependent Children /Parents/Parents -in-Laws                                                                                              | 30% of the Benefit amount, max up to ₹50Lacs                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |               |                       |                                                                                                              |                                   |                                                                                                                                  |                                     |                                                                 |                |                             |                                     |                                             |                                              |                                              |     |                                                 |     |                               |     |                  |     |                    |     |                                       |     |                          |     |                         |     |                               |     |                                       |     |                      |     |                                     |     |                                |     |                                   |     |                                           |     |                                          |

|                                                                                                  | <table><tr><th>Age wise</th><th>Eligibility of Benefit Amount will be up to a maximum times of Annual Income of the Proposer or Earning member to be Insured. (as detailed below)</th></tr><tr><td>18-45</td><td>Max 20 times of the Gainful Annual Income</td></tr><tr><td>46- 60</td><td></td></tr><tr><td>&gt;60 above</td><td>Max 10 times of the Gainful Annual Income</td></tr></table><br><div>Note:<br/>i. Claims under Accidental Death, Permanent Total Disablement, and Permanent Partial Disablement shall be payable only in respect of accident occurring within India.<br/>ii. Personal Accident Cover is not applicable for New Business policies</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Age wise         | Eligibility of Benefit Amount will be up to a maximum times of Annual Income of the Proposer or Earning member to be Insured. (as detailed below) | 18-45 | Max 20 times of the Gainful Annual Income | 46- 60 |  | >60 above | Max 10 times of the Gainful Annual Income |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------|--------|--|-----------|-------------------------------------------|
| Age wise                                                                                         | Eligibility of Benefit Amount will be up to a maximum times of Annual Income of the Proposer or Earning member to be Insured. (as detailed below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                                                                                                                                                   |       |                                           |        |  |           |                                           |
| 18-45                                                                                            | Max 20 times of the Gainful Annual Income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                                                                                                                                                   |       |                                           |        |  |           |                                           |
| 46- 60                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                                                                                                                   |       |                                           |        |  |           |                                           |
| >60 above                                                                                        | Max 10 times of the Gainful Annual Income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                                                                                                                                                   |       |                                           |        |  |           |                                           |
| Temporary Total Disablement (TTD)                                                                | <div>If the Insured Person suffers an injury due to an accident that occurs during the policy period and such injury results in the Temporary Total Disablement of the Insured Person immediately after an Accident, We will pay fixed weekly benefit for the duration of the TTD.</div> <table><tr><th>Coverage Options</th></tr><tr><td>₹5K, ₹10K, ₹15K, ₹20K, ₹25K, ₹50K, ₹1L per week.</td></tr></table><br><div>Note:<br/>i. Max No. of Weeks Covered – 100 in respect of any one injury calculated from the date of commencement of the Temporary Total Disablement.<br/>ii. Available only if Personal Accident Cover is opted.<br/>iii. TTD Cover is available only for the earning members in India in the Policy.<br/>iv. This benefit shall be applicable only for events or occurrences taking place within the geographical boundaries of India.</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Coverage Options | ₹5K, ₹10K, ₹15K, ₹20K, ₹25K, ₹50K, ₹1L per week.                                                                                                  |       |                                           |        |  |           |                                           |
| Coverage Options                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                                                                                                                   |       |                                           |        |  |           |                                           |
| ₹5K, ₹10K, ₹15K, ₹20K, ₹25K, ₹50K, ₹1L per week.                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                                                                                                                   |       |                                           |        |  |           |                                           |
| <b>Coverage:</b><br><br>Personal Accident Plus                                                   | <b>Coverage Description:</b><br><br>i. Flexible Protection up to ₹3 Crores: Opt for personal accident coverage for Accidental Death, Permanent Disablement Cover (including Permanent Total Disablement & Permanent Partial Disablement), or opt for a plan that combines both for broader financial security.<br><br>ii. Easy Start, Lifelong Peace of Mind: Get covered from Day One with hassle-free enrolment, no income proof requirements and the assurance of lifelong security through guaranteed renewals.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                                                                                                                                                   |       |                                           |        |  |           |                                           |
| Health Check Up                                                                                  | Available each policy year (including the first year), to all Adult insured persons who have completed 18 years of Age.<br>• For Base Sum Insured of ₹5 lacs: Package 1<br>• For Base Sum Insured of ₹7.5 lacs and ₹10 lacs: Package 2<br>• For Base Sum Insured above ₹10 lacs: Package 3<br>The packages shall be offered on cashless basis only.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                                                                                                                                                   |       |                                           |        |  |           |                                           |
| Air Ambulance                                                                                    | Covered up to Sum Insured subject to maximum of ₹10 Lacs in addition to the Base Sum Insured, for expenses incurred on Air Ambulance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                                                                                                                                   |       |                                           |        |  |           |                                           |
| Restoration (When opted Sum Insured is insufficient due to claims)                               | Multiple Restoration is available in a Policy Year for all illnesses and injury, in addition to the Base Sum Insured<br>Applicable for below covers only<br>1. D.1.1 – In-patient Hospitalization<br>2. D.1.2 – Day Care Treatment<br>3. D.1.3 – Pre - hospitalization Medical Expenses<br>4. D.1.4 – Post - hospitalization Medical Expenses<br>5. D.1.6 – Road Ambulance<br>6. D.1.7 – Donor Expenses<br>7. D.1.8 – AYUSH Treatment<br>Restoration shall not get triggered for the 1st claim.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                                                                                                                   |       |                                           |        |  |           |                                           |
| Gullak (Guaranteed Cumulative Bonus)                                                             | We will provide an option to the policyholder to get a Guaranteed increase of 100% of Base Sum Insured for each policy year, up to the maximum of 1500% of Base Sum Insured, irrespective of any claim made in the previous Policy Year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                   |       |                                           |        |  |           |                                           |
| Maternity & New Born Hospitalization Expenses                                                    | Maternity & New Born Hospitalization Expenses<br>a. Maternity Cover (up to a maximum 2 deliveries or terminations) - Covered up to 20% of Base Sum Insured opted, subject to a maximum of ₹5 Lac, in addition to the Base Sum Insured opted.<br>b. New Born Baby Coverage for the In-patient Hospitalization expenses of a new born, up to the limit provided under Maternity Expenses.<br>c. First Year Vaccination Covered as per national immunization program, up to the limit provided under Maternity Expenses.<br><br>In Individual Policies, Maternity Expenses will be offered to Adult Insured Male members as well. However, claims under this benefit shall be payable to the female spouse upon adding her as an insured in the Policy. In such cases, the applicable waiting period shall be as per the first inception of the Policy.<br>Note:<br>i. The female adult Insured Person should have been covered under the base Policy & Maternity Expenses for at least 36 months before availing this benefit.<br>ii. The payment towards any admitted claim will be restricted to Maternity Sum Insured however any restored amount (if applicable) will not be available for coverage under this section.<br>iii. Voluntary Co-Payment or Deductible (if opted) shall also apply to this benefit.<br>iv. In case the Policy is migration/Portability, the Insured Person shall be entitled to continuity of waiting period only up to the Maternity Sum Insured available in previous policy subject to overall limit applicable under this benefit.                            |                  |                                                                                                                                                   |       |                                           |        |  |           |                                           |
| Sarathi 2.0                                                                                      | If the Policyholder has opted for this optional cover, any condition, illness, complication, or ailment arising out of the below mentioned declared and accepted Pre-existing Diseases shall not be subject to the Pre-existing Disease Waiting Period. Such conditions shall be covered after the first 30 days from the Inception Date of the first Policy with Us:<br>i. Asthma<br>ii. Diabetes<br>iii. Dyslipidemia<br>iv. Obesity<br>v. Hypertension<br>Note –<br>This optional cover is available only at inception (First Policy Year) and not at renewal. Once opted, it cannot be withdrawn in subsequent renewals.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                                                                                                                                   |       |                                           |        |  |           |                                           |
| Room Rent Modification                                                                           | The Policyholder shall be eligible to modify the room type category eligibility under the Policy as follows:<br>Option 1: Any room; ICU Up to Sum Insured<br>or<br>Option 2: Twin Sharing AC room; ICU Up to Sum Insured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                   |       |                                           |        |  |           |                                           |
| Surplus Benefit                                                                                  | Additional 100% of Base Sum Insured, available from day 1 for 1st claim only, in each policy year.<br>(Surplus Benefit and Shaktiare mutually exclusive)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                   |       |                                           |        |  |           |                                           |
| Shakti                                                                                           | The Insured Person can avail an additional 100% or 200% of the Base Sum Insured, as specified in the Policy Schedule, for all admissible claims in a Policy Year.<br>Conditions:<br>i. Applicable only after exhaustion of the Base Sum Insured.<br>ii. Can be utilized for any number of admissible claims during the Policy Year<br>iii. Any unutilized benefit amount will not be carried forward to the next Policy Year.<br>iv. Shakti and Surplus Benefit are mutually exclusive.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                                                                                                                                   |       |                                           |        |  |           |                                           |
| Anant                                                                                            | If the Insured Person opts for this Optional Cover, in the event of any Hospitalization related to Cancer, Heart, Stroke, Major Organ / Bone Marrow Transplant, or Accident, We will cover all Medical Expenses incurred under:<br>• Section D.1.1 – In-patient Hospitalisation<br>• Section D.1.2 – Day Care Treatment<br>• Section D.1.8 – AYUSH Treatment<br>without any Sum Insured limit, for unlimited times during the Policy Year.<br><br>Notes:<br>i. This cover can only be opted at the time of first Policy purchase and cannot be added at subsequent Renewals.<br>ii. Available only with Base Sum Insuredof ₹10 Lacs.<br>iii. If the Insured Person opts for this Optional Cover, in the event of any Hospitalization related to Cancer, Heart, Stroke, Major Organ / Bone Marrow Transplant, or Accident, We will cover all Medical Expenses incurred under:<br>• Section D.1.1 – In-patient Hospitalisation<br>• Section D.1.2 – Day Care Treatment<br>• Section D.1.8 – AYUSH Treatment<br>without any Sum Insured limit, for unlimited times during the Policy Year.<br><br>Notes:<br>i. This cover can only be opted at the time of first Policy purchase and cannot be added at subsequent Renewals.<br>ii. Available only with Base Sum Insuredof ₹10 Lacs.<br>iii. This benefit applies at the Policy level, irrespective of Policy type (Individual/Family Floater).<br>iv. Voluntary Co-payment, Deductible (if opted), and applicable Sub-limits shall also apply.<br>v. This cover is applicable only for diagnosis, occurrences, and treatments taken within India. |                  |                                                                                                                                                   |       |                                           |        |  |           |                                           |
| Deductible                                                                                       | Insured has option to choose either<br>Option 1 – Aggregate Deductible of ₹10K, ₹25K, ₹50K, ₹1L, ₹2L, ₹3L, ₹4L, ₹5L or ₹10L<br>or<br>Option 2 – Per Day Deductible of ₹1K, ₹2K, ₹3K, ₹4K or ₹5K per day of Hospitalization on all admissible claims.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                                                                                                                                   |       |                                           |        |  |           |                                           |
| Voluntary Co-Payment                                                                             | Options of 10%, 20% or 30% will be applicable on each and every claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |                                                                                                                                                   |       |                                           |        |  |           |                                           |
| Coverage for Non-Medical Items and Durable Medical Equipment                                     | 1. Non-Medical Items Covered up to the Sum Insured opted under the policy, in case of In-patient Hospitalization or Day Care Treatment or Domiciliary hospitalization.<br><br>2. Durable Medical Equipment Covered up to ₹1 Lac in case, prescribed during hospitalization or within 30 days post-discharge. (CPAP Machine, BPAP Machine, Ventilator, Wheelchair, Prosthetic Device, Suction Machine, Commode Chairs, Infusion Pump, Continuous Passive Motion Devices In Case Of Knee Replacement, Oxygen Concentrator)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                                                                                   |       |                                           |        |  |           |                                           |
| Extension of Specific Disease Waiting Period                                                     | By opting for this optional cover, the Insured Person agrees to extend the waiting period for Specified Diseases or Procedures (as mentioned under Section E.1.2) to 36 months.<br>Note:<br>i. This optional cover is available only at inception of the Policy (first Policy Year) and cannot be availed at the time of renewal. It is not available for ported or migrated policies.<br>ii. Once this benefit is opted cannot be opted out in subsequent renewals.<br>iii. This benefit will apply at the Policy level, irrespective of Policy type.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                                                                                                                                   |       |                                           |        |  |           |                                           |
| <b>Add on cover (Rider)</b><br><br>This section lists the Add on cover available under your plan | ManipalCigna Health 360 – OPD<br><br>Coverage available for OPD as per package opted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |                                                                                                                                                   |       |                                           |        |  |           |                                           |

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\*This is an optional cover available on payment of additional premium.

ManipalCigna Sarvah is the product and 'Param', 'Uttam' and 'Pratham' are the names of available plans under the said product.

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