ManipalCigna Health Insurance

MANIPALCIGNA SUPER TOP UP

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

<table>
<tr><th>Sl No.</th><th>Title</th><th>Description
(Please refer to applicable Clause Number in next column)</th><th>Policy Clause Number</th></tr>
<tr><td>1</td><td>Name of Insurance Product/Policy</td><td>ManipalCigna Super Top Up - Select</td><td></td></tr>
<tr><td>2</td><td>Policy Number</td><td>xxxxxxxx</td><td></td></tr>
<tr><td>3</td><td>Type of Insurance Product/Policy</td><td>• Indemnity (Where insured losses are covered up to Sum insured under the policy)</td><td></td></tr>
<tr><td>4</td><td>Sum Insured (Basis) (Along with amount)</td><td>• Individual Sum Insured (Where each insured member has a separate sum insured the policy),
<table>
<tr><th>Insured Name</th><th>Sum Insured (in ₹)</th></tr>
<tr><td><Insured Name 1></td><td>xxxxx</td></tr>
<tr><td><Insured Name 2></td><td>xxxxx</td></tr>
<tr><td><Insured Name 3></td><td>xxxxx</td></tr>
</table>
Or
• Floater Sum Insured (Where all members under the policy have a single sum insured limit which may be utilized by any or all members,
<table>
<tr><th>Insured Name</th><th>Sum Insured (in ₹)</th></tr>
<tr><td><Insured Name 1></td><td rowspan="3">xxxxx</td></tr>
<tr><td><Insured Name 2></td></tr>
<tr><td><Insured Name 3></td></tr>
</table></td><td></td></tr>
</table>

5	Policy Coverages (What the policy covers?)	**Base Covers** **1. Inpatient Hospitalization** Covers Hospital expenses for admission longer than 24 hours. Covered up to any Room Category. **2. Pre - hospitalization** Medical Expenses Covered up to 60 days preceding the hospitalization. **3. Post - hospitalization** Medical Expenses Covered up to 90 days immediately after discharge from the hospital. **4. AYUSH Cover** Covered up to full Sum Insured. **5. Day Care Treatment** Covered up to full Sum Insured. **6. Non-medical expenses Cover** Actual expense incurred towards non - medical items listed under policy wordings under Annexure III. **7. Road Ambulance Cover** Actual expense incurred on availing Ambulance services. **8. Donor Expenses** Covered up to full Sum Insured. **9. Guaranteed Cumulative Bonus** A guaranteed 5% increase in Sum Insured every policy year at renewal, maximum up to 50% of the Sum Insured. **Optional Covers (if opted):** **10. Guaranteed Continuity on Deductible** From 5th Policy Year onwards, the Insured Person will have an option to opt for a base policy*, with guaranteed continuity on waiting periods# applicable under the base Policy. No fresh risk assessment shall be done for Sum Insured up to the deductible amount opted under this Policy (ManipalCigna Super Top Up). Cover under existing policy, ManipalCigna Super Top Up, will continue to be available for the Insured person, subject to Renewal and policy terms and conditions. #Waiting Periods here will mean initial waiting period, specific illness waiting period and pre-existing disease waiting period of base policy. *ManipalCigna ProHealth Insurance - Protect Plan (UIN: MCIHLIP22211V062122 or any subsequent versions approved by the IRDAI) or equivalent product offered by Us. This optional cover is available at the purchase of this Policy and the same shall apply to Insured person/s for which the cover is opted. **11. Reduction in Pre-existing disease waiting period** Option to reduce Pre- existing disease waiting period to 24 months since inception of the policy and shall apply to all insured persons covered under the policy.	D.I.1 D.I.2 D.I.3 D.I.4 D.I.5 D.I.6 D.I.7 D.I.8 D.I.9 D.II.1 D.II.2

		Add-on Cover (if Opted) **1. ManipalCigna Critical Illness Add On Cover (UIN: MCIHLIP21128V022021)** Lump sum payment of an additional 100% of Sum Insured Opted. **2. ManipalCigna Health 360 Add On Cover (UIN: MCIHLIA27043V022627)** **a. ManipalCigna Health 360 - OPD:** **i. Package 1:** Get cover for doctor consultations on cashless basis within the OPD Sum Insured. **ii. Package 2:** Get coverage for doctor consultations and prescribed diagnostics on cashless basis within the OPD Sum Insured. **iii. Package 3:** Get coverage for doctor consultations, prescribed diagnostics and pharmacy on cashless basis within the OPD Sum Insured. Pharmacy limit is 20% of the OPD Sum Insured.	Add on policy wordings
6	**Exclusions (What the policy does not cover)**	1. Investigation & Evaluation - Code - Excl 04 2. Rest Cure, rehabilitation and respite care - Code - Excl 05 3. Obesity/ Weight Control: Code - Excl 06 4. Change-of-Gender treatments: Code - Excl 07 5. Cosmetic or plastic Surgery: Code - Excl 08 6. Hazardous or Adventure sports: Code - Excl 09 7. Breach of law: Code - Excl 10 8. Excluded Providers: Code - Excl 11 9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code - Excl 12 10. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code - Excl13 11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of hospitalisation claim or day care procedure. Code - Excl 14 12. Refractive Error: Code - Excl 15 13. Unproven Treatments: Code - Excl 16 14. Sterility and Infertility: Code - Excl 17 15. Maternity: Code - Excl 18 16. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder or due to an accident. 17. Dental treatment, dentures or surgery of any kind unless necessitated due to an accident and requiring minimum 24 hours hospitalisation or treatment of irreversible bone disease involving the jaw which cannot be treated in any other way, but not if it is related to gum disease or tooth disease or damage 18. Instrument used in treatment of Sleep Apnea Syndrome (C.P.A.P.) and Continuous Peritoneal Ambulatory Dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition, Infusion pump or any other external devices used during or after treatment.	E.I.4 to E.I.18 and E.II.2 to E.II.14

		19. Prostheses, corrective devices and medical appliances, which are not required intra-operatively for the disease/ illness/ injury for which the Insured Person was hospitalised. 20. Any stay in Hospital without undertaking any treatment or any other purpose other than for receiving eligible treatment of a type that normally requires a stay in the hospital. 21. Costs of donor screening or costs incurred in an organ transplant surgery involving organs not harvested from a human body. 22. Any form of Non-Allopathic treatment, Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or any other form of indigenous system of medicine except AYUSH covered specifically under Section D.I.4. 23. All expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. 24. All expenses directly or indirectly, caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, military or usurped power. 25. Any deductible amount or percentage of admissible claim under co-pay if applicable and as specified in the Schedule to this Policy. 26. External Congenital Anomaly or defects or any complications or conditions arising therefrom. 27. For complete list of non-medical items, please refer to the Annexure III, list I of “Non Payable Items” and also on Our website. 28. Pre-existing condition disclosed by the Insured Person will be reviewed according to the company’s underwriting policy.	
7	**Waiting Period** • Time period during which specified disease/ treatment are not covered. • It is counted from the beginning of the policy coverage.	**a. Initial Waiting Period:** 30 days for all illnesses (not applicable in case of continuous renewal or accidents). **b. Specific Waiting Period (Not Applicable on claim arising due to accidents):** o 24 Months for following diseases: i. Cataract, ii. Hysterectomy for Menorrhagia or Fibromyoma or prolapse of Uterus unless necessitated by malignancy myomectomy for fibroids, iii. Knee Replacement Surgery (other than caused by an Accident), Non-infectious Arthritis, Gout, Rheumatism, Oestoarthritis and Osteoposrosis, Joint Replacement Surgery (other than caused by Accident), Prolapse of Intervertibral discs (other than caused by Accident), all Vertibrae Disorders, including but not limited to Spondylitis, Spondylosis, Spondylolisthesis, Congenital Internal,	E.I.1 to E.I.3

		iv. Varicose Veins and Varicose Ulcers, v. Stones in the urinary uro-genital and biliary systems including calculus diseases, vi. Benign Prostate Hypertrophy, all types of Hydrocele, vii. Fissure, Fistula in anus, Piles, all types of Hernia, Pilonidal sinus, Hemorrhoids and any abscess related to the anal region. viii. Chronic Suppurative Otitis Media (CSOM), Deviated Nasal Septum, Sinusitis and related disorders, Surgery on tonsils/Adenoids, Tympanoplasty and any other benign ear, nose and throat disorder or surgery. ix. gastric and duodenal ulcer, any type of Cysts/Nodules/ Polyps/internal tumors/skin tumors, and any type of Breast lumps (unless malignant), Polycystic Ovarian Diseases, x. Any surgery of the genito-urinary system unless necessitated by malignancy. **c. Pre-existing Disease:** Covered after 36 Months **d. Personal Waiting Period:** A special Waiting Period not exceeding 36 months, may be applied to individual Insured Persons for the list of acceptable Medical Ailments listed under Policy Clause F.II.13. Loadings & Special Conditions, depending upon declarations on the proposal form and existing health conditions. Such waiting periods shall be specifically stated in the Schedule and will be applied only after receiving Your specific consent. **e. Medical expenses related to HIV/AIDS:** Covered after 24 months	E.II.1 E.I.1
8	**Financial limits of coverage** • Sub-limit (it is pre-defined limit and the insurance company will not pay any amount in excess of this limit • Co-payment (it is a specified amount percentage of admissible claim amount to be paid by policyholder/ insured).	1. The policy will pay only up to the limits specified hereunder for the following diseases/procedures: Not Applicable 2. In case of claim, this policy requires you to share the following sub limits: Expense exceeding Sub-limits - Room/ICU Charges beyond - No Limit - For the following specified disease - o HIV/AIDS - up to the Sum Insured with a maximum limit of ₹2 lacs per Policy year.	D.I.1

	• Deductible (It is specified amount: - up to which and insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than specified amount) Any other limit (as applicable)	3. Co-Payment - Not Applicable 4. Deductible - Deductible of ₹Xxx per policy year on aggregate basis	
9	**Claims/Claims procedure**	Details of procedure to be followed for cashless services as well as for reimbursement of claim including pre and post hospitalization: To know the process for our cashless and reimbursement claims visit - https://www.manipalcigna.com/claims Turn Around Time (TAT) for claim settlement i. TAT for pre-authorization of cashless facility - within 1 hour from the last complete document. ii. TAT for cashless final bill settlement - within 3 hours from the last complete document Web links for the followings: i. Network hospital details - https://www.manipalcigna.com/locate-us ii. Helpline Number - https://www.manipalcigna.com/claims iii. Hospital which are blacklisted or from where no claims will be accepted by insurer - https://www.manipalcigna.com/locate-us iv. Link for downloading claim form - https://www.manipalcigna.com/downloads/claims	G.I.4
10	**Policy Servicing**	For hassle free policy servicing customer can manage their policy by clicking on-https://eservicing.manipalcigna.com/login or Download myManipalCigna App from Playstore or appstore	

11	**Grievances/ Complaints**	**LEVEL 1** **Health Relationship Managers** Call our toll-free number 1800-102-4462 between 9:00 AM to 9:00 PM. Email us at headcustomercare@manipalcigna.com For Senior Citizen Assistance: Seniorcitizensupport@ManipalCigna.com **LEVEL 2** **Grievance Redressal Officer** Call us on 022-71781389 between 10 am to 6 Pm (Monday to Friday) Email us at - complaints@manipalcigna.com **LEVEL 3** **Chief Grievance Redressal** Call us on 022-71781300 between 10 am to 6 Pm (Monday to Friday) Email us at - Complaince@manipalcigna.com For Senior Citizen Assistance: Seniorcitizensupport@ManipalCigna.com **LEVEL 4** **Approach Ombudsman** The office Name and address details applicable for your state can be obtained from - https://www.cioins.co.in/Ombudsman **Courier:** Any of Our Branch office or corporate office during business hours. Insured Person may also approach the grievance cell at any of company's branches with the details of the grievance. If Insured Person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at, 'The Grievance Cell, ManipalCigna Health Insurance Company Limited, Techweb center 2nd Floor New Link Rd, Anand Nagar, Jogeshwari West, Mumbai, Maharashtra 400102, India or **Email:** headcustomercare@manipalcigna.com. For updated details of grievance officer, kindly refer link - https://www.manipalcigna.com/grievance-redressal If Insured person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. The contact details of Ombudsman offices attached as Annexure I to this Policy document. Grievance may also be lodged at IRDAI complaints management system - https://bimabharosa.irdai.gov.in/ You may also approach the Insurance Ombudsman if your complaint is open for more than 30 days from the date of filing the complaint	F.I.13

12	**Things to remember**	**Free Look Cancellations:** The Free Look period shall be applicable on new individual health insurance policies and not on renewals or Ported/Migrated policies. The insured person shall be allowed a free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy and to return the same if not acceptable. Free look is applicable only, if the insured has not made any claim or opted for any benefit during the Free Look Period. To avail: - Customer can request for cancellation writing to - customercare@manipalcigna.com from the registered email id with us. OR - Customer can also visit any MCHI Branch and give a written request **Policy Renewal:** The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured **Migration:** The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. To avail: - Customer can share for migration of the policy 30 days prior to the renewal date by writing to - customercare@manipalcigna.com from an email registered with us OR - Visit nearest ManipalCigna Branch and submit a written request OR - Contact the intermediary/agent assigned to the customer for assistance	F.I.5 F.I.9 F.I.14

		Portability: The Insured Person will have the option to port the Policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability. To avail: - Customer can share for portability of the policy 30 days prior to the renewal date by writing to - customercare@manipalcigna.com from an email registered with us OR - Visit nearest ManipalCigna Branch and submit a written request OR - Contact the intermediary/agent assigned to the customer for assistance **Change in Sum Insured:** It will be allowed at the time of Renewal of the Policy. You can submit a request for the changes by filling the proposal form before the expiry of the Policy. We reserve Our right to carry out underwriting in relation to acceptance of request for change of Sum Insured **Moratorium Period:** After completion of 60 continuous months of coverage (including Portability and Migration) in health insurance policy, no Policy and claim shall be contestable by the Insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of 60 continuous months is called as moratorium period. The moratorium would be applicable for the Sums Insured of the first Policy and subsequently completion of 60 continuous months would be applicable from date of enhancement of Sums Insured only on the enhanced limits. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract	F.I.11 F.I.9 F.I.15
13	**Your Obligations**	**Disclosure of Information** a. The Policy shall be null and void, and all premium paid thereon shall be forfeited to the Company in the event of any misrepresentation or mis-description of any material fact by the policyholder. b. The Policy shall be null and void, and all premium paid thereon shall be forfeited to the Company in the event of non-disclosure of any material fact by the policyholder. ("Material facts" for the purpose of this Policy shall mean all relevant information sought by the Company in the Proposal Form and other connected documents to enable it to take informed decision in the context of underwriting the risk)	F.I.1

Declaration by the Policy Holder;

I have read the above and confirm having noted the details.

Place: _____

Date: _____

(Signature of Policyholder)

Note:

i. Insured/policyholder can get the product related document at https://eservicing.manipalcigna.com/document-vault

ii. In case of any conflict, the terms conditions mentioned in the policy document shall prevail.

(Benefits and exclusion are applicable as per the plan chosen, please refer the policy schedule for the applicable benefits).