

## AROGYA SANJEEVANI POLICY, MANIPALCIGNA

### CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

SI No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number														
1	Name of Insurance Product/Policy	<b>Arogya Sanjeevani Policy, ManipalCigna</b>															
2	Policy Number	xxxxxxxx															
3	Type of Insurance Product/Policy	<ul style="list-style-type: none"> <li><b>Indemnity</b> (Where insured losses are covered up to Sum insured under the policy)</li> </ul>															
4	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> <li><b>Individual Sum Insured</b> (Where each insured member has a separate sum insured the policy), <table border="1" style="margin: 5px auto; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Insured Name</th> <th style="width: 50%;">Sum Insured (in Rs)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">&lt;Insured Name 1&gt;</td> <td style="text-align: center;">xxxxxx</td> </tr> <tr> <td style="text-align: center;">&lt;Insured Name 2&gt;</td> <td style="text-align: center;">xxxxxx</td> </tr> <tr> <td style="text-align: center;">&lt;Insured Name 3&gt;</td> <td style="text-align: center;">xxxxxx</td> </tr> </tbody> </table> <p style="text-align: center;">Or</p> <li><b>Floater Sum Insured</b> (Where all members under the policy have a single sum insured limit which may be utilized by any or all members) <table border="1" style="margin: 5px auto; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Insured Name</th> <th style="width: 50%;">Sum Insured (in Rs)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">&lt;Insured Name 1&gt;</td> <td rowspan="3" style="text-align: center; vertical-align: middle;">xxxxxx</td> </tr> <tr> <td style="text-align: center;">&lt;Insured Name 2&gt;</td> </tr> <tr> <td style="text-align: center;">&lt;Insured Name 3&gt;</td> </tr> </tbody> </table> </li> </li></ul>	Insured Name	Sum Insured (in Rs)	<Insured Name 1>	xxxxxx	<Insured Name 2>	xxxxxx	<Insured Name 3>	xxxxxx	Insured Name	Sum Insured (in Rs)	<Insured Name 1>	xxxxxx	<Insured Name 2>	<Insured Name 3>	
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5	Policy Coverages (What the policy covers?)	<ol style="list-style-type: none"> <li>Hospitalization expenses - Expenses incurred on hospitalization for minimum period of 24 hours including pre-hospitalization expenses for a period of 30 days and post hospitalization expenses for a period of 60 days.</li> <li>Day Care Procedures - Medical expenses for day care procedures</li> <li>Expenses incurred on hospitalization under AYUSH Treatment.</li> <li>Expenses incurred on treatment of cataract</li> <li>Expenses incurred on dental treatment and Plastic Surgery: Necessitated due to disease or injury</li> <li>Ambulance Charges: Expenses on road Ambulance subject to a maximum of ₹ 2000/- per hospitalization.</li> <li>Increase in the sum insured by 5% in respect of each year subject to a maximum of 50% of SI.</li> </ol>	<p>D.I, D.IV &amp; D.V</p> <p>D.I.1</p> <p>D.II</p> <p>D.III</p> <p>D.I</p> <p>D.I.1</p> <p>D.VIII</p>														

<p style="text-align: center;"><b>6</b></p>	<p style="text-align: center;"><b>Exclusions (What the policy does not cover)</b></p>	<ol style="list-style-type: none"> <li>1. Investigation &amp; Evaluation (Code- Excl 04)</li> <li>2. Rest Cure, rehabilitation and respite care (Code- Excl 05)</li> <li>3. Obesity/Weight Control (Code- Excl 06)</li> <li>4. Change of Gender treatments: (Code- Excl 07)</li> <li>5. Cosmetic or plastic Surgery: (Code- Excl 08)</li> <li>6. Hazardous or Adventure sports: (Code- Excl 09)</li> <li>7. Breach of law: (Code- Excl 10)</li> <li>8. Excluded Providers: (Code - Excl 11)</li> <li>9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code - Excl 12)</li> <li>10. Treatments received in health 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)</li> <li>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 hospitalization claim or day care procedure. (Code- Excl14)</li> <li>12. Refractive Error: (Code- Excl 15)</li> <li>13. Unproven Treatments: (Code – Excl 16)</li> <li>14. Sterility and Infertility: (Code - Excl 17)</li> <li>15. Maternity Expenses (Code – Excl 18):</li> <li>16. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.</li> <li>17. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense.</li> <li>18. Any expenses incurred on Domiciliary Hospitalization and OPD treatment.</li> <li>19. Treatment taken outside the geographical limits of India.</li> <li>20. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.</li> </ol>	<p style="text-align: center;">E.I.4 to E.I.18 and E.II.1 to E.II.5</p>
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<p>7</p>	<p><b>Waiting Period</b></p> <ul style="list-style-type: none"> <li>• Time period during which specified disease/ treatment are not covered.</li> <li>• It is counted from the beginning of the policy coverage.</li> </ul>	<p><b>a. Initial Waiting Period:</b> 30 days for all illnesses (not applicable in case of continuous renewal or accidents).</p> <p><b>b. Specific Waiting Period (Not Applicable on claim arising due to accidents):</b></p> <ul style="list-style-type: none"> <li>o 24 Months for following diseases: <ul style="list-style-type: none"> <li>i. Benign ENT disorder</li> <li>ii. Tonsillectomy</li> <li>iii. Adenoidectomy</li> <li>iv. Mastoidectomy</li> <li>v. Tympanoplasty</li> <li>vi. Hysterectomy</li> <li>vii. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps</li> <li>viii. Benign prostate hypertrophy</li> <li>ix. Cataract and age related eye ailments</li> <li>x. Gastric/Duodenal Ulcer</li> <li>xi. Gout and Rheumatism</li> <li>xii. Hernia of all types</li> <li>xiii. Hydrocele</li> <li>xiv. Non Infective Arthritis</li> <li>xv. Piles, Fissures and Fistula in anus</li> <li>xvi. Pilonidal sinus, Sinusitis and related disorders</li> <li>xvii. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident</li> <li>xviii. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.</li> <li>xix. Varicose Veins and Varicose Ulcers</li> <li>xx. Internal Congenital Anomalies</li> </ul> </li> <li>o 36 months for following disease: <ul style="list-style-type: none"> <li>i. Treatment for joint replacement unless arising from accident</li> <li>ii. Age-related Osteoarthritis &amp; Osteoporosis</li> </ul> </li> </ul> <p><b>c. Pre-Existing Disease:</b> Covered after 36 Months</p>	<p>E.I.2</p> <p>E.I.3</p> <p>E.I.1</p>
<p>8</p>	<p><b>Financial limits of coverage</b></p> <ul style="list-style-type: none"> <li>• Sub-limit (it is pre-defined limit and the insurance company will not pay any amount in excess of this limit</li> <li>• Co-payment (it is a specified amount percentage of admissible claim amount to be paid by policyholder/ insured).</li> </ul>	<ol style="list-style-type: none"> <li>1. The policy will pay only up to the limits specified hereunder for the following diseases/procedures: Modern treatments methods and Advancements in technology – Up to 50% of the Sum Insured</li> <li>2. In case of claim this policy requires you to share the following costs: Expenses exceeding the following sub-limits: <ol style="list-style-type: none"> <li>a. Room/ICU Charges (Hospitalisation) <ul style="list-style-type: none"> <li>i. Room rent – up to 2% of SI subject to max of INR 5,000 per day.</li> <li>ii. ICU charges – up to 5% of SI subject to max of INR 10,000 per day</li> </ul> </li> <li>b. Cataract – Up to 25% of Sum Insured or Rs 40,000/- whichever is lower.</li> </ol> </li> </ol>	<p>D.VI</p> <p>D.I</p> <p>D.III</p>

	<ul style="list-style-type: none"> <li>• Deductible (It is specified amount:             <ul style="list-style-type: none"> <li>- up to which and insurance company will not pay any claim, and</li> <li>- which will be deducted from total claim amount (if claim amount is more than specified amount)</li> </ul> </li> <li>• Any other limit (as applicable)</li> </ul>	<p>3. Each and every claim under the policy shall be subject to a Copayment of 5% applicable to claim amount admissible and payable as per the terms and conditions of the Policy.</p> <p>4. Deductible – Not Applicable</p>	<p>G.I.5</p>
<p>9</p>	<p><b>Claims/Claims procedure</b></p>	<p>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 - <a href="https://www.manipalcigna.com/claims">https://www.manipalcigna.com/claims</a></p> <p>Turn Around Time (TAT) for claim settlement</p> <ol style="list-style-type: none"> <li>i. TAT for pre-authorization of cashless facility - within 1 hour from the last complete document.</li> <li>ii. TAT for cashless final bill settlement - within 3 hours from the last complete document</li> </ol> <p>Web links for the followings:</p> <ol style="list-style-type: none"> <li>i. Network hospital details - <a href="https://www.manipalcigna.com/locate-us">https://www.manipalcigna.com/locate-us</a></li> <li>ii. Helpline Number - <a href="https://www.manipalcigna.com/claims">https://www.manipalcigna.com/claims</a></li> <li>iii. Hospital which are blacklisted or from where no claims will be accepted by insurer - <a href="https://www.manipalcigna.com/locate-us">https://www.manipalcigna.com/locate-us</a></li> <li>iv. Link for downloading claim form - <a href="https://www.manipalcigna.com/downloads/claims">https://www.manipalcigna.com/downloads/claims</a></li> </ol>	<p>G.I</p>
<p>10</p>	<p><b>Policy Servicing</b></p>	<p>For hassle free policy servicing customer can manage their policy by clicking on-<a href="https://eservicing.manipalcigna.com/login">https://eservicing.manipalcigna.com/login</a> or Download myManipalCigna App from Playstore or appstore</p>	

<p>11</p>	<p><b>Grievances/ Complaints</b></p>	<p><b>Level 1</b>  <b>Health Relationship Managers</b>                  Call our toll-free number 1800-102-4462 between 9:00 AM to 9:00 PM.                  Email us at - <a href="mailto:headcustomercare@manipalcigna.com">headcustomercare@manipalcigna.com</a>                  For Senior Citizen Assistance - <a href="mailto:Seniorcitizensupport@ManipalCigna.com">Seniorcitizensupport@ManipalCigna.com</a></p> <p><b>LEVEL 2</b>  <b>Grievance Redressal Officer</b>                  Call us on 022-71781389 between 10 am to 6 Pm (Monday to Friday)                  Email us at - <a href="mailto:complaints@manipalcigna.com">complaints@manipalcigna.com</a></p> <p><b>LEVEL 3</b>  <b>Chief Grievance Redressal</b>                  Call us on 022-71781300 between 10 am to 6 Pm (Monday to Friday)                  Email us at - <a href="mailto:Complaine@manipalcigna.com">Complaine@manipalcigna.com</a>                  For Senior Citizen Assistance - <a href="mailto:Seniorcitizensupport@ManipalCigna.com">Seniorcitizensupport@ManipalCigna.com</a></p> <p><b>LEVEL 4</b>  <b>Approach Ombudsman</b>                  The office Name and address details applicable for your state can be obtained from - <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></p> <p><b>Courier:</b> 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 - <a href="mailto:headcustomercare@manipalcigna.com">headcustomercare@manipalcigna.com</a>.                  For updated details of grievance officer, kindly refer link - <a href="https://www.manipalcigna.com/grievance-redressal">https://www.manipalcigna.com/grievance-redressal</a> 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 - <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a></p> <p>You may also approach the Insurance Ombudsman if your complaint is open for more than 30 days from the date of filing the complaint.</p>	<p>F.I.19</p>
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<p>12</p>	<p><b>Things to remember</b></p>	<p><b>Free Look Cancellations:</b> 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.</p> <p>To avail:</p> <ul style="list-style-type: none"> <li>- Customer can request for cancellation writing to - <a href="mailto:customercare@manipalcigna.com">customercare@manipalcigna.com</a> from the registered email id with us. OR</li> <li>- Customer can also visit any MCHI Branch and give a written request</li> </ul>	<p>F.I.15</p>
		<p><b>Policy Renewal:</b> The policy shall ordinarily be renewable except on grounds of established fraud, non-disclosure of material facts, and misrepresentation by the insured person.</p>	<p>F.I.12</p>
		<p><b>Migration:</b> The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per extant Guidelines related to 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, as per Guidelines on migration, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per below:</p> <ol style="list-style-type: none"> <li>i. The waiting periods specified in Section E shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.</li> <li>ii. Migration benefit will be offered to the extent of sum of previous sum insured and accrued bonus/multiplier benefit (as part of the base sum insured), migration benefit shall not apply to any other additional increased Sum Insured.</li> </ol> <p>To avail:</p> <ul style="list-style-type: none"> <li>- Customer can share for migration of the policy 30 days prior to the renewal date by writing to - <a href="mailto:customercare@manipalcigna.com">customercare@manipalcigna.com</a> from an email registered with us OR</li> <li>- Visit nearest ManipalCigna Branch and submit a written request OR</li> <li>- Contact the intermediary/agent assigned to the customer for assistance</li> </ul>	<p>F.I.10</p>





13	<b>Your Obligations</b>	<p><b>Disclosure of Information</b></p> <p>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.`</p> <p>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)</p>	F.I.1
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**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).