

MANIPALCIGNA LIFETIME HEALTH

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 the Policy Clause Number in next column)	Policy Clause Number														
1	Name of Insurance Product/Policy	ManipalCigna Lifetime Health - India Plan															
2	Policy Number	xxxxxxx															
3	Type of Insurance Product/Policy	<ul style="list-style-type: none"> Both indemnity and Benefit (Where the policy has elements of both) Indemnity - Where insured losses are covered up to Sum Insured under the policy Benefit - Where the Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event 															
4	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> Individual Sum Insured - Where each insured member has a separate sum insured under the policy <table border="1" data-bbox="470 1052 1332 1265"> <thead> <tr> <th>Insured Name</th> <th>Sum Insured (in Rs)</th> </tr> </thead> <tbody> <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> </tbody> </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 border="1" data-bbox="470 1433 1332 1635"> <thead> <tr> <th>Insured Name</th> <th>Sum Insured (in Rs)</th> </tr> </thead> <tbody> <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> </tbody> </table> 	Insured Name	Sum Insured (in Rs)	<Insured Name 1>	xxxxx	<Insured Name 2>	xxxxx	<Insured Name 3>	xxxxx	Insured Name	Sum Insured (in Rs)	<Insured Name 1>	xxxxx	<Insured Name 2>	<Insured Name 3>	
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<p>5</p>	<p>Policy Coverages (What the policy covers?)</p>	<ol style="list-style-type: none"> 1. Hospitalization Expenses Hospital expenses, for admission longer than 24 hours, up to the full Sum Insured, where hospitalization is in India. - For Sum Insured up to ₹200 Lacs - Covered up to any room except suite or higher category. - For Sum Insured ₹300 Lacs - Covered up to any room including suite category. 2. Day Care Treatment All Day Care Treatments, availed in India, covered up to the full Sum Insured. 3. Pre - hospitalization Medical Expenses incurred in India, covered up to 60 days preceding the date of Hospitalization and up to the full Sum Insured. 4. Post - hospitalization Medical Expenses incurred in India, covered up to 180 days immediately after discharge from the hospital and up to full Sum Insured. 5. AYUSH Treatment Up to full Sum Insured, for treatment availed in India. 6. Road Ambulance Cover Expense incurred on availing Road Ambulance services in India, up to full Sum Insured. 7. Donor Expenses Up to full Sum Insured, for expenses incurred in India. 8. Domiciliary Expenses Up to 10% of Sum Insured, for expenses incurred in India. 9. Adult Health Check-up Available once in a Policy Year to all Insured Persons who have completed 18 years of Age or more at the inception of the Policy Year. Health check-up will be conducted at our Network in India, as per the list specified under the Policy. 10. Robotic and Cyber Knife Surgery Up to full Sum Insured, for treatment availed in India. 11. Modern and Advanced Treatments Up to full Sum Insured, for treatment availed in India. For complete list of Modern and Advanced Treatments, please refer policy wordings. 12. HIV/AIDS and STD Cover Expenses incurred in India up to full Sum Insured. 13. Mental Care Cover Up to full Sum Insured, for treatment availed in India. 14. Restoration of Sum Insured Multiple Restoration is available in a Policy Year, for unrelated illnesses, in addition to the Sum Insured opted. The restored amount will be available for claim towards expenses covered in India only. 15. Premium Waiver Benefit Renewal Premium for one Policy Year will be paid by Us, if the Proposer is diagnosed with any of the listed Critical Illnesses or in case of Accidental Death, Permanent Total Disablement, Permanent Partial Disablement of the Proposer, provided the Proposer is also an Insured Person in the same Policy. 	<p>D.II.1</p> <p>D.II.2</p> <p>D.II.3</p> <p>D.II.4</p> <p>D.II.5</p> <p>D.II.6</p> <p>D.II.7</p> <p>D.II.8</p> <p>D.II.9</p> <p>D.II.10</p> <p>D.II.11</p> <p>D.II.12</p> <p>D.II.13</p> <p>D.II.14</p> <p>D.II.15</p>
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	<p>Optional Packages This section lists the optional packages, available under the product and limits for each of these options. Please note: Any cover under a package Health+ or Women+ cannot be opted on a standalone basis, however, can only be opted as a package. Selection of this package is allowed at Policy level only.</p> <p>I. Health+ (Applicable only if opted)</p> <ul style="list-style-type: none"> - Each benefit is available on Individual Basis. - Sum Insured/ limits specified under Health+ is over and above that of Base Plan (India Plan/ Global Plan, as opted). <p>1. Air Ambulance Cover Expenses incurred on availing Air Ambulance services in India, in case of an Emergency. Cover is available up to ₹10 Lacs and maximum one event per Policy Year.</p> <p>2. Medical Devices and Non-Medical Items Expenses towards medical devices and non - medical items (listed under the policy) incurred in India. The cover is available up to ₹2 Lacs and once in 3 Policy Years. One or more claims of Medically Prescribed medical device/s will be payable if that is related to one Hospitalization.</p> <p>3. Domestic Second Opinion Medical second opinion available in India, for Major Illnesses (listed under the Policy). Opinion can be sought once during a Policy Year for one illness and multiple times for different Major Illness/es.</p> <p>4. Bariatric Surgery Cover Expenses incurred in India towards Bariatric Surgery is covered up to ₹5 Lacs under below conditions. i. BMI of at least 32.5 with co-morbidities or ii. BMI equivalent to 37 and above without any co-morbidity A waiting period of 2 years, since inception of the benefit under the Policy, shall be applicable.</p> <p>5. Convalescence Benefit On consecutive Hospitalization for 10 days or more in India, an amount of ₹50,000 will be paid as a lumpsum.</p> <p>6. Major Illness Hospi Cash A daily cash benefit of ₹2,500 is paid on every completed 24 hours of Hospitalization of an Insured Person, provided the Hospitalization is towards treatment of a Major Illness (as specified in the Policy) in India. The benefit is payable maximum up to 10 days per Hospitalization.</p> <p>7. Chemotherapy and Radiotherapy Cash The benefit is payable maximum up to 12 sittings per Policy Year.</p> <p>8. Accidental Hospi Cash A daily cash benefit of ₹2,500 is paid on every completed 24 hours of Hospitalization of an Insured Person in India, provided the Hospitalization is towards treatment of an Injury due to an Accident. The benefit is payable maximum up to 10 days per Hospitalization.</p>	<p>D.III.1.i</p> <p>D.III.1.ii</p> <p>D.III.1.iii</p> <p>D.III.1.iv</p> <p>D.III.1.v</p> <p>D.III.1.vi</p> <p>D.III.1.vii</p> <p>D.III.1.viii</p>
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<p>6</p>	<p>Exclusions (What the policy does not cover)</p>	<ol style="list-style-type: none"> 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 health hydros, nature cure clinics, spas or similar establishments Code - Excl13 11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances. 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. External Congenital Anomaly or defects or any complications or conditions arising therefrom 17. Circumcision unless necessary for Treatment of an Illness or Injury not excluded hereunder or due to an Accident. 18. Prostheses, corrective devices and/or Medical Appliances, which are not required intra-operatively for the Illness/ Injury for which the Insured Person was Hospitalised, unless opted. 19. Treatment received outside India. 20. All expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack or in any other sequence to the loss. 21. All expenses caused by or arising from war or war-like situation 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), participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power, active participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority. 22. Annexure III, list I of “Non-Payable Items”. 23. Any form of Non-Allopathic Treatment, except AYUSH Treatment. 24. Pre-existing condition disclosed by the Insured Person will be reviewed according to the company’s underwriting policy. 25. Any stay in Hospital without undertaking any treatment. 	<p>E.I.4 to E.I.18 And E.II.2 to E.II.11</p>
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<p>7</p>	<p>Waiting Period</p> <ul style="list-style-type: none"> • Time period during which specified disease/ treatment are not covered. • It is counted from the beginning of the policy coverage. 	<p>a. Initial Waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents).</p> <p>b. Specific Waiting Period (Not Applicable on claim arising due to accidents):</p> <ul style="list-style-type: none"> o 24 Months for following diseases: <ul style="list-style-type: none"> 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 Intervertebral discs (other than caused by Accident), all Vertebrae Disorders, including but not limited to Spondylitis, Spondylosis, Spondylolisthesis, Congenital Internal, 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 24 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 the Underwriting manual of the product 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. Bariatric Surgery Cover: Covered after 24 months 	<p>E.I.1 to E.I.3, E.II.1 and D.III.1.iv</p>
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<p>8</p>	<p>Financial limits of coverage</p> <ul style="list-style-type: none"> • 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). • Deductible (It is specified amount: <ul style="list-style-type: none"> - 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) <p>Any other limit (as applicable)</p>	<ol style="list-style-type: none"> 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 <p>For India Cover only</p> <ul style="list-style-type: none"> - Room/ICU Charges beyond - <ul style="list-style-type: none"> o For Sum Insured up to ₹200 Lacs - Covered up to any room except suite or higher category. o For Sum Insured ₹300 Lacs - Covered up to any room including suite category. - For the following specified disease - <ul style="list-style-type: none"> o No sublimit on any disease. <ol style="list-style-type: none"> 3. Co-Payment - Not Applicable 4. Deductible - Deductible of Rs. Xxx per policy year on aggregate basis. 	<p>D.II.1</p>
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9	Claims/Claims procedure	<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 - https://www.manipalcigna.com/claims</p> <p>Turn Around Time (TAT) for claim settlement</p> <ol style="list-style-type: none"> TAT for pre-authorization of cashless facility - within 1 hours from the last complete document. TAT for cashless final bill settlement - within 3 hours from the last complete document. <p>Web links for the followings:</p> <ol style="list-style-type: none"> Network hospital details - https://www.manipalcigna.com/locate-us Helpline Number - https://www.manipalcigna.com/claims Hospital which are blacklisted or from where no claims will be accepted by insurer - https://www.manipalcigna.com/locate-us Link for downloading claim form - https://www.manipalcigna.com/downloads/claims 	G.I.4
10	Policy Servicing	<p>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</p>	F.I.15
11	Grievances/ Complaints	<p>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</p> <p>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</p> <p>LEVEL 3 Chief Grievance Redressal Call us on 022-71781300 between 10 am to 6 Pm (Monday to Friday) Email us at: Complaine@manipalcigna.com For Senior Citizen Assistance: Seniorcitizensupport@ManipalCigna.com</p> <p>LEVEL 4 Approach Ombudsman The office Name and address details applicable for your state can be obtained from - https://www.cioins.co.in/Ombudsman</p>	F.I.15

		<p>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/</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>	
12	<p>Things to remember</p>	<p>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.</p> <p>To avail:</p> <ul style="list-style-type: none"> - 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 <p>Policy Renewal: The policy shall ordinarily be renewable except on grounds of established fraud, misrepresentation, non-disclosure of material facts by the insured person.</p>	<p>F.I.7</p> <p>F.I.11</p>

		<p>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.</p>	F.I.4
13	Your Obligations	<p>Disclosure of Information</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

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).