

MANIPALCIGNA PROHEALTH CASH

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 ProHealth Cash - Enhanced Plan	
2	Policy Number	xxxxxxx	
3	Type of Insurance Product/Policy	<ul style="list-style-type: none"> 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 the policy), Sum Insured - Rs. Xxxx Maximum Coverage Limit - XX Days in Policy Year 	
5	Policy Coverage (What the policy covers?)	<ol style="list-style-type: none"> Sickness Hospital Cash Benefit A Daily Cash Benefit as specified in the Policy Schedule will be payable. Accident Hospital Cash Benefit 2 times the Daily Cash Benefit as specified in the Policy Schedule will be payable. ICU Cash Benefit 3 times the Daily Cash Benefit as specified in the Policy Schedule will be payable from day 2 onwards, subject to a maximum of 15 days per Insured Person per Policy Year Worldwide Cover 3 times the Daily Cash Benefit as specified in the Policy Schedule will be payable. Convalescence Benefit 5 times the Daily Cash Benefit as specified in the Policy for Hospitalization which is more than 10 continuous days. Companion Benefit 50% of the Daily Cash Benefit as specified in the Policy Schedule will be payable. Compassionate Benefit 10 times the Daily Cash Benefit as specified in the Policy Schedule will be payable to the Nominee, in case of the Insured Person's death due to Accident during hospitalization. <p>Any Daily Cash benefits under this Policy will not be payable in cases of a Single day hospitalization. The maximum benefit available under this Policy under all the benefits put together will be limited to 450 days in a lifetime of an Insured Person.</p>	<p>D.I.1</p> <p>D.I.2</p> <p>D.I.3</p> <p>D.I.4</p> <p>D.II.1</p> <p>D.II.2</p> <p>D.II.3</p>

		<p>Optional Covers (Available only if opted)</p> <p>1. Day Care Treatment Benefit Lower of 5 times the Daily Cash Benefit or ₹25,000 will be payable in case the Insured Person undergoes any of the listed Day Care Treatments. This is limited to a maximum of 5 Day Care Treatments including 1 surgery for Cataract per Insured Person per Policy Year.</p> <p>2. Accidental Death & Permanent Total Disability We will pay the opted Sum Insured as specified in the Policy Schedule in case an of the Insured Person's Accidental Death or Permanent Total Disablement of the nature specified in the Policy within 12 months from the date of the Accident.</p> <p>Add on cover(Rider) (Available only if opted)</p> <p>1. ManipalCigna Critical Illness Add-on Cover (UIN: MCIHLIP21128V022021): Lump sum payment of an additional 100% of Sum Insured Opted Or as opted under the Policy for named Critical Illnesses.</p>	<p>D.III.1</p> <p>D.III.2</p> <p>Add on policy wordings</p>
<p>6</p>	<p>Exclusions (What the policy does not cover)</p>	<ul style="list-style-type: none"> • Any hospitalization for or arising out of: <ol style="list-style-type: none"> 1. Stem cell implantation/surgery, harvesting, storage or any kind of treatment using stem cells. 2. Dental treatment, dentures or surgery of any kind unless necessitated due to an accident and requiring minimum 24 hours Hospitalization 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. 3. Circumcision unless necessary for treatment of a disease, illness or injury. 4. Birth control procedures, contraceptive supplies or services including complications arising due to supplying services, hormone replacement therapy and voluntary termination of pregnancy during the first 12 weeks from the date of conception, surrogate or vicarious pregnancy. 5. Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an accident), childbirth, maternity (including Caesarian section), abortion or complications of any of these. This exclusion will not apply to ectopic pregnancy. 6. Alopecia, baldness, wigs, or toupees and hair fall treatment,. 7. Laser surgery for treatment of focal error correction other than for focal error of +/- 7 or more and is Medically Necessary. 8. All sexually transmitted diseases including but not limited to Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis. This exclusion does not include HIV/ AIDS. 9. Artificial life maintenance, including life support machine use when in a vegetative state. 	<p>E.I.2</p>

		<ol style="list-style-type: none"> 10. Sleep Apnea Syndrome, general debility, ageing, convalescence, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, rundown condition or rest cure, congenital external anomalies or defects, sterility, fertility, infertility including IVF and other assisted conception procedures and its complications, subfertility, impotency, venereal disease, puberty, menopause or intentional self-injury, suicide or attempted suicide(whether sane or insane), ailment requiring treatment due to abuse of any substance, intoxicant, drug, alcohol or hallucinogen and treatment for de-addiction, or rehabilitation. 11. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments. 12. A stay 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. 13. Any Cosmetic Surgery, aesthetic treatment (including but not limited to xanthelesema, syringoma, acne and alopecia) unless forming part of treatment for cancer or burns, surgery for sex change or treatment of obesity/ morbid obesity (unless certified to be life threatening) or treatment/surgery /complications/illness arising as a consequence thereof. 14. Treatment received outside India excepted as covered under Worldwide Cover. 15. X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment even if the same requires confinement at a Hospital. 16. Organ transplant surgery involving organs not harvested from a human body. 17. Any form of Non-Allopathic treatment (except Ayurveda, Yoga, Unani, Siddha, and Homeopathy), Naturopathy, hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or any other form of indigenous system of medicine. 18. Any condition caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. 19. A condition, 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, active participation in strikes, riot or civil commotion. 20. Any Hospitalization of the Insured Person due to him committing any breach of law with criminal intent. 	
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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: - 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 costs: Expenses exceeding the following sub-limits <ol style="list-style-type: none"> a. Room/ICU Charges - Not Applicable b. For the following disease - Not Applicable 3. Co-payment - Not Applicable 4. Deductible - Not Applicable 	
<p>9</p>	<p>Claims/Claims procedure</p>	<p>Details of procedure to be followed for reimbursement of claim To know the process for our reimbursement claims visit - https://www.manipalcigna.com/claims</p> <p>Web links for the followings:</p> <ol style="list-style-type: none"> 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 	<p>G.I</p>
<p>10</p>	<p>Policy Servicing</p>	<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>	

<p>11</p>	<p>Grievances/ Complaints</p>	<p><u>LEVEL 1</u> 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><u>LEVEL 2</u> 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><u>LEVEL 3</u> 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</p> <p><u>LEVEL 4</u> Approach Ombudsman The office Name and address details applicable for your state can be obtained from - https://www.cioins.co.in/Ombudsman</p> <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</p>	<p>F.I.24</p>
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<p>12</p>	<p>Things to remember</p>	<p>Free Look Cancellations: The Free Look Period will be applicable on the new policy and not on renewals. The insured will be allowed a period of 30 days from date of receipt of the Policy to review the terms and conditions of the Policy, and to return the same if not acceptable. If the insured has not made any claim during the Free Look Period. All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy.</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 may be Renewed by mutual consent for life subject to application of renewal and realization of renewal premium and in such event the Renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than the grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. We will not be liable to pay for any claim arising out of an Injury /Illness/condition that occurred manifested or diagnosed during the period between the expiry of previous policy and date of inception of subsequent policy. The provisions of Section 64VB of the Insurance Act shall be applicable. All policies Renewed within the Grace Period shall be eligible for continuity of cover.</p>	<p>F.I.12</p> <p>F.I.14.i</p>

		<p>Change in Sum Insured: Alterations like increase/decrease in Sum Insured or change in plan, addition/deletion of Insured Persons, 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 or Rejection of the request for changes on Renewal. The terms and conditions of the existing Policy will not be altered.</p>	F.I.14.iii.g
13	<p>Your Obligations</p>	<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> <p>Material Change: Material information to be disclosed includes every matter that You are aware of, or could reasonably be expected to know, that relates to questions in the Proposal Form and which is relevant to Us in order to accept the risk of insurance and if so on what terms. It is a condition precedent to the Company's liability under the Policy that the Policyholder or the Insured Person shall immediately notify the Company in writing of any material change in the risk on account of change in nature of occupation or business at his own expense. The Company may in its discretion adjust the scope of cover and/or the premium paid or payable, accordingly. You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement or reinstatement of the Policy</p>	F.I.2

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).