

MANIPALCIGNA PROHEALTH PRIME

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 Prime - Active															
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 the policy, <table border="1" data-bbox="472 1055 1337 1256"> <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> <p style="text-align: center;">Or</p> 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="472 1429 1337 1630"> <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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5 Policy Coverages (What the policy covers?)	1. In-patient Hospitalization (When you are hospitalized) Room Rent: <ul style="list-style-type: none"> For Sum Insured ₹3 Lacs: 1% of Sum Insured For Sum Insured ₹5 Lacs and above: Single Private A/C Room For ICU - Up to Sum Insured 	D.I.1																									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Sum Insured (in ₹)</th> <th style="text-align: center;">3 Lacs</th> <th style="text-align: center;">5 Lacs</th> <th style="text-align: center;">7.5 and 10 Lacs</th> <th style="text-align: center;">>10 Lacs</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> Treatment for each ailment / procedure mentioned below: 1. Surgery for treatment of all types of Hernia 2. Hysterectomy 3. Surgeries for benign Prostate Hypertrophy 4. Surgical treatment of stones of renal system </td> <td style="text-align: center; vertical-align: middle;">₹50,000</td> <td style="text-align: center; vertical-align: middle;">₹65,000</td> <td style="text-align: center; vertical-align: middle;">₹80,000</td> <td style="text-align: center; vertical-align: middle;">NA</td> </tr> <tr> <td style="vertical-align: top;">Treatment of Cataract (Per Eye)</td> <td style="text-align: center; vertical-align: middle;">₹20,000</td> <td style="text-align: center; vertical-align: middle;">₹30,000</td> <td style="text-align: center; vertical-align: middle;">₹30,000</td> <td style="text-align: center; vertical-align: middle;">NA</td> </tr> <tr> <td style="vertical-align: top;">Treatment of Total Knee replacement (Per knee)</td> <td style="text-align: center; vertical-align: middle;">₹80,000</td> <td style="text-align: center; vertical-align: middle;">₹1,00,000</td> <td style="text-align: center; vertical-align: middle;">₹1,20,000</td> <td style="text-align: center; vertical-align: middle;">NA</td> </tr> <tr> <td style="vertical-align: top;">Treatment for breakage of bones</td> <td style="text-align: center; vertical-align: middle;">₹2,00,000</td> <td style="text-align: center; vertical-align: middle;">₹2,50,000</td> <td style="text-align: center; vertical-align: middle;">₹3,00,000</td> <td style="text-align: center; vertical-align: middle;">NA</td> </tr> </tbody> </table>	Sum Insured (in ₹)	3 Lacs	5 Lacs	7.5 and 10 Lacs	>10 Lacs	Treatment for each ailment / procedure mentioned below: 1. Surgery for treatment of all types of Hernia 2. Hysterectomy 3. Surgeries for benign Prostate Hypertrophy 4. Surgical treatment of stones of renal system	₹50,000	₹65,000	₹80,000	NA	Treatment of Cataract (Per Eye)	₹20,000	₹30,000	₹30,000	NA	Treatment of Total Knee replacement (Per knee)	₹80,000	₹1,00,000	₹1,20,000	NA	Treatment for breakage of bones	₹2,00,000	₹2,50,000	₹3,00,000	NA	
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Wherever the above mentioned Sub-limits are applied, the Mandatory Co-payment shall not be applicable.																											
This benefit shall also offer the below covers up to the limits mentioned: <ol style="list-style-type: none"> Listed Modern and Advanced Treatments: up to 50% of Sum Insured HIV/AIDS & STD: up to Sum Insured Mental Illness: up to 50% of Sum Insured For below mentioned ICD Codes: Waiting Period of 24 months shall apply.																											

ICD 10 CODES	DISEASES
F05	Delirium due to known physiological condition
F06	Other mental disorders due to known physiological condition
F07	Personality and behavioural disorders due to known physiological condition
F10	Alcohol related disorders
F20	Schizophrenia
F23	Brief psychotic disorders
F25	Schizoaffective disorders
F29	Unspecified psychosis not due to a substance or 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

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| <p>2. Pre - hospitalization
Medical Expenses covered up to 30 days before the date of hospitalization; Covered upto the Sum Insured</p> | D.1.2 |
| <p>3. Post - hospitalization
Medical Expenses covered up to 60 days post discharge from the hospital; Covered upto the Sum Insured</p> | D.1.3 |
| <p>4. Day Care Treatment
Covered up to the Sum Insured</p> | D.1.4 |
| <p>5. Domiciliary Hospitalization (Treatment at Home)
Covered up to 10% of the Sum Insured
Pre and Post Hospitalization Expenses: 30 days each</p> | D.1.5 |
| <p>6. Road Ambulance (Reimbursement of Ambulance Expenses)
Covered up to the Sum Insured</p> | D.1.6 |
| <p>7. Donor Expenses (Hospitalization Expenses of the donor providing the organ)
Covered up to the Sum Insured</p> | D.1.7 |

		<p>8. Restoration of Sum Insured (When opted Sum Insured is insufficient due to claims) Multiple Restoration is available in a Policy Year for unrelated illnesses, in addition to the Sum Insured Applicable for below covers only</p> <ol style="list-style-type: none"> D.I.1 - In-patient Hospitalization D.I.2 - Pre - hospitalization D.I.3 - Post - hospitalization D.I.4 - Day Care Treatment D.I.6 - Road Ambulance D.I.7 - Donor Expenses D.I.9 - AYUSH Treatment D.III.1 - Non-Medical Items <p>Restoration shall not get triggered for the 1st claim The maximum liability under a single claim shall not be more than Base Sum Insured + Cumulative Bonus + Restored Sum Insured</p> <p>9. AYUSH Treatment Covered up to the Sum Insured</p> <p>10. Convalescence Benefit (For Hospitalization >=10 days) Applicable for Sum Insured of ₹5 Lacs and above: Lump sum benefit amounting to ₹30,000 per hospitalization upon completion of at least 10 consecutive days of hospitalization.</p> <p>11. Daily Cash for Shared Accommodation Daily Cash benefit for occupying shared accommodation during In-patient hospitalization shall be covered as below:-</p> <ul style="list-style-type: none"> For Sum Insured from ₹5 Lacs to ₹10 Lacs: ₹800 per day per day up to maximum of ₹5600 For Sum Insured above ₹10 Lacs: ₹1,000 per day up to maximum of ₹7000 <p>Payable for each continuous and completed 24 Hours of Hospitalization during the Policy Year. This benefit gets triggered post 48 hours of In-patient hospitalization and shall be payable from 1st day onwards.</p> <p>Value Added Covers This section lists the additional value added benefits that are available along with your plan</p> <p>12. Domestic Second Opinion Available for 36 listed Critical Illness/es</p> <p>13. Tele consultation Unlimited Tele-consultation in a Policy Year</p> <p>14. Cumulative Bonus Bonus of 10% per year subject to a maximum upto 100% of Sum Insured.</p>	<p>D.I.8</p> <p>D.I.9</p> <p>D.I.10</p> <p>D.I.11</p> <p>D.II.1</p> <p>D.II.2</p> <p>D.II.3</p>
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	<p>15. Wellness Program (For Lives suffering from one or more of the following conditions: Asthma, Diabetes, Hypertension, Dyslipidaemia, Obesity) Rewards can be earned by adhering to Condition Management Program and improving the Health Parameters. These earned Reward Points can be used against payable Renewal premium (excluding premium for optional covers, Rider and taxes) as discount from 1st Renewal of the Policy. Reward Accrual - Max upto 15% of the expiring base Premium (excluding premium for optional covers, Rider and taxes), applicable for the respective insured. Reward Redemption - The earned reward points could be redeemed as discount to pay a portion of the renewal premium (excluding premium for optional covers, Rider and taxes). The earned rewards shall lapse, in case the same is not used at the time of subsequent renewal (renewal falling due immediately after the accrual).</p> <p>16. Discount from Network Provider Discount on Pharmacy, Diagnostics and Health Supplements offered by the Network Providers of ManipalCigna Health Insurance Company Limited</p> <p>17. Premium Waiver Benefit Waives off one year Policy Premium (including optional covers, rider and taxes) upon occurrence of any of the listed contingencies (Accidental death/ listed Critical Illnesses) to the Policyholder who is also an Insured Person in the Policy.</p> <p>Optional Covers (Available if opted)</p> <p>1. Non-Medical Items Non-Medical items covered up to the Sum Insured in case of In-patient Hospitalization and/or Day Care Treatment</p> <p>2. Waiver of Mandatory Co-payment Waives off Mandatory Co-payment of 10% per claim subject to underwriting.</p> <p>3. Worldwide Accidental Emergency Hospitalization Cover (Applicable to Indian Residents only) Covered up to the Sum Insured for Emergency In-patient Hospitalization outside India. This benefit is available once in a Policy Year for each Insured Person Any claim payable under this benefit is over and above the Sum Insured.</p> <p>4. Health Check Up Available once every third policy year, to all Adult insured persons who have completed 18 years of Age, subject to a maximum up to ₹2500 per adult member in lieu of 'Wellness Program'. This package shall be offered on cashless basis only. However, the eligible insured may avail any health check from the MCHI Network of Health Check Up Centre upto the limit specified</p>	<p>D.II.4</p> <p>D.II.5</p> <p>D.II.6</p> <p>D.III.1</p> <p>D.III.2</p> <p>D.III.3</p> <p>D.III.4</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 or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code - Excl. 13 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 - Excl. 14 12. Refractive Error: Code - Excl. 15 13. Unproven Treatments: Code - Excl. 16 14. External Congenital Anomaly or defects or any complications or conditions arising therefrom. 15. Dental treatment, orthodontic treatment, dentures or Surgery of any kind unless necessitated due to an Accident and requiring minimum 24 hours Hospitalization. Treatment related to gum disease or tooth disease or damage unless related to irreversible bone disease involving the jaw which cannot be treated in any other way, unless specifically covered under the Policy. 16. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder or due to an accident. 17. 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. 18. Prostheses, corrective devices and/or medical appliances, which are not required intra-operatively for the disease/ illness/ injury for which the Insured Person was Hospitalized. 19. 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. 	<p>E.I.4 to E.I.16 and E.II.2 to E.II.15</p>

		<ol style="list-style-type: none"> 20. Treatment received outside India other than for coverage under Worldwide Accidental Emergency Hospitalization Cover (if opted). 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 (except AYUSH Treatment), Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or any other form of indigenous system of medicine. 23. All illness/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. 24. All expenses 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), 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. 25. All non-medical expenses including convenience items for personal comfort not consistent with or incidental to the diagnosis and treatment of the disease/illness/injury for which the Insured Person was hospitalized - belts, collars, splints, slings, braces, stockings of any kind, diabetic footwear, thermometer and any medical equipment that is subsequently used at home except when they form part of room expenses, procedure charges and cost of treatment. For complete list of Non-medical expenses, please refer to the Annexure III List - I "Items for which Coverage is not available in the Policy" 26. Any percentage of admissible claim under co-payment if applicable and as specified in the Policy Schedule. 27. Pre-existing condition disclosed by the Insured Person will be reviewed according to the company's underwriting policy. 	
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7	<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: First 30 days from the Policy start date, for all Hospitalization due to Illnesses, except Accident.</p> <p>b. Specific Waiting Period (Not Applicable on claim arising due to accidents): 24 Months for following diseases:</p> <ol style="list-style-type: none"> i) Cataract, ii) Hysterectomy for Menorrhagia or Fibromyoma or prolapse of Uterus or myomectomy for fibroids unless necessitated by malignancy, iii) Knee Replacement Surgery (other than caused by an Accident), Non-infectious Arthritis, Gout, Rheumatism, Osteoarthritis and Osteoporosis, 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 and complications thereof, 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. <p>c. Pre-existing Disease: A 24 months waiting period will be applicable for any Pre-existing disease. Any condition or illness, complication or ailment arising out of any of the below mentioned conditions declared and accepted as a part of Pre-existing disease, the same shall not be considered as part of Pre-existing disease waiting period. Wherein, they shall be covered after the first 90 days from the Inception Date of first policy with Us.</p> <ol style="list-style-type: none"> i. Asthma ii. Diabetes iii. Dyslipidaemia iv. Obesity v. Hypertension <p>d. Personal waiting period: Not exceeding 36 months may be applied to individuals depending upon declarations on the proposal form and existing health conditions. Please refer to the “Special Conditions” Column on your Policy Schedule to identify if any personal waiting period is applied to your Policy.</p>	<p>E.I.3</p> <p>E.I.2</p> <p>E.I.1</p>
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		<p>e. Mental Illness Cover Waiting Period 24 months waiting period will be applicable for Mental Illness for the below mentioned ICD Codes.</p> <table border="1"> <thead> <tr> <th data-bbox="437 371 580 456">ICD 10 CODES</th> <th data-bbox="580 371 1334 456">DISEASES</th> </tr> </thead> <tbody> <tr> <td data-bbox="437 456 580 501">F05</td> <td data-bbox="580 456 1334 501">Delirium due to known physiological condition</td> </tr> <tr> <td data-bbox="437 501 580 622">F06</td> <td data-bbox="580 501 1334 622">Other mental disorders due to known physiological condition brain damage and dysfunction and to physical disease</td> </tr> <tr> <td data-bbox="437 622 580 743">F07</td> <td data-bbox="580 622 1334 743">Personality and behavioural disorders due to known physiological condition brain disease, damage and dysfunction</td> </tr> <tr> <td data-bbox="437 743 580 824">F10</td> <td data-bbox="580 743 1334 824">Mental and behavioural disorders due to use of Alcohol related disorders</td> </tr> <tr> <td data-bbox="437 824 580 869">F20</td> <td data-bbox="580 824 1334 869">Schizophrenia</td> </tr> <tr> <td data-bbox="437 869 580 913">F23</td> <td data-bbox="580 869 1334 913">Brief Acute and transient psychotic disorders</td> </tr> <tr> <td data-bbox="437 913 580 958">F25</td> <td data-bbox="580 913 1334 958">Schizoaffective disorders</td> </tr> <tr> <td data-bbox="437 958 580 1039">F29</td> <td data-bbox="580 958 1334 1039">Unspecified nonorganic psychosis not due to a substance or known physiological condition</td> </tr> <tr> <td data-bbox="437 1039 580 1084">F31</td> <td data-bbox="580 1039 1334 1084">Bipolar affective disorder</td> </tr> <tr> <td data-bbox="437 1084 580 1128">F32</td> <td data-bbox="580 1084 1334 1128">Depressive episode</td> </tr> <tr> <td data-bbox="437 1128 580 1173">F39</td> <td data-bbox="580 1128 1334 1173">Unspecified mood [affective] disorder</td> </tr> <tr> <td data-bbox="437 1173 580 1218">F40</td> <td data-bbox="580 1173 1334 1218">Phobic Anxiety disorders</td> </tr> <tr> <td data-bbox="437 1218 580 1263">F41</td> <td data-bbox="580 1218 1334 1263">Other Anxiety disorders</td> </tr> <tr> <td data-bbox="437 1263 580 1308">F42</td> <td data-bbox="580 1263 1334 1308">Obsessive-compulsive disorder</td> </tr> <tr> <td data-bbox="437 1308 580 1352">F44</td> <td data-bbox="580 1308 1334 1352">Dissociative and conversion disorders</td> </tr> <tr> <td data-bbox="437 1352 580 1397">F45</td> <td data-bbox="580 1352 1334 1397">Somatoform disorders</td> </tr> <tr> <td data-bbox="437 1397 580 1442">F48</td> <td data-bbox="580 1397 1334 1442">Other nonpsychotic mental neurotic disorders</td> </tr> <tr> <td data-bbox="437 1442 580 1487">F60</td> <td data-bbox="580 1442 1334 1487">Specific personality disorders</td> </tr> <tr> <td data-bbox="437 1487 580 1532">F84</td> <td data-bbox="580 1487 1334 1532">Pervasive developmental disorders</td> </tr> <tr> <td data-bbox="437 1532 580 1612">F90</td> <td data-bbox="580 1532 1334 1612">Attention-deficit hyperactivity Hyperkinetic disorders</td> </tr> <tr> <td data-bbox="437 1612 580 1657">F99</td> <td data-bbox="580 1612 1334 1657">Mental disorder, not otherwise specified</td> </tr> </tbody> </table>	ICD 10 CODES	DISEASES	F05	Delirium due to known physiological condition	F06	Other mental disorders due to known physiological condition brain damage and dysfunction and to physical disease	F07	Personality and behavioural disorders due to known physiological condition brain disease, damage and dysfunction	F10	Mental and behavioural disorders due to use of Alcohol related disorders	F20	Schizophrenia	F23	Brief Acute and transient psychotic disorders	F25	Schizoaffective disorders	F29	Unspecified nonorganic psychosis not due to a substance or known physiological condition	F31	Bipolar affective 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 neurotic disorders	F60	Specific personality disorders	F84	Pervasive developmental disorders	F90	Attention-deficit hyperactivity Hyperkinetic disorders	F99	Mental disorder, not otherwise specified	<p>E.II.1</p> <p>D.I.1</p>
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F99	Mental disorder, not otherwise specified																																														
8	<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) 	<p>1. The policy will pay only up to the limits specified hereunder for the following diseases/procedures: - Listed Modern and Advanced Treatments shall be covered up to 50% of Sum Insured</p> <p>2. In case of claim, this policy requires you to share the following sub limits: Expenses exceeding the following Sub-limits</p> <ul style="list-style-type: none"> • For Room Rent : For Sum Insured ₹3 Lacs: 1% of Sum Insured For Sum Insured ₹5 Lacs and above: Single Private A/C Room • For ICU - Up to Sum Insured • For the following specified disease 	<p>D.I.1</p> <p>D.I.1</p>																																												

<ul style="list-style-type: none"> • 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) • Any other limit (as applicable) 	<p>a. Mental Illness shall be covered up to 50% of Sum Insured</p> <p>b. We will indemnify the Medical Expenses incurred by an Insured Person in respect of the below listed ailments / procedures (refer the table below) up to the limits specified against each and every ailment / procedure for the applicable Sum Insured options:</p> <table border="1" data-bbox="438 474 1337 1288"> <thead> <tr> <th>Sum Insured (in ₹)</th> <th>3 Lacs</th> <th>5 Lacs</th> <th>7.5 and 10 Lacs</th> <th>>10 Lacs</th> </tr> </thead> <tbody> <tr> <td>Treatment for each ailment / procedure mentioned below: 1. Surgery for treatment of all types of Hernia 2. Hysterectomy 3. Surgeries for benign Prostate Hypertrophy 4. Surgical treatment of stones of renal system</td> <td>₹50,000</td> <td>₹65,000</td> <td>₹80,000</td> <td>NA</td> </tr> <tr> <td>Treatment of Cataract (Per Eye)</td> <td>₹20,000</td> <td>₹30,000</td> <td>₹30,000</td> <td>NA</td> </tr> <tr> <td>Treatment of Total Knee replacement (Per knee)</td> <td>₹80,000</td> <td>₹1,00,000</td> <td>₹1,20,000</td> <td>NA</td> </tr> <tr> <td>Treatment for breakage of bones</td> <td>₹2,00,000</td> <td>₹2,50,000</td> <td>₹3,00,000</td> <td>NA</td> </tr> </tbody> </table> <p>3. Co- Payment - Xxxx % *Zonal Co-payment Identification of Zone will be based on the location-City of the proposed Insured Persons. a) Persons paying Zone I premium can avail treatment all over India without any Zonal Co-pay b) Persons paying Zone II premium i. Can avail treatment in Zone II and Zone III without any Zonal Co-pay ii. Availing treatment in Zone I will have to bear 10% of each and every claim. c) Person paying Zone III premium i. Can avail treatment in Zone III, without any Zonal Co-pay ii. Availing treatment in Zone II will have to bear 10% of each and every claim. iii. Availing treatment in Zone I will have to bear 20% of each and every claim.</p> <p>Aforesaid Co-payments for claims occurring outside of the Zone will not apply in case of Hospitalization due to Accident. The aforesaid Co-payments applicable are in addition to the Mandatory Co-payment under section F.II.6 and will be applied in conjunction to section F.II.6.</p> <p>4. Deductible - Not Applicable</p>	Sum Insured (in ₹)	3 Lacs	5 Lacs	7.5 and 10 Lacs	>10 Lacs	Treatment for each ailment / procedure mentioned below: 1. Surgery for treatment of all types of Hernia 2. Hysterectomy 3. Surgeries for benign Prostate Hypertrophy 4. Surgical treatment of stones of renal system	₹50,000	₹65,000	₹80,000	NA	Treatment of Cataract (Per Eye)	₹20,000	₹30,000	₹30,000	NA	Treatment of Total Knee replacement (Per knee)	₹80,000	₹1,00,000	₹1,20,000	NA	Treatment for breakage of bones	₹2,00,000	₹2,50,000	₹3,00,000	NA	<p>D.I.1</p> <p>F.II.6 & F.II.10</p>
Sum Insured (in ₹)	3 Lacs	5 Lacs	7.5 and 10 Lacs	>10 Lacs																							
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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"> i. TAT for pre-authorization of cashless facility - within 1 hours from the last complete document. ii. 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"> 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	<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>	
11	Grievances/ Complaints	<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: Complaine@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>	F.I.16

		<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 at the time of porting/migrating the policy. 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: - 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> <p>Policy Renewal: The policy shall ordinarily be renewable except on grounds of established fraud, misrepresentation, non-disclosure by the insured person.</p> <p>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.</p>	<p>F.I.15</p> <p>F.I.10</p> <p>F.I.8</p>

		<p>To avail:</p> <ul style="list-style-type: none"> - 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 <p>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.</p> <p>To avail:</p> <ul style="list-style-type: none"> - 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 <p>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</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>	<p>F.I.9</p> <p>F.II.9.g</p> <p>F.I.12</p>
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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
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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).