MANIPALCIGNA PROHEALTH INSURANCE

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 the Policy 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 ProHealth Insurance - Premier</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>• 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</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 under 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>
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5	Policy Coverages (What the policy covers?)	**1. Inpatient Hospitalization (When you are hospitalised)** Covered upto any Room Category except Suite or higher category	D.I.1
		2. Pre - hospitalization Medical Expenses Covered up to 60 days before date of hospitalization	D.I.2
		3. Post - hospitalization Medical Expenses Covered up to 180 days post discharge from hospital	D.I.3
		4. Day Care Treatment Covered up to the limit of Sum Insured opted	D.I.4
		5. Domiciliary Treatment (Treatment at Home) Covered up to the limit of Sum Insured opted	D.I.5
		6. Ambulance Cover (Reimbursement of Ambulance Expenses) Actual incurred expenses paid per hospitalisation event	D.I.6
		7. Donor Expenses (Hospitalization Expenses of the donor providing the organ) Covered up to full Sum Insured	D.I.7
		8. Worldwide Emergency Cover (Outside India) Covered up to full Sum Insured once in a Policy Year	D.I.8
		9. 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 opted	D.I.9
		10. AYUSH Cover Covered up to full Sum Insured	D.I.10
		11. Health Maintenance Benefit **(Treatment that does not require hospitalization and can be carried out in an Out-Patient Department)** Covered up to ₹15000 per policy year	D.I.11
		12. Maternity Expenses Covered upto ₹100,000 for normal delivery and ₹200,000 for C-Section per event, after a waiting Period of 48 months	D.I.12
		13. New-Born Baby Expenses Covered for the inpatient hospitalisation expenses of a new born up to the limit provided under Maternity Expenses	D.I.13
		14. First Year Vaccinations Covered as per national immunisation programme over and above Maternity Sum Insured	D.I.14
		Value Added Covers **This section lists the additional value added benefits that are available along with your plan**	
		15. Health Check-Up Available each policy year (excluding the first year), to all insured persons who have completed 18 years of Age	D.II.1
		16. Expert Opinion on Critical illness (By a Specialist) Available once during the Policy Year	D.II.2
		17. Cumulative Bonus A guaranteed 10% Increase in Sum Insured per policy year, maximum up to 200% of Sum Insured	D.II.3

		18. Healthy Rewards Reward Points equivalent to 1% of paid premium, to be earned each year. Rewards can also be earned for enrolling and completing Our Array of Wellness Programs. These earned Reward Points can be used against payable premium (including Taxes) from 1st Renewal of the Policy. OR they can be redeemed for equivalent value of Health Maintenance Benefits any time during the policy OR as equivalent value while availing services through our Network Providers as defined in the policy.	D.II.4
		Optional Covers (Applicable only if opted) **This section lists the available optional covers under your plan and the limits under each of these options** **1. Hospital Daily Cash Benefit** ₹3000 for each continuous and completed 24 Hours of Hospitalization during the Policy Year up to a maximum of 30 days in a policy year **2. Reduction in Maternity Waiting** Maternity waiting period Reduced from 48 months to 24 months **3. Waiver of Mandatory Co-pay** Waiver of Mandatory co-payment of 20% for Insured Persons aged 65 years and above	D.III.1 D.III.3 D.III.5
		Add on cover (Rider) (Applicable only if opted) **This section lists the Add on cover available under your plan** **1. ManipalCigna Health 360 Add-on (UIN: MCIHLIA23023V012223):** **a. ManipalCigna Health 360 - Shield:** Coverage for listed Non-medical items up to base policy Sum Insured and Durable Medical Equipment up to maximum of ₹1 Lac **b. ManipalCigna Health 360 - Advance:** Coverage for 'Any room' category and unlimited restoration of Sum Insured within the base policy Sum Insured. It also provides Air Ambulance cover up to Sum Insured opted under the base policy subject to a maximum of ₹10 Lacs, over and above the base policy Sum Insured. **c. ManipalCigna Health 360 - OPD:** **Package 1:** Get cover for doctor consultations on cashless basis within the OPD Sum Insured **Package 2:** Get coverage for doctor consultations and prescribed diagnostics on cashless basis within the OPD Sum Insured **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 a thereof. Code - Excl. 12 10. Treatments received in heath hydros, nature cure clinics, spas or similar establishments. Code - Excl. 13 11. Dietary supplements and substances that can be purchased without prescription. Code - Excl. 14 12. Refractive Error: Code - Excl. 15 13. Unproven Treatments: Code - Excl. 16 14. Sterility and Infertility: Code - Excl. 17 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. External Congenital Anomaly or defects or any complications or conditions arising therefrom. 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. Treatment received outside India other than for coverage under World Wide Emergency Cover, Expert Opinion on Critical Illnesses. 22. Costs of donor screening or costs incurred in an organ transplant surgery involving organs not harvested from a human body.	E.I.4 to E.I.17 and E.II.4 to E.II.17

		23. Any form of Non-Allopathic treatment (except AYUSH In-patient Treatment), Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or any other form of indigenous system of medicine. 24. 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. 25. 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. 26. 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 IV List - I “Items for which Coverage is not available in the Policy” 27. Any deductible amount or percentage of admissible claim under co-pay if applicable and as specified in the Schedule to this Policy. 28. Existing diseases disclosed by the Insured Person (limited to the extent of the ICD codes mentioned in line with Chapter IV, Guidelines on Standardization of Exclusions in Health Insurance Contracts, 2019), provided the same is applied at the underwriting and consented by You/ Insured Person.	

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 for claims arising due to accident):** 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, 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. Maternity Waiting Period:** Covered after 48 Months **e. 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 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.I.3 E.I.2 E.I.1 E.II.1 E.II.2

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). • 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)	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 - For Sum Insured up to ₹5.5 Lacs - Covered up to Single Private Room - For Sum Insured ₹7.5 Lacs and Above - Covered up to any Room Category except Suite or higher category • For the following specified disease - No sublimit on any disease. 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 Co-pay. b. Persons paying Zone II premium i. Can avail treatment in Zone II and Zone III without any 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 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. 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 Voluntary Co-pay under Section D.III.4 (if opted) and Mandatory Co-pay. A mandatory co-payment of 20% will be applicable for insured's aged 65 years and above 4. Deductible Deductible of ₹XX will apply per policy year on aggregate basis.	D.I.1 F.II.10 & F.II.6

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 4 hours from the last complete document. ii. TAT for cashless final bill settlement - within 4 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
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** **Senior Manager - Grievance Cell** Call us on 022-61703600 between 10 am to 6 Pm (Monday to Friday) Email us at - complaints@manipalcigna.com **LEVEL 3** **Grievance Redressal Officer** Call us on 022-61703603 between 10 am to 6 Pm (Monday to Friday) Email us at - GRO@manipalcigna.com For Senior Citizen Assistance - Seniorcitizensupport@ManipalCigna.com **LEVEL 4** **Approach Ombudsman** If the channels above have still not met your expectations, you may approach the insurance ombudsman, the office Name and address details applicable for your state can be obtained from - https://www.cioins.co.in/Ombudsman **Note:** You may also approach the Insurance ombudsman if your complaint is open for more than 30 days at any of the above levels.	F.I.16

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	F.I.15
		Policy Renewal: The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured person.	F.I.10
		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.8
		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 45 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.	F.I.9

		To avail: - Customer can share for portability of the policy 45 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 (including portability and migration) under the policy no look back would be applied. This period of 60 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. After the expiry of Moratorium Period no health insurance claim under this policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.	F.II.9.h F.I.12
13	**Your Obligations**	• Please disclose all Pre-existing disease/s or condition/s before buying a Policy. • The Policy shall be null and void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or 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).