

MANIPALCIGNA SARVAH

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

SI No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number														
1	Name of Insurance Product/Policy	ManipalCigna Sarvah - Param															
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="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?)	<p>1. In-patient Hospitalization (When you are hospitalized) Covered up to Sum Insured This benefit shall also offer the below covers up to the limits mentioned:</p> <p>a. Listed Modern and Advanced Treatments: Up to Sum Insured</p> <p>b. HIV/AIDS & STD: Up to Sum Insured</p> <p>c. Mental Illness: Up to Sum Insured</p> <p>2. Day Care Treatment All Day Care Treatment/Procedures are covered up to the Sum Insured.</p> <p>3. Pre - hospitalization Medical Expenses Medical Expenses covered up to 90 days before date of hospitalization, Covered up to the Sum Insured</p> <p>4. Post - hospitalization Medical Expenses Medical Expenses covered up to 180 days post discharge from hospital, Covered up to the Sum Insured</p> <p>5. Domiciliary Treatment (Treatment at Home) Covered up to the Sum Insured</p> <p>6. Road Ambulance (Reimbursement of Ambulance Expenses) Covered up to the Sum Insured</p> <p>7. Donor Expenses Covered up to the Sum Insured including:</p> <ul style="list-style-type: none"> • Pre & Post hospitalization medical expenses (Up to 30 days each) of the donor. • Cost towards donor screening once in a Policy year for successful transplant. • Complications arising during hospitalization or up to 30 days from date of discharge - Up to 25% of SI subject to maximum of ₹2 Lacs, Over and above Sum Insured. <p>We will not cover expenses towards the Donor in respect of cost associated to the acquisition of the organ.</p> <p>8. AYUSH Treatment Covered up to the Sum Insured</p> <p>9. Restoration of Sum Insured (When opted Sum Insured is insufficient due to claims) Multiple Restoration is available in a Policy Year for all illness, whether the illness/condition is unrelated or the same, in addition to the Sum Insured.</p> <p>10. Gullak Guaranteed increase 100% of Sum Insured for each policy year up to the maximum of 1,000% of Sum Insured irrespective of any claim made in the previous Policy Year.</p>	<p>D.I.1</p> <p>D.I.2</p> <p>D.I.3</p> <p>D.I.4</p> <p>D.I.5</p> <p>D.I.6</p> <p>D.I.7</p> <p>D.I.8</p> <p>D.I.9</p> <p>D.I.10</p>
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	<p>Value Added Covers This section lists the additional value added benefits that are available along with your plan</p> <p>11. Tele-Consultation Unlimited Tele-consultation with General Physician during the Policy Year.</p> <p>12. Wellness Program Rewards can be earned by completing activities specified under Our Healthy Life Management Program up to maximum of 20% of expiring base Premium (excluding Premium for optional covers other than 'Deductible' under section D.III.6, 'Voluntary Co-Payment' under section D.III.7, Twin sharing room option of 'Room Rent Modification' under section D.III.4 and 'Pratiksha' under section D.III.9, rider and taxes). The earned reward points can be utilized as a discount in the renewal premium due immediately after accrual. Carry forward earned reward points shall not be allowed.</p> <p>13. Discount from Network Provider Discount on Pharmacy, Diagnostics and Health Supplements offered by the Network Providers of ManipalCigna Health Insurance Company Limited.</p> <p>14. Health Check-up Available once in each Policy Year (including the first year), to all Adult insured persons who have completed 18 years of Age</p> <ul style="list-style-type: none"> • For Sum Insured ₹5Lac: Package 1 • For Sum Insured ₹7.5 Lac and ₹10 Lac: Package 2 • For Sum Insured above ₹10 Lac: Package 3 <p>The Health check-up packages shall be offered on cashless basis.</p> <p>Optional Covers (Applicable only if opted) This section lists the available optional covers under your plan and the limits under each of these options</p> <p>1. Personal Accident Cover Lumpsum benefit for opted Sum Insured in case of Accidental Death (AD), Permanent Total Disablement (PTD) and Permanent Partial Disablement (PPD) of Insured Member due to Accident. Coverage of 200% of the opted Sum Insured if such Accidental Death or Permanent Total Disablement occurs while the Insured Person is a fare-paying passenger on a common carrier.</p>	<p>D.II.1</p> <p>D.II.2</p> <p>D.II.3</p> <p>D.II.4</p> <p>D.III.1</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 a thereof. Code-Excl. 12 10. Treatments received in health hydros, nature cure clinics, spas or similar establishments s. 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. Maternity: Code Excl 18 16. 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. 17. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder or due to an accident. 18. Multifocal lens for cataract. 19. 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. 20. External Congenital Anomaly or defects or any complications or conditions arising therefrom. 21. Prostheses, corrective devices and medical appliances, which are not required intra-operatively for the disease/ illness/ injury for which the Insured Person was Hospitalized. 22. 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 23. Treatment received outside the geographical limits of India. 	<p>E.I.3 to E.I.17 and E.II.2 to E.II.16</p>
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	<p>24. Costs of donor screening or costs incurred in an organ transplant surgery involving organs not harvested from a human body subject to conditions mentioned in D.I.7 'Organ Donor'.</p> <p>25. Any form of Non-Allopathic treatment (except AYUSH Treatment), Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or any other form of indigenous system of medicine.</p> <p>26. 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.</p> <p>27. 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.</p> <p>28. 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" subject to conditions mentioned in D.III.8 'Coverage for Non-Medical Items and Durable Medical Equipment's'.</p> <p>29. Any deductible amount or percentage of admissible claim under co-pay if applicable and as specified in the Schedule to this Policy.</p> <p>30. Pre-existing condition disclosed by the Insured Person will be reviewed according to the company's underwriting policy.</p>	
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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 (Applicable only in case of Optional Cover - ‘Pratiksha’ opted): 30 days for all illnesses (not applicable in case of continuous renewal or accidents).</p> <p>b. Specific Waiting Period (Applicable only in case of Optional Cover - ‘Pratiksha’ opted): 24 Months for following diseases:</p> <ol style="list-style-type: none"> i. Cataract ii. Endometriosis, Dilatation and curettage, 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, 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, Removal of Implants and all diseases of Ligament, tendon, meniscal tear (other than caused by accident or malignancy), 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. 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.</p>	<p>E.I.2</p> <p>E.I.1</p> <p>E.II.1</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) • Any other limit (as applicable) 	<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 <ul style="list-style-type: none"> • Room/ICU Charges <ul style="list-style-type: none"> - Single Private AC Room - ICU - No limit • For the following specified disease <ul style="list-style-type: none"> - No sublimit on any disease. 3. Co-Payment 0% The aforesaid Co-payments applicable are in addition to the Voluntary Co-payment under Section D.III 7 (if opted) 4. Deductible Deductible of Rs. Xx will apply per policy year on aggregate basis. Or Deductible of Rs. Xx/day of hospitalization on all admissible claims. 	<p>D.I.1</p> <p>D.III.6</p>
<p>9</p>	<p>Claims/Claims procedure</p>	<p>Details of procedure to be followed for cashless services as well as for reimbursement of claim including pre and post hospitalization: To know the process for our cashless and reimbursement claims visit: https://www.manipalcigna.com/claims Turn Around Time (TAT) for claim settlement</p> <ol style="list-style-type: none"> TAT for pre-authorization of cashless facility - within 1 hour from the last complete document. TAT for cashless final bill authorization - 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 	<p>G.I</p> <p>G.I.4</p>

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>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 Officer Call us on 022-71781300 between 10 am to 6 Pm (Monday to Friday) E-mail us at: Compliance@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> <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,</p>	F.I.16

		<p>'The Grievance Cell, ManipalCigna Health Insurance Company Limited, Techweb center 2nd Floor New Link Rd, Anand Nagar, Jogeshwari West, Mumbai, Maharashtra 400102, India' or E-mail: headcustomercare@manipalcigna.com.</p> <p>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.</p> <p>The contact details of Ombudsman offices attached as Annexure I of 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.</p> <p>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</p> <p>Policy Renewal: The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured person.</p>	<p>F.I.15</p> <p>F.I.10</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>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>F.I.8</p> <p>F.I.9</p>
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		<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.II.8 vii</p> <p>F.I.12</p>
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).