

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 - Pratham															
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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Insured Name</th> <th style="width: 50%;">Sum Insured (in ₹)</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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Insured Name</th> <th style="width: 50%;">Sum Insured (in ₹)</th> </tr> </thead> <tbody> <tr> <td><Insured Name 1></td> <td rowspan="3" style="text-align: center; vertical-align: middle;">xxxxx</td> </tr> <tr> <td><Insured Name 2></td> </tr> <tr> <td><Insured Name 3></td> </tr> </tbody> </table> 	Insured Name	Sum Insured (in ₹)	<Insured Name 1>	xxxxx	<Insured Name 2>	xxxxx	<Insured Name 3>	xxxxx	Insured Name	Sum Insured (in ₹)	<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 the Sum Insured for any disease/ Illness or Injury related to Cancer, Heart, Stroke & Major Organ/ Bone Marrow Transplant.</p> <p>2. Day Care Treatment All Day Care Treatment/Procedures related to Cancer, Heart, Stroke and Major Organ/ Bone Marrow Transplant, covered up to 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 Hospitalization (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 Sum Insured 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>Value Added Covers This section lists the additional value added benefits that are available along with your plan</p> <p>9. Tele-Consultation Unlimited Tele-consultation with General Physician during the Policy Year.</p> <p>10. 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.11, 'Voluntary Co-Payment' under section D.III.12 and Twin sharing room option of 'Room Rent Modification' 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>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.II.1</p> <p>D.II.2</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. Cosmetic or plastic Surgery: Code-Excl. 08 4. Hazardous or Adventure sports: Code-Excl. 09 5. Breach of law: Code-Excl. 10 6. Excluded Providers: Code-Excl. 11 7. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences a thereof. Code-Excl. 12 8. Treatments received in heath hydros, nature cure clinics, spas or similar establishments s. Code-Excl. 13 9. Dietary supplements and substances that can be purchased without prescription. Code-Excl. 14 10. Unproven Treatments: Code-Excl. 16 11. 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. 12. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder or due to an accident. 13. 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. 14. External Congenital Anomaly or defects or any complications or conditions arising therefrom. 15. Prostheses, corrective devices and medical appliances, which are not required intra-operatively for the disease/ illness/ injury for which the Insured Person was Hospitalized. 16. 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 17. Treatment received outside the geographical limits of India. 	<p>E.I.3 to E.I.12 and E.II.2 to E.II.15</p>
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<p>7</p>	<p>Waiting Period</p> <ul style="list-style-type: none"> • Time period during which specified disease/ treatment are not covered. • It is counted from the beginning of the policy coverage. 	<p>a. Initial Waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents).</p> <p>b. Pre-Existing Disease: Covered after 36 Months.</p> <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>

<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 xxxx% <p>The aforesaid Co-payments applicable are in addition to the Voluntary Co-payment under Section D.III 12 (if opted)</p> <ol style="list-style-type: none"> 4. Deductible Deductible of ₹Xx will apply per policy year on aggregate basis. Or Deductible of ₹Xx/day of hospitalization on all admissible claims. 	<p>D.I.1</p> <p>D.III.11</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, ‘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>	F.I.16

		<p>For updated details of grievance officer, kindly refer link - https://www.manipalcigna.com/grievance-redressal</p> <p>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:</p> <ul style="list-style-type: none"> - Customer can request for cancellation writing to: customercare@manipalcigna.com from the registered email id with us. OR - Customer can also visit any MCHI Branch and give a written request <p>Policy Renewal: The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation 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>

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).