

SECUREHEALTH, MANIPALCIGNA

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	SecureHealth, ManipalCigna									
2	Policy Number	xxxxxxxx									
3	Type of Insurance Product/Policy	<ul style="list-style-type: none"> Indemnity (Where insured losses are covered up to Sum Insured under the policy) 									
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"> <thead> <tr> <th>Insured Name</th> <th>Sum Insured (in Rs)</th> </tr> </thead> <tbody> <tr> <td><Insured Name 1></td> <td>xxxxxx</td> </tr> <tr> <td><Insured Name 2></td> <td>xxxxxx</td> </tr> <tr> <td><Insured Name 3></td> <td>xxxxxx</td> </tr> </tbody> </table>	Insured Name	Sum Insured (in Rs)	<Insured Name 1>	xxxxxx	<Insured Name 2>	xxxxxx	<Insured Name 3>	xxxxxx	
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		<Insured Name 1>	xxxxxx								
		<Insured Name 2>	xxxxxx								
<Insured Name 3>	xxxxxx										
5	Policy Coverages (What the policy covers?)	1. Inpatient Care: Covers medical expenses incurred for Hospitalization or Day Care treatments of the Insured Person during the Policy Year, up to the Sum insured as specified in the Policy Schedule.	4.1								
		2. AYUSH Treatment: Covers medical expenses incurred for Inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to 100% of sum insured.	4.2								
		3. Pre-Hospitalization Medical Expenses: We shall indemnify Pre-Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient care, for a fixed period of 30 days prior to the date of admissible Hospitalization.	4.3								
		4. Post-Hospitalization Medical Expenses: We shall indemnify Post Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient Care, for a fixed period of 60 days from the date of discharge from the Hospital.	4.4								
		5. Emergency Ground Ambulance: We will reimburse expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalization.	4.5								
		6. Cataract Treatment: We shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of Rs.40,000/-, per each eye in one policy year.	4.6								

		<p>7. Modern Treatment: Specified procedures will be covered (wherever medically indicated) either as Inpatient or as part of Day Care Treatment in a Hospital up to 50% of Sum Insured, specified in the Policy Schedule, during the Policy Period.</p>	4.7
6	<p>Exclusions (What the policy does not cover)</p>	<ol style="list-style-type: none"> 1. Investigation & Evaluation- Code- Excl04 2. Rest Cure, rehabilitation, and respite care- Code- Excl05 3. Obesity/ Weight Control: Code- Excl06 4. Change-of-Gender treatments: Code- Excl07 5. Cosmetic or plastic Surgery: Code- Excl08 6. Hazardous or Adventure sports: Code- Excl09 7. Breach of law: Code- Excl10 8. Excluded Providers: Code- Excl11 9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12 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- Excl13 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- Excl14 12. Refractive Error: Code- Excl15 13. Unproven Treatments: Code- Excl16 14. Sterility and Infertility: Code- Excl17 15. Maternity: Code Excl18 16. Any medical treatment taken outside India. 17. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs. 18. Nuclear damage caused by, contributed to, by or arising from ionizing radiation or contamination by radioactivity from: <ol style="list-style-type: none"> a. any nuclear fuel or from any nuclear waste; or b. from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission); c. nuclear weapons material. d. nuclear equipment or any part of that equipment. 19. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority. 20. Injury or Disease caused by or contributed to by nuclear weapons/materials. 21. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or as may be necessitated due to an accident. 	8

		<ol style="list-style-type: none"> 22. Treatment with alternative medicines or Treatment, experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, naturopathy, chiropractic, reflexology and aromatherapy. 23. Suicide, Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent. 24. Vaccination or inoculation except as post bite treatment for animal bite. 25. Convalescence, general debility, "Run-down" condition, rest cure, Congenital external illness/disease/defect. 26. Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy and expenses related to Domiciliary hospitalization shall not be covered. 27. Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury. 28. Venereal/ Sexually Transmitted disease (excluding HIV/ AIDS). 29. Stem cell storage. 30. Any kind of service charge, surcharge levied by the hospital. 31. Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies. 32. Non-Payable items: The expenses that are not covered in this Policy are placed under List-I of Annexure-II 33. Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner. 	
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	<ul style="list-style-type: none"> • 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) 	<ol style="list-style-type: none"> 2. In case of claim this policy requires you to share the following costs: Expenses exceeding the following sub-limits: <ol style="list-style-type: none"> a. Room/ICU Charges (Hospitalisation) <ol style="list-style-type: none"> i. Room rent – Up to maximum of 1% of SI per day ii. ICU charges – Up to maximum of 2% of SI per day b. Cataract – Up to ₹ 40,000/- per each eye in one policy year 3. Each and every claim under the policy shall be subject to a Copayment of 20% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. 4. Deductible - Not Applicable 	<p style="text-align: right;">4.1</p> <p style="text-align: right;">4.6</p> <p style="text-align: right;">10.5</p>
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 4 hours from the last complete document. ii. TAT for cashless final bill settlement – within 4 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 	10
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>	

<p>11</p>	<p>Grievances/ Complaints</p>	<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 Senior Manager - Grievance Cell Call us on 022-61703600 between 10 am to 6 Pm (Monday to Friday) Email us at - complaints@manipalcigna.com</p> <p>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</p> <p>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</p> <p>Note: You may also approach the Insurance ombudsman if your complaint is open for more than 30 days at any of the above levels.</p>	<p>9.1.15</p>
<p>12</p>	<p>Things to remember</p>	<p>Free Look Cancellations: The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting the policy. The insured shall be allowed a period of fifteen days from date of receipt of the Policy to review the terms and conditions of the Policy, and to return the same if not acceptable.</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 fraud, misrepresentation by the insured person.</p>	<p>9.1.14</p> <p>9.1.10</p>

		<p>To avail:</p> <ul style="list-style-type: none"> - 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 <p>Change in Sum Insured: Sum insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the Company. For any increase in SI, the waiting period shall start afresh only for the enhanced portion of the sum insured.</p> <p>Moratorium Period: After completion of eight continuous years under this policy no look back would be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments as per the policy.</p>	<p>9.2.I.b</p> <p>9.1.I.12</p>
13	<p>Your Obligations</p>	<ul style="list-style-type: none"> • Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid. • The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact. 	9.1.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).