

**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<br>(Please refer to applicable Policy Clause Number in next column)   | Policy Clause Number |                    |                  |       |                  |       |                  |       |  |
|--------|--|---|----------------------|--------------------|------------------|-------|------------------|-------|------------------|-------|--|
| 1      | Name of Insurance Product/Policy           | <b>SecureHealth, ManipalCigna</b>   |                      |                    |                  |       |                  |       |                  |       |  |
| 2      | Policy Number                              | xxxxxxx   |                      |                    |                  |       |                  |       |                  |       |  |
| 3      | Type of Insurance Product/Policy           | <ul style="list-style-type: none"> <li><b>Indemnity</b> (Where insured losses are covered up to Sum Insured under the policy)</li> </ul>  |                      |                    |                  |       |                  |       |                  |       |  |
| 4      | Sum Insured (Basis) (Along with amount)    | <ul style="list-style-type: none"> <li><b>Individual Sum Insured</b> - Where each insured member has a separate sum insured the policy,</li> </ul> <table border="1"> <thead> <tr> <th>Insured Name</th> <th>Sum Insured (in ₹)</th> </tr> </thead> <tbody> <tr> <td>&lt;Insured Name 1&gt;</td> <td>xxxxx</td> </tr> <tr> <td>&lt;Insured Name 2&gt;</td> <td>xxxxx</td> </tr> <tr> <td>&lt;Insured Name 3&gt;</td> <td>xxxxx</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>  | xxxxx                |                    |                  |       |                  |       |                  |       |  |
|        |  | <Insured Name 3>  | xxxxx                |                    |                  |       |                  |       |                  |       |  |
| 5      | Policy Coverages (What the policy covers?) | <b>1. Inpatient Care:</b><br>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                  |                    |                  |       |                  |       |                  |       |  |
|        |  | <b>2. AYUSH Treatment:</b><br>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                  |                    |                  |       |                  |       |                  |       |  |
|        |  | <b>3. Pre-Hospitalization Medical Expenses:</b><br>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                  |                    |                  |       |                  |       |                  |       |  |
|        |  | <b>4. Post-Hospitalization Medical Expenses:</b><br>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                  |                    |                  |       |                  |       |                  |       |  |
|        |  | <b>5. Emergency Ground Ambulance:</b><br>We will reimburse expenses incurred on road Ambulance subject to a maximum of ₹2000/- per hospitalization.   | 4.5                  |                    |                  |       |                  |       |                  |       |  |
|        |  | <b>6. Cataract Treatment:</b><br>We shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of ₹40,000/-, per each eye in one policy year.  | 4.6                  |                    |                  |       |                  |       |                  |       |  |

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|   |   | <p><b>7. Modern Treatment:</b><br/>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><b>Exclusions (What the policy does not cover)</b></p> | <ol style="list-style-type: none"> <li>1. Investigation &amp; Evaluation- Code- Excl04</li> <li>2. Rest Cure, rehabilitation, and respite care- Code- Excl05</li> <li>3. Obesity/ Weight Control: Code- Excl06</li> <li>4. Change-of-Gender treatments: Code- Excl07</li> <li>5. Cosmetic or plastic Surgery: Code- Excl08</li> <li>6. Hazardous or Adventure sports: Code- Excl09</li> <li>7. Breach of law: Code- Excl10</li> <li>8. Excluded Providers: Code- Excl11</li> <li>9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12</li> <li>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</li> <li>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</li> <li>12. Refractive Error: Code- Excl15</li> <li>13. Unproven Treatments: Code- Excl16</li> <li>14. Sterility and Infertility: Code- Excl17</li> <li>15. Maternity: Code Excl18</li> <li>16. Any medical treatment taken outside India.</li> <li>17. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.</li> <li>18. Nuclear damage caused by, contributed to, by or arising from ionizing radiation or contamination by radioactivity from:             <ol style="list-style-type: none"> <li>a. any nuclear fuel or from any nuclear waste; or</li> <li>b. from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission);</li> <li>c. nuclear weapons material.</li> <li>d. nuclear equipment or any part of that equipment.</li> </ol> </li> <li>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.</li> <li>20. Injury or Disease caused by or contributed to by nuclear weapons/materials.</li> <li>21. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or as may be necessitated due to an accident.</li> </ol> | 8   |

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|  |  | <ol style="list-style-type: none"> <li>22. Treatment with alternative medicines or Treatment, experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, naturopathy, chiropractic, reflexology and aromatherapy.</li> <li>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.</li> <li>24. Vaccination or inoculation except as post bite treatment for animal bite.</li> <li>25. Convalescence, general debility, "Run-down" condition, rest cure, Congenital external illness/disease/defect.</li> <li>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.</li> <li>27. Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury.</li> <li>28. Venereal/ Sexually Transmitted disease (excluding HIV/ AIDS).</li> <li>29. Stem cell storage.</li> <li>30. Any kind of service charge, surcharge levied by the hospital.</li> <li>31. Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.</li> <li>32. Non-Payable items: The expenses that are not covered in this Policy are placed under List-I of Annexure-II</li> <li>33. Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.</li> </ol> |  |
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| <p>7</p>  | <p><b>Waiting Period</b></p> <ul style="list-style-type: none"> <li>• Time period during which specified disease/ treatment are not covered.</li> <li>• It is counted from the beginning of the policy coverage.</li> </ul>  | <p><b>a. Initial Waiting Period:</b> 30 days for all illnesses (not applicable in case of continuous renewal or accidents).</p> <p><b>b. Specific Waiting Period (Not Applicable on claim arising due to accidents):</b></p> <ul style="list-style-type: none"> <li>o 24 Months for following diseases:             <ul style="list-style-type: none"> <li>i. Benign ENT disorders</li> <li>ii. Tonsillectomy</li> <li>iii. Adenoidectomy</li> <li>iv. Mastoidectomy</li> <li>v. Tympanoplasty</li> <li>vi. Hysterectomy</li> <li>vii. All internal and external benign tumors, cysts, polyps of any kind, including benign breast lumps.</li> <li>viii. Benign prostate hypertrophy</li> <li>ix. Cataract and age-related eye ailments</li> <li>x. Gastric/ Duodenal Ulcer</li> <li>xi. Gout and Rheumatism</li> <li>xii. Hernia of all types</li> <li>xiii. Hydrocele</li> <li>xiv. Non-Infective Arthritis</li> <li>xv. Piles, Fissures and Fistula in anus</li> <li>xvi. Pilonidal sinus, Sinusitis and related disorders</li> <li>xvii. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident.</li> <li>xviii. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.</li> <li>xix. Varicose Veins and Varicose Ulcers</li> </ul> </li> </ul> <p><b>c. Pre-existing Disease:</b></p> <ul style="list-style-type: none"> <li>i. Covered after 36 Months for other than the pre-existing Disability and HIV/AIDS covered.</li> <li>ii. Covered after 24 Months for treatment of Pre-existing Disability.</li> </ul> | <p>5.A.2</p> <p>5.A.3</p> <p>5.A.1</p> |
| <p>8.</p> | <p><b>Financial limits of coverage</b></p> <ul style="list-style-type: none"> <li>• Sub-limit (it is pre-defined limit and the insurance company will not pay any amount in excess of this limit</li> <li>• Co-payment (it is a specified amount/ percentage of admissible claim amount to be paid by policyholder/ insured).</li> </ul> | <p>1. The policy will pay only up to the limits specified hereunder for the following diseases/procedures:<br/>Modern treatments methods and Advancements in technology - Up to 50% of the Sum Insured</p>  | <p>4.7</p>                             |

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|           | <ul style="list-style-type: none"> <li>• Deductible (It is specified amount:             <ul style="list-style-type: none"> <li>- up to which and insurance company will not pay any claim, and</li> <li>- which will be deducted from total claim amount (if claim amount is more than specified amount)</li> </ul> </li> <li>• Any other limit (as applicable)</li> </ul> | <ol style="list-style-type: none"> <li>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"> <li>a. Room/ICU Charges (Hospitalisation)                 <ol style="list-style-type: none"> <li>i. Room rent – Up to maximum of 1% of SI per day</li> <li>ii. ICU charges – Up to maximum of 2% of SI per day</li> </ol> </li> <li>b. Cataract – Up to ₹40,000/- per each eye in one policy year</li> </ol> </li> <li>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.</li> <li>4. Deductible - Not Applicable</li> </ol>  | <p style="text-align: right;">4.1</p> <p style="text-align: right;">4.6</p> <p style="text-align: right;">10.5</p> |
| <b>9</b>  | <b>Claims/Claims procedure</b>  | <p>Details of procedure to be followed for cashless services as well as for reimbursement of claim including pre and post hospitalization:<br/>To know the process for our cashless and reimbursement claims visit - <a href="https://www.manipalcigna.com/claims">https://www.manipalcigna.com/claims</a></p> <p>Turn Around Time (TAT) for claim settlement</p> <ol style="list-style-type: none"> <li>i. TAT for pre-authorization of cashless facility - within 1 hour from the last complete document.</li> <li>ii. TAT for cashless final bill settlement - within 3 hours from the last complete document</li> </ol> <p>Web links for the followings:</p> <ol style="list-style-type: none"> <li>i. Network hospital details - <a href="https://www.manipalcigna.com/locate-us">https://www.manipalcigna.com/locate-us</a></li> <li>ii. Helpline Number - <a href="https://www.manipalcigna.com/claims">https://www.manipalcigna.com/claims</a></li> <li>iii. Hospital which are blacklisted or from where no claims will be accepted by insurer - <a href="https://www.manipalcigna.com/locate-us">https://www.manipalcigna.com/locate-us</a></li> <li>iv. Link for downloading claim form - <a href="https://www.manipalcigna.com/downloads/claims">https://www.manipalcigna.com/downloads/claims</a></li> </ol> | 10   |
| <b>10</b> | <b>Policy Servicing</b>   | <p>For hassle free policy servicing customer can manage their policy by clicking on-<a href="https://eservicing.manipalcigna.com/login">https://eservicing.manipalcigna.com/login</a> or Download myManipalCigna App from Playstore or appstore</p>   |  |

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| <p>11</p> | <p><b>Grievances/ Complaints</b></p> | <p><b>Level 1</b><br/> <b>Health Relationship Managers</b><br/>         Call our toll-free number: 1800-102-4462 between 9:00 AM to 9:00 PM.<br/>         Email us at: <a href="mailto:headcustomercare@manipalcigna.com">headcustomercare@manipalcigna.com</a><br/>         For Senior Citizen Assistance: <a href="mailto:Seniorcitizensupport@ManipalCigna.com">Seniorcitizensupport@ManipalCigna.com</a></p> <p><b>LEVEL 2</b><br/> <b>Grievance Redressal Officer</b><br/>         Call us on: 022-71781389 between 10 am to 6 Pm (Monday to Friday)<br/>         Email us at: <a href="mailto:complaints@manipalcigna.com">complaints@manipalcigna.com</a></p> <p><b>LEVEL 3</b><br/> <b>Chief Grievance Redressal</b><br/>         Call us on 022-71781300 between 10 am to 6 Pm (Monday to Friday)<br/>         Email us at: <a href="mailto:Complaine@manipalcigna.com">Complaine@manipalcigna.com</a><br/>         For Senior Citizen Assistance: <a href="mailto:Seniorcitizensupport@ManipalCigna.com">Seniorcitizensupport@ManipalCigna.com</a></p> <p><b>LEVEL 4</b><br/> <b>Approach Ombudsman</b><br/>         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 <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></p> <p><b>Courier:</b> Any of Our Branch office or corporate office during business hours.<br/>         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,<br/>         ‘The Grievance Cell,<br/>         ManipalCigna Health Insurance Company Limited,<br/>         Techweb center 2nd Floor New Link Rd,<br/>         Anand Nagar, Jogeshwari West, Mumbai, Maharashtra<br/>         400102, India<br/>         or</p> | <p>9.1.15</p> |
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|    |                                  | <p>Email: <a href="mailto:headcustomercare@manipalcigna.com">headcustomercare@manipalcigna.com</a>.<br/>         For updated details of grievance officer, kindly refer link - <a href="https://www.manipalcigna.com/grievance-redressal">https://www.manipalcigna.com/grievance-redressal</a> 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: <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a></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><b>Things to remember</b></p> | <p><b>Free Look Cancellations:</b> 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.<br/>         The insured shall be allowed a period of 30 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:</p> <ul style="list-style-type: none"> <li>- Customer can request for cancellation writing to - <a href="mailto:customercare@manipalcigna.com">customercare@manipalcigna.com</a> from the registered email id with us. OR</li> <li>- Customer can also visit any MCHI Branch and give a written request</li> </ul> <p><b>Policy Renewal:</b> The policy shall ordinarily be renewable except on grounds of established fraud, misrepresentation and non-disclosure by the insured person.</p> <p><b>Migration:</b> The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per extant Guidelines related to 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, as per Guidelines on migration, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per below:</p> <ol style="list-style-type: none"> <li>i. The waiting periods specified in Section 5 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.</li> <li>ii. Migration benefit will be offered to the extent of sum of previous insured and accrued bonus (as part of the sum insured), migration benefit shall not apply to any other additional increased Sum Insured.</li> <li>iii. Migration under this product shall be allowed only due to withdrawal of the product subject to IRDAI Regulations</li> </ol> | <p>9.1.14</p> <p>9.1.10</p> <p>9.1.8</p> |

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|  | <p>To avail:</p> <ul style="list-style-type: none"> <li>- Customer can share for migration of the policy 30 days prior to the renewal date by writing to - <a href="mailto:customercare@manipalcigna.com">customercare@manipalcigna.com</a> from an email registered with us OR</li> <li>- Visit nearest ManipalCigna Branch and submit a written request OR</li> <li>- Contact the intermediary/agent assigned to the customer for assistance</li> </ul> <p><b>Portability:</b> The Insured Person will have the option to port the Policy to same product of other insurers as per extant Guidelines related to portability, If such person is presently covered and has been continuously covered without any lapses under this health insurance plan with an Indian General/Health insurer as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as under:</p> <ol style="list-style-type: none"> <li>i. The waiting periods specified in Section 5 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.</li> <li>ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the sum insured), portability benefit shall not apply to any other additional increased Sum Insured.</li> </ol> <p>To avail:</p> <ul style="list-style-type: none"> <li>- Customer can share for portability of the policy 30 days prior to the renewal date by writing to - <a href="mailto:customercare@manipalcigna.com">customercare@manipalcigna.com</a> from an email registered with us OR</li> <li>- Visit nearest ManipalCigna Branch and submit a written request OR</li> <li>- Contact the intermediary/agent assigned to the customer for assistance</li> </ul> <p><b>Change in Sum Insured:</b> 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><b>Moratorium Period:</b> 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>9.1.9</p> <p>9.2.1.b</p> <p>9.1.1.12</p> |
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| 13 | <b>Your Obligations</b> | <p><b>Disclosure of Information</b></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> | 9.1.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).