

Jayakumar Mhk  
Room No. 205 Neomis Ajmera Near Samrat Chowk Viman Nagar

Pune  
Maharashtra - 411019  
Mobile No : XXXXXX3703



PROP050012206



**IMPORTANT**  
READ THIS DOCUMENT  
CAREFULLY TO  
UNDERSTAND YOUR  
POLICY DETAILS.

Dear **Jayakumar Mhk**,

Welcome to ManipalCigna Health Insurance family!

Congratulations and Thank You for purchasing **ManipalCigna ProHealth Prime**

#### YOUR POLICY DETAILS



<b>Name of Your Plan</b>	ProHealth Prime - Advantage
<b>Policy Number</b>	PROP050012206
<b>Registered Email</b>	XXXXXXXXXXXXr@gmail.com
<b>Registered Mobile Number</b>	XXXXXX3703
<b>Policy Tenure</b>	Start Date:13-SEP-2023 End Date:12-SEP-2024
<b>Plan Type (No. of Insured)</b>	Individual (1 - Insured)
<b>Premium Payment Frequency</b>	Single
<b>Nominee Name</b>	Latha Hemanth
<b>Ported Policy</b>	No
<b>Pre Existing Disease</b>	No
<b>Zone</b>	Zone II - Avail treatment in Zone II and III without Zonal co-pay & avail treatment in Zone I with 10% Zonal copay on every claim

#### REACH US FOR CLAIM ASSISTANCE

For hassle free claims experience, we have simplified our claims process. Here's how it works,

	<b>Real-time claims status</b>	Download Medibuddy app or visit <a href="http://www.medibuddy.in">www.medibuddy.in</a>
	<b>Claims Helpline No.</b>	1800-419-1159
	<b>Claims Email ID</b>	manipalcigna@mediassist.in

#### REACH US FOR SERVICE ASSISTANCE:

	<b>Visit</b> - <a href="http://www.manipalcigna.com">www.manipalcigna.com</a>
	<b>Call us</b> - 1800-102-4462
	<b>Email us</b> - <a href="mailto:customercare@manipalcigna.com">customercare@manipalcigna.com</a>
	<b>To locate the nearest branch office, visit</b> - <a href="https://www.manipalcigna.com/locate-us">https://www.manipalcigna.com/locate-us</a>

#### WAITING PERIOD

Particulars	Details
<b>Initial Waiting Period</b>	30 days (Except accident and for renewal policies without break)
<b>Pre Existing Disease (PED) Waiting period</b>	Upto Sum Insured 5 Lacs - Covered after 36 months from inception date of first policy with us Sum Insured >=7.5Lacs - Covered after 24 months from inception date of first policy with us (As per opted sum insured)
<b>Specific Waiting Period</b>	24 months from inception date of first policy with us.
<b>Permanent Exclusions</b>	As mentioned in Policy Wording

\* For rollover / portability cases continuous coverage will be considered from first policy inception date with us or other insurer (as applicable)

Please read your policy schedule and policy wordings for detailed terms and conditions relating to the benefits.

ManipalCigna  
**ProHealth Prime**  
Advantage  
COMPLETE HEALTHCARE INSURANCE PLAN



[www.manipalcigna.com](http://www.manipalcigna.com)

## THE CORE BENEFITS OF YOUR PLAN

\*Covers your non-medical expenses



\*Pays for your OPD expenses as well



Switches off when you don't need the cover



\*Allows you to choose "Any room" category whether suite or above



Restores itself in case you are short of Sum Insured even for the related/same illness unlimited times



Let's you stay fit and maintain health with simplified wellness offerings



Waives off your next premium in case of Accidental Death or diagnosis of any of the listed Critical Illnesses



\*As per plan & optional cover/ package opted

If chosen under the policy, the following benefits would be available:

1. Personal Accident Cover

2. Cumulative Bonus Booster

3. Critical Illness Add-on rider

## HOW TO AVAIL THE BENEFITS

Benefits	Touch Points
Wellness Program (Steps Tracker), Annual Health Checkup, Medical Second Opinion, Out Patient Expenses, Tele consultation & Discounts from Network Providers	Download the MediBuddy app from play store or app store - Android: <a href="https://bit.ly/36DmsLC">https://bit.ly/36DmsLC</a> IOS: <a href="https://apple.co/3NyjyZh">https://apple.co/3NyjyZh</a> Or visit: <a href="https://me.mediassist.in">me.mediassist.in</a>
Premium Waiver Benefit	For intimation & claim submission write to us at <a href="mailto:BenefitClaim@ManipalCigna.com">BenefitClaim@ManipalCigna.com</a>

## YOUR CONVENIENCE IS OUR PRIORITY



Understand Product & Process in detail



Access DigiLocker to view / download your documents



Update your Covid Vaccination details

We request you to read the policy terms and conditions carefully so that you are fully aware of the benefits that you have purchased.

In case of any queries or clarifications, please feel free to contact your advisor or reach us at any of our touch points.

Assuring you of our best services at all times.

Yours Sincerely,



Priya Deshmukh Gilbile  
Chief Operating Officer  
ManipalCigna Health Insurance Company Limited.



For any assistance contact:



Customer Care: 1800-102-4462



[customercare@manipalcigna.com](mailto:customercare@manipalcigna.com)



[www.manipalcigna.com](https://www.manipalcigna.com)

## Your Health Card:

POLICY NUMBER :  
PROPRM050012206

  
COMPLETE HEALTHCARE INSURANCE PLAN

INSURED NAME	DOB
Jayakumar Mhk	20-FEB-2002

Claims  1800-419-1159

 manipalcigna@mediassist.in

Service  1800-102-4462

 customercare@manipalcigna.com

 **ManipalCigna**  
Health Insurance

*Health hai toh life hai*

[www.manipalcigna.com](http://www.manipalcigna.com)

**ManipalCigna Health Insurance Company Limited**  
(Formerly known as CignaTTK Health Insurance Company Limited)  
CIN: U66000MH2012PLC227948, IRDAI No. 151



For any assistance contact:



**Customer Care**  
**1800-102-4462**



[customercare@manipalcigna.com](mailto:customercare@manipalcigna.com)



[www.manipalcigna.com](http://www.manipalcigna.com)

ManipalCigna Health Insurance Company Limited (Formerly known as CignaTTK Health Insurance Company Limited). CIN U66000MH2012PLC227948. IRDAI Reg. No. 151.

Reg. office: 401/402, 4th Floor, Raheja Titanium, Off Western Express Highway, Goregaon (East), Mumbai - 400 063.

Toll free number: 1800-102-4462, Website address: [www.manipalcigna.com](http://www.manipalcigna.com)

Trade Name / Trade Logo belongs to MEMG International India Private Limited and Cigna Intellectual Property Inc. and is being used by ManipalCigna Health Insurance Company Limited under license.

## ManipalCigna ProHealth Prime Plan: Advantage

### POLICY SCHEDULE

<b>Policy Issuing Office:</b>  ManipalCigna Health Insurance Company Limited (Formerly known as Cigna TTK Health Insurance Company Limited), Reg. Office: 401/ 402, 4th Floor, Raheja Titanium, Western Express Highway Goregaon (East), Mumbai - 400 063 Ph : 022-61703600	<b>Policy Servicing Office:</b>  ManipalCigna Health Insurance Company Limited, 32-B, Pusa Road, Rajinder Nagar, Opp. Pillar no. 122 of Metro station, Karol Bagh, New Delhi - 110005 Ph : 011 47554300
<b>Intermediary Name:</b> Policybazaar Insurance Brokers Pvt Ltd	
<b>Code:</b> 1674212-01	<b>Contact Numbers:</b> 18002585970

### POLICYHOLDER DETAILS :

<b>Name:</b> Jayakumar Mhk			
<b>Customer ID:</b> 1001998005			
<b>Address:</b> Room No. 205   Neomis   Ajmera Near Samrat Chowk   Viman Nagar   Pune   411019 Maharashtra			
<b>Telephone number(s):</b>	(R) -	(O) -	(M) -   XXXXXX3703
<b>Email ID:</b>	XXXXXXXXXumar@gmail.com		
<b>Subscribed to important alert on WhatsApp:</b> -			

### POLICY DETAILS :

<b>Plan:</b>	ProHealth Prime - Advantage		
<b>Policy Number:</b>	PROPRM050012206		
<b>Policy Period:</b>	<b>Inception Date:</b> From: 00:01 hrs on 13-SEP-2023	<b>Expiry date:</b> To: 23:59 hrs on 12-SEP-2024	<b>Tenure (in years):</b> 1
<b>Zone of Cover:</b>	ZONE2	<b>Policy Type:</b> Individual	
<b>Portable Case:</b>	No	<b>Migrated case:</b> No	<b>Policy Category:</b> Renewal_01
<b>Premium Payment Mode:</b>	Single		
<b>Pre-existing Diseases Waiting Period:</b>	Upto Sum Insured 5 Lacs - Covered after 36 months from inception date of first policy with us Sum Insured >=7.5Lacs - Covered after 24 months from inception date of first policy with us (As per opted sum insured).		

### INSURED PERSON'S DETAILS:

Sr. No.	Name Of The Insured Person(s)	Date of Inception	Relationship With Policyholder	Gender	Date of Birth	Completed Age In years	Pre-existing Disease/ Illness/ Condition	Customer ID	Sum Insured	Occupation	Cumulative Bonus Amount Earned	OPD Amount
1	Jayakumar Mhk	13-SEP-2022	SELF-PRIMARY MEMBER	Male	20-FEB-2002	21	Nil	1001998005	1000000	Private Service	250000	30000

### ADDRESS OF THE INSURED:

<b>Insured ID</b>	<b>Insured Address</b>
1001998005	room no. 205 neomis ajmera near samrat chowk viman nagar Pune Maharashtra 411019

### NOMINEE DETAILS:

<b>Nominee Name:</b> Latha Hemanth	<b>Relationship with Proposer:</b> Mother
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#### CAREGIVER DETAILS:-

Caregiver name : -	Relationship with proposer : -
Mobile number : -	Email ID : -

#### FAMILY PHYSICIAN DETAILS:-

Family Physician Name : NA	Address : -
Mobile number : -	Email ID: -

#### BENEFITS UNDER THE POLICY:

ProHealth Prime - Advantage	
Base Cover	
Cover Name	Coverage
In-patient Hospitalization	<p>Hospitalization is covered up to opted Sum Insured.</p> <p>The benefit also offer the below covers up to the limits mentioned:</p> <p>i. Listed Modern and Advanced Treatments: For Sum Insured &lt;Rs 5 Lacs: Up to 50% of Sum Insured For Sum Insured &gt;=Rs 5 Lacs: Up to Sum Insured</p> <p>ii. HIV/AIDS &amp; STD: Up to Sum Insured</p> <p>iii. Mental Illness: Up to Sum Insured Waiting Period of 24 months shall apply for Mental Illness on list of ICD codes.</p>
Room Accommodation	<p>Room Rent: Covered up to Single Private A/C Room</p> <p>For ICU - Covered up to Sum Insured</p>
Pre-Hospitalization	Medical Expenses Covered up to 60 days before the date of hospitalization
Post-Hospitalization	Medical Expenses Covered up to 180 days post discharge from the hospital
Day Care Treatment	Covered up to the Sum Insured
Domiciliary Hospitalization	<p>Covered up to 10% of the Sum Insured</p> <p>Pre and Post Hospitalization Expenses: 30 days each</p>
Road Ambulance	Covered up to the Sum Insured
Donor Expenses	Covered up to the Sum Insured
Restoration of Sum Insured	<p>Multiple Restoration is available in a Policy Year for all illnesses, whether unrelated or same, in addition to the Sum Insured.</p> <p>Restoration will not get triggered for the 1st claim.</p>
AYUSH Treatment (In-patient Hospitalization)	Covered up to the Sum Insured
Air Ambulance Cover	Covered up to sum insured subject to maximum of Rs. 10 Lacs in addition to the Sum Insured for expenses incurred on Air Ambulance.
Bariatric Surgery Cover	<p>Covered up to the Sum Insured opted subject to maximum of Rs 5 Lacs.</p> <p>Waiting Period of 36 months is applicable.</p>
Outpatient Expenses	<p>Sum Insured Options:- Rs 20,000, Rs 30,000, Rs 50,000 Per policy Year (As opted)</p> <p>i. Consultations and Diagnostics including Dental and Vision: Up to 100% of the Sum Insured opted for Outpatient benefit.</p> <p>ii. Up to 20% of the Outpatient Limit can be used for Pharmacy (Drugs and Medicines prescribed by Medical Practitioners).</p> <p>This benefit is available only on cashless basis from the Network providers of ManipalCigna Health Insurance Company Limited.</p> <p>Any unutilized amount under this benefit shall not be carried forward to subsequent Policy Year.</p>
Daily Cash for Shared Accommodation	<p>Daily Cash benefit for occupying shared accommodation while hospitalized, will be covered.</p> <p>i. For Sum Insured up to Rs 10Lacs: Rs 800 per day up to maximum of Rs 5,600</p> <p>ii. For Sum Insured above Rs 10Lacs: Rs 1,000 per day up to maximum of Rs 7,000</p> <p>Payable for each continuous and completed 24 Hours of Hospitalization during the Policy Year.</p> <p>The benefit gets triggered post 48 hours of In-patient hospitalization and shall be payable from 1st day onwards.</p>

Value Added Covers	
Domestic Second Opinion	Available for 36 listed Critical Illnesses
Tele-consultation	Unlimited Tele-consultation during the Policy Year
Cumulative Bonus	A guaranteed bonus of 25% of Sum Insured for every completed Policy Year, subject to a maximum accumulation up to 200% of the Sum Insured.
Discount from Network Providers	Discount on Pharmacy, Diagnostics & Health Supplements by the Network Providers of ManipalCigna Health Insurance Company Limited.
Premium Waiver Benefit	Waives off one Renewal year Policy Premium (including premium for optional covers, rider and taxes) upon occurrence of any of the listed contingencies (Accidental death/ listed Critical Illnesses) to the Policyholder who is also an Insured Person in the Policy.
Health Check Up for Adult Insured (excluding dependent children)	Available each policy year (including the first year), to all Adult insured persons who have completed 18 years of Age. i. For Sum Insured up to Rs 5 Lacs: Package 1 subject to a maximum of up to Rs 1,000 per adult member. ii. For Sum Insured above Rs 5 Lacs and up to Rs 10 Lacs: Package 2 subject to a maximum of up to Rs 2,500 per adult member. iii. For Sum Insured above Rs 10 Lacs: Package 3 subject to maximum of up to Rs 5,000 per adult member. Available Annually from 1st year onwards Health Check up will be offered on cashless basis only from MCHI Network of Health Check Up Center upto the limit specified in Policy.
Switch Off Benefit	The Policy can be Switched Off, after one year, any time during the Policy Year. In case you/ Insured Person travel out of India, for a period maximum up to 30 days at a stretch. This benefit shall not be available for the last 90 days of the Policy Year. Premium discount is applicable & calculated on pro-rated basis, if Policy is switched off due to Insured Person /all Insured Persons are travelling out of India and adjusted in the renewal premium falling due immediately after the expiring Policy Period. The Policy will reactivate the cover Switch-On on the requested date of Switch On as intimated to Us by You/ Insured Person.
Wellness Program (Applicable only to the Adult Insured Members excluding the dependent children)	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, Rider and taxes). These earned Reward Points can be used against payable Renewal premium (excluding Premium for optional covers, Rider and taxes) as discount from 1st Renewal of the Policy. Carry forward of earned Reward Points shall not be allowed.

## IN THE EVENT OF A CLAIM:

Address for correspondence :-	Medi Assist Insurance TPA Pvt. Ltd. Tower D, 4th Floor, IBC Knowledge Park, 4/1 Bannerghatta Road, Bengaluru – 560029 OR Nearest ManipalCigna Health Insurance Branch.	24x7 HealthLine No: Call (Toll Free): 1800-419-1159
		Fax Number : 1800-425-9559
		E-mail ID: manipalcigna@mediassist.in

## YOUR PREMIUM DETAILS:

Basic Premium (Rs.)	Add on Premium (Rs.)	Additional Loading (if applicable)	Discounts (if applicable)	Goods & Service Tax (Rs.)	GST Cess (Rs.)	Total Premium (Rs.)
8408.00	1665.00	0.00	0.00	1813.14	0.0	11886.14

\*Note: Only applicable Loadings and Discounts will be displayed as per policy.

<b>PAN No.:</b> AAEEC7904J
The stamp duty of Rs. 1 paid vide receipt no, NO.LOA/CSD/53/2023/01/06/2023 to 30/06/2028/2704 dated 29-MAY-2023 . Government Notification Revenue and Forest Department No. Mudrank 2004/4125/CR/690/M-1, dated 31/12/2004

Note: Basic premium is exclusive of opted Add on's and before adjustment of premium discounts, wherever applicable.

In the event of dishonour of cheque, the Policy automatically stands cancelled from inception, irrespective of whether a separate communication is sent or not.

<p>This Policy has been issued based on the information provided by you on the proposal form. Attached with this Policy Schedule are the Policy Terms &amp; Conditions and Annexures. Please ensure that these documents have been received, read and understood. If any of these documents have not been received, please contact our Customer Service at the below mentioned details at the earliest. In case you find any discrepancy in the same, please contact us immediately.</p> <p>For any grievance related to the policy you may write to The Grievance Officer at the policy issuing office address mentioned above or email at <a href="mailto:headcustomercare@manipalcigna.com">headcustomercare@manipalcigna.com</a></p> <p><b>You may also write to us at <a href="mailto:customercare@manipalcigna.com">customercare@manipalcigna.com</a> or call us at Health Line No. (Toll Free) 1800-102-4462</b></p>
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In witness, where of this Policy has been signed at Mumbai on 12-SEP-2023

For and on behalf of ManipalCigna Health Insurance Company Limited

Authorised Signatory

ManipalCigna Health Insurance Company Limited  
(Formerly known as CignaTTK Health Insurance Company Limited)  
'This is a system generated communication and does not require signature'.

### Annexure to Policy Schedule

Insured Name	Sum Insured	Waiting Period Start Date
MR jayakumar mhk	1000000.000	13-SEP-2022

Yours Sincerely,

**ManipalCigna Health Insurance Company Limited**

"This is a System generated communication and does not require signature."



**MANIPALCIGNA PROHEALTH PRIME**
**Plan: Protect | Advantage  
Customer Information Sheet**

Title	(Description is illustrative and not exhaustive) Please refer to the Plan and Sum Insured you have opted to understand the available benefits under your plan in brief			Refer to the following Policy Section number in the Policy Wording for more details on each cover
What am I covered for	Identify your Plan	Protect	Advantage	
<b>Basic Cover</b> This section lists the Basic benefits available on your plan	Identify your Opted Sum Insured (SI)	₹ 3 Lacs, ₹ 4 Lacs, ₹ 5 Lacs, ₹ 7.5 Lacs, ₹ 10 Lacs, ₹ 12.5 Lacs, ₹ 15 Lacs, ₹ 20 Lacs, ₹ 25 Lacs, ₹ 30 Lacs, ₹ 40 Lacs, ₹ 50 Lacs, ₹ 100 Lacs	₹ 5 Lacs, ₹ 7.5 Lacs, ₹ 10 Lacs, ₹ 12.5 Lacs, ₹ 15 Lacs, ₹ 20 Lacs, ₹ 25 Lacs, ₹ 30 Lacs, ₹ 40 Lacs, ₹ 50 Lacs, ₹ 100 Lacs	
	In-patient Hospitalization (When you are hospitalized)	Room Rent: Covered up to Single Private A/C Room For ICU - Covered up to Sum Insured This benefit shall also offer the below covers up to the limits mentioned: a. Listed Modern and Advanced Treatments: For Sum Insured < ₹ 5 Lacs: Up to 50% of Sum Insured For Sum Insured ≥ ₹ 5 Lacs: Up to Sum Insured b. HIV/AIDS & STD: Up to Sum Insured c. Mental Illness Up to Sum Insured For below mentioned ICD Codes: Waiting Period of 24 months shall apply		D.I.1
		ICD 10 CODES	DISEASES	
		F05	Delirium due to known physiological condition	
		F06	Other mental disorders due to known physiological condition	
		F07	Personality and behavioural disorders due to known physiological condition	
		F10	Alcohol related disorders	
		F20	Schizophrenia	
		F23	Brief psychotic disorders	
		F25	Schizoaffective disorders	
		F29	Unspecified psychosis not due to a substance or known physiological condition	
		F31	Bipolar disorder	
		F32	Depressive episode	
		F39	Unspecified mood [affective] disorder	
		F40	Phobic Anxiety disorders	
		F41	Other Anxiety disorders	
		F42	Obsessive-compulsive disorder	
		F44	Dissociative and conversion disorders	
		F45	Somatoform disorders	
		F48	Other nonpsychotic mental disorders	
		F60	Specific personality disorders	
		F84	Pervasive developmental disorders	
		F90	Attention-deficit hyperactivity disorders	
		F99	Mental disorder, not otherwise specified	
	Pre-hospitalization	Medical Expenses Covered up to 60 days before the date of hospitalization; Covered up to the Sum Insured		D.I.2
	Post-hospitalization	Medical Expenses Covered up to 180 days post discharge from the hospital; Covered up to the Sum Insured		D.I.3
	Day Care Treatment	Covered up to the Sum Insured		D.I.4
	Domiciliary Hospitalization (Treatment at Home)	Covered up to 10% of the Sum Insured Pre and Post Hospitalization Expenses: 30 days each		D.I.5
	Road Ambulance (Reimbursement of Ambulance Expenses)	Covered up to the Sum Insured		D.I.6

	Donor Expenses (Hospitalization Expenses of the donor providing the organ)	Covered up to the Sum Insured	D.I.7
	Restoration of Sum Insured (When opted Sum Insured is insufficient due to claims)	<p>Multiple Restoration is available in a Policy Year for all illnesses whether unrelated or same, in addition to the Sum Insured</p> <p>Applicable for below covers only</p> <ol style="list-style-type: none"> <li>1. D.I.1 – In-patient Hospitalization (Except for Bariatric Surgery)</li> <li>2. D.I.2 – Pre - hospitalization</li> <li>3. D.I.3 – Post - hospitalization</li> <li>4. D.I.4 – Day Care Treatment</li> <li>5. D.I.6 – Road Ambulance</li> <li>6. D.I.7 – Donor Expenses</li> <li>7. D.I.9 – AYUSH Treatment</li> <li>8. D.IV.1 – Non-Medical Items</li> </ol> <p>Restoration shall not get triggered for the 1<sup>st</sup> claim</p> <p>The maximum liability under a single claim shall not be more than Base Sum Insured + Cumulative Bonus + Restored Sum Insured</p>	D.I.8
	AYUSH Treatment (In-patient Hospitalization)	Covered up to the Sum Insured	D.I.9
	Air Ambulance Cover	Covered up to Sum Insured subject to maximum of ₹ 10 Lacs in addition to the Sum Insured for expenses incurred on Air Ambulance	D.I.10
	Bariatric Surgery Cover	Covered up to the Sum Insured subject to maximum of ₹ 5 Lacs Waiting Period of 36 months shall apply for Bariatric Surgery	D.I.11
	Outpatient Expenses	<p>Not Available</p> <p>Option to choose from - ₹ 20,000, ₹ 30,000, ₹ 50,000 Per Policy Year Can be used to pay for Consultations and Diagnostics including Dental and Vision: Up to 100% of the Sum Insured opted for Outpatient expenses. Up to 20% of the Outpatient Limit can be used for Pharmacy (Drugs and Medicines prescribed by Network Medical Practitioners). This benefit is available only on cashless basis from the Network providers of ManipalCigna Health Insurance Company Limited. Any unutilized amount under this benefit shall not be carried forward to subsequent Policy Year.</p>	D.I.12
	Daily Cash for Shared Accommodation	<p>Daily Cash benefit for occupying shared accommodation during In-patient hospitalization, shall be covered as below:-</p> <ol style="list-style-type: none"> <li>a. For Sum Insured up to ₹ 10Lacs: ₹ 800 per day up to maximum of ₹ 5,600</li> <li>b. For Sum Insured above ₹ 10Lacs: ₹ 1,000 per day up to maximum of ₹ 7,000</li> </ol> <p>Payable for each continuous and completed 24 Hours of Hospitalization during the Policy Year. This benefit gets triggered post 48 hours of In-patient hospitalization and shall be payable from 1<sup>st</sup> day onwards.</p>	D.I.13
<b>Value Added Covers</b>  This section lists the additional value added benefits that are available along with your plan	Health Check-up	<p>Available 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"> <li>• For Sum Insured up to ₹ 5 lacs: Package 1 subject to a maximum of up to ₹ 1,000 per adult member.</li> <li>• For Sum Insured above ₹ 5 lacs and up to ₹ 10 lacs: Package 2 subject to a maximum of up to ₹ 2,500 per adult member.</li> <li>• For Sum Insured above ₹ 10 lacs: Package 3 subject to maximum of up to ₹ 5,000 per adult member.</li> </ul> <p>Annually from 1<sup>st</sup> year onwards</p> <p>The packages shall be offered on cashless basis only. However, the eligible insured may avail any health check from the MCHI Network of Health Check Up Center up to the limit specified</p>	D.II.1

	Domestic Second Opinion	Available for 36 listed Critical Illness/es	D.II.2	
	Tele-Consultation	Unlimited Tele-consultation during the Policy Year	D.II.3	
	Cumulative Bonus	A guaranteed bonus of 25% of Sum Insured for every completed Policy Year irrespective of claims, subject to a maximum accumulation up to 200% of the Sum Insured	D.II.4	
	Switch Off Benefit	<p>The Policy can be Switched Off, after one year, any time during the Policy Year except for Personal Accident Cover, Worldwide Emergency Hospitalization with Outpatient Cover under Freedom optional package and Critical Illness Add-On cover, if opted, in case you/ Insured Person travel out of India, for a period maximum up to 30 days.</p> <p>This benefit shall not be available for the last 90 days of the Policy Year.</p> <p>Premium discount shall be calculated on pro-rated basis if Policy is switched off due to Insured Person (in individual policy) or all Insured Persons (under floater policy) travelling out of India and this discount shall be adjusted in the renewal premium falling due immediately after the expiring Policy Period.</p> <p>The Policy will reactivate the cover on the requested date of Switch On as intimated to Us by You/ Insured Person.</p> <p>The option to Switch Off the cover shall be available only once in a policy year and up to a maximum of 30 days at a stretch. This shall not deactivate the following cover, if opted:</p> <p>1. Worldwide Emergency Hospitalization with Outpatient Cover under Freedom optional package</p> <p>2. Personal Accident Cover</p> <p>3. Critical Illness Add-on</p>	D.II.5	
	Wellness Program	<p>Rewards can be earned maximum up to 20% of expiring base Premium (excluding premium for optional covers, Rider and taxes), by completing activities specified under Our Healthy Life Management Program.</p> <p>These earned Reward Points can be used against payable Renewal premium (excluding Premium for optional covers, Rider and taxes) as discount from 1<sup>st</sup> Renewal of the Policy.</p> <p>Carry forward of earned Reward Points shall not be allowed.</p>	D.II.6	
	Discount from Network Providers	Discount on Pharmacy, Diagnostics and Health Supplements offered by the Network Providers of ManipalCigna Health Insurance Company Limited	D.II.7	
	Premium Waiver Benefit	Waives off one year Policy Premium (including premium for optional covers, rider and taxes) upon occurrence of any of the listed contingencies (Accidental death/ listed Critical Illnesses) to the Policyholder who is also an Insured Person in the Policy.	D.II.8	
<b>Optional Packages</b>  This section lists the available optional packages under your plan and the limits under each of these options.  The limits specified under these optional packages shall override the applicable limits mentioned as part of base cover for the respective coverages.	Enhance Plus	<p>1. Maternity &amp; New Born Hospitalization Expenses</p> <p>a. Maternity Cover (up to maximum 2 deliveries or terminations) - Covered up to 10% of Sum Insured Opted subject to a maximum of ₹ 1 Lac in addition to the Sum Insured opted</p> <p>b. New Born Baby – Coverage for the In-patient Hospitalization expenses of a new born up to the limit provided under Maternity Expenses</p> <p>c. First Year Vaccination Covered as per national immunization program, up to the limit provided under Maternity Expenses</p>	Not Available	D.III.1.i
		<p>2. Room Accommodation upgrade</p> <p>The Insured Person shall be able to upgrade the room type category eligibility under the Policy to “Any Room Category” in a Hospital.</p>		D.III.1.ii
		<p>3. Health Maintenance Benefit</p> <p>Up to ₹ 3000 per Policy Year.</p> <p>Reimbursement of the Reasonable and Customary Charges incurred by the Insured Person for Medically Necessary charges incurred during the Policy Year on an Out Patient basis for:</p> <p>i. Consultation with Medical Practitioner, Diagnostic tests, preventive tests, drugs, prosthetics, medical aids (spectacles and contact lenses, hearing aids, crutches, wheel chair, walker, walking stick, lumbo-sacral belt), prescribed by the specialist Medical Practitioner.</p> <p>ii. Towards Dental Treatments and AYUSH forms of Medicines wherever prescribed by a Medical Practitioner.</p>		D.III.1.iii

Assure (Applicable for Sum Insured ₹ 3 Lacs, ₹ 4 Lacs and ₹ 5 Lacs)	1. Room Accommodation Limit Room Rent - Up to 1% of Sum Insured per day. ICU - Up to 2% of Sum Insured per day.			D.III.2.i	
	2. Disease Specific Sub-limits				D.III.2.ii
	Sum Insured	₹ 3 and ₹ 4 Lacs	₹ 5 Lacs		
	Treatment for each Ailment/ Procedure mentioned below: 1. Surgery for treatment of all types of Hernia 2. Hysterectomy 3. Surgeries for benign Prostate Hypertrophy 4. Surgical treatment of stones of renal system	₹ 50,000	₹ 65,000		
	Treatment of Cataract (Per Eye)	₹ 20,000	₹ 30,000		
	Treatment of Total Knee replacement (Per knee)	₹ 80,000	₹ 1,00,000		
	Treatment for breakage of bones	₹ 2,00,000	₹ 2,50,000		
	3. Modern and Advanced Treatments Covered Up to 10% of Sum Insured				D.III.2.iii
Enhance	Not Available			1. Maternity & New Born Hospitalization Expenses  a. Maternity Cover (up to maximum 2 deliveries or terminations) - Covered up to 10% of Sum Insured Opted subject to a maximum of ₹ 1 Lac in addition to the Sum Insured opted  b. New Born Baby - Coverage for the In-patient hospitalization expenses of a new born up to the limit provided under Maternity Expenses  c. First Year Vaccination Covered as per national immunization program, up to the limit provided under Maternity Expenses	D.III.3.i
				2. Room Accommodation upgrade  The Insured Person shall be eligible to upgrade the room type category eligibility under the Policy to "Any Room Category" in a Hospital.	D.III.3.ii
Freedom (Applicable to Indian Residents only)	1. Room Accommodation upgrade The Insured Person shall be eligible to upgrade the room type category eligibility under the Policy to "Any Room Category" in a Hospital.			D.III.4.i	
	2. Worldwide Emergency Hospitalization with Outpatient Cover Covered up to Sum Insured opted for Emergency In-patient Hospitalization or Emergency Outpatient outside India.  Any claim payable under this benefit is over and above the Sum Insured.			D.III.4.ii	

<b>Optional Covers</b>  This section lists the available optional covers under your plan and the limits under each of these options	Non-Medical Items	Non-Medical items covered up to the Sum Insured opted in case of In-patient Hospitalization and/ or Day Care Treatment.		D.IV.1
	Deductible	Deductible of ₹ 10,000 or ₹ 25,000 can be opted at the inception or during any Renewal of the Policy.  For Deductible of ₹ 10,000, the cover can be removed at the time of Policy Renewal.  For Deductible of ₹ 25,000, the Insured Person can remove the Deductible of ₹ 25,000 only at the time of renewal falling immediately due after 4 continuous Policy Years or any subsequent renewals thereon, from the year of opting ₹ 25,000 Deductible  This benefit will not be available if 'Assure' optional package is opted.	Not Available	D.IV.2
	Infertility Treatment	Infertility Cover (Available if D.III.1 'Enhance Plus' or D.III.3 'Enhance' optional package is opted and for Sum Insured ₹ 7.5 Lacs and above)  Covered for Infertility Expenses up to ₹ 2.5 Lacs in addition to Maternity Sum Insured under Maternity Cover.  Maximum Up to 2 successful procedures shall be covered during the lifetime of the eligible Insured person and the coverage shall terminate thereafter.  Waiting period of 36 months shall apply for this cover.  The cover shall cease upon the eligible Insured Person attaining 60 years of age	Not Available	D.IV.3
	Personal Accident Cover	Lump sum benefit equal to two times of Sum Insured subject to a maximum of ₹ 50 Lacs in case of Accidental Death or Permanent Total Disablement of Insured Member due to accident.		D.IV.4
	Cumulative Bonus Booster	A guaranteed bonus of 50% increase in Sum Insured for every Policy Year irrespective of claims, subject to a maximum accumulation up to 200% of the Sum Insured This benefit is applicable for Sum Insured of ₹ 5 Lacs and above. Opting for this Benefit will replace the Cumulative Bonus in the Base Cover.		D.IV.5
<b>Add on cover(Rider)</b> This section lists the Add on cover available under your plan	ManipalCigna Critical Illness Add On Cover	Lump sum payment of an additional 100% of Sum Insured Opted		Add on policy wordings
<b>What are the Major exclusions in the Policy</b>  This section provides a brief list of the major charges/treatments which will not be covered under the Policy permanently.	<p>Please note that this is an indicative list of exclusions; please refer the Policy wording and clauses for the complete list of exclusions.</p> <ul style="list-style-type: none"><li>- Investigation &amp; Evaluation: Code - Excl. 04</li><li>- Rest Cure, rehabilitation and respite care: Code - Excl. 05</li><li>- Obesity/ Weight Control: Code - Excl. 06</li><li>- Change-of-Gender treatments: Code - Excl. 07</li><li>- Cosmetic or plastic Surgery: Code - Excl. 08</li><li>- Hazardous or Adventure sports: Code - Excl. 09</li><li>- Breach of law: Code - Excl. 10</li><li>- Excluded Providers: Code - Excl. 11</li><li>- Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof Code - Excl. 12</li><li>- Treatments received in health hydros, nature cure clinics, spas or similar establishments. Code - Excl. 13</li><li>- Dietary supplements and substances that can be purchased without prescription. Code - Excl. 14</li><li>- Refractive Error: Code - Excl. 15</li><li>- Unproven Treatments: Code - Excl. 16</li><li>- Sterility and Infertility: Code - Excl. 17</li><li>- Maternity: Code - Excl. 18</li><li>- External Congenital Anomaly or defects.</li><li>- Dental treatment unless specifically covered under the Policy.</li><li>- Circumcision</li><li>- Prostheses, corrective devices and/or medical appliances</li><li>- Treatment received outside India other than for coverage under Worldwide Emergency Hospitalization with Outpatient Cover (if opted).</li><li>- All Illness/expenses caused by ionizing radiation or contamination by radioactivity.</li><li>- All expenses caused by or arising from war or war-like situation.</li><li>- Any form of Non-Allopathic treatment (except AYUSH Treatment under In-patient Hospitalization)</li></ul>			E.I and E.II

<div>Waiting Period</div> <div>This sections lists the applicable period (days/ months) before you can make a claim for the listed diseases/ treatments</div>	a. First 30 days from the Policy start date, for all Hospitalization due to Illnesses, except Accident.	E.I.3																																													
	b. Specified disease/procedure waiting period: 24 months will be applicable for Specified disease/ procedure.	E.I.2																																													
	c. Pre-existing disease waiting period:		E.I.1																																												
	a. For Sum Insured up to ₹ 5 Lacs – A 36 months waiting period will be applicable for any Pre-existing disease, and b. For Sum Insured ₹ 7.5 Lacs and above – A 24 months waiting period will be applicable for any Pre-existing disease																																														
	d. A Personal waiting period not exceeding 48 months may applied to individuals depending upon declarations on the proposal form and existing health conditions. Please refer to the “Special Conditions” Column on your Policy Schedule to identify if any personal waiting period is applied to your Policy.		E.II.2																																												
	e. A 36 months of waiting period will be applicable for Maternity and New Born Hospitalization Expenses, Bariatric Surgery, Infertility Treatment		E.II.5, E.II.1, E.II.6																																												
	f. A 24 months of waiting period will be applicable for Mental Illness for below mentioned ICD Codes.		E.II.4																																												
	<table><tr><th>ICD 10 CODES</th><th>DISEASES</th></tr><tr><td>F05</td><td>Delirium due to known physiological condition</td></tr><tr><td>F06</td><td>Other mental disorders due to known physiological condition</td></tr><tr><td>F07</td><td>Personality and behavioural disorders due to known physiological condition</td></tr><tr><td>F10</td><td>Alcohol related disorders</td></tr><tr><td>F20</td><td>Schizophrenia</td></tr><tr><td>F23</td><td>Brief psychotic disorders</td></tr><tr><td>F25</td><td>Schizoaffective disorders</td></tr><tr><td>F29</td><td>Unspecified psychosis not due to a substance or known physiological condition</td></tr><tr><td>F31</td><td>Bipolar disorder</td></tr><tr><td>F32</td><td>Depressive episode</td></tr><tr><td>F39</td><td>Unspecified mood [affective] disorder</td></tr><tr><td>F40</td><td>Phobic Anxiety disorders</td></tr><tr><td>F41</td><td>Other Anxiety disorders</td></tr><tr><td>F42</td><td>Obsessive-compulsive disorder</td></tr><tr><td>F44</td><td>Dissociative and conversion disorders</td></tr><tr><td>F45</td><td>Somatoform disorders</td></tr><tr><td>F48</td><td>Other nonpsychotic mental disorders</td></tr><tr><td>F60</td><td>Specific personality disorders</td></tr><tr><td>F84</td><td>Pervasive developmental disorders</td></tr><tr><td>F90</td><td>Attention-deficit hyperactivity disorders</td></tr><tr><td>F99</td><td>Mental disorder, not otherwise specified</td></tr></table>		ICD 10 CODES	DISEASES	F05	Delirium due to known physiological condition	F06	Other mental disorders due to known physiological condition	F07	Personality and behavioural disorders due to known physiological condition	F10	Alcohol related disorders	F20	Schizophrenia	F23	Brief psychotic disorders	F25	Schizoaffective disorders	F29	Unspecified psychosis not due to a substance or known physiological condition	F31	Bipolar disorder	F32	Depressive episode	F39	Unspecified mood [affective] disorder	F40	Phobic Anxiety disorders	F41	Other Anxiety disorders	F42	Obsessive-compulsive disorder	F44	Dissociative and conversion disorders	F45	Somatoform disorders	F48	Other nonpsychotic mental disorders	F60	Specific personality disorders	F84	Pervasive developmental disorders	F90	Attention-deficit hyperactivity disorders	F99	Mental disorder, not otherwise specified	Add on policy wordings
	ICD 10 CODES	DISEASES																																													
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g. 90 days waiting period will be applicable for listed Critical Illness where Critical Illness Add on cover has been opted.																																															
<b>Pay-out Basis</b>		G.I																																													
For covers with pay-out on indemnity basis: a. Cashless: Cashless facility will be provided at our Network or b. Reimbursement: We will pay directly to you as a Reimbursement against the bills when you have paid for the expenses																																															
<b>Loss Sharing</b>		D.IV.2																																													
a. A deductible of ₹ 10,000 will apply on the Policy if opted. All payable claims up to this amount will be borne by you. Any claim over and above this limit will become payable under the Policy.		F.II.9																																													
b. Persons opting to take treatment outside of their Zone will bear a 10% or 20% co-pay as applicable unless opted for Zone Upgrade option.		D.III.2.i																																													
c. Room accommodation (only on opting Assure optional package under Protect Plan): up to 1% of the opted Sum Insured per day. For ICU accommodation, we will cover up to 2% of the opted Sum Insured per day.		D.I.1, D.III.2.iii																																													
d. Listed Modern and Advanced Treatments: For Sum Insured < ₹ 5 Lacs: Up to 50% of Sum Insured.However, if Assure optional package under Protect Plan is opted then, this shall be limited up to 10% of the Sum Insured.		D.III.2.ii																																													
e. Listed ailments / procedures are subjected to sub-limits for Sum Insured ₹ 3 Lacs, ₹ 4 Lacs and ₹ 5 Lacs (only on opting Assure optional package under Protect Plan)																																															



<b>Renewal Conditions</b> This section lists the terms of renewals under the Policy	a. The Policy is ordinarily renewable on mutual consent for life, subject to application of Renewal and realization of Renewal premium. The Policy with Freedom optional package shall be renewed subject to the Insured Person being an Indian resident at the time of renewal. b. Continuity will be provided if renewed within 30/15 days, as the case may be, from the date of expiry of previous policy. If there is a break in the policy, any claim occurring within the break in period will not be covered under the Policy. c. Renewals will not be denied except on grounds of misrepresentation, moral hazard, fraud, non-disclosure of material facts or non-co-operation by You. d. Alterations Increase/ decrease in Sum Insured or Change in Plan/Product, addition/ deletion of members, addition deletion of Medical Condition existing prior to policy inception 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 or addition/deletion of members, addition deletion of Medical Condition existing prior to policy inception, on renewal. The terms and conditions of the existing policy will not be altered.	F.I.10 & F.II.8
<b>Renewal Benefits</b> This section lists the various benefits you can avail/ accumulate every time you renew a Policy with us	a. Cumulative Bonus- A guaranteed bonus of 25% of Sum Insured for every Policy Year irrespective of claims, subject to a maximum accumulation up to 200% of the Sum Insured. b. Cumulative Bonus Booster - A guaranteed 50% of Sum Insured for every Policy Year irrespective of claims, subject to a maximum accumulation up to 200% of the Sum Insured. c. Health check-up - Health check-up is provided to all Insured Persons aged 18 years and above. Applicable from first Policy Year. d. Switch Off Benefit - a Premium discount on pro-rated basis based on the number of days the policy has been switched off which shall be adjusted in the renewal premium falling due immediately after the expiring Policy Period e. Wellness Program - The earned Reward Points can be used against payable Renewal premium (excluding optional covers, Rider and taxes) as discount from 1 <sup>st</sup> Renewal of the Policy	D.II.4 D.IV.5 D.II.1 D.II.5 D.II.6
<b>Cancellation</b> The section explains the Policy cancellation process in brief	a. Cancellations may be intimated to Us by giving 15 days' notice wherein, We shall refund the premium for the unexpired term on the short period scale as mentioned in the Policy wordings enclosed in the kit. The Premium shall only be refunded only if no claim has been made under the Policy. No refund will be processed for cancellation of policies with Premium Payment Mode as Half-yearly, Quarterly or Monthly. b. This Policy can be cancelled on grounds of misrepresentation, fraud, non-disclosure of material fact, upon giving 15 days' notice without refund of premium.	F.I.7
<b>Claims</b>	a. Planned Hospitalization - You/the Insured Person will intimate such admission at least 3 days prior to the planned date of admission. b. Emergency Hospitalization - You /the Insured Person will intimate such admission within 48 hours of such admission. c. Wherever You have opted for a reimbursement of expenses, You may submit the following documents for reimbursement of the claim to Our branch or head office at your own expense not later than 15 days from the date of discharge from the Hospital. You can obtain a Claim Form from any of our Branch Offices or download a copy from our website <a href="http://www.manipalcigna.com">www.manipalcigna.com</a>	G.I.3, G.I.4  G.I.5
<b>Policy Servicing/ Grievances/ Complaints</b>	Policy Servicing: Email Id: <a href="mailto:www.manipalcigna.com">www.manipalcigna.com</a> Toll Free: 1800-102-4462 Refer Redressal of Grievance specified under the Policy. Senior Citizens may write to us at - <a href="mailto:seniorcitizensupport@manipalcigna.com">seniorcitizensupport@manipalcigna.com</a> Details of Grievance redressal officer - <a href="https://www.manipalcigna.com/grievance-redressal">https://www.manipalcigna.com/grievance-redressal</a> IRDAI Integrated Grievance Management System - <a href="https://igms.irda.gov.in/">https://igms.irda.gov.in/</a> Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided as Annexure-I of Policy document.	F.I.16      G.II
<b>Insured's Rights</b>	a. Free Look period: Applicable only if no claim has been made under the Policy. b. The Free Look period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. c. The insured person shall be allowed a free look period of fifteen 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.	F.I.15
<b>Insured's Obligations</b>	a. Please disclose all Pre-existing disease/s or condition/s before buying a Policy. b. The Policy shall be null and 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 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

**Legal disclaimer:** The information mentioned above is illustrative and not exhaustive. Information must be read in conjunction with the product brochures/ prospectus and Policy document. In case of any conflict between the Customer Information Sheet, Prospectus and the Policy document the terms and conditions mentioned in the Policy document shall prevail.

For benefit illustration with indicative ages and Sum Insured, please refer Annexure to CIS - Benefit Illustration

#### Note

The Company may customize the CIS based on the coverages opted by the customer, in order to make the document more apt and concise to customer needs and provide relevant information to customer.

## Annexure to Customer Information Sheet – Benefit Illustration

### ProHealth Prime – Advantage Plan

#### Notes:

- All the premiums are excluding taxes
- All the premiums mentioned below are for illustration purpose only. The Premium charged on the Policy will depend on the Plan, Sum Insured opted, Policy Tenure, Age, Policy Type, Optional Cover, Premium payment mode and Add-On Benefits opted. Additionally the health status of the individual will also be considered.
- All the premiums for Advantage plan are with ₹20,000 limit under Outpatient Expenses cover.
- Zone 1 rates are considered
- Premium rates are rounded off to the nearest integer value
- The premium rates are for the mandatory base covers in each variant

### 2A+ 2C

Age of the members insured	Coverage opted on Individual basis covering each member of the family separately (at a single point in time)		Coverage opted on Individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall sum insured (Only one sum insured is available for entire family)			
	Premium (₹)	Sum Insured (₹)	Premium (₹)	Discount, if any(₹)	Premium after discount (₹)	Sum Insured (₹)	Premium or Consolidated premium for all members of family (₹)	Floater Discount, if any	Premium after discount (₹)	Sum Insured (₹)
18	₹8,291	₹5,00,000	₹8,291	20%	₹6,633	₹5,00,000	₹ 25,326	NA		₹ 5,00,000
21	₹8,291	₹5,00,000	₹8,291	20%	₹6,633	₹5,00,000		NA		
39	₹10,604	₹5,00,000	₹10,604	20%	₹8,483	₹5,00,000		NA		
45	₹10,604	₹5,00,000	₹10,604	20%	₹8,483	₹5,00,000		NA		
	Total Premium for all members of the family is ₹37,790, when each member is covered separately. Sum insured available for each individual is ₹5 Lacs.		Total Premium for all members of the family is ₹30,232, when they are covered under a single policy. Sum insured available for each individual is ₹5 Lacs.				Total Premium when policy is opted on floater basis ₹ 25,326. Sum insured of ₹ 5 Lacs is available for the entire family			

### 2A


Age of the members insured	Coverage opted on Individual basis covering each member of the family separately (at a single point in time)		Coverage opted on Individual basis covering multiple member of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)			
	Premium (₹)	Sum Insured (₹)	Premium (₹)	Discount, if any(₹)	Premium after discount (₹)	Sum Insured (₹)	Premium or Consolidated premium for all members of family (₹)	Floater Discount, if any(₹)	Premium after discount (₹)	Sum Insured (₹)
55	₹19,257	₹5,00,000	₹19,257	20%	₹15,406	₹5,00,000	₹ 54,566	NA		₹ 5,00,000
63	₹35,964	₹5,00,000	₹35,964	20%	₹28,771	₹5,00,000		NA		
	Total Premium for all members of the family is ₹55,221, when each member is covered separately. Sum insured available for each individual is ₹5 Lacs.		Total Premium for all members of the family is ₹44,177, when they are covered under a single policy. Sum insured available for each individual is ₹5 Lacs.				Total Premium when policy is opted on floater basis ₹ 54,556. Sum insured of ₹ 5 Lacs is available for the entire family			
70	₹49,629	₹5,00,000	₹49,629	20%	₹39,703	₹5,00,000	₹ 72,367	NA	₹ 72,367	₹ 5,00,000
65	₹35,964	₹5,00,000	₹35,964	20%	₹28,771	₹5,00,000		NA		
	Total Premium for all members of the family is ₹85,593, when each member is covered separately. Sum insured available for each individual is ₹5 Lacs.		Total Premium for all members of the family is ₹68,474, when they are covered under a single policy. Sum insured available for each individual is ₹5 Lacs.				Total Premium when policy is opted on floater basis ₹72,367 Sum insured of ₹5 Lacs is available for the entire family			

**Note:** Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also, the premium rates shall be exclusive of taxes applicable.





## CLAIMS PROCESS


### PRE-AUTHORIZATION


**1** Customer requires hospitalisation. 


**2** Customer calls Claims customer care 1800-419-1159.   
Planned Hospitalisation- 3 days


**3** ManipalCigna Customer care team provides required information. 

**4** Customer gets admitted and Hospital sends documents to ManipalCigna. 

**5** Claim team registers the pre-auth and acknowledgement is sent to customer, hospital and advisor. 


**6** Final decision is communicated to customer, hospital & advisor after pre-authorisation assessment. 


**7** Email/SMS notification is sent and customer is called in case of claim rejection or for any addition information. 


**8** ManipalCigna Customer service team collects Feedback. 


### REIMBURSEMENT

**1** At the time of hospitalization, customer calls Claims customer care 1800-419-1159.   
Planned Hospitalisation- 3 days  
Emergency- within 48hrs


**2** ManipalCigna registers claim intimation in system. 


**3** Customer receives notification on email and SMS. 

**4** Customer submits claim documents to Medi Assist TPA Head office within 15 days of discharge. 

**5** Claim assessment is done. (Approved/ Rejected/ Additional Information) 

**6** ManipalCigna releases payment to the customer on approval. Email/SMS/ Mail notification is sent to customer- on claim rejected/Add Info or for any additional information.

**7** ManipalCigna Customer service team updates the customer on the status. 

**8** ManipalCigna Customer service team collects Feedback. 

**Know Your Customer** Help us remain as your trusted service partner by ensuring we have a copy of all your documents.

➤ Color passport size photograph not older than 6 months

➤ Original Cancelled cheque

➤ Copy of PAN card and address proof for claims over 1 lakh

**Medi Assist Insurance TPA Pvt. Ltd.**

**Head Office:** Tower D, 4th Floor, IBC Knowledge Park, 4/1 Bannerghatta Road Bengaluru – 560029

# OPD CLAIMS PROCESS

1

**Download the MediBuddy app or log in to MediBuddy Portal**

- Log in to the app by entering your registered mobile number and enter an OTP shared to your phone
- Log in to the portal by entering policy number and password



2

**Post authentication, link in your policy benefits using policy number and avail various OPD & wellness benefits available under your policy**



3

**Share your valuable feedback to our MediAssist customer care team**



4

**Please read policy terms and conditions carefully to know about your coverage details, in order for smooth processing of your claims.**



Mediassist Insurance TPA Pvt. Ltd.

Head Office: Tower D, 4<sup>th</sup> Floor, IBC Knowledge Park, 4/1 Bannerghatta Road Bengaluru - 560029

ManipalCigna Health Insurance Company Limited (Formerly known as CignaTTK Health Insurance Company Limited) | CIN U66000MH2012PLC227948 | IRDAI Reg. No. 151 | Reg. Office: 401/402, 4th Floor, Raheja Titanium, off. Western Express Highway, Goregaon (East), Mumbai- 400 063 | Toll free number - 1800-102-4462 | Website address-www.manipalcigna.com | Trade Name / Trade Logo belongs to MEMG International India Private Limited and Cigna Intellectual Property Inc. and is being used by ManipalCigna Health Insurance Company Limited under license | Jan2021.