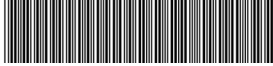


Aakash Singh Jaadon
51 B Bhagwan Bahubali Nagar Niwaru Road Jhotwara
Jaipur Rajasthan
Rajasthan - 302012
Mobile No : 8529255549






PROHLN200034467



Dear Aakash Singh Jaadon,

Thank you for choosing us as your trusted health insurance partner. We have highlighted some important points regarding your policy that you should keep in mind, so please read it carefully.

KNOW YOUR POLICY	
Name of Your Plan	ProHealth - Plus
Policy Number	PROHLN200034467
Contact Number	8529255549
E Mail ID	iamaakashjaadon@gmail.com
Cover Start Date	03-JUL-2020
Cover End Date	02-JUL-2021
Plan Type	Individual
Policy Term	1 Year
Ported Policy	No
Zone	Zone I - Avail treatment all over India without any co-pay
PED Declared	No
Add On Rider	ManipalCigna Health 360 - Shield

HOW TO SUBMIT CLAIM?	
For hassle free claims experience, we have simplified our claims process. Here's how it works,	
 Real-time claims status	Download Medibuddy app or visit www.medibuddy.in
 Claims Helpline No.	1800-419-1159
 Claims Email ID	manipalcigna@mediassist.in

REACH US FOR ASSISTANCE:	
 Visit -	www.manipalcigna.com
 Call us -	1800-102-4462
 Email us -	customercare@manipalcigna.com
 To locate the nearest branch office, visit -	https://www.manipalcigna.com/locate-us

WAITING PERIOD IN YOUR POLICY	
Particulars	Details
Initial Waiting Period	30 days (Except accident and for renewal policies without break)
Pre Existing Disease (PED) Waiting period	Covered after 36 months of continuous coverage
Specific Waiting Period	24 months since inception of first policy with us
Permanent Exclusions	As mentioned in Policy Wording

Please read your policy schedule and policy wordings for detailed terms and conditions relating to the benefits. To download policy wordings, visit <https://www.manipalcigna.com/downloads/products>

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

Thank you for choosing us as your partner in illness and wellness. Assuring you of our best services at all times.

Yours Sincerely,

ManipalCigna Health Insurance Company Limited



Your Policy Kit Includes:

- ✓ The Policy Schedule: Presents the details of policy, such as level of protection, the premium payable for the cover, date of commencement, persons covered, specific conditions related to your plan and any special terms that apply to the policy.
- ✓ The Policy Contract: Details the terms and conditions, definitions and exclusions of the policy.
- ✓ The Personalized Health Card: Membership card that will help you access our services 24 hours a day, 7 days a week.
- ✓ Premium Receipt: Receipt issued for the premium paid by you.

This kit will help you understand your policy in detail and give you more information on how to access our services easily.

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

Your Health Card:




POLICY NUMBER : PROHLN200034467

INSURED NAME	DOB
Aakash Singh Jaadon	22-FEB-1993

Claims ☎ 1800-419-1159

Claims ✉ manipalcigna@mediassist.in
Service ☎ 1800-102-4462 ✉ customer-care@manipalcigna.com



Health hai toh life hai

www.manipalcigna.com

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

ManipalCigna ProHealth Insurance

POLICY SCHEDULE

Policy Issuing Office: 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	Policy Servicing Office: ManipalCigna Health Insurance Company Limited, 402A, Raheja Titanium, Off Western Express Highway, Goregaon (East), Mumbai 400 063, Maharashtra, India Ph : 022-62274600
Intermediary Name: Code: 1674212-01 Policybazaar Insurance Brokers Pvt Ltd	
Contact Numbers: 18002585970	

POLICYHOLDER DETAILS:

Name: Aakash Singh Jaadon			
Customer ID: 1001141021			
Address: 51 B Bhagwan Bahubali Nagar Niwaru Road Jhotwara Jaipur Rajasthan Jaipur 302012 Rajasthan			
Telephone number(s):	(R) -	(O) -	(M) 8529255549
Email ID: iamaakashjaadon@gmail.com			
Subscribed to important alert on WhatsApp:			

POLICY DETAILS:

Plan: ProHealth - Plus			
Policy Number: PROHLN200034467			
Policy Period:	Inception Date: From: 00:00 hrs on 03-JUL-2020	Expiry date: To: 24:00 hrs on 02-JUL-2024	Tenure (in years): 1
Policy Type:	Individual	Zone of Cover: ZONE1	
Portable Case:	No	Migrated case: No	Policy Category: Renewal_04
Premium Payment Mode: Single	Pre- Existing Disease waiting period: Covered after 36 months of continuous coverage		

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	Occupation	Sum Insured	Cumulative Bonus Amount Earned	Healthy Rewards	
												Points Earned through Premium Paid	Points Earned through Wellness Programs
1	Aakash Singh Jaadon	01-JUL-2019	SELF-PRIMARY MEMBER	Male	22-FEB-1993	30	Nil	1001141021	Any Other	1000000	400000	88.0	

ADDRESS OF THE INSURED:

Insured ID	Insured Address
1001141021	51 B Bhagwan Bahubali Nagar Niwaru Road Jhotwara Jaipur Rajasthan Jaipur Rajasthan 302012

NOMINEE DETAILS:

Nominee Name: Chhaya	Relationship with proposer: Mother
----------------------	------------------------------------

CAREGIVER DETAILS:-

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

FAMILY PHYSICIAN DETAILS:-

Family Physician name :	Address :
Mobile number :	Email ID :

BENEFITS UNDER THE POLICY:

ProHealth - Plus	
Base covers	
In-patient Hospitalization	Covered upto any Room Category except Suite or higher category Medical Expenses Covered up to 60 days before
Pre - Hospitalization	date of hospitalisation Medical Expenses Covered up to 180 days post discharge from hospital Covered up to the limit
Post - Hospitalization	of Sum Insured opted Covered up to the limit of Sum Insured opted Up to Rs. 3000 per hospitalization event Covered
Day Care Treatment	upto full Sum Insured Covered upto full Sum Insured once in a policy year Multiple Restoration is available in a Policy
Domiciliary Treatment	Year for unrelated illnesses in addition to the Sum Insured opted Covered up to full Sum Insured Covered up to 2000
Ambulance Cover	per policy year Covered upto Rs. 15,000 for normal delivery and Rs. 25,000 for C- Section per event ,after a Waiting
Donor Expenses	Period of 48
Worldwide Emergency Cover	months
Restoration Of Sum Insured	Covered for the inpatient hospitalisation expenses of a new born up to the limit provided under Maternity Expenses
Ayush	Covered as per national immunisation programme over and above Maternity Sum Insured
Health Maintenance Benefit	
Maternity Expenses	
New Born Baby Expenses	
First Year Vaccinations	
Value Added Covers	
Health Check-Up	Available each policy year (excluding the first year), to all insured persons who have completed 18 years of age
Expert Opinion on Critical illness	Available once during the Policy Year A guaranteed 10% Increase in Sum Insured per policy year, maximum up to
Cumulative Bonus	200% of Sum Insured.
Healthy Rewards	Reward Points equivalent to 1% of paid premium, to be earned each year. Rewards can also be earned for enrolling and completing Our Array of Wellness Programs. These earned Reward Points can be used against payable premium (including Taxes) from 1st Renewal of the Policy. OR they can be redeemed for equivalent value of Health Maintenance Benefits any time during the policy OR as equivalent value while availing services through our Network Providers as defined in the policy.
Add On Cover	
ManipalCigna Health 360 - Shield	Coverage for listed Non-medical items and Durable Medical equipment within the base policy Sum Insured

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.	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.)
10265.00	667.22	0.00	0.00	1967.8	0.0	12900.02

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

PAN No.: AAEC7904J
The stamp duty of Rs. 1 paid vide receipt no, NO.LOA/CSD/566/2022/16/01/2023 to 31/12/2028/139 dated 10-JAN-2023 . Government Notification Revenue and Forest Department No. Mudrank 2004/4125/CR/690/M-1, dated 31/12/2004

NOTE:

Basic premium is inclusive of opted Add on's and after adjustment of premium discounts, wherever applicable.

In the event of dishonor of cheque, this policy document automatically stands cancelled from inception, irrespective of whether a separate communication is sent or not.

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 & 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.

You may write to us at customercare@manipalcigna.com Or call us at HealthLine No. (Toll Free): 1800-102-4462 or at +91 2261703600.

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 headcustomercare@manipalcigna.com or call at +91 2261703600.

In witness, where of this Policy has been signed at Mumbai on 19-JUN-2023

For and on behalf of ManipalCigna Health Insurance Company Limited
Authorised Signatory
ManipalCigna Health Insurance Company Limited
(Formerly known as Cigna TTK Health Insurance Company Limited)
'This is a system generated communication and does not require signature'

Premium Certificate

For the purpose of deduction under section 80D of Income Tax Act, 1961 and any amendments made thereafter*.

This is to certify that MR. Aakash Jaadon has paid the premium of ₹12,900.02 (in words) Twelve Thousand Nine Hundred and Two paise only for the period 03/07/2023 to 02/07/2024 towards Premium for Health Insurance policy for term of One Year policy.

Policy Number	PROHLN200034467						
Receipt Number	R002770339	Date	10/06/2023	Receipt Amount	17,190.00	Payment Mode	DEBITCARD
Receipt Number				Receipt Amount	624.00	Payment Mode	

Refer annexure-1 for the detailed breakup of the insurance premium paid & eligibility under section 80D.

*** Note:**

1. For your eligibility and deductions please refer to provisions of Income Tax Act, 1961 as modified and/or consult your tax consultant.
2. Any amount paid in cash towards premium will not qualify for tax benefits.
3. In case of dishonour of premium instrument, the policy will be deemed cancelled ab initio.
4. Deduction under section 80D shall not be allowed if the premium is paid by third party (other than proposed/insured) under this policy.
5. This certificate must be surrendered to us in case of cancellation of Policy or for issuance of fresh certificate in case of any alteration in the insurance affecting the premium.

Yours Sincerely,

ManipalCigna Health Insurance Company Limited

(Formerly known as CignaTTK Health Insurance Company Limited)

‘This is a system generated communication and does not require signature’.

Date: 19/06/2023

Location: Mumbai

ManipalCigna ProHealth Insurance

MCIHLP22211V062122

PROHLN200034467

Premium Certificate

Annexure-1

Detailed breakup of the insurance premium paid for One Year policy.

Sr. No.	Name of the insured person	Age	Relationship with the policyholder	Premium paid (inclusive of GST)	Premium eligible u/s 80D (*)
1.	Premium paid for self & family				
	Mr. Aakash Jaadon	30	Self- Primary Member	12,900.02	
	Total (A)			12,900.02	12,900.02
Total premium paid (A+B+C)				12,900.02	12,900.02

Note:

Tax deduction on health insurance premium paid can be claimed under section 80D is as follows:

Description	Self, spouse and dependent children	Parents	Total deduction
No one has attained the age of 60 years	Rs.25,000	Rs.25,000	Rs.50,000
Assessee and his/her family is less than 60 years and parents are 60 years of age or more	Rs.25,000	Rs.50,000	Rs.75,000
Assessee and his/her parents have attained the age of 60	Rs.50,000	Rs.50,000	Rs.100,000

MANIPALCIGNA PROHEALTH INSURANCE

Customer Information Sheet

Title	Description 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
Your Coverage Details:	Identify your Plan	Protect	Plus	Preferred	Premier	Accumulate	
Basic Cover: This section lists the Basic benefits available on your plan	Identify your Opted Sum Insured (SI)	` 2.5 Lacs ` 3.5 Lacs ` 4.5 Lacs, ` 5.5 Lacs, ` 7.5 Lacs, ` 10 Lacs, ` 15 Lacs, ` 20 Lacs, ` 25 Lacs, ` 30 Lacs, ` 50 Lacs	4` .5 Lacs 5` .5 Lacs, 10` Lacs, ` 15 Lacs, 2` 0 Lacs, 25` Lacs, 3` 0 Lacs, 5` 0 Lacs	15` .5 Lacs, 3` 0 Lacs, 5` 0 Lacs	10` 0 Lacs	5` .5 Lacs, ` 7.5 Lacs, 10` Lacs, 15` Lacs, ` 20 Lacs, 25` Lacs, 3` 0 Lacs, 5` 0 Lacs	
	Inpatient Hospitalisation (When you are hospitalised)	For Sum Insured up to 5` .5 Lacs - Covered up to Single Private Room For Sum Insured 7.5` Lacs and Above - Covered up to any Room Category except Suite or higher category	Covered upto any Room Category except Suite or higher category			For Sum Insured 5` .5 Lacs - Covered up to Single Private Room For Sum Insured ` 7.5 Lacs and Above - Covered up to any Room Category except Suite or higher category	D.I.1
	Pre - hospitalisation	Medical Expenses Covered up to 60 days before date of hospitalisation					D.I.2
	Post - hospitalisation	Medical Expenses Covered up to 90 days post discharge from hospital	Medical Expenses Covered up to 180 days post discharge from hospital			Covered up to 90 days post discharge from hospital	D.I.3
	Day Care Treatment	Covered up to the limit of Sum Insured opted					D.I.4
	Domiciliary Treatment (Treatment at Home)	Covered up to the limit of Sum Insured opted					D.I.5
	Ambulance Cover (Reimbursement of Ambulance Expenses)	Upto 2` 000 paid per hospitalisation event	Upto 3` 000 paid per hospitalisation event	Actual incurred expenses paid per hospitalisation event		Upto 2` 000 paid per hospitalisation event	D.I.6
	Donor Expenses (Hospitalisation Expenses of the donor providing the organ)	Covered up to full Sum Insured					D.I.7
	Worldwide Emergency Cover (Outside India)	Covered up to full Sum Insured once in a Policy Year					D.I.8
	Restoration of Sum Insured (When opted Sum Insured is insufficient due to claims)	Multiple Restoration is available in a Policy Year for unrelated illnesses in addition to the Sum Insured opted					D.I.9

	AYUSH Cover	Covered up to full Sum Insured					D.I.10
	Health Maintenance Benefit (Treatment that does not require hospitalisation and can be carried out in an Out Patient Department)	Covered up to 5` 00 per policy year	Covered up to 2` 000 per policy year	Covered up to 15` ,000 per policy year.		Option to choose from - 5` 000, 100,000, 15` 2` 0,000 per policy year Can also be used to pay for Co-pay or Deductible. Up to 50 % of the accumulated Health Maintenance Benefit can be utilised for payment against premium from first renewal of the policy	D.I.11
	Maternity Expenses	Not Available	Covered upto 15` ,000 for normal delivery and 25` ,000 for C- Section per event, after a Waiting Period of 48 months	Covered upto 5` 0,000 for normal delivery and 10` 0,000 for C-Section per event, after a waiting Period of 48 months	Covered upto 10` 0,000 for normal delivery and 2` 00,000 for C-Section per event, after a waiting Period of 48 months	Not Available	D.I.12
	New Born Baby Expenses		Covered for the inpatient hospitalisation expenses of a new born up to the limit provided under Maternity Expenses				D.I.13
	First Year Vaccinations		Covered as per national immunisation programme over and above Maternity Sum Insured				D.I.14
Value Added Covers This section lists the additional value added benefits that are available along with your plan	Health Check-up	Available once every 3rd Policy year to all insured persons who have completed 18 years of Age	Available each policy year(excluding the first year) to all insured persons who have completed 18 years of Age			Available once every 3rd Policy year to all insured persons who have completed 18 years of Age	D.II.1
	Expert Opinion on Critical illness (By a Specialist)	Available once during the Policy Year					D.II.2
	Cumulative Bonus	A guaranteed 5% Increase in Sum Insured per policy year, maximum up to 200% of Sum Insured.	A guaranteed 10% Increase in Sum Insured per policy year, maximum up to 200% of Sum Insured.		A guaranteed 5% Increase in Sum Insured per policy year, maximum up to 200% of Sum Insured.		D.II.3
	Healthy Rewards	Reward Points equivalent to 1% of paid premium, to be earned each year. Rewards can also be earned for enrolling and completing Our Array of Wellness Programs. These earned Reward Points can be used against payable premium (including Taxes) from 1st Renewal of the Policy. OR they can be redeemed for equivalent value of Health Maintenance Benefits any time during the policy OR as equivalent value while availing services through our Network Providers as defined in the policy.					D.II.4

Optional Covers This section lists the available optional covers under your plan and the limits under each of these options	Hospital Daily Cash Benefit	10` 00 for each continuous and completed 24 Hours of Hospitalisation during the Policy Year up to a maximum of 30 days in a policy year	2` 000 for each continuous and completed 24 Hours of Hospitalisation during the Policy Year up to a maximum of 30 days in a policy year	3` 000 for each continuous and completed 24 Hours of Hospitalisation during the Policy Year up to a maximum of 30 days in a policy year	10` for each continuous and completed 24 Hours of Hospitalisation during the Policy Year up to a maximum of 30 days in a policy year	D.III.1
	Deductible (Please select the Sum Insured and Deductible amount as you have opted on the Policy. Deductible is the amount beyond which a claim will be payable in the Policy)	1/` 2/ 3/ 4/ 5/ 7.5 /10 Lacs		Not Available		D.III.2
	Waiver of Deductible	Available		Not available		D.III.2
	Reduction in Maternity Waiting Period	Not available	Maternity waiting period Reduced from 48 months to 24 months		Not available	D.III.3
	Voluntary Co-pay (The cost sharing percentage that you have opted will apply on each claim.) If you have opted for a Deductible, Voluntary Co-payment does not apply	10% or 20% Voluntary Co-payment for each and every claim as opted		Not Available		D.III.4
	Waiver of Mandatory Co-pay	Waiver of Mandatory co-payment of 20% for Insured Persons aged 65 years and above				
Add on cover(Rider) This section lists the Add on cover available under your plan	Cumulative Bonus booster	A guaranteed 25% increase in Sum Insured per policy year, maximum up to 200% of Sum Insured		Not Available	A guaranteed 25% increase in Sum Insured per policy year, maximum up to 200% of Sum Insured	D.III.6
	Critical Illness	Lump sum payment of an additional 100% of Sum Insured Opted		Not Available	Lump sum payment of an additional 100% of Sum Insured Opted	Add on wordings
	ManipalCigna Health 360 - Shield: Coverage for listed Non-medical items up to base policy Sum Insured and Durable Medical Equipment up to maximum of Rs.1 Lac					
	ManipalCigna Health 360 - Advance: Coverage for 'Any room' category and unlimited restoration of Sum Insured within the base policy Sum Insured. It also provides Air Ambulance cover up to Sum Insured opted under the base policy subject to a maximum of Rs.10 Lacs, over and above the base policy Sum Insured.					
	ManipalCigna Health 360 - OPD: Package 1: Get cover for doctor consultations on cashless basis within the OPD Sum Insured Package 2: Get coverage for doctor consultations and prescribed diagnostics on cashless basis within the OPD Sum Insured Package 3: Get coverage for doctor consultations, prescribed diagnostics and pharmacy on cashless basis within the OPD Sum Insured. Pharmacy limit is 20% of the OPD Sum Insured.					

<p>What are the Major exclusions in the Policy This section provides a brief list of the major charges/ treatments which will not be covered under the Policy permanently.</p>	<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"> - Investigation & Evaluation- Code- Excl. 04 - Rest Cure, rehabilitation and respite care- Code- Excl. 05 - Obesity/ Weight Control: Code- Excl. 06 - Change-of-Gender treatments: Code- Excl. 07 - Cosmetic or plastic Surgery: Code- Excl. 08 - Hazardous or Adventure sports: Code- Excl. 09 - Breach of law: Code- Excl. 10 - Excluded Providers: Code- Excl. 11 - Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof Code- Excl. 12 - Treatments received in health hydros, nature cure clinics, spas or similar establishments s. Code- Excl. 13 - Dietary supplements and substances that can be purchased without prescription. Code- Excl. 14 - Refractive Error: Code- Excl. 15 - Unproven Treatments: Code- Excl. 16 - Sterility and Infertility: Code- Excl. 17 - Maternity: Code Excl. 18 (applicable to Protect and Accumulate plan) - External Congenital Anomaly or defects. - Dental treatment. - Circumcision - Prostheses, corrective devices and/or medical appliances - Treatment received outside India other than for coverage under World Wide Emergency Cover, Expert Opinion on Critical Illnesses. - All Illness/expenses caused by ionizing radiation or contamination by radioactivity. - All expenses caused by or arising from war or war-like situation. - Annexure IV list I of "Items for which Coverage is not available in the Policy". - Any form of Non-Allopathic treatment (except AYUSH In-patient Treatment), - 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. - Costs of donor screening or costs incurred in an organ transplant surgery involving organs not harvested from a human body. <p>*Note: This list does not apply to coverage under Health Maintenance Benefit</p>	<p>E.I and E.II</p>
<p>Waiting Period This sections lists the applicable period (days/ months) before you can make a claim for the listed diseases/ treatments</p>	<p>a. First 30 days from the Policy start date, for all illnesses except accidents.</p> <p>b. 90 days waiting period will be applicable for listed Critical Illness where Critical Illness Add on cover has been opted.</p> <p>c. Specified disease/procedure waiting period: Two Year Waiting Period will be applicable for specific illnesses</p> <p>d. A 48 months of waiting period will be applicable for Maternity, New Born and First year Vaccination expenses (Except where Reduction in Maternity Waiting is opted)</p> <p>e. A Personal waiting period may apply 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.</p> <p>f. Pre-existing disease waiting period: A 48 months waiting period will be applicable for any Pre-existing disease, for Protect, a 36 months waiting period for any Pre-existing disease, for Plus and Accumulate plan and 24 months waiting period for Preferred & Premier Plan.</p>	<p>E.I.3 Add on policy wordings</p> <p>E.I.2</p> <p>E.II.1</p> <p>E.II.2</p> <p>E.I.1</p>
<p>Pay-out Basis This section lists the manner in which the proceeds of the Policy will be paid to you</p>	<p>a. For all covers (excluding Critical Illness Add On Benefit and Hospital Daily Cash Benefit) pay-out will be on reimbursement of actual expenses either by way of Cashless to the Hospital/ Network provider when a cashless facility is availed or directly to you as a reimbursement against the bills when you have paid for the expenses.</p> <p>b. Critical Illness Add on pay-out will be on benefit payment basis as a lump sum fixed amount.</p> <p>c. Health Maintenance Benefit will be on reimbursement basis on submission of bills or payment towards Deductible or Co pay wherever opted.</p>	<p>G.I</p> <p>Add on policy wordings</p> <p>G.I.12</p>

Cost Sharing This sections lists the various circumstances under which you will bear some portion of the claim out of your pocket	<p>a. A mandatory co-payment will be applicable for insured's aged 65 years and above</p> <p>b. A Voluntary co-payment of 10% or 20% on admissible claim amount (final payable claim amount after assessment) will apply to each and every claim if opted under the plan.</p> <p>c. A deductible option of ` 1 Lac, 2` Lacs, 3` Lacs, 4` Lacs, 5` Lacs, ` 7.5 Lacs, 10` Lacs as per plan selected 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. To know the applicable deductible on your Policy please refer the Policy Schedule benefits. Co-pays under "b" above will not be applied for a Deductible Cover. Persons opting to take treatment outside of their Zone will bear a 10% or 20% co-pay as applicable.</p> <p>d. A deductible of 5` 0,000, 1L` ac, 2` Lacs, 3` Lacs, 4` Lacs, 5` Lacs, 7.5` Lacs, 10` Lacs as opted will apply on Accumulate Plan. 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. To know the applicable deductible on your Policy please refer the Policy Schedule benefits.</p> <p>e. If a special sub-limit is applied at the time of Underwriting on a particular medical condition, the Policy will pay only 75% of the payable claim amount arising out of the specified illness/medical condition.</p>	<p>F.II.6 D.III.4</p> <p>G.I.16</p> <p>G.I.16</p> <p>F.II.12</p>
Renewal Conditions This section lists the terms of renewals under the Policy	<p>a. This Policy is ordinarily renewable for lifetime on mutual consent, subject to application of Renewal and realisation of Renewal premium.</p> <p>b. Continuity will be provided if renewed within 30/15 days 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.</p> <p>c. Renewals will not be denied except on grounds of misrepresentation, fraud, non-disclosure or non-co-operation from the Insured.</p> <p>d. Alterations in the policy such as Increase/ decrease in Sum Insured or Change in Plan/Product, addition/ deletion of members, addition deletion of Medical Condition will be allowed at the time of Renewal of the Policy. We reserve Our right to carry out underwriting in relation to any request for changes on the Policy. The terms and conditions of existing policy will not be altered.</p>	<p>F.II.8, F.I.9 & F.II.9</p>
Renewal Benefits This section lists the various benefits you can avail/ accumulate every time you renew a Policy with us	<p>a. Cumulative Bonus- We will provide a 5% or 10% or 25% increase in Sum Insured for every policy year, subject to a maximum of 200% accumulation, as per the Plan opted. The cumulative bonus will remain intact and not get reduced in case a claim is made during the policy.</p> <p>b. Health check-up – A health check-up is provided for persons aged 18 years and above, irrespective of the claim status of the Policy. For Protect & Accumulate plan – Available once every 3rd Policy year For Plus, Preferred and Premier Plan – Available once at each policy year (excluding first year)</p> <p>c. Healthy Rewards – Reward Points are earned for each year of premium paid</p>	<p>D.II.3</p> <p>D.II.1</p> <p>D.II.4</p>
Cancellation The section explains the Policy cancellation process in brief	<p>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.</p> <p>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.</p> <p>c. Cover may end immediately for all Insured Persons, if there is non-cooperation by You/ Insured person, with refund of premium on pro rata basis after deducting Our expenses, by giving 15 days' notice in writing.</p>	<p>F.I.7</p>

Legal disclaimer: The information mentioned above is illustrative and not exhaustive. Information must be read in conjunction with the product brochures and Policy document. In case of any conflict between the 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

Annexure to Customer Information Sheet - Benefit Illustration

ProHealth Plus

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, Gender, Zone of Cover, Optional Covers and Add
- On Benefits opted. Additionally the health status of the individual will also be considered. 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 The Gender considered for 1st and 3rd members in the tables below is Female and that for 2nd and 4th
- members it is Male.

2A+2C

Age of the Insured Member	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 (₹)
1	₹8,573	₹5,50,000	₹8,573	₹2,143	₹6,430	₹5,50,000	24`,433	NA	24`,433	5`,50,000
8	₹11,797	₹5,50,000	₹7,619	₹1,905	₹5,714	₹5,50,000		NA		
2	₹12,939	₹5,50,000	₹11,797	₹2,949	₹8,848	₹5,50,000		NA		
1	Total Premium for all members of the family is ₹40,928, when each member is covered separately. Sum insured available for each individual is ₹5.5 Lacs.		₹12,939	₹3,235	₹9,704	₹5,50,000		NA		
3	Total Premium for all members of the family is ₹40,928, when each member is covered separately. Sum insured available for each individual is ₹5.5 Lacs.		Total Premium for all members of the family is ₹30,696, when they are covered under a single policy. Sum insured available for each individual is ₹5.5 Lacs.				Total Premium when policy is opted on floater basis ₹24,433. Sum insured of ₹5.5 Lacs is available for the entire family.			
9										
4										
5										

2A

Age of the Insured Member	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 (₹)
5	₹19,026	₹5,50,000	₹19,026	₹4,756	₹14,270	₹5,50,000	₹49,039	NA	₹49,039	₹55,00,000
5	₹24,264	₹5,50,000	₹24,264	₹8,566	₹25,698	₹5,50,000		NA		
6	Total Premium for all members of the family is ₹53,290, when each member is covered separately. Sum insured available for each individual is ₹5.5 Lacs.		Total Premium for all members of the family is ₹29,968, when they are covered under a single policy. Sum insured available for each individual is ₹5.5 Lacs.				Total Premium when policy is opted on floater basis ₹49,039. Sum insured of ₹5.5 Lacs is available for the entire family.			
3										

Age of the Insured Member	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 (₹)
6	₹29,667	₹5,50,000	₹29,667	₹7,417	₹22,250	₹5,50,000	64',321	NA	64',321	5',50,000
5	₹44,818	₹5,50,000	₹44,818	₹11,204	₹33,614	₹5,50,000		NA		
70	Total Premium for all members of the family is ₹74,485, when each member is covered separately. Sum insured available for each individual is ₹5.5 Lacs.		Total Premium for all members of the family is ₹55,864, when they are covered under a single policy. Sum insured available for each individual is ₹5.5 Lacs.				Total Premium when policy is opted on floater basis ₹64,321. Sum insured of ₹5.5 Lacs is available for the entire family.			

ManipalCigna ProHealth Insurance UIN: MCIHLIP22211V062122









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.

A Color passport size photograph not older than 6 months

A Original Cancelled cheque

A 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