

MANIPALCIGNA PROHEALTH GROUP INSURANCE POLICY

MASTER POLICY SCHEDULE

<b>Policy Issuing Office:</b> <b>ManipalCigna Health Insurance Company Limited,</b> 401/402, Raheja Titanium, Western Express Highway, Goregaon East, mumbai - 400063, India	<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, Delhi - 110005	
Intermediary name: Raghnall Ins. Broking Risk Management Pvt Ltd	Code: IMD1683154-01	Contact numbers: NA
<b>Policy Name:</b>	ManipalCigna ProHealth Group Insurance Policy	
<b>Master Policy Number:</b>	100200089000/00/00	

PROPOSER DETAILS:

Name :	M/s NIL-LABS INNOVATION PRIVATE LIMITED .		
Address :	Third Floor Tower B4, Unit No. 302, Spaze iTech Park, Sohna Road,Sector-49,, GURGAON, GURGAON, HARYANA - 122018		
Business Description:	Other		
Telephone number(s):	(R) 9622193011	(0) -NA-	(M) -NA-
Email Address:	spandita@nextgeninnovation.com		

POLICY DETAILS:

Policy Period:	<b>Inception Date:</b> From: 18:21 on 05/03/2023	<b>Expiry date</b> To: 23:59 on 04/03/2024
Policy Tenure	1 Year	
Policy Zone	Zone3	
Total number of Insured Persons:	81	
Renewal Status	New business	
Name of the TPA	Medi Assist Insurance TPA Pvt. Ltd.	
Member Details	Refer Annexure I	
Cover Details	Refer Annexure II	
Special Conditions	Refer Annexure III	
Co-insurance/ Installment Premium Details	Refer Annexure IV	

PREMIUM DETAILS:

Basic Cover Premium (Rs.)	670000.10
Optional Covers Premium (Rs.)	
Goods and Service Tax (Rs.)	120600.02
GST Cess (Rs.)	0.00
Total Premium(Rounded Off)	790600.00

PAN No. : AAECCT904J, Category: General Insurance Business	
Consolidated Stamp Duty of Rs. 1.00 paid in cash or by demand draft or by payorder or by cheque	
Vide Receipt/Challan No. : NO.LOA/CSD/566/2022/16/01/2023 to 31/12/2028/139	Dated : 10/01/2023

**Note:**Basic premium is inclusive of opted Add on s and after adjustment of premium discounts,wherever applicable.  
In the event of dishonour of cheque, this policy document automatically stands cancelled from inception, irrespective of whether a separate communication is sent or not.

## IN THE EVENT OF A CLAIM:

Please contact Us through any of these modes	Address for Correspondence	<b>Medi Assist Insurance TPA Pvt. Ltd.</b> Tower D, 4th Floor, IBC Knowledge Park, 4/1, Bannerghatta Road, Bengaluru, Bengaluru, Karnataka - 560020
	Contact Number	1800-419-1159
	Email ID	<a href="mailto:manipalcignagroup@mediassist.in">manipalcignagroup@mediassist.in</a>
	WebSite	<a href="http://www.mediassistindia.com">www.mediassistindia.com</a>

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.

For any grievance related to the policy, you may write to The Grievance Officer at the policy issuing office address mentioned above or e-mail at [headcustomercare@manipalcigna.com](mailto:headcustomercare@manipalcigna.com)

You may also write to us at [servicesupport@manipalcigna.com](mailto:servicesupport@manipalcigna.com) or call us at HealthLine No. (Toll Free): 1800-102-4462

In witness, whereof, this Policy has been signed at ManipalCigna Health Insurance on 15/03/2023

**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"

## Annexure II : Cover Details

### Plan Benefits

Benefits Applicable to Employee Band/ Member Category: Group1				
Coverage	Brief Description	Sum Insured	Sub Limit	Sub option
In-patient Hospitalisation Expenses Cover	Hospitalisation covered up to Sum Insured.	200000.00	NA	NA
Day Care Treatment Cover	Any Treatment taken under Day Care covered up to Sum Insured		NA	100% of Sum Insured
Pre-Hospitalisation Medical Expenses Cover	Medical Expenses covered up to 30 days before date of hospitalisation		NA	30
Post-Hospitalisation Medical Expenses Cover	Medical Expenses covered up to 60 days after date of hospitalisation		NA	60
Road Ambulance Cover	Ambulance charges covered up to Rs. 2000 per Hospitalisation		NA	2000
Domiciliary Hospitalisation Cover	Medical Expenses towards Domiciliary Hospitalisation covered up to Sum Insured		NA	NA
Donor Expenses Cover	In-patient Hospitalisation Expenses of Donor covered up to Sum Insured		NA	NA
	Brief Description	Sum Insured	Sub Limit	Sub option
Maternity Expense Cover	Maternity expenses related to:Normal Delivery, Routine or elective C- section delivery, Complicated Pregnancy	35000.00	NA	Normal Delivery
Maternity Expense Cover	Maternity expenses related to:Normal Delivery, Routine or elective C- section delivery, Complicated Pregnancy	50000.00	NA	Routine or elective C- section delivery
In-patient Hospitalisation- Percentage Limit on Room Rent/Amount Limit On Room Rent/Limit on Room Type	Room Rent Up to Single Private Room for Normal & No Capping for ICU	0.00 (In %)	NA	Room categoryUp to Single Private Room : No Cap
Waiting Period	Pre-existing disease Waiting Period	Covered from Day 1		
Waiting Period	Initial Waiting Period for hospitalization	Covered from Day 1		
Waiting Period	Specified Disease/Procedure Waiting period	Covered from Day 1		
Waiting Period	Maternity waiting period	Covered from Day 1		

**Annexure III:**

**Special Condition:**

- - i. In addition to the conditions mentioned above, all the terms will be as mentioned in ManipalCigna ProHealth Group Insurance Policy
  - ii. Type of cover- Family Floater
  - iii. Family Definition Self Spouse Dependent Children
  - iv. Number of life covered at inception Self- 34, Spouse 24, Children 23
  - v. Additions and deletions of employee will be done on prorata basis from day 1 for additions subject to sufficient CD balance being maintained. Addition of an Employee must be intimated within 45 days from the date of joining.
  - vi. Dependents to be declared at the time of inception of the policy. No midterm inclusion of dependents allowed except for spouse after marriage and child by birth. Addition of family members must be intimated within 30 days after marriage or child birth.
  - vii. It shall be a condition precedent to the Company s liability under this policy that all supporting documents relating to the claim must be submitted within fifteen (15) days from the date of discharge from the hospital. In case of post-hospitalization treatment days, all claim documents should be submitted to the TPA within fifteen (15) days after completion of such treatment.
  - viii. No individual can be covered more than once in the policy specifically if an employee and spouse are working for the same organization both cannot cover each other and cannot cover the same set of parents. In case at the time of claim it is found that the member is covered twice a deletion endorsement of member will be effected to remove that member there will be no refund for such deletions
  - ix. Pre and Post Natal expenses are covered in case Maternity cover is opted up to 20% of Maternity Limits mention in tables
  - x. New Born baby Medical Expense Cover under Maternity Within SI
  - xi. Oral Chemotherapy Covered
  - xii. Cyberknife treatment/Robotic Surgery - Covered up to 50% of sum insured
  - xiii. Lucentis Covered
  - xiv. Lasik Surgery - Covered for refractory error above /- 7.5
  - xv. Congenital Internal disease - Covered

Annexure IV: Co-insurance/Installment Premium Details

Special Condition: NA

Instalment Premium

It is hereby agreed and understood that premium under this policy will be paid in the following instalments (wherever Monthly/Quaterly/ Half yearly option is taken):

Instalment Number	Due Date	Premium (inclusive of taxes)
1	05/03/2023	395300.06
2	03/09/2023	395300.06

**Annexure V:**

Sum Insured	200000
Age Group	Premium per member Before Tax
0-5	4779.99
06-15	2511.00
16-25	9213.00
26-35	10008.75
36-45	8615.00
46-50	10368.00
51-55	13167.00
56-60	17773.00
61-65	24448.00
66-70	35053.00
71-80	43807.00