



A PRO IN EVERY WAY.

ManipalCigna
ProHealth
Insurance

COMPREHENSIVE HOSPITALIZATION COVERAGE

A comprehensive health insurance solution for your illness as well as wellness



Inflation protection guaranteed*
Cumulative Bonus up to 200% of Sum Insured.

*Conditions Apply.



More coverage with 100% Restoration of Sum Insured any number of times#.



Reduce your renewal premium up to 20% with Healthy Rewards Points##.



Worldwide Protection in case of emergency### available on reimbursement basis.

ABOUT US

ManipalCigna Health insurance is a joint venture between the Manipal Group, an eminent player in the field of healthcare delivery and higher education in India and Cigna Corporation, a global health services company with over 200 years of experience. At ManipalCigna our mission is to improve the health, well-being and peace of mind of those we serve. As your partner in illness and wellness, we offer a full suite of health insurance products and services to meet your individual needs. Our wide network of healthcare facilities supports you to ensure your physical, emotional and financial well-being. We are committed to offering you an easy and lifetime access to quality healthcare so you can live a healthier and more secure life.

WHAT IS YOUR LIFE STAGE?



Young singles & couples

- ProHealth Protect - cover for the essentials
- ProHealth Accumulate - quality cover when you need it



Planning a family/a family with kids

- ProHealth Plus - base cover when you have/are planning for kid(s)
- ProHealth Preferred - higher cover when you have/are planning for kid(s)
- ProHealth Premier - complete cover for all health needs



Singles, Couples & Family - Excluding pregnancy (Daily Health Needs)

- ProHealth Accumulate - quality cover for your health needs and more



Complete peace of mind

- ProHealth Preferred - cover when you need more of everything
- ProHealth Premier - high-end health solution

YOUR PROHEALTH PLAN COMES LOADED WITH BASIC COVERS, VALUE ADDED COVERS AND OPTIONAL COVERS FOR YOU TO CHOOSE.

BASIC COVERS

In-patient Hospitalization: If you are admitted to a hospital for more than 24 hours of illness or injury, we will take care of the room charges, ICU expenses, nursing charges, doctor fees, surgeon fees, blood, oxygen, operation theatre charges and other medical expenses.

Also, there will be additional protection with coverage towards Modern treatment methods, enteral feeding expenses, HIV and related illnesses.

Pre-Hospitalization: We will reimburse medical expenses incurred before the date of hospitalization.

Post-Hospitalization: We don't just cover you when you are in the hospital, but are also with you through the recovery process. Medical expenses incurred after you are discharged will also be covered.

Day Care Treatment: We will pay for medical expenses if you undergo a treatment that needs less than 24 hours of hospitalization. We cover 500 plus listed Day Care procedures.

Domiciliary Treatment: Medical treatment taken at home is also covered in case your condition is not suitable for hospital transfer or if there is no hospital bed available.

Ambulance Cover: We believe that nothing should come between you and timely treatment. That's why you are covered for transportation expenses by an ambulance service provider to the hospital.

Donor Expenses: We will cover in-patient hospitalization cost of the donor for a major organ transplant.

Worldwide Emergency Cover: Emergencies will not necessarily hit you when in India. We will cover in-patient medical expenses for emergency treatment outside the country for full Sum Insured on re-imburement basis once in a policy year.

Restoration of Sum Insured: You may claim for an illness and God forbid, there could be multiple unrelated illness/injury that requires you to get hospitalized. This benefit restores the Sum Insured any number of times under the policy to additional 100% in a policy year if the balance Sum Insured and Cumulative Bonus or Cumulative Bonus Booster (if any) is insufficient to settle a claim (for unrelated illness/injury).

AYUSH Cover: We will cover in-patient medical expenses up to the limit of Sum Insured toward non-allopathic treatments such as Ayurveda, Yoga & Naturopathy, Unani, Siddha & Homeopathy for hospitalization arising due to accident or illness undertaken in a government AYUSH Hospital or teaching hospitals attached to government recognized AYUSH College or AYUSH Hospital.

Health Maintenance Benefit: An illness, no matter how small, needs attention. And we make sure that happens. We will cover costs of doctor fees, diagnostic tests, drugs, dental treatments and alternative medicines upto the reimbursement limit under each plan. Fresh coverage will be available at each policy year.

You can even choose a plan which allows:

- Carry forward of unutilized HMB balance each year on renewal
- Utilization of HMB amount up to 50% towards payment of premium from 1st renewal
- Utilization towards payment of deductible or co-pay (if any) and non-admissible expenses
- Bonus @ 5% on any unutilized HMB at renewal.

Maternity Expenses: We will cover expenses for the delivery/medically necessary termination of pregnancy (maximum up to 2 events) during the lifetime of an insured between 18 to 45 years after a waiting period of 48 months.

New Born Baby Expenses: Until the baby is 90 days old, we will cover medical expenses incurred towards the treatment of the child within maternity expenses limit.

First Year Vaccination: We will also pay for vaccination charges for your baby till he/she completes 12 months.



VALUE ADDED COVERS

Healthy Rewards: We want you to always stay healthy. You can earn reward points equal to 1% of premium paid. In addition, you can accumulate points maximum up to 19% of last premium paid by opting for our Wellness Programs. The accumulated points can be redeemed against premium from 1st renewal of policy, or reimbursed under Health Maintenance Benefit anytime in the policy year, or as discount in fees when availing services of our network partners.

Health Check-up: Most of us take our health for granted. No more. For insured aged above 18 years, we will provide a Health Check-up facility at our Network Providers irrespective of the claim status.

Expert Opinion on Critical Illnesses: Take a second opinion on listed critical illnesses from experts at no extra cost.

Cumulative Bonus: We will provide a guaranteed additional Sum Insured as Cumulative Bonus under all plans at the time of renewal, irrespective of claim in the expiring policy. Cumulative Bonus will accumulate maximum up to 200% of Sum Insured.

OPTIONAL COVERS

Deductible: We provide an option to select a Deductible as per the plan. The deductible amount will apply on the sum of all admissible claims in that year. This means that from your claims (should any be arising), you choose to pay the deductible amount either out of your own pocket, or with the aid of an existing Health Insurance policy.

You can also go for Waiver of Deductible within or after 48 months of continuous coverage by paying additional premium as applicable on renewal.

Hospital Daily Cash Benefit: Provides a fixed daily cash benefit for each continuous and completed 24 hours of hospitalization that will help you take care of out of pocket expenses. The benefit will be available up to 30 days per Policy Year.

Reduction in Maternity Waiting Period: You have the option to reduce the maternity waiting period from 48 to 24 months.

Voluntary Co-pay: This option (when exercised), would mean that you choose to pay the first 10/20% of the claim and the balance would be covered by your plan.

Waiver of Mandatory Co-pay: You have the option to remove the mandatory co-pay applicable for persons aged 65 years and above.

Cumulative Bonus Booster: You have an option to increase policy Sum Insured with 25% Cumulative Bonus every year irrespective of the claim. Maximum accumulation is up to 200% of Sum Insured. This benefit is available in place of Cumulative Bonus.

ADD ON COVER:

Critical Illness Add-on Cover: We will pay a lump sum benefit up to your opted Sum Insured, in case of first diagnosis of the covered critical illnesses.

MORE DETAILS ABOUT YOUR PROHEALTH INSURANCE

- **Premium:** Premium will depend on the plan, Sum Insured, policy tenure, age, policy type, gender, zone of cover, optional covers and add-on benefit opted. To calculate premium, the country is divided into three zones.

This zone based pricing enables you to pay as per the healthcare costs prevailing in your city. For details on premium, please refer to premium booklet.

- **Mandatory Co-pay:** A co-pay of 20% will apply on all claims for insured aged 65 years and above.
- **PREMIUM PAYMENT MODE:** Option to choose premium payment mode from Monthly, Quarterly, Half yearly, Yearly, Single.

Premium loading will be applied if Monthly, Quarterly, Half Yearly payment mode is chosen.

Premium payment mode	% Loading on premium
Monthly	5.50
Quarterly	3.50
Half yearly	2.50

DISCOUNTS:

- **Family Discount** of 25% for Protect and Plus Plans and 10% for Preferred, Premier and Accumulate Plans covering 2 and more family members under the same individual policy.
- **Long-term Discount** 7.5% and 10% discount for opting 2 year and 3 year policy term respectively with single premium payment mode.
- **Co-pay Discount** of 7.5% for opting 10% Co-pay and 15% for opting a 20% Co-pay on the Policy in case of Protect and Plus Plan.

A discount of 5% for opting 10% Co-pay and 10% for opting 20% Co-pay on the Policy in case of Accumulate Plan.

- **Renewals:** Lifetime renewals available.
- **Grace Period:** Grace Period of 30 is allowed for Single, Yearly, Half-yearly and Quarterly mode of payment. Grace period of 15 days is allowed for Monthly mode of payment.
- **Free-look:** A period of 15 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. In case of no claim, you are eligible for
 - a. Refund of the premium paid less any expenses incurred by the Company on medical examination and the stamp duty charges or;
 - b. Where the risk has already commenced and the option of return of the policy is exercised a deduction towards the proportionate risk premium for period of cover or;
 - c. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.
- **Tax Benefit:** Income Tax deduction available under Sec 80D, Income Tax Act 1961 (as amended).
- **Cancellation:** Request can be placed during the policy. Premium refund will be on short period basis.No refund will be processed for cancellation of policies with Premium Payment Mode as Half-yearly, Quarterly or Monthly.

WAITING PERIOD:

- First 30 days waiting period is applicable for all illnesses other than accidents.
- 24 months waiting period is applicable on specific ailments.
- Pre-existing diseases will not be covered for 24 months in Preferred & Premier plans; 36 months in Accumulate & Plus plans and 48 months in Protect plan.
- First 90 days waiting period and 30 days survival period is applicable to Critical Illness Add-on Cover (if opted).

KEY EXCLUSIONS

WE WILL NOT COVER ANY COSTS TOWARDS

- Breach of Law
- Contamination from Nuclear fuel or radiation
- Suicide or drug abuse
- Foreign invasion or civil war

WHO IS ELIGIBLE FOR THESE PLANS?

- **Min Entry Age:** Child - 91 days, Adult - 18 years
- **Max Entry Age:** No limit
- **Cover Type:** Individual and Family Floater
- **Policy Period:** 1, 2 and 3 years

A PLAN FOR EVERY ONE OF YOUR HEALTH NEEDS

	Coverage Benefits at a Glance	ProHealth Protect	ProHealth Plus	ProHealth Preferred	ProHealth Premier	ProHealth Accumulate
	Sum Insured (SI) (figures in ₹ in Lacs)	2.5, 3.5, 4.5, 5.5, 7.5, 10, 15, 20, 25, 30, 50	4.5, 5.5, 7.5, 10, 15, 20, 25, 30, 50	15, 30, 50	100	5.5, 7.5, 10, 15, 20, 25, 30, 50
Basic	In-patient Hospitalization	Covered up to Single Private Room for SI up to 5.5 lacs & any hospital room except suite and higher for SI above 5.5 lacs	Any hospital room except Suite			Covered up to Single Private Room for SI up to 5.5 Lacs & any hospital room except suite and higher for SI above 5.5 Lacs
	Pre - Hospitalization	Up to 60 days				
	Post - Hospitalization	Up to 90 days	Up to 180 days			Up to 90 days
	Day Care treatment	500 plus listed Day Care treatments covered up to Sum Insured				
	Domiciliary Treatment	Treatment at home covered up to Sum Insured				
	Ambulance Cover	Up to ₹ 2000 per event	Up to ₹ 3000 per event	Actual expenses per event		Up to ₹ 2000 per event
	Donor Expenses	Covered up to Sum Insured				
	Worldwide Emergency Cover	Covered up to full Sum Insured once in a Policy Year				
	Restoration Of Sum Insured	Multiple Restoration is available in a Policy Year for unrelated illnesses, injury in addition to the Sum Insured opted				
	AYUSH Cover	In-patient hospitalization covered up to Sum Insured				
	Health Maintenance Benefit	Up to ₹ 500	Up to ₹ 2000	Up to ₹ 15000		Option – ₹ 5000, ₹ 10000, ₹ 15000, ₹ 20000
	Maternity Expenses*	×	₹ 15000 for normal; ₹ 25000 for C-section (per event)	₹ 50000 for normal; ₹ 1 lac for C-section (per event)	₹ 1 lac for normal; ₹ 2 lacs for C-section (per event)	×
	New Born Baby Expenses*	×	Covered within maternity expenses			×
	First Year Vaccinations*	×	Covered over & above maternity expenses			×
Value Added	Health Check-Up (for all insured aged 18 years & above)	Available once every 3 rd policy year	Available each policy year(excluding the first year)			Available once every 3 rd policy year
	Expert Opinion on Critical illness	Available once during the Policy Year				
	Cumulative Bonus (% increase in Sum Insured)	Guaranteed 5%, Max - 200%	Guaranteed 10%, Max - 200%			Guaranteed 5%, Max - 200%
	Healthy Rewards	Earn points equivalent to 1% of premium paid and additional points max. up to 19% from our wellness programs. Redeem earned points against renewal premium or as Health Maintenance Benefit anytime or as equivalent value while availing services through our Network Providers				
Optional	Hospital Daily Cash Benefit (for each 24 hours hospitalization)	₹ 1000	₹ 2000	₹ 3000	₹ 3000	₹ 1000
	Deductible*	₹ 1/2/3/4/5/7.5/10 Lacs		×	×	₹ 50,000, 1/2/3/4/5/7.5/10 Lacs
	Reduction in Maternity Waiting Period	×	Maternity waiting period Reduced from 48 months to 24 months			×
	Voluntary Co-pay*	10% or 20% as opted		×	×	10% or 20% as opted
	Waiver of Mandatory Co-pay**	√	√	√	√	√
Cumulative Bonus Booster	Guaranteed 25%, Max - 200%				×	Guaranteed 25%, Max - 200%
Add-on	Critical Illness (lumpsum additional 100% of SI opted)	√	√	√	×	√

*Voluntary Co-pay & Deductible cannot be opted under the same plan. *Waiting Period of 48 months applies.

**A Mandatory Co-pay of 20% is applicable on all claims for insured aged 65 years and above, which can be waived with the optional cover.

RELATIONSHIPS COVERED:

- **Individual Plan:** Self, spouse, children, parents, siblings, parents-in-law, grandparents and grandchildren, son-in-law and daughter-in-law, uncle, aunt, nephew and niece.
- **Floater Plan:** Self, spouse, children and parents. A floater cover can insure a maximum of 2 adults and 3 children under a single policy.

THE KEY PILLARS UNDERLYING OUR SERVICES ARE:

Claims Handling: Our claims processing service is fast and accurate. You can rely on our claims service associate for easy, efficient and hassle-free claims.

Prevention and Well-being: We are proactive in identifying your health risks and helping you in their management. We go beyond paying claims by bringing to our customers, lifestyle programs that help them live healthier and happier lives.

Prohibition of Rebates (under section 41 of Insurance Act, 1938, as amended):

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.



Dedicated Assistance Services
For any questions or queries, you can contact us at:



1800-102-4462



customercare@manipalcigna.com



* Unlimited restoration available for unrelated illness, injury.

** Maximum rewards that can be earned in a single policy period will be limited to 20% of premium paid in the Policy.

*** Worldwide Emergency Cover available up to full Sum Insured once in a Policy Year.

Disclaimer:

ManipalCigna Health Insurance Company Limited (Formerly known as CignaTK Health Insurance Company Limited) | CIN: U66000MH2012PLC227948 | IRDAI Reg. No.: 151 | Regd. Office: 401/ 402, 4th Floor, Raheja Titanium, Off Western Express Highway, Goregaon East, Mumbai – 400 063 | For more details on risk factors, terms and conditions, please read the sales brochure/ sales document available on our website (Download section) before concluding a sale | 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 | Tax benefits are subject to changes in tax laws | ManipalCigna ProHealth Insurance UIN: MCIHLIP21546V052021 | ManipalCigna Critical Illness Add On Cover UIN: MCIHLIP21128V022021 | Toll free: 1800-102-4462 | Website: www.manipalcigna.com | ARN: ADV/0199/Nov/2020-21