

## MANIPALCIGNA PROHEALTH GROUP INSURANCE POLICY

### MASTER POLICY SCHEDULE

<b>Policy Issuing Office:</b> ManipalCigna Health Insurance Company Limited, 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: Alliance Insurance Brokers Pvt Ltd	Code: IMD1678573-01	Contact numbers: NA
<b>Policy Name:</b>	ManipalCigna ProHealth Group Insurance Policy	
<b>Master Policy Number:</b>	108200000338/00/00	

### PROPOSER DETAILS:

Name :	SAINIK SCHOOL TILAIYA OLD BOYS ASSOCIATION (SANTOBA)		
Address :	Alumni Association,C-32,REMI Bizcort, Near Shah Industrial estate, OFF VEERA DESAI ROAD, Andheri west, MUMBAI, Maharashtra - 400053		
Business Description:	School		
Telephone number(s):	(R) 8447739275	(0) -NA-	(M) -NA-
Email Address:	arun@allianceinsurance.in		

### POLICY DETAILS:

Policy Period:	<b>Inception Date:</b> From: 15:09 on 14/08/2022	<b>Expiry date</b> To: 23:59 on 13/08/2023
Policy Tenure	1 Year	
Policy Zone	Zone1	
Total number of Insured Persons:	1371	
Renewal Status	New business	
Name of the TPA	Paramount Health Services And 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.)	6331232.25
Optional Covers Premium (Rs.)	
Goods and Service Tax (Rs.)	1139621.80
GST Cess (Rs.)	0.00
Total Premium(Rounded Off)	7470854.00

PAN No. : AAEC7904J, 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. : LOA NO.CSD/442/2022/24/08/2022	Dated : 24/08/2022

**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>Paramount Health Services And Insurance TPA Pvt. Ltd</b> Plot No.A-442, Road No-28, Wagale Estate, Ram Nagar, Vitthal Rukhmani Mandir, Thane, THANE, MAHARASHTRA - 400604
	Contact Number	1800226655
	Email ID	manipalcigna.data@paramounttpa.com
	WebSite	

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 05/09/2022

**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**

<b>Benefits Applicable to Employee Band/ Member Category: Group1</b>				
<b>Coverage</b>	<b>Brief Description</b>	<b>Sum Insured</b>	<b>Sub Limit</b>	<b>Sub option</b>
In-patient Hospitalisation Expenses Cover	Hospitalisation covered up to Sum Insured. Parents SI is restricted upto 2.5 Lac maximum with 10% copay on parental Claims	500000.00	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 60 days before date of hospitalisation		NA	60
Post-Hospitalisation Medical Expenses Cover	Medical Expenses covered up to 90 days after date of hospitalisation		NA	90
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		Other limits & conditions-100 % Of Sum Insured	NA
Donor Expenses Cover	In-patient Hospitalisation Expenses of Donor covered up to Sum Insured		Other limits & conditions-100 % Of Sum Insured	NA
	<b>Brief Description</b>	<b>Sum Insured</b>	<b>Sub Limit</b>	<b>Sub option</b>
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	60000.00	NA	Routine or elective C- section delivery
In-patient Hospitalisation-Percentage Limit on Room Rent/Amount Limit On Room Rent/Limit on Room Type	1% of SI & 2% for ICU . Proportionate charges applicable	1.00 (In %)	1.00 (In %)	% Of SI :
Voluntary Co-Pay for In-Patient Hospitalisation	10% copay on parental Claims	NA	NA	10.00 (In %)
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 and 2 dependent children upto 25 yrs of age 2 Dependents Parents upto 90 Years
- iv. Number of life covered at inception Self- 315, Spouse 306, Children 351, Parents 399
- v. Sum Insured Per Family -Rs. 5 Lacs Per family. Parents SI is restricted upto 2.5 Lac maximum with 10% copay on parental Claims
- vi. Special condition-Disable child shall be covered without age limit, subject to dependent of the Associate
- vii. Pre Existing Disease Exclusion -Waived Off
- viii. First 30 days waiting period -Waived Off
- ix. 1 / 2/ 3 year exclusion -Waived Off
- x. Maternity Benefit-INR 35,000 for Normal Delivery and INR 60,000 for C-Section
- xi. Pre-Post Natal Expenses on IPD-Not Covered
- xii. New Born Baby Coverage-Covered from Day 1 within Family Sum Insured
- xiii. Pre & Post Hospitalisation Expenses (60-90 Days respectively)-Covered
- xiv. Room Rent Restriction -1% of SI & 2% for ICU . Proportionate charges applicable
- xv. Home Quarantine Cover -Covered 20K per family, Max policy limit is 10 Lac
- xvi. Internal Congenital Ailments cover-Covered
- xvii. External Congenital Ailments cover-covered in life threatening situation.
- xviii. Emergency Ambulance Charges-Rs. 2000/- per hospitalisation
- xix. sublimit of ailment -No limit apart from below mentioned limit
- xx. Special condition -Psychiatric ailments within a limit of 'Rs.' 30,000 as well as treatment of Functional Endoscopic
- xxi. cyberknife treatment/Stem Cell Transplantation -50% Co-Pay
- xxii. Cochlear Implant treatment -restricted to 50% of the SI.
- xxiii. Lasik Surgery -covered if correction index is /- 7.5 D
- xxiv. AYUSH treatment -Covered as per Standard Terms
- xxv. Attendant charges-Not Covered
- xxvi. Lucentis-Not Covered
- xxvii. GIPSA Claus-e - Applicable
- xxviii. Terrorism Cover-Covered
- xxix. Day Care Procedures-Covered
- xxx. Dental Treatment -Covered if due to accident and requiring Hospitalisation
- xxxi. Cashless Facility-Yes
- xxxii. Addition-Deletion on pro-rata-After the inception of the Policy , NO midterm inclusion of any employee unless he/her is a new joiner and
- xxxiii. Mid-term Addition of Dependents Allowed only in case of new born baby and spouse in case of marriage
- xxxiv. Claim intimation-Within 07 Days of Hospitalisation
- xxxv. Claim submission -Within 30 Days of Discharge From Hospital
- xxxvi. Modern Treatment-Covered as per Standard Terms
- xxxvii. 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.
- xxxviii. 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.
- xxxix. 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.
- xl. 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

**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/Quarterly/ Half yearly option is taken):

NA