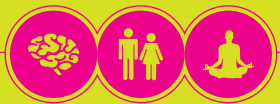




A PLAN DESIGNED TO PROTECT YOUR MIND, BODY AND SOUL.



Presenting Cigna TTK ProHealth.
A health insurance plan that comprehensively protects
your physical, financial and emotional well-being.

Cigna TTK ProHealth Insurance. For your Physical, Emotional and Financial Well-being.

Presenting ProHealth, a plan that covers you physically, emotionally and financially. The plan rewards you for staying healthy and if you fall ill, it helps you bounce back quickly. Brought to you by Cigna TTK Health Insurance, a joint venture of Cigna, a global health services major with over 200 years of experience; and the TTK Group, a business conglomerate that is a household name in India.

A PLAN THAT COVERS YOU COMPLETELY



PHYSICAL WELL-BEING

- In-patient, Pre & Post Hospitalisation
- Day Care Treatment
- Health Maintenance Benefits
- Healthy Rewards
- Health Check-up
- Domiciliary Treatment

EMOTIONAL WELL-BEING

- Expert Opinion on Critical Illnesses
- Worldwide Emergency Cover
- Ambulance Expenses
- Donor Expenses
- Maternity and New-born Expenses
- Vaccination Cover

FINANCIAL WELL-BEING

- Restoration of Sum Insured
- Cumulative Bonus
- Critical Illness Add on Cover
- Discounts on Premium
- Deductible for Premium Reduction
- Tax Benefit

KNOW YOUR PLAN IN DETAIL:

PHYSICAL WELL-BEING



In-patient Hospitalisation: An important aspect of your cover that takes care of medical expenses for injury or illness that require hospitalisation for more than 24 hours. You can choose to get yourself treated at one of our 4000+ network hospitals (for cashless treatment) or any other hospital of your choice. You can call our Health Line, wherein a dedicated Health Relationship Manager will be with you through the entire claims process.



Pre-Hospitalisation: We will reimburse medical expenses incurred due to injury or illness upto 60 days before date of hospitalisation. This includes all forms of diagnostics and allied medical costs incurred towards the illness for which the claim is being made.



Post-Hospitalisation: We don't just cover you when in the hospital, but are with you through the recovery process too. Medical expenses incurred after hospitalisation due to accident, injury or illness will be covered upto 90 days in Protect Plan and 180 days in Plus, Preferred and Premier Plan on a reimbursement basis.



Day Care Treatment: Some ailments can be treated without you requiring to be hospitalized for more than 24 hours. Under this benefit we will cover medical treatment/procedures requiring less than 24 hours of hospitalisation.



Health Maintenance Benefit: An illness no matter how small needs attention. And with our health maintenance benefit, we make sure that happens. We will cover costs of doctor fees, diagnostic tests, drugs, dental treatments etc.



Healthy Rewards: We want you to always stay healthy. You can earn reward points equal to 1% of premium paid each year. In addition, you can accumulate points by opting for our online wellness programs. The accumulated points can be redeemed as a discount in premium from 3rd policy year or reimbursed under health maintenance benefit.



Health Check-up: Most of us take our health for granted. Not anymore. For insured persons above 18 years we will provide with a health check-up facility at our network providers irrespective of the claim status.



Domiciliary Treatment: There could be situations, when treatment may have to be availed at home. We will cover treatment of illness taken for such situations in case the insured person's condition was not suitable for hospital transfer or if there was no hospital bed available.



Expert / Second Opinion on Critical Illnesses: On being diagnosed with a critical illness, one may want to have a second opinion on the best possible recourse. We will provide you with the option to avail of a second opinion from our network of medical practitioners when diagnosed with a covered critical illness.



Worldwide Emergency Cover: Emergencies can be faced anywhere, even while you are away from home. We will cover medical expenses for emergency treatment of illness or injury outside India.



Ambulance Expenses: We believe that nothing should come between you and timely treatment. Under this feature, you are also covered for expenses for transportation by an ambulance service provider to the hospital.



Donor Expenses: We ensure that even the expenses for a donor are taken care of. This benefit will cover in-patient hospitalisation of the donor in case of major organ transplant.



Maternity Expenses: We will cover expenses for the delivery/medically necessary termination of pregnancy maximum upto 2 children during the lifetime of an insured person between 18 to 45 years.



New Born Baby Expenses: We will cover medical expenses for a new born baby until the baby is 90 days old.



First Year Vaccination: We will cover vaccination expenses as per National Immunization Scheme until the new born baby completes one year (ie. 12 months).



Reduction in Maternity Waiting: We provide with the option to reduce the maternity waiting period from 48 months to 24 months.



Restoration of Sum Insured: You may claim for an illness and god forbid, there could be another one that requires you to get hospitalized. This benefit restores the sum insured under the policy to 100% once in a policy year if the balance sum insured and cumulative bonus (if any) is insufficient to settle a claim.



Cumulative Bonus: We will provide an additional sum insured as bonus at the time of renewal in case there is no claim in the expiring policy.



Deductible: We provide an option to select a deductible under the plan. The deductible amount will apply on the sum of all admissible claims in that year. This means that of 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 plan.



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.

FINANCIAL WELL-BEING

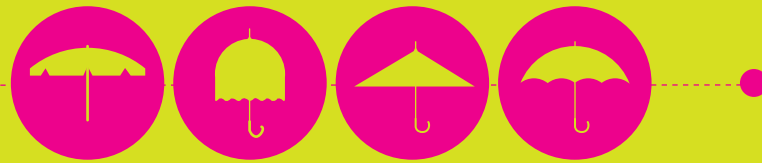


Critical Illness Add on Cover: We will pay for a lump sum benefit equivalent to your opted Sum Insured, in case of first diagnosis of the covered critical illnesses.

Critical Illness benefit covers below listed diseases:

Cancer of specified severity
First heart attack – of specified severity
Open chest CABG
Open heart replacement or repair of heart valves
Coma of specified severity
Kidney failure requiring regular dialysis
Stroke resulting in permanent symptoms
Major organ / bone marrow transplant
Permanent paralysis of limbs
Motor neurone disease with permanent symptoms
Multiple sclerosis with persisting symptoms

A PLAN FOR EVERY
ONE OF YOUR NEEDS



PICK THE PLAN THAT IS RIGHT FOR YOU

Plan	ProHealth Protect	ProHealth Plus	ProHealth Preferred	ProHealth Premier
Sum Insured	₹2.5 Lac	₹4.5 Lac	₹15 Lac	
	₹3.5 Lac	₹5.5 Lac	₹30 Lac	₹100 Lac
	₹4.5 Lac	₹7.5 Lac	₹50 Lac	
		₹10 Lac		

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 and 2 years
- **Relationships Covered:**
 - **Individual Plan:** Self, Spouse, Children, Parents, Siblings, Parents-in-Law, Grandparents and Grandchildren
 - **Floater Plan:** Self, Spouse, Dependent Children and Dependent Parents

FEATURES TO PUT YOU BACK ON TRACK.
AND PUT A SMILE ON YOUR FACE.

- Family Discount • Long Term Discount
- Tax Benefit • Free Look • Zone wise Premium Calculation

DISCOUNTS:

- Family Discount: 10% for covering more than 2 family members under the same individual policy.
- Long Term Discount: A discount of 7.5% is available on selecting a 2 years policy.
- Co-pay Discount: A discount of 7.5% for opting 10% co-pay and a discount of 15% for opting a 20% co-pay on the policy.

Loading & Special Conditions:

Maximum of 100% per Insured loading can be charged on premium payable based on insured health condition.

Grace Period and Renewals:

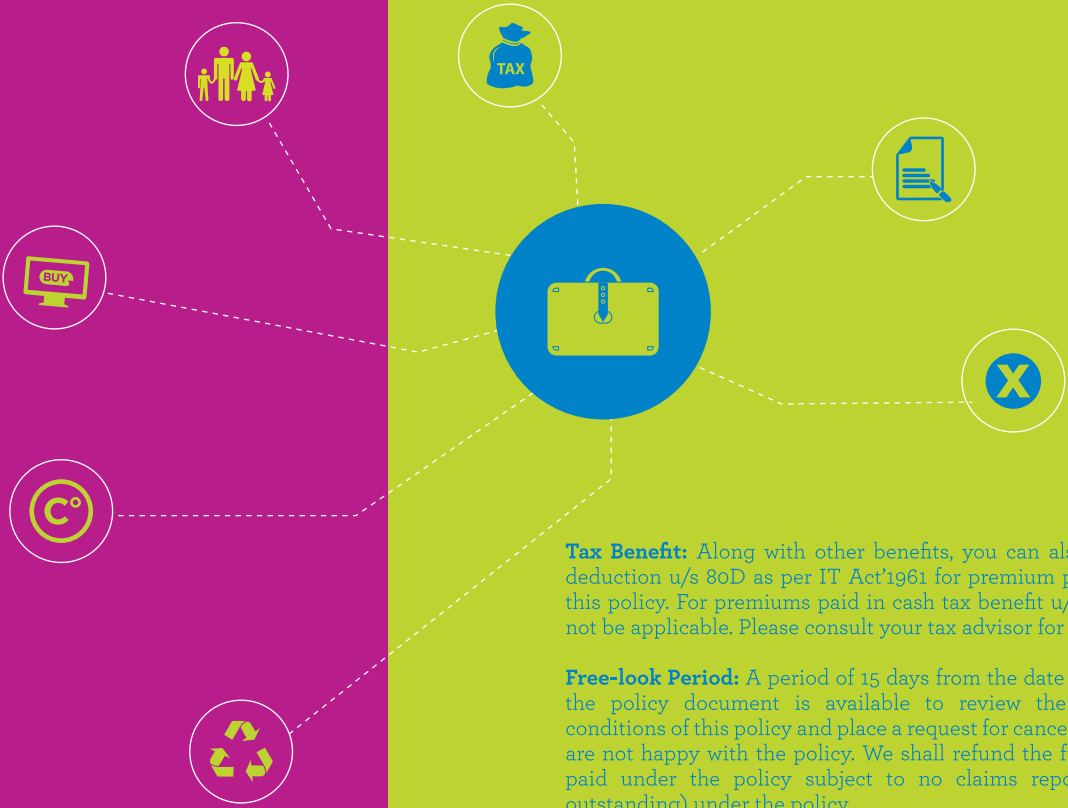
A grace period of 30 days is available for renewal of the policy. The policy is renewable for lifetime. Alteration in sum insured, change in plan, addition of members will be allowed at the time of renewals subject to underwriting.

Portability:

You can port your existing health insurance policy to ProHealth provided you are covered under an Indian Health Retail policy from a Non-life insurance company.

Mandatory Co-pay:

A mandatory co-pay of 20% is applicable on all claims for insured aged 65 years and above.



Tax Benefit: Along with other benefits, you can also claim tax deduction u/s 80D as per IT Act'1961 for premium paid towards this policy. For premiums paid in cash tax benefit u/s 80 D shall not be applicable. Please consult your tax advisor for more details.

Free-look Period: A period of 15 days from the date of receipt of the policy document is available to review the terms and conditions of this policy and place a request for cancellation if you are not happy with the policy. We shall refund the full premium paid under the policy subject to no claims reported (paid/outstanding) under the policy.

Cancellation: You can place a request for cancellation any time during the term of the policy.Premium shall be refunded as per the below grid if no claim is registered in the policy.

1 YEAR	POLICY IN FORCEUP TO	PREMIUM REFUND %
	1 Month	75%
	3 months	50%
	6 months	25%
	More than 6 months	NIL

2 YEAR	POLICY IN FORCE UP TO	PREMIUM REFUND %
	1 Month	87.5%
	3 months	75%
	6 months	62.5%
	12 months	50%
	15 months	37.50%
	18 months	25%
	Above 18 months	NIL

PREMIUM:

The Premium charged on the policy will depend on the Plan, Sum Insured, Policy Tenure, Age, Policy Type, Gender, Zone of Cover, Optional Covers and Add On Benefits opted. For details on premium, please refer to premium booklet.

ZONE WISE PREMIUM

To calculate premium, the country has been divided into Zone 1, Zone 2 and Zone 3.



Zone I

Mumbai, Thane & Navi
Mumbai and Delhi &
NCR

Zone II

Bangalore, Hyderabad, Chennai,
Chandigarh, Ludhiana, Kolkata,
Gujarat

Zone III

Rest of India excluding the
locations mentioned under
Zone I & Zone II

IDENTIFICATION OF ZONE WILL BE BASED ON THE CITY OF THE PROPOSED INSURED PERSONS.

- Persons paying Zone I premium can avail treatment all over India without any co-pay
 - Persons paying Zone II premium
 - i) Can avail treatment in Zone II and Zone III without any co-pay
 - ii) Availing treatment in Zone I will have to bear 10% of each and every claim.
 - Person paying Zone III premium
 - i) Can avail treatment in Zone III, without any co-pay
 - ii) Availing treatment in Zone II will have to bear 10% of each and every claim.
 - iii) Availing treatment in Zone I will have to bear 20% of each and every claim.
- * A foresaid co-pay for claims occurring outside of the zone will not apply in case of hospitalization due to an accident

WAITING PERIOD:

Pre-existing Disease Waiting Period: A waiting period of 24/36/48 months will apply as per plan opted.

First 30-Days Waiting Period: From policy inception date a period of 30 days will apply for hospitalisation claims except for accidents.

Two Years WP: 24 months waiting period will apply on specific ailments. Below list is only indicative and not exhaustive.

- Cataract
- Knee replacement surgery
- Urinary stones
- All type of Hydrocele
- Sinusitis, surgery on tonsils
- Gastric, Cysts, Polyps, internal/skin tumors, breast lumps
- Surgery of Genito-Urinary system

Maternity Waiting Period: Any treatment traceable to pregnancy, childbirth including caesarian will call for 48 months of waiting period. This will be reduced to 24 months if reduction in maternity waiting is opted.

Personal Waiting Period: A waiting period of upto 48 months may apply to individual depending on existing health condition. This will apply after we receive your consent.

CI Waiting Period: 90 days waiting period from the inception date of the policy will apply on CI add on cover.



PERMANENT EXCLUSIONS:

We will not pay any claims arising out of or attributable to any of the following:

- Genetic disorder
- Dental treatment, dentures or surgery
- Circumcision
- Birth control procedures, contraceptive supplies and services
- Routine medical check-up and diagnostic tests
- AIDS and all diseases/illnesses caused by or related to HIV
- All sexually transmitted diseases
- Mental illnesses
- Ailments arising out of alcohol and drug abuse
- Cosmetic surgery except reconstructive surgery for burns and accidents.
- Any form of non-allopathic treatment
- Any robotic or remote surgery
- Any amount which falls under the deductible or co-pay
- Non-medical expenses listed as per IRDA

*Above list is only indicative and not exhaustive and does not apply to Health Maintenance Benefits.



THE KEY PILLARS UNDERLYING OUR SERVICES ARE:

24/7

Reliable Information: Our 24/7 in-house Health Relationship Managers and friendly customer website, provide instant access to healthcare knowledge and personalised policy information.



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 and discharge experience through our on-site and offsite claims services.



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



Personalised Services: To ensure a personalised service experience, you will have a single point of contact to address your concerns, when you need us the most, during hospitalisation.



Secure Online Customer Area: To manage personal policy documents, look up branches, download claim forms and applications.

PLANS AND BENEFITS:

	ProHealth Protect Plan	ProHealth Plus Plan	ProHealth Preferred Plan	ProHealth Premier Plan
Sum Insured	₹2.5 Lac	₹4.5 Lac	₹15 Lac	₹100 Lac
	₹3.5 Lac	₹5.5 Lac	₹30 Lac	
	₹4.5 Lac	₹7.5 Lac	₹50 Lac	
		₹10 Lac		
In-patient Hospitalisation	Covered up to Shared room	Covered up to Single Private room	Covered up to Single Private room	Covered up to Single Private room
Pre-Hospitalisation	Covered up to 60 days before date of hospitalisation			
Post-Hospitalisation	Covered up to 90 days post discharge from hospital	Covered up to 180 days post discharge from hospital		
Day Care Treatment	Covered up to full Sum Insured			
Domiciliary Treatment	Covered up to full Sum Insured			
Ambulance Expenses	Up to ₹2000 per hospitalisation event	Up to ₹3000 per hospitalisation event	Actual expenses paid per hospitalisation event	
Donor Expenses	Covered upto full Sum Insured			
Worldwide Emergency Cover	Covered upto full Sum Insured (once in a policy year)		Covered upto a maximum of ₹10 Lacs	
Restoration Of Sum Insured	Available once in a policy year for unrelated illnesses in addition to the Sum Insured opted			Not Available
Health Maintenance Benefit	Covered upto ₹500	Covered upto ₹2000 each	Covered upto ₹15000 per policy year	
Maternity Expenses	Not Available	Covered upto ₹15,000 for normal delivery and ₹25,000 for C- Section per event	Covered upto ₹50,000 for normal delivery and ₹100,000 for C-Section per event after a waiting Period of 48 months	
New Born Baby Expenses	Not Available	Covered upto Limit under Maternity Expenses		
First Year Vaccinations	Not Available	Covered as per national immunization programme over and above Maternity Expenses		

BASIC COVERS

		ProHealth Protect Plan		ProHealth Plus Plan		ProHealth Preferred Plan	ProHealth Premier Plan
VALUE ADDED COVERS	Health Check-up	Available once every 3rd Policy year for all Insured persons who have completed 18 years of age		Available at each renewal, to all insured persons who have completed 18 years of Age			
	Expert Opinion on Critical illness	Available once during the Policy Year					
	Cumulative Bonus	5% Increase in Sum Insured, maximum upto 50%.		10% Increase in Sum Insured, maximum upto 50%		Not Available	
	Healthy Rewards	Reward Points can be earned for each year of premium paid and accumulated for 2 years. Rewards can also be earned for enrolling and completing our Online Wellness Programs. These earned Reward Points can be used to get a discount in premium from the 3rd Annual Premium OR they can be redeemed for equivalent value of Health Maintenance benefits					
OPTIONAL COVERS	Deductible*	Deductible Options for Protect Plan		Deductible Options for Plus Plan		Not Available	Not Available
		₹2.5 Lac	NA	₹4.5 Lac	₹1 Lac		
		₹3.5 Lac	₹1 Lac		₹2 Lac		
		₹4.5 Lac	₹1 Lac	₹5.5 Lac	₹2 Lac		
			₹2 Lac		₹3 Lac		
				₹7.5 Lac	₹2 Lac		
					₹3 Lac		
				₹10 Lac	₹3 Lac		
	* Voluntary Co-pay and Deductible cannot be taken under a single plan						
	Reduction in Maternity Waiting	Not Available		Maternity waiting period Reduced to 24 months			
	Voluntary Co-Payment*	10% or 20% voluntary co-payment for each and every claim as opted on the Policy				Not Available	Not Available
ADD ON COVER	Critical Illness	Lump sum payment of 100% of Basic Sum Insured Opted					Not Available

PUT YOUR HEALTH IN THE RIGHT HANDS.

Why is Cigna TTK Health Insurance the right choice?

- Our mission is to help you improve your health, well-being and give you a sense of security.
- We offer you the best of international experience and Indian care. Cigna has more than 80 million customer relationships across 31 countries. TTK Group has been bettering lives in India since 1928 and has immense experience in healthcare.
- We provide access to leading hospitals, clinics, physicians and specialists. Our network covers more than 4000 hospitals.
- Our in-house Health Relationship Managers are on stand-by 24x7 to assist you

Why Cigna TTK ProHealth Insurance?

- This plan provides you with end-to-end benefits for your physical, emotional and financial well-being.
- It offers flexibility to choose from multiple plans and sum insured options to suit your individual needs.
- This plan provides one of its kind Healthy Rewards Program that encourages you to stay healthy.
- It comes with completely personalised and hassle-free claim processes.

Section 41 –

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

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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 prospectus or tables of the insurers. Any person making default in complying with the provision of this section shall be punished with fine, which may extend to five hundred rupees.

Disclaimer:

This brochure contains salient features of the plan. For more details on terms & condition please read the sales brochure carefully before concluding the sale. For detailed actual benefits, exclusions, risk factors, terms & conditions please read the policy contract. Tax benefits are subject to change in the tax laws.

Insurance is subject matter of solicitation



Your Health Relationship Manager has the answer

Be it claims assistance or guidance. Contact your health RM anytime.



1-800-10-24462



customercare@cignattk.in



www.cignattkinsurance.in

GET A QUOTE TODAY.

Do log on to www.cignattkinsurance.in or speak to our health advisor today.



Cigna
Health Insurance

Corporate office: Cigna TTK Health Insurance Company Limited, 10th Floor, Commerz, International Business Park, Oberoi Garden City, Goregaon (East), Mumbai - 400 063

IRDA Registration no.:151 dated 13th November, 2013 Product UIN NO.: IRDA/NL-HLT/CTTK/P-HA/-I/390/13-14; Critical Illness: IRDA/NL-HLT/CTTK/P-HA/-I/390/Addon (CI)13-14
Compliance Control No: ADBRO/0009/Feb/13-14 Date of Release: FEB 2014 Onwards; Version No.: 1/Feb2014