

MANIPALCIGNA HEALTH 360

Prospectus

I. What are the Benefits under this Add On Cover?

A) Shield

i) Non-Medical Items:

We will cover the cost of Non-Medical items, listed under Annexure I of the Add-on wording, incurred towards Medically Necessary Hospitalization of the insured person, arising out of Disease/ Illness or Injury. The cover is available subject to the claim being admissible under 'In-patient Hospitalization' and/ or 'Day Care Treatment cover' under the Underlying Policy and the expenses on Non-medical items are related to the same Illness/ Injury.

Exclusion under the Underlying Policy with respect to any of the Non-Medical Items listed under Annexure I of the Add On Cover Wording shall not be applicable for this benefit.

Any claim made under this cover will reduce the Sum Insured of the Underlying Policy.

All claims under this cover can be made as per the claims process defined under 'In-patient Hospitalization' and/ or 'Day Care Treatment cover' under the Underlying Policy.

ii) Durable Medical Equipment

We will cover the expense towards the cost of buying or renting of Durable Medical Equipment as listed below, provided the same is prescribed to the Insured Person by the treating Medical Practitioner, during or after hospitalization for a Medically Necessary treatment.

The cover is available subject to below conditions:

- i. Hospitalization claim is admissible under 'In-patient Hospitalization' and/ or 'Day Care Treatment cover' under the Underlying Policy and the expenses on Durable Medical Equipment are related to the same Illness/ Injury.
- ii. The need for Durable Medical Equipment is prescribed by an authorised Medical Practitioner during hospitalization or within 30 days post discharge of the insured from the hospital.
- iii. Any purchase/ renting of the Durable Medical Equipment should be done within 30 days of such recommendation.

For the purpose of this benefit, Durable Medical Equipment shall mean -

Sr. No	List of Durable Medical Equipment
1	CPAP machine
2	Ventilator
3	Wheelchair
4	Prosthetic device
5	Suction Machine
6	Commode Chairs
7	Infusion Pump
8	Continuous Passive motion devices in case of Knee Replacement
9	Oxygen concentrator

For the purpose of this cover, a Prosthetic device means an externally applied device used to replace wholly or partly an absent or deficient body part (limited to arm or leg or auditory system).

Benefit under this cover is payable up to a maximum of ₹1 Lac in a Policy Year.

Exclusion under the Underlying Policy with respect to any of the above listed Durable Medical Equipment shall not be applicable for this benefit.

Any claim made under this cover will reduce the Sum Insured of the Underlying Policy.

All claims under this cover can be made as per the claims process defined under 'In-patient Hospitalization' and/ or 'Day Care Treatment cover' under the Underlying Policy subject to the claim being admissible under In-patient Hospitalization and/ or Day Care Treatment.

B) Advance

i) Restoration of Sum Insured

In case the Sum Insured inclusive of earned Cumulative Bonus or Cumulative Bonus Booster or No Claim Bonus (as applicable) is insufficient due to claims paid or accepted as payable during the policy year of the Underlying Policy, then we will restore 100% of the Sum Insured opted and as specified in the Policy Schedule of the Underlying Policy, for any number of times in a policy year. This restored amount can be used for all future claims whether the illness/condition is unrelated or same for which a claim has been made in the particular policy year for the same Insured Person. Restoration will not trigger on the first claim.

Restoration of the Sum Insured will only be provided for coverage under 'In-patient Hospitalization', 'Pre-Hospitalization', 'Post-Hospitalization', 'Day Care Treatment', 'Road Ambulance', 'Donor Expenses', 'AYUSH Treatment (In-patient Hospitalization)' and 'Non-Medical Items' if opted and/or applicable under the Underlying Policy.

In case the Restored Sum Insured is not utilised in a policy year, it shall not be carried forward to subsequent policy year. Any restored Sum Insured will not be used to calculate the Cumulative Bonus or Cumulative Bonus Booster or No Claim Bonus (as applicable). For Individual policies issued under the Underlying Policy, restored Sum Insured will be available on individual basis whereas in case of a floater policies issued under the Underlying Policy, it will be available on floater basis.

For any single Claim during a Policy Year the maximum Claim amount payable shall be sum of:

- a. The Sum Insured
- b. Cumulative Bonus or Cumulative Bonus Booster or No Claim Bonus (as applicable)
- c. Restored Sum Insured

All claims under this cover can be made as per the claims process defined under 'In-patient Hospitalization', 'Pre-Hospitalization', 'Post-Hospitalization', 'Day Care Treatment', 'Road Ambulance', 'Donor Expenses', 'AYUSH Treatment (In-patient Hospitalization)' and 'Non-Medical Items' if opted and/or applicable under the Underlying Policy.

This cover shall supersede any existing 'Restoration of Sum Insured' benefit applicable under the Underlying Policy.

This benefit shall not be available if 'Restoration of Sum Insured' is not applicable under the Underlying Policy.

ii) Room Accommodation Upgrade

We will upgrade the Room category coverage under In-patient hospitalization of the Underlying Policy up to 'Any Room Category' subject to maximum of Sum Insured Opted and as specified in the Policy Schedule of the Underlying Policy.

All claims under this cover can be made as per the claims process defined under 'In-patient Hospitalization' under the Underlying Policy.

iii) Air Ambulance

We will reimburse the Reasonable and Customary expenses incurred towards transportation of an Insured Person, to the nearest Hospital or to move the Insured Person to and from healthcare facilities within India, by an Air Ambulance, provided that:

- i. Air Ambulance is used in case of an Emergency life threatening health condition of the Insured Person which requires immediate and rapid ambulance transportation to the hospital or a medical centre which ground transportation cannot provide;
- ii. The Illness/ Injury, causing Emergency, is covered under the ‘In-patient Hospitalization’ or under ‘Day Care Treatment’ of the Underlying Policy;
- iii. The transportation should be provided by medically equipped aircraft which can provide medical care in flight and should have medical equipment to monitor vitals and treat the Insured Person suffering from an Illness/Injury such as but not limited to ventilators, ECG’s, monitoring units, CPR equipment and stretchers;
- iv. ‘Restoration of Sum Insured’, if applicable under the Underlying Policy, shall not be available under this benefit.
- v. Air Ambulance service is offered by a Registered Ambulance service provider;
- vi. The treating Medical Practitioner certifies in writing that the severity and nature of the Insured Person’s Illness/Injury warrants the Insured Person’s requirement for Air Ambulance;
- vii. Payment under this cover is subject to a claim being admissible under ‘In-patient Hospitalization’ or under ‘Day Care Treatment’ of the Underlying Policy, for the same Illness/Injury;

Benefit under this cover is payable upto the limits as specified in the Policy Schedule of the Underlying Policy subject to maximum up to Rs.10 Lacs in a policy year and this is over and above the Sum Insured opted under the Underlying Policy.

What is not covered: Expenses incurred in return transportation to Insured Person’s home by air ambulance is excluded.

All Claims under this benefit can be made as per the ‘Claim Reimbursement Process’ defined under the Underlying Policy.

C) OPD

We will cover the Reasonable and Customary Charges for below mentioned expenses, as per opted Package, incurred by the Insured Person as an Outpatient when treatment is taken from a Network Medical Practitioner to the extent of the Outpatient Sum Insured opted and as specified in Policy Schedule of the Underlying Policy for this benefit.

Benefits	Package 1	Package 2	Package 3
Consultation	Consultation including Dental and Vision consultations, through the Network Medical Practitioner, up to the Outpatient Sum Insured as opted under this Add On Cover and as specified in the Policy Schedule of the Underlying Policy.		
Diagnostics	Not Available	Diagnostic tests including Dental and Vision diagnostics, wherever prescribed by the Network Medical Practitioner, up to the Outpatient Sum Insured as opted under this Add On Cover and as specified in the Policy Schedule of the Underlying Policy.	
Pharmacy	Not Available	Not Available	Expenses incurred on drugs and medicines prescribed by the Network Medical Practitioner up to 20% of the Outpatient Sum Insured and as specified in the Policy Schedule of the Underlying Policy.

Overall payout in a Policy Year should not exceed 100% of the applicable Outpatient Sum Insured.

Any medical aids such as spectacles and contact lenses, hearing aids, crutches, wheel chair, walker, walking stick, lumbo-sacral belt shall not be covered under this benefit.

We shall not cover any treatment and/or procedure under this benefit related to Dental and Vision.

Any unutilized amount under this benefit shall not be carried forward to subsequent Policy Year of the Underlying Policy.

This benefit shall be available only on Cashless basis from the MCHI Network. All Diagnostics and Pharmacy

requirements would need to be prescribed by the Network Medical Practitioner in order to make them eligible under this benefit.

The Insured Person can avail discounts on Diagnostics, Pharmacy, Medical Devices, Health Supplements and other health-related services offered through our Network Providers.

We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner Network Providers (including Diagnostics and Pharmacy services).

Restoration of Sum Insured, if applicable under the Underlying Policy, shall not be available under this benefit.

Please Note: Any claim under any of the covers mentioned in this Add On will only be admissible when it qualifies according to the applicable terms, conditions and exclusions of the Add On Cover and the Underlying Policy. The Insured can opt from A and/or B and/or C along with the Underlying Policy subject to our evaluation and acceptance of the proposal.

II. What are Eligibility terms under the Add On Cover?

- Entry Age
 - o For Adult - Minimum entry age shall be 18 years and no maximum limit on entry age
 - o For Children - Minimum and Maximum entry age shall be as per the Underlying Policy.
- Renewal: Lifetime
- Term: 1, 2 and 3 years
- Individual and Family Floater: This shall apply as per the Underlying Policy
- Policy Period option: This shall apply as per the Underlying Policy

III. What are the Terms and Conditions under this Add On Cover?

- a. The Add On can only be bought along with the underlying policy and cannot be bought in isolation or as a separate product.
- b. All the policy Terms and Conditions of this Add On shall follow the terms and conditions and applicable endorsements of the underlying policy.
- c. All applicable terms and conditions of the underlying policy shall apply to the Add On Cover.
- d. The Add On Cover shall be available under your policy only if the same is specifically opted and specified in the Policy Schedule of the Underlying Policy.
- e. If the Underlying Policy terminates then Add On Cover attached to the Underlying Policy shall also terminate.

For further details, regarding the terms conditions and endorsements, please refer to the prospectus and accompanying documentation of the Underlying Policy along with which this Add On Cover has been offered by Us.

IV. What are the Features under this Add On Cover?

i) Premium Payment mode

Terms and Conditions as per the Underlying Policy shall apply.

ii) Discounts Applicable for 'ManipalCigna Health 360 – OPD'

i. Lifetime Discounts

- a. Employee Discount: 10% discount on the premium
- b. Standing Instruction Discount: 3% discount on the renewal premium, if the renewal premium is received through standing instruction.
- c. Long Term policy discount - Long term discount of 7.5% for selecting a 2 year policy and 10% for selecting a 3 year policy. This discount is available only with 'Single' Premium Payment mode

d. Family discount: (Applicable only with cover on individual basis) 20% discount on the premium is applicable for covering 2 or more members under the same individual Policy.

ii. Short Term Discounts

a. Worksite Marketing Discount - A discount of 10% will be available on policies which are sourced through worksite marketing channel. Discount would be applicable once only at inception of the Policy.

All discounts under IV.ii above are applicable to individual policies as well as floater policies (wherever applicable) except IV.ii.i.d, which is applicable only to individual policies.

Maximum discount in any policy year cannot exceed 40%.

iii) **Income Tax benefit**

Terms and Conditions as per the Underlying Policy shall apply.

iv) **Cancellations**

Terms and Conditions as per the Underlying Policy shall apply.

v) **Grievance Redressal**

Terms and Conditions as per the Underlying Policy shall apply.

V. What are the Waiting periods and Exclusions under this Add On Cover?

We shall not be liable to make any payment under this Add On Cover directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the waiting periods applicable under the Underlying Policy (except ManipalCigna Health 360 – OPD). In case the Insured Person has served the applicable waiting periods under the Underlying Policy, only the remaining waiting period, if any, shall apply to ‘ManipalCigna Health 360 - Shield’ and/or ‘ManipalCigna Health 360 – Advance’.

No waiting period shall be applicable to ManipalCigna Health 360 - OPD.

We shall not be liable under this Add On Cover for any claim in connection with or in respect of the applicable Exclusions as provided under the Underlying Policy.

VI How can I buy this Add on?

This Add on can be ONLY bought in conjunction with an underlying Policy (Base Policy) issued by Us and cannot be bought in isolation. All terms and conditions of the underlying policy will be applicable on the Add on coverage unless specifically mentioned here.

Step 1: The product brochure, policy benefits, exclusions and premium details must be thoroughly understood and discussed with Our advisor/ Company representative, before buying the policy.

Step 2: Once the benefits of the policy are understood, the Proposal Form must be filled, wherein details of the prospective Insured Persons including medical information must be provided as accurately as possible.

Step 3: The proposal form with the required documents have to be submitted along with the premium.

Step 4: Based on the above information we will process Your proposal for Insurance and a policy kit containing the Benefit Schedule, Policy Terms and associated documents will be sent to you.

In case we are unable to underwrite Your proposal We will intimate the same to You and refund any premium that has been collected.

VII. What is the Claim Process?

Applicable Terms and Clauses on Claim process & management of the Underlying Policy will apply to this Add On Cover.

The below process shall be applicable for ‘ManipalCigna Health 360 - OPD’

Claims process for ‘ManipalCigna Health 360 - OPD’

To avail benefits under ‘OPD’ option under ManipalCigna Health 360, the insured is required to access Our or Network Provider’s phone/ web application, wherein he/she shall login/register with required details and

submit necessary information.

Disclaimer:

This is only a summary of the features. The actual benefits available shall be described in the policy, and will be subject to the policy terms, conditions and exclusions.

For more details on risk factors, terms and conditions read the sales brochure and speak to your advisor before concluding a sale.

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

1. 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.
2. Any person making default in complying with the provision of this section shall be punished with fine, which may extend to ten lakh rupees.

Benefit Structure																						
Your Cover Details:	Identify your Coverages	Description																				
Shield	Identify your Opted Sum Insured (in ₹)	Please refer to the Covers and Sum Insured you have opted to understand the available benefits under your plan in brief As per Underlying Policy																				
	Non-Medical Items	Non-Medical items covered up to Sum Insured opted in case of In-patient Hospitalization and/or Day Care Treatment																				
	Durable Medical Equipment	Durable Medical Equipment covered up to ₹1 Lac in case of In-patient Hospitalization, Day Care Treatment and/or during 30 days post-hospitalization																				
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Advance	Identify your Opted Sum Insured (in ₹)	As per Underlying Policy		
	Restoration of Sum Insured (When opted Sum Insured is insufficient due to claims)	<p>Multiple Restoration is available in a Policy Year for all illnesses, whether unrelated or same, in addition to the Sum Insured of the Underlying Policy</p> <p>Applicable for below covers only, if opted and applicable</p> <ol style="list-style-type: none"> 1. In-patient Hospitalization 2. Pre - hospitalization 3. Post - hospitalization 4. Day Care Treatment 5. Road Ambulance 6. Donor Expenses 7. AYUSH Treatment 8. Non-Medical Items <p>Restoration shall not get triggered for the 1st claim The maximum liability under a single claim shall not be more than Sum Insured of the Underlying Policy + Cumulative Bonus or Cumulative Bonus Booster or No Claim Bonus (as applicable) + Restored Sum Insured</p>		
	Room Accommodation upgrade	The Insured Person shall be eligible to upgrade the room type category eligibility under the Policy to “Any Room Category” in a Hospital.		
	Air Ambulance	Covered on reimbursement basis, up to sum insured opted under the Underlying Policy subject to maximum of ₹10 Lacs in addition to the Sum Insured opted under the Underlying Policy for expenses incurred on Air Ambulance		
OPD		Package 1	Package 2	Package 3
	Identify your Opted Sum Insured (in ₹)	5,000 to 20,000 in the multiples of 5,000	10,000 to 30,000 in the multiples of 5,000 & 30,000 to 1,00,000 in the multiples of 10,000	20,000 to 30,000 in the multiples of 5,000 & 30,000 to 1,00,000 in the multiples of 10,000
	Consultation	Can be used to pay for Consultation including Dental and Vision consultations, through the Network Medical Practitioner, up to the Outpatient Sum Insured as opted under this Add On Cover		
	Diagnostics	Not Available	Can be used to pay for Diagnostic tests including Dental and Vision diagnostics, wherever prescribed by the Network Medical Practitioner, up to the Outpatient Sum Insured as opted under this Add On Cover	
	Pharmacy	Not Available	Not Available	Expenses incurred on drugs and medicines prescribed by the Network Medical Practitioner are covered up to 20% of the Outpatient Sum Insured.

This Cover is available only on cashless basis from the Network providers of ManipalCigna Health Insurance Company Limited.
Any unutilized amount under this benefit shall not be carried forward to subsequent Policy Year of the Underlying Policy.

Insurance is a subject matter of solicitation
Enclosure Annexure I – “Rate Chart”