

**MANIPALCIGNAHEALTH360**

**Policy Contract**

**A Preamble**

1. It is agreed and understood that the Add On Cover can only be bought along with the Underlying Policy and cannot be bought in isolation or as a separate product.
2. The Add On Cover is subject to the terms and conditions stated below and the Policy terms, conditions and applicable endorsements of the Underlying Policy.
3. The Add On Cover shall be available under your policy only if the same is specifically opted and specified in the Policy Schedule.
4. All applicable Terms and Conditions of the Underlying Policy shall apply to the Add On Cover.
5. If the Underlying Policy terminates then Add On Cover attached to the Underlying Policy shall also terminate.

**B Definitions**

**B.I Specific Definitions**

1. **Add On Cover** - means ManipalCigna Health 360
2. **Underlying Policy** - means the Insurance Policy or any other insurance plan issued by ManipalCigna Health Insurance Company Limited including its terms and conditions, any annexure thereto and the Policy Schedule (as amended from time to time), the statements in the proposal form or the Customer Information Sheet and the Policy wording (including endorsements, if any) and to which this Add On Cover is attached.
3. Annexure means a document attached and marked as Annexure to this Policy
4. Restored Sum Insured means the amount restored in accordance with Section C.II.1 of this Policy

**C Benefits covered under the Policy**

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 C.I and/or C.II and/or C.III along with the Underlying Policy subject to our evaluation and acceptance of the proposal.

**C.I Shield**

**C.I.1 Non-Medical Items:**

We will cover the cost of Non-Medical items, listed

under Annexure I of the Add On Cover, 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 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.

**C.I.2 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.

## C.II Advance

### C.II.1 Restoration of Sum Insured

We will provide for a 100% restoration 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 whether the illness/condition is unrelated or same, provided that:

- The Sum Insured inclusive of earned Cumulative Bonus or Cumulative Bonus Booster or No Claim Bonus (as applicable) is insufficient as a result of previous claims in that Policy Year under the Underlying Policy.
- The Restored Sum Insured will be available only for claims made by Insured Persons in respect of future claims that become payable and shall not apply to the first claim in the Policy Year under the Underlying Policy. Restoration of the Sum Insured will only be provided 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.

- The Restored Sum Insured will not be considered while calculating the Cumulative Bonus/ Cumulative Bonus Booster/ No Claim Bonus (as applicable).
- Such restoration of Sum Insured will be available for any number of times, during a Policy Year of the Underlying Policy to each insured in case of an Individual Policy and can be utilized by Insured Persons who stand covered under the Underlying Policy before the Sum Insured was exhausted.
- If the Underlying Policy is issued on a floater basis, the Restored Sum Insured will also be available on a floater basis.
- If the Restored Sum Insured is not utilized in a Policy Year, it shall not be carried forward to subsequent Policy Year.
- For any single claim during a Policy Year the maximum Claim amount payable shall be sum of:
  - The Sum Insured
  - Cumulative Bonus or Cumulative Bonus Booster or No Claim Bonus (as applicable)
  - 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.

### C.II.2 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.

### C.II.3 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 Sum Insured as specified in the Policy Schedule of the Underlying Policy subject to maximum up to ₹ 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.III 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
<b>Consultation</b>	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.		
<b>Diagnostics</b>	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.	
<b>Pharmacy</b>	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.

## **D Exclusions**

### **D.I Waiting Period**

All applicable waiting periods of the Underlying Policy will apply to this Add On Cover (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 'ManipalCigna Health 360 - Advance'.

No Waiting Period shall apply to 'ManipalCigna Health 360 - OPD'

### **D.II Exclusions**

Applicable exclusions of the Underlying Policy will apply to this Add On Cover.

## **E General Terms and Clauses**

Applicable Terms and Clauses of the Underlying Policy will apply to this Add On Cover.

### **E.I Standard General Terms and Clauses**

#### **E.I.1. Disclosure of Information**

Applicable Terms and Clauses of the Underlying Policy will apply to this Add On Cover.

#### **E.I.2. Condition Precedent to Admission of Liability**

Applicable Terms and Clauses of the Underlying Policy will apply to this Add On Cover.

#### **E.I.3. Claim Settlement (provision for Penal Interest)**

Applicable Terms and Clauses of the Underlying Policy will apply to this Add On Cover.

#### **E.I.4. Complete Discharge**

Applicable Terms and Clauses of the Underlying Policy will apply to this Add On Cover.

#### **E.I.5. Multiple Policies**

Applicable Terms and Clauses of the Underlying Policy will apply to this Add On Cover.

#### **E.I.6. Fraud**

Applicable Terms and Clauses of the Underlying Policy will apply to this Add On Cover.

#### **E.I.7. Cancellation**

Applicable Terms and Clauses of the Underlying Policy will apply to this Add On Cover.

#### **E.I.8. Migration**

Applicable Terms and Clauses of the Underlying Policy will apply to this Add On Cover.

#### **E.I.9. Portability**

Applicable Terms and Clauses of the Underlying Policy will apply to this Add On Cover.

#### **E.I.10. Renewal of Policy**

Applicable Terms and Clauses of the Underlying Policy will apply to this Add On Cover.

#### **E.I.11. Withdrawal of Policy**

Applicable Terms and Clauses of the Underlying Policy will apply to this Add On Cover.

#### **E.I.12. Moratorium Period**

Applicable Terms and Clauses of the Underlying Policy will apply to this Add On Cover.

#### **E.I.13. Premium Payment in Instalments (Wherever applicable)**

Applicable Terms and Clauses of the Underlying

Policy will apply to this Add On Cover.

Maximum discount in any policy year cannot exceed 40%.

**E.I.14. Possibility of Revision of Terms of the Policy Including the Premium Rates**

Applicable Terms and Clauses of the Underlying Policy will apply to this Add On Cover.

**E.I.15. Free Look period**

Applicable Terms and Clauses of the Underlying Policy will apply to this Add On Cover.

**E.I.16. Redressal of Grievance**

Applicable Terms and Clauses of the Underlying Policy will apply to this Add On Cover.

**E.I.17. Nomination**

Applicable Terms and Clauses of the Underlying Policy will apply to this Add On Cover.

**E.II. Specific Terms and Clauses**

Applicable Terms and Clauses of the Underlying Policy will apply to this Add On Cover.

**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 E.II above are applicable to individual policies as well as floater policies (wherever applicable) except E.II.i.d, which is applicable only to individual policies.

**F Other terms and conditions**

**F.I Claim process & management**

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’

**F.I.1 Claims process for ‘ManipalCigna Health 360 - OPD’**

To avail benefits under ‘ManipalCigna Health 360 - OPD’, 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.

**G Annexure:**

**G.I Annexure I**

**List I - Items for which Coverage is not available in the Policy**

Sr. No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS

20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)

46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

**G.II Annexure II**

<b>Benefit Structure</b>																					
<b>Your Cover Details:</b>	<b>Identify your Coverages</b>	<b>Description</b> Please refer to the Covers and Sum Insured you have opted to understand the available benefits under your plan in brief																			
<b>Shield</b>	Identify your Opted Sum Insured (in ₹ )	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																			
		<table border="1"> <thead> <tr> <th><b>Sr. No.</b></th> <th><b>List of Durable Medical Equipment</b></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>CPAP machine</td> </tr> <tr> <td>2</td> <td>Ventilator</td> </tr> <tr> <td>3</td> <td>Wheelchair</td> </tr> <tr> <td>4</td> <td>Prosthetic device</td> </tr> <tr> <td>5</td> <td>Suction Machine</td> </tr> <tr> <td>6</td> <td>Commode Chairs</td> </tr> <tr> <td>7</td> <td>Infusion Pump</td> </tr> <tr> <td>8</td> <td>Continuous Passive motion devices in case of Knee Replacement</td> </tr> <tr> <td>9</td> <td>Oxygen concentrator</td> </tr> </tbody> </table>	<b>Sr. No.</b>	<b>List of Durable Medical Equipment</b>	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
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<b>Advance</b>	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 Applicable for below covers only, if opted and applicable</p> <ol style="list-style-type: none"> <li>1. In-patient Hospitalization</li> <li>2. Pre - hospitalization</li> <li>3. Post - hospitalization</li> <li>4. Day Care Treatment</li> <li>5. Road Ambulance</li> <li>6. Donor Expenses</li> <li>7. AYUSH Treatment</li> <li>8. Non-Medical Items</li> </ol> <p>Restoration shall not get triggered for the 1<sup>st</sup> 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		
<b>OPD</b>		<b>Package 1</b>	<b>Package 2</b>	<b>Package 3</b>
	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.
<p>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.</p>				


**For any assistance contact:**
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 **customercare@manipalcigna.com**
 **www.manipalcigna.com**

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