

ANNEXURE: ILLUSTRATION OF BENEFITS

1. Restoration of Sum Insured (Available any number of times in a Policy Year)

Illustration: If there are 2 Insured members with Sum Insured ₹10 Lacs each, lets understand how restoration benefit will apply to each under different circumstances.

	Insured 1	Insured 2	
Sum Insured	Basic Sum Insured	₹10,00,000	₹10,00,000
	No claims Bonus (earned from previous policy)	0	₹50,000 (Assuming a claim free year)
	Total Sum Insured	₹10,00,000	₹10,00,000 + ₹50,000 CB
1st Claim	Reason	Due to Gall Bladder Surgery	Due to an accident
	1 st Claim payable amount	₹5,00,000	₹5,00,000
	Balance Sum Insured	₹5,00,000	₹5,00,000 + ₹50,000 CB
2nd Claim	Reason	Due to a Knee Surgery	Due to Meningitis
	2 nd Claim payable amount	₹3,00,000	₹7,00,000
	Available Sum Insured	₹5,00,000	₹5,00,000 + ₹50,000 CB
	Will the Restoration kick in?	No Why - Since the available Sum Insured is enough to pay for the claim, restoration will not kick in.	Yes, Additional Sum Insured of ₹10,00,000 Why - The available Sum Insured is not enough to pay the claim and the ailment is different than the previous claim. The claimed amount (₹7,00,000) is greater than the available Sum Insured (₹5,00,000+50,000)
Balance Sum Insured	₹2,00,000	₹8,50,000 Balance CB - Zero	
3rd Claim	Reason	Due to heart attack	- NA -
	3 rd Claim payable amount	₹11,00,000	
	Available Sum Insured	₹2,00,000	
	Will the Restoration kick in?	Yes. Additional Sum Insured of ₹10,00,000 Why - The available Sum Insured is not enough to pay the claim which is an ailment that is different than the previous two claims. Claim will be paid for ₹10,00,000 (as Maximum claim payable cannot exceed policy Sum Insured)	
Balance Sum Insured	₹2,00,000 available for unrelated claims		
4th Claim	Reason	Due to Brain Surgery	
	4 th claim payable amount	₹6,00,000	
	Available Sum Insured	₹2,00,000	
	Will the Restoration kick in?	Yes. Additional Sum Insured of ₹10,00,000 under multiple restoration cover. Why - The available Sum Insured is not enough to pay the claim which is an ailment that is different than the previous three claims. Claim will be paid for ₹6,00,000	
Balance Sum Insured	₹6,00,000 available for unrelated claims		

2. Deductible

Illustration: If three Insureds with a ₹3.5 Lacs, ₹7.5 Lacs and ₹5 Lacs Sum Insured opt for a deductible, lets understand how deductible will be applied.

	Insured 1	Insured 2	Insured 3	
1 st Policy year	Sum Insured	₹3,50,000	₹7,50,000	₹5,50,000
	Opted Deductible	₹1,00,000	₹2,00,000	₹5,00,000
	What does opting for a deductible mean?	Coverage will start once the Insured person incurs a single claim or multiple claims that add up to the deductible amount.		
	1 st Claim (Accident)	₹40,000 (Not paid by Us as it is within Deductible limit)	₹2,00,000 (Not paid by Us as it is within Deductible limit)	₹300,000 (Not paid by Us as it is within Deductible limit)
	2 nd Claim (Jaundice)	₹60,000 (Not paid by Us as it is within Deductible limit)	₹1,00,000 (Paid by Us as it goes above deductible limit) Since you have already exhausted your deductible limit of ₹2,00,000 we will pay the claim.	₹3,00,000 (₹2,00,000 Not Paid by Us and ₹1,00,000 is Paid by Us as it goes above deductible limit) Since you have already exhausted your deductible limit of ₹5,00,000 we will pay the claim of ₹1,00,000.
Balance Sum Insured	₹3,50,000	₹6,50,000	₹4,50,000	

		₹80,000 (Paid by Us)	₹10,00,000 Restoration will trigger for Additional Sum Insured of ₹7,50,000 (Balance SI: ₹6,50,000 is insufficient to pay for this claim). Available Sum Insured: ₹7,50,000 + ₹6,50,000 = ₹14,00,000 Claim of ₹7,50,000 will be settled, first from Balance SI (₹6,50,000) and the remaining (₹1,00,000) from Restored SI. Balance claim of ₹2,50,000 to be paid out of pocket (Maximum claim payable is upto Sum Insured + Cumulative Bonus/CB Booster (if any))	
	3 rd claim (Knee Surgery)	Since ₹40,000 + ₹60,000 = ₹1 Lac, was paid out of your pocket, your deductible limit of ₹1 Lac was exhausted.		
	Balance Sum Insured		₹6,50,000 available for unrelated claims	

3. Co-payment - I

Illustration:	Mandatory Co-payment	Voluntary Co-payment	Out of Zone Co-payment
	A 67 year old Insured person buys a ₹4.5 Lacs policy, then a mandatory Co-pay of 20% will apply on all his claims.	A 45 year old Insured buys a ₹7.5 Lac Sum Insured and chooses to opt for a Voluntary Co-payment of 10%, then a 10% Co-payment will apply on all his Claims.	An Insured living in Lucknow (Zone III) wants to get treated in Mumbai (Zone I), then a Co-payment of 20% will be applicable on his Claim.
Sum Insured	₹4,50,000	₹7,50,000	₹4,50,000
Claim payable amount	₹1,00,000	₹3,00,000	₹3,00,000
Co-payment	₹20,000 (20% of ₹1,00,000)	₹30,000 (10% of ₹3,00,000)	₹60,000 (20% of ₹3,00,000)
Amount paid by Us	₹80,000	₹2,70,000	₹2,40,000

4. Co-payment – II

Illustration for - Mandatory + Voluntary + Zonal Co-Payment:

A 66 years old Insured person from Lucknow, has opted for an Optional cover of Voluntary Co-payment of 10% and wants to get treated in Delhi, let us understand the Co-payment applicable in this scenario.

Sum Insured	₹10,00,000
Claim payable amount	₹3,50,000
Applicable Co-pays	Voluntary Co-payment (10%) ₹3,50,000 * 10% = ₹35,000. Balance Payable Amount ₹3,15,000
	Mandatory Co-payment for person above 65 (20%) ₹3,15,000 * 20% = ₹63,000 Balance Payable Amount ₹2,52,000
	Zonal Co-payment (20%) (Insured from zone III opting to get treated in Zone I) ₹2,52,000 * 20% = ₹50,400 Balance Payable Amount: ₹2,01,600
Claim payable to the Insured after applying all the Co-pays	₹2,01,600

5. Waiver of Mandatory Co-pay

A 65 year old Individual buys a plan with a Sum Insured of ₹4 Lacs and also opts for a 'Waiver of Mandatory Co-pay option. Let's look at how Waiver of mandatory co-pay will apply in this scenario.

Sum Insured	₹4,00,000
Mandatory Co-pay	20%
What does opting for Waiver of Mandatory of Co-pay mean	The Mandatory co-payment above 65 years will not be applicable. On payment of additional premium this mandatory co-payment is waived off.
1 st Claim	₹1,50,000
Amount paid by Insurer	₹1,50,000 (fully paid without Co-pay) Co-payment amount of 30,000 would have been applicable if the Insured hadn't opted for a "Waiver of Mandatory co-pay"
Balance Sum Insured	₹2,50,000

6. Utilization of Health Maintenance Benefit (HMB) towards Deductible - Illustration I

Let's look at how benefits will be paid out for a 36 year old individual who buys ProHealth Accumulate plan, where he chooses to utilize HMB in the first claim entirely towards Deductible.

Plan Selection

- o Sum Insured - 7,50,000
- o Deductible - 2,00,000
- o HMB - 15,000

Optional covers - None

Year I	Opted Sum Insured	₹7,50,000	
	Opted High Deductible	₹2,00,000	
	Opted HMB	₹15,000	
	1 st Claim - Hospitalization (utilization of HMB)	Reason	Hospitalization due to Malaria
		Admissible Claim Amount	₹50,000
		Utilization of HMB towards Deductible	₹15,000
		Payable claim by Insurer	Not paid by Insurer (As deductible of ₹2 Lacs applies of which ₹15,000 is contributed from HMB & ₹35,000 from own pocket)
		Balance Sum Insured	₹7,50,000
		Balance Deductible	₹1,50,000
		Balance HMB	NIL
2 nd claim - Hospitalization	Reason	Accident	
	Admissible Claim Amount	₹3,00,000	
	Payable claim by Insurer	₹1,50,000 (₹1,50,000 Incurred by Insured to meet balance deductible)	
	Balance Sum Insured	₹6,00,000	
Year II	Basic Sum Insured	₹7,50,000	
	Cumulative Bonus	₹37,500 (5% of ₹7,50,000)	
	HMB	₹15,000	
	Carried forward HMB	None	
	Bonus applicable on Balance HMB	None (Bonus is applicable on carried forward HMB only)	
	Total HMB	₹15,000	
	No other hospitalization/ Health maintenance claim was registered in Year II.		

7. Utilization of HMB towards OPD expenses - Illustration II

Let's look at how benefits will be paid out for a 36 year old individual who buys ProHealth Accumulate plan and chooses to redeem his HMB towards OPD expenses.

Plan Selection

- o Sum Insured - 7,50,000
- o Deductible - 2,00,000
- o HMB - 15,000

Year I	Opted Sum Insured	₹7,50,000	
	Opted High Deductible	₹2,00,000	
	Opted HMB	₹15,000	
	1 st Claim - Hospitalization	Reason	Accident
		Admissible Claim Amount	₹3,00,000
		Payable claim by Insurer	₹1 Lac (As deductible of ₹2 Lacs applies of which ₹2 Lacs is contributed from own pocket)
		Balance Sum Insured	₹6,50,000
		Balance deductible	Nil
	2 nd Claim - HMB	HMB	₹5,000
		Reason	OPD consultation & diagnostic tests
Payable claim by Insurer		₹5,000	
Balance HMB to be carried forward		₹10,000	
Year II	Basic Sum Insured	₹7,50,000	
	Cumulative Bonus	₹37,500 (5% of ₹7,50,000)	
	HMB (Fresh Sum Insured)	₹15,000	
	Carried forward HMB	₹10,000	
	Bonus applicable on Balance HMB	₹500 (5% on ₹10,000)	
	Total HMB available in Year II	₹25,500 (₹15,000 + ₹10,000 + ₹500)	
	No hospitalization/ Health maintenance claim was registered in Year II.		
Year III	Basic Sum Insured	₹7,50,000	
	Cumulative Bonus	₹37,500 (5% of Sum Insured)	
	Total Sum Insured Available for Claim	₹7,50,000 + ₹37,500 + ₹37,500	
	HMB for Year III	₹15,000	
	Unutilised HMB Carried Forward	₹25,500	
	Bonus applicable on Balance HMB	₹1275 (5% on ₹ 25,500)	
	Total HMB available in Year III	₹41,775 (₹15,000 + ₹25,500 + ₹1275)	
No hospitalization/ Health maintenance claim was reported in Year III.			

8. Utilization of Health Maintenance Benefit (HMB) towards Co-pay

Let's look at how benefits will be paid out for a 36 year old individual who buys ProHealth Accumulate plan, where he chooses to utilize Health Maintenance Benefit towards Co-pay.

Plan Selection

- o Sum Insured - 10,00,000
- o Voluntary Co-pay - 10%
- o Health Maintenance Benefit - 15,000

Year I	Opted Sum Insured		₹10,00,000	
	Opted Voluntary Co-pay		10%	
	Opted Health Maintenance Benefit		₹15,000	
	1 st Claim - Hospitalization (utilization of Health Maintenance Benefit)	Reason	Hospitalization due to Malaria	
		Admissible Claim Amount	₹10,000	
		Utilization of HMB towards applicable Co-pay	₹1000	
		Balance Claim amount paid by Insurer	₹9000	
Balance HMB		₹14,000		
Balance Sum Insured		₹9,91,000		
Year II	Basic Sum Insured		₹10,00,000	
	Cumulative Bonus		₹50,000	
	Health Maintenance Benefit		₹15,000	
	Carried forward Health Maintenance Benefit		₹14,000	
	Bonus applicable on Balance HMB		₹700 (5% on ₹14,000)	
	Total HMB		₹29,700 (₹15,000 + ₹14,000 + ₹700)	




9. Cumulative Bonus

Renewal Year	Sum Insured (₹)	Claim	CB (%)	CB (Amount) (% of previous year SI)	Carried forward CB from previous year	Cumulative Bonus - Earned in that year + Carried forward from previous year	Total Available Amount in that Year (SI+CB)
00	100,000	No	0	NA	NA	NA	₹100,000
01	200,000	No	5%	₹5000	NA	₹5,000	₹200,000 + ₹5,000
02	300,000	No	5%	₹10,000	₹5,000	₹15,000	₹300,000 + ₹15,000
03	200,000	No	5%	₹10,000	₹10,000	₹20,000	₹200,000 + ₹20,000
04	100,000	No	5%	₹5,000	₹10,000	₹15,000	₹100,000 + ₹15,000

10. Cumulative Bonus Booster

A 35 year old Individual buys a Plus plan with a Sum Insured of 10 Lacs and opts for a 'Cumulative Bonus Booster' option. Let's look at how the bonus is calculated in case of No claim in the previous year.

Year I	No Claim	
Year II	Sum Insured	10,00,000
	Cumulative Bonus Booster	25%
	Sum Insured + cumulative bonus	10,00,000+ 2,50,000

 **Your Health Relationship Manager Has The Answer**  **1800-102-4462**  **customercare@manipalcigna.com**  **www.manipalcigna.com**

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