MANIPALCIGNA HEALTH 360

Prospectus

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

A) Shield

i) Non-Medical Items:

We will indemnify expenses incurred for the Insured Peron with respect to the non-medical expenses listed under Annexure II List I – Items for which Coverage is not available in the Policy.

Specific conditions applicable to Non-medical Items

a. Claim under Non-Medical Items shall be payable only if a claim is admissible under 'In-patient Hospitalization' and/ or 'Day Care Treatment cover' sections of the Underlying Policy and the expenses on Non-medical items are related to the same Illness/ Injury.
b. If this benefit is in force then exclusion pertaining to non-medical expenses in the Underlying Policy shall be superseded ONLY to the extent of coverage provided under this benefit
c. Any claim made Non-medical items will reduce the Sum Insured of the Underlying Policy.
d. All claims under this benefit can be made as per the claims process defined under 'In-patient Hospitalization' and/ or 'Day Care Treatment cover' sections of the Underlying Policy.

ii) Durable Medical Equipment

We will reimburse Reasonable and Customary expenses incurred during the Policy Period on the purchase or rental of any Durable Medical Equipment listed in the table below.

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

Specific conditions applicable to Durable Medical Equipment

i. This benefit shall be payable only where a claim has been admitted as 'In-patient Hospitalization' or as 'Day Care Treatment' in the Underlying policy and where such expenses are related to the same illness or injury for which the hospitalization or Day Care Treatment was availed.
ii. The listed equipment must be prescribed to such Insured Person by the treating Medical Practitioner for medically necessary treatment during hospitalization or within 30 days post discharge of the insured from the hospital.
iii. The purchase or rental of the Durable Medical Equipment must be completed within 30 days of such recommendation.
iv. Any claim made under Durable Medical Equipment benefit will reduce the Sum Insured of the Underlying Policy. Our maximum liability under this benefit in any given policy year shall not exceed ₹1 Lacs as per policy type.

v. If this benefit is in force then exclusion pertaining to durable medical equipment in the Underlying Policy shall be superseded ONLY to the extent of coverage provided under this benefit
vi. 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).
vii. All claims under this benefit can be made as per the claims process defined under 'In-patient Hospitalization' and/ or 'Day Care Treatment cover' sections of the Underlying Policy.

B) Advance

i) Restoration of Sum Insured

We will provide 100% restoration of the Base Sum Insured of the Underlying Policy. Such Base Sum Insured shall be as opted and specified in the Policy Schedule of the Underlying Policy. Restorations shall be provided unlimited times in a Policy Year. The restored amount can be utilized for paying medical expenses arising out of a related Illness/Injury or an unrelated illness/ or Injury that may arise during the remainder of a policy year.

Specific Conditions applicable to Restoration of Sum Insured

a. Restoration shall trigger only when the Sum Insured, inclusive of any type of Bonus (if applicable), and any benefit that increases the Sum Insured is insufficient due to previous claims made under the Underlying Policy during the same Policy Year.
b. The Restored amount can be utilized only to pay future claims that may arise in the Underlying policy during the remainder of the policy year and shall not apply to the first admissible claim of such Policy Year.
c. The Restored amount can be utilized to pay for claim admissible only under the below covers (if the same are opted and in-force in the Underlying Policy)
    1. 'In-patient Hospitalization'
    2. 'Day Care Treatment'
    3. 'Pre-Hospitalization Medical Expenses'
    4. 'Post-Hospitalization Medical Expenses'
    5. 'Road Ambulance'
    6. 'Donor Expenses'
    7. 'AYUSH Treatment (In-patient Hospitalization)'
    8. 'Non-Medical Items'
d. Any unutilized restored amount shall not be carried forward to any subsequent policy years.
e. This benefit shall not be available where Restoration benefit is not applicable under the Underlying Policy. Furthermore, if this benefit is opted then the existing benefit in the underlying policy shall cease to exist and this benefit shall apply.
f. The restored amount shall be available on an Individual basis in Individual/Multi-Individual policies and on a floater basis in Family Floater policies.
g. Our Maximum liability for a single claim in a policy year shall never exceed the aggregate of
    a) Base Sum Insured in amount terms
    b) Any form of bonus if applicable and remaining
    c) Any form of Sum Insured increase if applicable and remaining

Specific Exclusions applicable to Restoration of Sum Insured

1. Claims falling under the purview of any one Illness

ii) Room Accommodation Upgrade

Under this benefit we will upgrade the Room rent eligibility covered in the Underlying policy to 'Any Room Category'. Thus room rent expenses in the Underlying policy shall be covered at actuals maximum upto the Sum Insured of the underlying policy.

iii) Air Ambulance

We will reimburse Reasonable and Customary expenses incurred during the Policy Period in transporting an Insured Person in an air ambulance. Such expenses shall be paid only in case of an Emergency where-in the Insured person is in a life-threatening medical condition and requires immediate and rapid transportation to a Hospital which ground transport cannot provide.

Specific Conditions applicable to Air Ambulance

a. The treating Medical Practitioner must certify in writing that the severity and nature of the Insured Person's Illness/Injury warrants the Insured Person's requirement for Air Ambulance.
b. The air ambulance service must be provided by a lawfully registered Healthcare or Ambulance Service Provider.
c. Under this benefit we shall only reimburse Reasonable and Customary Air Ambulance expenses incurred:
    1. For transferring the Insured Person from site of incident to the nearest Hospital AND/OR
    2. For transferring the Insured Person from one Hospital to another nearest Hospital within India due to the non-availability of the required treatment in the existing Hospital.
d. Expenses incurred for return transportation of the Insured Person to their residence by air ambulance shall not be covered.
e. This benefit shall be payable only where a claim has been admitted as 'In-patient Hospitalization' or 'Day Care Treatment' and where such expenses are related to the same illness or injury for which the hospitalization was availed.
f. This benefit has a separate independent benefit limit of ₹10Lac which shall be over and above the Sum Insured of the Underlying policy and shall replenish post completion of each policy year.
g. Our maximum liability under this benefit in any given policy year shall not exceed ₹10 Lacs as per policy type.

All claims under this benefit can be made as per the Reimbursement claims process defined in the Underlying Policy.

C) OPD

We will cover the Reasonable and Customary Charges incurred during the Policy Year for an Insured Person on outpatient treatment expenses listed below.

<table>
<tr><th>Benefits</th><th>Package 1</th><th>Package 2</th><th>Package 3</th></tr>
<tr><td>Consultation</td><td colspan="3">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.</td></tr>
<tr><td>Diagnostics</td><td>Not Available</td><td colspan="2">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.</td></tr>
<tr><td>Pharmacy</td><td>Not Available</td><td>Not Available</td><td>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.</td></tr>
</table>

Specific Conditions applicable to OPD

a. This benefit has a separate independent benefit limit. Our maximum liability in a policy year shall never exceed 100% of the applicable Outpatient Sum Insured (benefit limit) as specified in the Policy Schedule.
b. The listed outpatient treatment must be availed from a network medical practitioner.
c. The unutilized Outpatient Sum Insured shall not be carried forward to any subsequent Policy Years
d. This benefit shall be available only on Cashless basis from our Network.
e. All diagnostic tests and pharmacy items must be prescribed by a Network Medical Practitioner to be eligible under this benefit.
f. The Insured Person can avail discounts on Diagnostics, Pharmacy, Medical Devices, Health Supplements and other health-related services offered through our Network Providers.
g. 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).
h. If this benefit is in force then exclusion pertaining to out-patient expenses in the Underlying Policy shall be superseded ONLY to the extent of coverage provided under this benefit.
i. No waiting period is applicable to OPD benefit

Specific Exclusions applicable to OPD

a. 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.
b. We shall not cover any dental or vision treatment and/or procedure under this benefit

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

- Entry Age
  - For Adult - Minimum entry age shall be 18 years and no maximum limit on entry age
  - 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. In the event of any inconsistency in details provided in this document, the terms and conditions stated in the policy wordings shall prevail.
b. The Add On can only be bought along with the underlying policy and cannot be bought in isolation or as a separate product.
c. 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.
d. All applicable Terms and Conditions of the Underlying Policy shall apply to this Add On Cover as well.
e. The Add On Cover shall be available only if it is specifically opted and the same is specified in the Policy Schedule of the Underlying Policy.
f. If the Underlying Policy terminates then this Add On Cover shall also terminate.
g. The geographical scope of coverage of this add-on and all its benefits is limited to events or perils occurring within India and to medical expenses incurred within India only. All admissible or payable claims shall be processed and settled in India and shall be payable exclusively in Indian Rupees.
h. We shall provide coverage only for those medical expenses that have been utilized during treatment/procedures payable under this add-on. Any medical expense incurred but not utilized shall not be payable under the add-on.
i. The policyholder can opt any of the below sub-covers in any combination along with the Underlying Policy subject to our evaluation and acceptance of the proposal.

i. Shield
ii. Advance
iii. OPD

Key Terms

1. **Any one Illness** means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where the treatment was taken.
2. **Geographical Scope** means the geographical area where-in this insurance policy provides coverage.The policy will cover eligible medical treatments and related expenses only if the same were incurred within the stated geographical scope. Any expenses incurred outside this specified area will not be covered.
3. **Underlying Policy** means the retail health Insurance Base Policy/Plan issued by ManipalCigna Health Insurance Company Limited to which this add-on is attached. The terms and conditions of the Base Policy stipulated in the Policy Wordings, Prospectus, Policy Schedule, Proposal form and endorsements of the Underlying policy shall apply to this add-on cover as well.
4. **Policy Type** means either an Individual Policy or a Multi Individual Policy or a Family floater policy as specified in the Policy Schedule of the Underlying policy.

For further details, regarding the terms conditions and endorsements, please refer to the prospectus, policy wordings 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?

ii) Premium Payment mode

Terms and Conditions as per the Underlying Policy shall apply.

iii) 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 polices 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%.

iv) Income Tax benefit

Terms and Conditions as per the Underlying Policy shall apply.

v) Cancellations

Terms and Conditions as per the Underlying Policy shall apply.

vi) 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?

Waiting Periods

All waiting periods applicable in the Underlying policy shall apply to afresh only to the below coverages of this add-on. Such waiting periods shall apply afresh from the time the below coverages

under this add-on come into force

1. Non-Medical Items
2. Durable Medical Equipment
3. Restoration of Sum Insured
4. Room Accommodation Upgrade
5. Air Ambulance

Exclusions

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

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** Please refer to the Covers and Sum Insured you have opted to understand the available benefits under your plan in brief

<table>
<tr><td>Shield</td><td>Identify your Opted Sum Insured (in `)</td><td colspan="3">As per Underlying Policy</td></tr>
<tr><td></td><td>Non-Medical Items</td><td colspan="3">Non-Medical items covered up to Sum Insured opted in case of In-patient Hospitalization and/or
Day Care Treatment</td></tr>
<tr><td></td><td>Durable Medical Equipment</td><td colspan="3">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>
<tr><th>Sr. No</th><th>List of Durable Medical Equipment</th></tr>
<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>
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<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>
</table></td></tr>
<tr><td>Advance</td><td>Identify your Opted Sum Insured (in `)</td><td colspan="3">As per Underlying Policy</td></tr>
<tr><td></td><td>Restoration of Sum Insured (When opted Sum Insured is insufficient due to claims)</td><td colspan="3">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
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

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</td></tr>
<tr><td></td><td>Room Accommodation upgrade</td><td colspan="3">The Insured Person shall be eligible to upgrade the room type category eligibility under the Policy
to “Any Room Category” in a Hospital.</td></tr>
<tr><td></td><td>Air Ambulance</td><td colspan="3">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</td></tr>
<tr><td>OPD</td><td></td><td>Package 1</td><td>Package 2</td><td>Package 3</td></tr>
<tr><td></td><td>Identify your Opted Sum Insured (in `)</td><td>5,000 to 20,000 in the multiples of 5,000</td><td>10,000 to 30,000 in the multiples of 5,000 &
30,000 to 1,00,000 in the multiples of 10,000</td><td>20,000 to 30,000 in the multiples of 5,000 &
30,000 to 1,00,000 in the multiples of 10,000</td></tr>
<tr><td></td><td>Consultation</td><td colspan="3">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</td></tr>
<tr><td></td><td>Diagnostics</td><td>Not Available</td><td colspan="2">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</td></tr>
</table>

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

Annexure II

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