# MANIPALCIGNA HEALTH 360

## Policy Contract

### A Preamble

1. It is agreed and understood that the Add On Cover can only be bought along with an 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 only if it is specifically opted and the same is specified in the Policy Schedule of the Underlying Policy.
4. All applicable Terms and Conditions of the Underlying Policy shall apply to this Add On Cover as well.
5. If the Underlying Policy terminates then this Add On Cover shall also terminate.
6. 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.
7. 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.
8. For migration between ManipalCigna retail health products, eligibility will be assessed as per internal renewal guidelines.

### B Definitions

### B.I Specific Definitions

1. **Add On Cover** means this ManipalCigna Health 360 add-on
2. **Annexure** means a document attached and marked as Annexure to this Policy
3. **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.
4. **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.
5. **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.
6. **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.

### 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 Policyholder 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 indemnify expenses incurred for the Insured Peron with respect to the non-medical expenses listed under G.I Annexure I 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.

### C.I.2 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.

## C.II Advance

### C.II.1 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

i. Claims falling under the purview of any one Illness

**C.II.2 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.

**C.II.3 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.
h. All claims under this benefit can be made as per the Reimbursement claims process defined in the Underlying Policy.

**C.III OPD**

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

| 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. |

**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

## D Exclusions

### D.I Waiting Period

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

### 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.

**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 polices 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. Maximum discount in any policy year cannot exceed 40%.

## 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.

**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 |