

MANIPALCIGNA LIFETIME PLUS

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.
6. The Add On Cover can be bought along with the Underlying Policy only at the time of first inception of the Underlying Policy or at subsequent renewals as applicable.

B. Definitions

B.I. Standard Definitions

1. **Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the Policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.
2. **Cumulative Bonus** Means any increase in the Sum Insured granted by the insurer without an associated increase in premium.
3. **Maternity expenses means:**
 - i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization);
 - ii. Expenses towards lawful medical termination of pregnancy during the Policy Period.
4. **New Born Baby** means baby born during the Policy Period and is Aged up to 90 days.

B.II. Specific Definitions

1. **Add On Cover** means ManipalCigna Lifetime Plus.
2. **Annexure** means a document attached and marked as Annexure to the Underlying Policy.
3. **Area of Cover** means the geographic coverage area as defined under the Underlying Policy and/or under the Add On Cover and as particularly specified for the Insured Person in the Policy Schedule.
4. **Couple** means the legally married Indian man and woman above the age of 21 years and 18 years respectively.
5. **Intending couple** means an Insured Indian couple who have a medical indication necessitating gestational surrogacy and who intend to become parents through surrogacy.
6. **Indian Resident** means an individual will be considered to be resident of India, if he is in India for a period or periods amounting in all to one hundred and eighty-two days or more, in the immediate preceding 365 days.
7. **Intending woman** means an Indian woman who is a widow or divorcee between the age of 35 to 45 years and who intends to avail the surrogacy.
8. **IUI** - Intrauterine insemination (IUI) is a fertility treatment where sperm cells are placed directly into a woman's uterus.
9. **IVF** - In vitro fertilization (IVF) is a type of assistive reproductive technology (ART). It involves retrieving eggs from a woman's ovaries and fertilizing them with sperm cells in a laboratory.
10. **Medical Emergency** means the occurrence of a sudden, serious and unexpected sickness or injury for which medical treatment must start within 24 hours of the emergency event & in the absence of immediate medical attention, this condition would result in:
 - 1) Death;
 - 2) Permanent placement of the Insured's health in

jeopardy;

- 3) Serious impairment of bodily functions; or
- 4) Serious and permanent dysfunction of any body organ or part.

Expenses incurred for "Medical Emergency" will be paid only for sickness or injury which fulfills the above conditions. These expenses will not be paid for minor injuries or minor sicknesses.

11.Oocyte means naturally ovulating oocyte in the female genetic track.

12.Surrogacy means a practice whereby one women bears and gives birth to a child for an intending couple with the intention of handing over such child to the intending couple after the birth.

13.Surrogacy Act means the Surrogacy (Regulation) Act, 2021 and its subsequent amendments

14.Surrogacy Clinic means surrogacy clinic, centre or laboratory, conducting assisted reproductive technology services, invitro fertilisation services, genetic counselling centre, genetic laboratory, Assisted Reproductive Technology Banks conducting surrogacy procedure or any clinical establishment, by whatsoever name called, conducting surrogacy procedures in any form.

15.Surrogacy procedures means all gynaecological, obstetrical or medical procedures, techniques, tests, practices or services involving handling of human gametes and human embryo in surrogacy

16.Surrogate Mother means a women who agrees to bear a child (who is genetically related to the intending couple or intending women) through surrogacy from the implantation of embryo in her womb and fulfils the conditions as provided in sub-clause (b) of clause (iii) of Section 4 of The Surrogacy (Regulation) Act, 2021.

17.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.

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 and/or C.IV and/or C.V and/or C.VI along with the Underlying Policy subject to our evaluation and acceptance of the proposal.

C.I. Maternity Cover

C.I.1. Maternity Expenses

We will cover Maternity Expenses up to Maternity Sum insured as specified in the Policy Schedule for the delivery of a child and/ or Maternity Expenses incurred during the Policy Year, related to a Medically Necessary and lawful termination of pregnancy, up to maximum 2 deliveries or terminations during the lifetime of an Insured Person.

You understand and agree that:

- (a) Our maximum liability per delivery or termination is subject to the Maternity Sum Insured specified in the Policy Schedule.
- (b) The female adult Insured Person should have been continuously covered under the Underlying Policy & Maternity Expenses for at least 36 months before availing this benefit.
- (c) The cover under this benefit shall be restricted maximum up to two deliveries or terminations during the lifetime of an Insured Person.
- (d) The payment towards any admitted claim under this benefit for any complication arising out of or as a consequence of maternity or child birth will be restricted to Maternity Sum Insured specified in the Policy Schedule however any restored amount will not be available for coverage under this section.
- (e) Pre or post-natal Maternity Expenses will be covered within the Maternity Sum Insured under this benefit however; any Pre or Post-hospitalization Expenses of Underlying Policy under Section D.II.3 and D.II.4 will not be applicable for this benefit.
- (f) Maternity Sum Insured available under Maternity Expenses will be in addition to Sum

Insured applicable under Underlying Policy.

- (g) Applicable Deductible under the Underlying Policy shall also apply to this benefit.
- (h) We will not cover the following expenses under Maternity Benefit:
 - i) Medical Expenses in respect of the harvesting and storage of stem cells when carried out as a preventive measure against possible future illnesses.
 - ii) Medical Expenses for ectopic pregnancy. However, these expenses will be covered under the In-patient Hospitalization of Underlying Policy under Section D.II.1.

Exclusion E.I.18 as per the Underlying Policy shall not apply to this cover subject to terms and conditions under this benefit.

In Individual policies, we can offer Maternity Expenses to Adult Insured Male member as well. However, claim under this benefit shall be payable to the female spouse upon adding them as an Insured in the Policy. In such cases the applicable waiting period shall be as per the first inception of the policy.

All Claims under this benefit can be made as per the process defined under Section G.I.4 & G.I.5 of Underlying Policy.

C.I.2. New Born Baby Expenses

Subject to a claim being admitted under Maternity Expenses under Section C.I.1, We will cover.

- (a) Medical Expenses towards treatment of the New Born Baby while the Insured Person is hospitalized as an In-patient for delivery.
- (b) The Reasonable and Customary Charges incurred on the New Born Baby during and post birth up to 90 days from the date of delivery, within the limits specified in the Policy Schedule under Maternity Expenses without payment of any additional premium.
- (c) Any restored Sum Insured will not be available for coverage under this section.
- (d) Subject to the underwriting and to the terms and conditions of the Underlying Policy, We will cover the New Born Baby beyond 90 days on payment of requisite premium for the New Born Baby into the Underlying Policy by way of an endorsement or at the next Renewal, whichever is earlier.
- (e) Applicable Deductible under the Underlying

Policy shall also apply to this benefit.

All Claims under this benefit can be made as per the process defined under Section G.I.4 & G.I.5 of Underlying Policy.

C.I.3. First Year Vaccinations

We will cover Reasonable and Customary charges for vaccination expenses for the New Born Baby as per National Immunization Scheme (India) listed below, until the baby completes 1 year (12 months) within the limits specified in the Policy Schedule under Maternity Expenses without payment of any additional premium. In case the Underlying Policy ends before the New Born Baby has completed 1 year (12 months), the coverage under this benefit shall continue subject to the Underlying Policy being renewed in the subsequent year. Any restored Sum Insured will not be available for coverage under this section.

Time Interval	Vaccinations to be done (Age)	Frequency
0 - 3months	BCG (Birth to 2 weeks)	1
	OPV (0,6,10 weeks) OR OPV + IPV1 (6,10 weeks)	3 OR 4
	DPT (6 & 10 week)	2
	Hepatitis-B (0 & 6 week)	2
	Hib (6 & 10 week)	2
3 - 6 months	OPV (14 week) OR OPV + IPV2	1 or 2
	DPT (14 week)	1
	Hepatitis-B (14 week)	1
	Hib (14 week)	1
9 months	Measles (+9 months)	1
12 months	Chicken Pox (12 months)	1

All Claims under this benefit can be made as per the process defined under Section G.I.5 of Underlying Policy.

C.I.4. Optional Cover

C.I.4.1. Infertility Cover

We will cover the Medical Expenses of the eligible Insured Person if hospitalized on the advice of the Medical Practitioner for Infertility Treatments up to maximum of 2.5 lacs and as specified in Policy Schedule provided that,

- a. This cover is limited to IVF and/or IUI treatments.

- b. The Insured Person should have been continuously covered under the Underlying Policy and Infertility Cover for at least 36 months before availing this benefit.
- c. The benefit shall be restricted to two successful procedures leading to conception during the lifetime of the eligible Insured Person and the coverage shall terminate thereafter. No amount shall be payable on account of unsuccessful procedures.
- d. Sum Insured available under this section will be in addition to Maternity Sum Insured under Section C.I.1 & C.I.2 Maternity & New Born Hospitalization Expenses.
- e. Restoration of Sum Insured shall not be available under this benefit.
- f. Exclusion E.I.17 of the Underlying Policy shall not apply to this cover subject to terms and conditions under this benefit.
- g. This cover can be opted only along with Section C.I.1 Maternity Expenses and cannot be purchased in isolation.

All Claims under this benefit can be made as per the process defined under Section G.I.5 of Underlying Policy on reimbursement basis.

C.II. Surrogacy Cover

Surrogacy cover shall be available for a period of 3 years and post that the coverage can be renewed further. This cover shall be available only with three year policy term of Underlying Policy. The Sum Insured under Surrogacy Cover is the overall limit available for the policy period of three years.

C.II.1. Inpatient Hospitalization

We will cover the Medical Expenses of a Surrogate Mother, in case of a Medically Necessary Hospitalization arising from complication due to pregnancy through Surrogacy & post-partum delivery, for more than 24 consecutive hours and the admission date of the Hospitalization is within the Policy Period. We will pay Medical Expenses up to the Surrogacy Cover Sum Insured as specified in the Policy Schedule for:

- a. Reasonable and Customary charges for Room Rent for accommodation in Hospital room up to the limits of Underlying Policy
- b. Intensive Care Unit charges,
- c. Operation theatre charges,
- d. Fees of Medical Practitioner/ Surgeon,
- e. Anaesthetist,
- f. Qualified Nurses,
- g. Specialists,
- f. Cost of diagnostic tests,

- g. Medicines,
- h. Drugs and consumables, blood, oxygen, surgical appliances and prosthetic devices recommended by the attending Medical Practitioner and that are used intra operatively during a Surgical Procedure.

If the Surrogate Mother is admitted in a room category that is higher than the one that is specified in the Policy Schedule, then the Policyholder/ Insured Person shall bear a ratable proportion of the total Associated Medical Expenses (including surcharge or taxes thereon) in the proportion of the difference between the room rent of the entitled room category to the room rent actually incurred.

If Surrogacy Cover is opted along with the Maternity Expenses Cover, then Maternity Expenses Cover shall be extended to the Surrogate Mother only to an extent of the Delivery Expenses, New Born Baby Expenses and First Year Vaccination as per the National Immunization Program and does not include Medical Termination of Pregnancy. The Maternity Expenses Sum Insured shall be extended for such expenses.

If Surrogacy Cover is opted along with Maternity Expenses Cover and Infertility Cover then Infertility Cover will not be extended to the Surrogate Mother.

All Claims under this benefit can be made as per the process defined under Section G.I.4 & G.I.5 of Underlying Policy.

C.II.2. Day Care Treatment

We will cover the Medical Expenses of a Surrogate Mother in case of Medically Necessary Day Care Treatment or Surgery, arising from complication due to pregnancy through Surrogacy & post-partum delivery, that requires less than 24 hours of Hospitalization due to advancement in technology and which is undertaken in a Hospital/ Nursing Home/ Day Care Centre on the recommendation of a Medical Practitioner, up to the Surrogacy Cover Sum Insured as specified in the Policy Schedule, provided that:

- a. The Day Care Treatment is Medically Necessary and follows the written advice of a Medical Practitioner.
- b. The Medical Expenses incurred are Reasonable and Customary Charges for any procedure where such procedure is undertaken by a Surrogate Mother as Day Care Treatment.
- c. We will not cover any OPD Treatment and Diagnostic Service under this benefit.

Coverage will also include pre and post hospitalization expenses as per the limits applicable and specified in the Policy Schedule.

All Claims under this benefit can be made as per the process defined under Section G.I.4 & G.I.5 of Underlying Policy

C.II.3. Pre Hospitalization

We will, on a reimbursement basis cover Medical Expenses of a Surrogate Mother which are arising from complication due to pregnancy through Surrogacy & post-partum delivery that occurs during the Policy Year immediately prior to the Surrogate Mother's date of Hospitalization up to 30 days, provided that a Claim has been admitted under In-patient Hospitalization under Section C.II.1 and is related to the same illness/condition.

All Claims under this benefit can be made as per the process defined under Section G.I.5 & G.I.9 of Underlying Policy.

C.II.4. Post Hospitalization

We will, on a reimbursement basis cover Medical Expenses of a Surrogate Mother which are arising from complication due to pregnancy through Surrogacy & post-partum delivery that occurs during the Policy Year immediately post discharge of the Surrogate Mother from the Hospital up to 30 days, provided that a Claim has been admitted under In-patient Hospitalization under Section C.II.1 and is related to the same illness/condition.

All Claims under this benefit can be made as per the process defined under Section G.I.5 & G.I.9 of Underlying Policy.

C.II.5. Road Ambulance

We will provide for reimbursement of Reasonable and Customary expenses up to Surrogacy Cover Sum Insured as specified in the Policy Schedule that are incurred towards road transportation of a Surrogate Mother by a registered Healthcare or Ambulance Service Provider to a nearest Hospital for treatment arising from complication due to pregnancy through Surrogacy & post-partum delivery in case of an Emergency, necessitating the Surrogate Mother's admission to the nearest Hospital. The necessity of use of an Ambulance must be certified by the treating Medical Practitioner.

a. Reasonable and Customary expenses shall include:

- (i) Costs towards transferring the Surrogate Mother from one Hospital to another Hospital or diagnostic centre for advanced diagnostic

treatment where such facility is not available at the existing Hospital; or

- (ii) When the Surrogate Mother requires to be moved to a better Hospital facility due to lack of super specialty treatment in the existing Hospital.

b. Payment under this cover is subject to a claim being admissible under Section C.II.1 'In-patient Hospitalization', for the same Illness/Injury;

All Claims under this benefit can be made as per the process defined under Section G.I.5 of Underlying Policy.

Important note applicable for Surrogacy Cover:

- i. Exclusion E.I.17 of the Underlying Policy shall not apply to this cover subject to terms and conditions under this benefit.
- ii. Intending Couple, the Surrogate mother and the Surrogacy clinic has to comply with Surrogacy Act and ART Act
- iii. Surrogacy and Oocyte donation should be carried out in recognized centres registered with the National ART and Surrogacy Registry at <https://registry.artsurrogacy.gov.in/>.
- iv. Treatment under OPD are not covered
- v. Waiting periods mentioned under section E.I.1 and E.I.2 of Underlying Policy are not applicable under Surrogacy Cover.

C.III. Oocyte Donor Cover

Oocyte Donor Cover shall be available as per the policy term of the Underlying Policy and year post that the coverage can be renewed further. The Sum Insured under Oocyte Donor Cover is available for every policy year.

C.III.1. Inpatient Hospitalization

We will cover the Medical Expenses of an Oocyte Donor, in case of a Medically Necessary Hospitalization arising from any complication due to Oocyte Retrieval, provided such Medically Necessary Hospitalization is in India, for more than 24 consecutive hours and the admission date of the Hospitalization is within the Policy Period. We will pay Medical Expenses up to the Oocyte Donor Sum Insured as specified in the Policy Schedule for:

- a. Reasonable and Customary charges for Room Rent for accommodation in Hospital room up to the limits of Underlying Policy
- b. Intensive Care Unit charges,
- c. Operation theatre charges,
- d. Fees of Medical Practitioner/ Surgeon,
- e. Anaesthetist,
- f. Qualified Nurses,

- g. Specialists,
- h. Cost of diagnostic tests,
- i. Medicines,
- j. Drugs and consumables, blood, oxygen, surgical appliances and prosthetic devices recommended by the attending Medical Practitioner and that are used intra operatively during a Surgical Procedure.

The room category under the Surrogacy Cover shall be as per the room category applicable under the Underlying Policy and as specified in the Policy Schedule.

If the Oocyte Donor is admitted in a room category that is higher than the one that is specified in the Policy Schedule, then the Policyholder/Insured Person shall bear a ratable proportion of the total Associated Medical Expenses (including surcharge or taxes thereon) in the proportion of the difference between the room rent of the entitled room category to the room rent actually incurred

All Claims under this benefit can be made as per the process defined under Section G.I.4 & G.I.5 as per the underlying base policy.

C.III.2. Day Care Treatment

We will cover the Medical Expenses of a Oocyte Donor in case of Medically Necessary Day Care Treatment or Surgery, arising from any complication due to Oocyte Retrieval, that requires less than 24 hours of Hospitalization due to advancement in technology and which is undertaken in a Hospital/ Nursing Home/ Day Care Centre on the recommendation of a Medical Practitioner, up to the Oocyte Donor Sum Insured as specified in the Policy Schedule, provided that:

- a. The Day Care Treatment is Medically Necessary and follows the written advice of a Medical Practitioner.
- b. The Medical Expenses incurred are Reasonable and Customary Charges for any procedure where such procedure is undertaken by a Oocyte Donor as Day Care Treatment.
- c. We will not cover any OPD Treatment and Diagnostic Service under this benefit.

Coverage will also include pre and post hospitalization expenses as per the limits applicable and specified in the Policy Schedule.

All Claims under this benefit can be made as per the process defined under Section G.I.4 & G.I.5 of Underlying Policy.

C.III.3. Pre Hospitalization

We will, on a reimbursement basis cover Medical Expenses of a Oocyte Donor which are arising from any complication due to Oocyte Retrieval delivery that occurs during the Policy Year immediately prior to the Oocyte Donor's date of Hospitalization up to 30 days, provided that a Claim has been admitted under In-patient Hospitalization under Section C.III.1 and is related to the same illness/condition.

All Claims under this benefit can be made as per the process defined under Section G.I.5 & G.I.9 of Underlying Policy.

C.III.4. Post Hospitalization

We will, on a reimbursement basis cover Medical Expenses of a Oocyte Donor which are arising from complication due to Oocyte Retrieval that occurs during the Policy Year immediately post discharge of the Oocyte Donor from the Hospital up to 30 days, provided that a Claim has been admitted under In-patient Hospitalization under Section C.III.1 and is related to the same illness/condition.

All Claims under this benefit can be made as per the process defined under Section G.I.5 & G.I.9 of Underlying Policy

C.III.5. Road Ambulance

We will provide for reimbursement of Reasonable and Customary expenses up to Oocyte Donor Cover Sum Insured as specified in the Policy Schedule that are incurred towards road transportation of a Oocyte Donor by a registered Healthcare or Ambulance Service Provider to a nearest Hospital for treatment arising from any complication due to Oocyte Retrieval delivery in case of an Emergency, necessitating the Oocyte Donor's admission to the nearest Hospital. The necessity of use of an Ambulance must be certified by the treating Medical Practitioner.

- a. Reasonable and Customary expenses shall include:
 - (i) Costs towards transferring the Oocyte Donor from one Hospital to another Hospital or diagnostic centre for advanced diagnostic treatment where such facility is not available at the existing Hospital; or
 - (ii) When the Oocyte Donor requires to be moved to a better Hospital facility due to lack of super specialty treatment in the existing Hospital.
- b. Payment under this cover is subject to a claim being admissible under Section C.III.1 'In-patient Hospitalization', for the same Illness/Injury;

All Claims under this benefit can be made as per the process defined under Section G.I.5 of Underlying

Policy.

Important note applicable for Oocyte Donor Cover:

- i. Exclusion E.I.17 of the Underlying Policy shall not apply to this cover subject to terms and conditions under this benefit.
- ii. Intending Couple, the Oocyte donor and the ART Clinic have to comply with Surrogacy Act and ART Act
- iii. Surrogacy and Oocyte donation should be carried out in recognized centres registered with the National ART and Surrogacy Registry at <https://registry.artsurrogacy.gov.in/>.
- iv. Treatment under OPD are not covered
- v. Waiting periods mentioned under section E.I.1 and E.I.2 of Underlying Policy are not applicable under Oocyte Donor Cover.

Special Exclusions Applicable for Sections C.II "Surrogacy Cover" & Section C.III "Oocyte Donor Cover"

The Company shall not be liable to make any payments under this policy in respect of any expenses what so ever incurred by the insured person in connection with or in respect of:

1. Sub-fertility services that are deemed to be unproven, experimental or investigational.
2. Services not in accordance with standards of good medical practice and not uniformly recognized and professionally endorsed by the general medical community at the time it is to be provided.
3. Reversal of voluntary sterilization.
4. Payment for services rendered to a surrogate.
5. Costs associated with cryopreservation and storage of sperm, eggs and embryos.
6. Selective termination of an embryo.
7. Services done at unrecognized centre.
8. Surgery/procedures that enhances fertility like Tubal Occlusion, Bariatric Surgery, Diagnostic Laparoscopy with Ovarian Drilling and such other similar surgery / procedures.

C.IV. Cumulative Bonus

We will increase Your Sum Insured¹ of the Underlying Policy as specified under Policy Schedule by 15% at the end of the Policy Year if the Underlying Policy is renewed with Us without any break. There is no capping on the maximum accumulation of Cumulative Bonus

- a) No Cumulative Bonus will be added if the Underlying Policy is not renewed with Us by the end of the Grace Period.
- b) Any Cumulative Bonus that has accrued for a Policy Year will be credited at the end of that

Policy Year if the Underlying Policy is renewed with us within grace period and will be available for any claims made in the subsequent Policy Year.

- c) If the Insured Person opts out from this cover C.IV Cumulative Bonus during any renewal then all accumulated Cumulative Bonus shall be restored to Nil.
- d) Merging of policies: If the Insured Persons in the expiring Underlying Policy are covered under multiple Underlying Policies and such expiring Policy has been Renewed with Us on a Family Floater basis then the Cumulative Bonus to be carried forward for credit in such Renewed Policy shall be the lowest percentage of Cumulative Bonus applicable on the lowest Sum Insured of the last policy year amongst all the expiring Underlying Policies being merged.
- e) Splitting of policies: If the Insured Persons in the expiring Underlying Policy are covered on a Family Floater basis and such Insured Persons Renew their expiring Policy with Us by splitting the Sum Insured in to two or more Family Floater/ Individual policies then the Cumulative Bonus shall be apportioned to such Renewed Policies in the proportion of the Sum Insured of each Renewed Underlying Policy.
- f) Reduction in Sum Insured: If the Sum Insured has been reduced at the time of Renewal, the applicable Cumulative Bonus shall be calculated on the revised Sum Insured on pro-rata basis.
- g) Increase in Sum Insured: If the Sum Insured under the Underlying Policy has been increased at the time of Renewal, the Cumulative Bonus shall be calculated on the Sum Insured of the last completed Policy Year.
- h) The accumulated Cumulative Bonus shall not be available for claims made under Sum Insured² of Underlying Policy.
- i) This clause does not alter Our right to decline a Renewal or cancellation of the Underlying Policy for reasons as mentioned under Section F.I.8 of Underlying Policy.

C.V. Worldwide Medical Emergency Hospitalization

C.V.1. Global Hospitalization

We will cover the Medical Expenses of an Insured Person, in case of a Medically Necessary Hospitalization, arising from a Medical Emergency as defined, provided such Medically Necessary Hospitalization is for more than 24 consecutive hours or is a Day Care Treatment and the admission date of the Hospitalization is within the Policy Period.

We will pay Medical Expenses as shown in the

Schedule for:

- a. Reasonable and Customary charges for Room Rent for accommodation in Hospital
- b. Intensive Care Unit charges,
- c. Operation theatre charges,
- d. Fees of Medical Practitioner/ Surgeon,
- e. Anaesthetist,
- f. Qualified Nurses,
- g. Specialists,
- h. Cost of diagnostic tests,
- i. Medicines,
- j. Drugs and consumables, blood, oxygen, surgical appliances and prosthetic devices recommended by the attending Medical Practitioner and that are used intra operatively during a Surgical Procedure,

The benefit is payable under this cover subject to the below conditions:

- a. The Hospitalization is to avail a Medically Necessary treatment and follows the written advice of a Medical Practitioner.
- b. For the purpose of this Benefit, the treatment should be taken outside India, within the opted Area of Cover and in a registered Hospital, as per law, rules and/ or regulations applicable to the country, where the treatment is taken.
- c. Under Global Hospitalization Expenses, when availed under Inpatient care, we will cover the expenses towards artificial life maintenance, including life support machine use, even where such treatment will not result in recovery or restoration of the previous state of health under any circumstances unless in a vegetative state, as certified by the treating Medical Practitioner.

The cover is payable maximum up to Worldwide Medical Emergency Hospitalization Sum Insured and any claim under this section will reduce the Worldwide Medical Emergency Hospitalization Sum Insured.

For the purpose of this Benefit, Medical Emergency means the occurrence of a sudden, serious and unexpected Sickness or Injury. In the absence of immediate medical attention, this condition would result in:

- 1) Death;
- 2) Permanent placement of the Insured's health in jeopardy;
- 3) Serious impairment of bodily functions; or
- 4) Serious and permanent dysfunction of any body organ or part.

Expenses incurred for "Medical Emergency" will

be paid only for Sickness or Injury which fulfills the above conditions. These expenses will not be paid for minor injuries or minor sicknesses.

Exclusions E.I.1, E.1.3 of the Underlying Policy shall not apply to this cover under Section C.VI "Worldwide Medical Emergency Hospitalization" subject to terms and conditions under this cover.

All Claims under this benefit can be made as per the process defined under Section G.I.4 & G.I.5 of Underlying Policy.

C.V.2. Global Post-hospitalization

We will cover the Medical Expenses of an Insured Person, incurred towards a Medical Emergency as defined, that occurs during the Policy Period immediately post discharge of the Insured Person from the Hospital. The benefit is payable subject to hospitalization claim being admissible under Section C.VI.1 Global Hospitalization and is related to the same Illness/condition.

Benefit under this cover is payable for maximum up to 30 days post discharge of the Insured Person from the Hospital and up to the Worldwide Medical Emergency Hospitalization Sum Insured. Any claim under this section will reduce the Sum Insured under Worldwide Medical Emergency Hospitalization.

For the purpose of this Benefit, post-hospitalization expenses shall incur outside India, within the opted Area of Cover.

All Claims under this benefit can be made as per the process defined under Section G.I.4 & G.I.5 of Underlying Policy.

C.V.3. Global Road Ambulance

We will cover the Reasonable and Customary expenses incurred towards transportation of an Insured Person by road by a registered healthcare or Ambulance service provider, to a Hospital for treatment arising from a Medical Emergency as defined, necessitating the Insured Person's admission to the Hospital. The necessity of use of an Ambulance must be certified by the treating Medical Practitioner.

- a. Reasonable and Customary expenses shall include:
- b. Cost towards shifting an Insured person to the nearest Hospital or
- c. Costs towards transferring the Insured Person from one Hospital to another Hospital or diagnostic centre for advanced diagnostic treatment where such facility is not available at the existing Hospital; or
- d. When the Insured Person requires to be moved

to a better Hospital facility due to lack of super speciality treatment in the existing Hospital.

The cover is available subject to below conditions:

- i. Service is availed outside India, within the opted Area of Cover;
- ii. The treating Medical Practitioner certifies in writing that the severity and nature of the Insured Person's Illness qualifies as a Medical Emergency and warrants the Insured Person's requirement for an Ambulance;
- iii. Payment under this Cover is subject to a Claim for the same Medical Emergency being admissible under Section C.VI.1 Global Hospitalization.

Benefit under this cover is payable maximum up to the Worldwide Medical Emergency Hospitalization Sum Insured and any claim under this section will reduce the Worldwide Medical Emergency Hospitalization Sum Insured. All Claims under this benefit can be made as per the process defined under Section G.I.4 & G.I.5 of Underlying Policy.

In case of any claim arising due to any Pre-existing Diseases, under sections C.VI.1 Global Hospitalization, C.VI.2 Global Post Hospitalization, C.VI.3 Global Road Ambulance, we shall cover only up to 25% of the Sum Insured opted under Worldwide Medical Emergency Hospitalization.

C.V.4. Air Ambulance

We will cover 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 outside India, within the opted Area of Cover by an Air Ambulance, provided that:

- i. Air Ambulance is used in case of a Medical Emergency leading to 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. Payment under this Cover is subject to a Claim for the same Medical Emergency being admissible under Section C.VI.1 Global Hospitalization.
- 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. Air Ambulance service is offered by a Registered Ambulance service provider;
- v. 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;

Benefit under this cover is payable up to a maximum of 10 Lacs per hospitalization and this is over and above the Worldwide Medical Emergency Hospitalization Sum Insured.

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 process defined under Section G.I.4 & G.I.5 of Underlying Policy.

D. Exclusions

D.I. 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. Moratorium period

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

E.I.2. Disclosure of Information

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

E.I.3. Condition Precedent to Admission of Liability

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 Claim Settlement (provision for Penal Interest)

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

E.I.6. Multiple Policies

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

E.I.7. Free Look Period

Applicable Terms and Clauses of the Underlying

Policy will apply to this Add On Cover.

E.I.8. Cancellation

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

E.I.9. Migration

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

E.I.10. Premium Payments in Instalments (Wherever applicable)

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

E.I.11. Renewal of Policy

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

E.I.12. Fraud

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

E.I.13. Portability

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

E.I.14. Nomination

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

E.I.15. Redressal of Grievance

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

E.I.16. Withdrawal of Policy

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

E.I.17. 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.II. Specific Terms and Clauses

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

- a. Long Term policy discount** - Long term discount, of 7.5% on the premium for selecting a 2 year policy term and 10% on the premium for selecting a 3 year policy term. The discount

is available only with 'Single' premium payment mode.

(Long-Term discount shall not be applicable in case of Surrogacy Cover)

- b. Worksite Marketing Discount** - A discount of 10% will be available on policies which are sourced through worksite marketing channel.
- c. Family Discount** - A discount of 15% on the premium for covering 2 or more members in the same Policy with individual policy option. The discount is not available on the premium of Health+ and Women+ optional packages.
- d. Online Renewal discount** - A discount of 3% on the premium from next renewal, if the premium is received through NACH or standing instruction (where payment is made either by direct debit of bank account or credit card).
- e. Loyalty discount** - A discount of 5% on the entire Policy premium from 4th Policy Year to 7th Policy Year and discount of 10% on the premium of the entire Policy from 8th Policy Year onwards.
- f. Employee Discount** - 10% discount on the premium.

All discounts under points (a), (b), (d) and (e) above are available to both individual as well as floater policies and (c) is available for Individual policies only.

All applicable discounts are multiplicative and will be calculated on the total Policy premium, irrespective of Policy type (individual or family floater)

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 Lifetime Plus'.

- The process for Cashless and Reimbursement remains the same for Worldwide Medical Emergency Hospitalization.
- In case of Surrogacy Cover or Oocyte Donor Cover claim, the process for Cashless and Reimbursement remains the same and we will require documentation such as Surrogacy / Oocyte retrieval agreement to establish the connect between the policyholder / insured members with respect to the Surrogate Mother / Oocyte Donor.
- Eligibility certificate issued by the appropriate authority in favor of the Intending Couple and Surrogate Mother.

We may call for any additional documents/information as required based on the circumstances of the claim.

G. Annexure:

G.I. Annexure I

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

SI 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 I 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

ManipalCigna Lifetime plus		
Riders	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
Maternity Expenses	Base Coverages	Sum Insured: ₹1 Lac
		1. Maternity Cover:
		Maternity Cover (up to maximum 2 deliveries or terminations) - Covered up to ₹1 Lac
		2. New Born Baby Cover:
		Coverage for the In-patient hospitalization expenses of a new born up to the limit provided under Maternity Expenses. Covered up to 90 days from the date of delivery of the child
		3. First Year Vaccination:
	Covered as per the National Immunization Program up to the limit provided under Maternity Expenses.	
	Optional Cover	4. Infertility Cover:
		Infertility Cover (for a maximum of 2 successful procedures) - Covered for Infertility Expenses up to ₹2.5 Lacs per successful procedure in addition to Maternity Sum Insured under Maternity Cover. Unsuccessful procedures shall not be covered. This cover is available on reimbursement basis only.
	1. Waiting period - 36 months 2. The cover shall be available for eligible female adult Insured person(s) 3. Selection of this cover is available for adult male also (for policies 1A only), once the spouse is added to the policy the cover will be extended to her, subject to the completion of applicable waiting period. This is allowed only in 1A (Adult) policy where the male insured has taken this policy and not for Family Floater or Multi Individual Policies. 4. In Family Floater and Multi Individual Policies, only Adult Insured Female member can opt for the Maternity Expenses Rider.	
Surrogacy Cover	Coverages	Sum Insured: ₹1 Lac (The Sum insured for Surrogacy cover of ₹1 Lac is the overall limit available for the policy period of three years)
		Surrogacy Cover: Coverage for complications arising out of pregnancy and also covering post partum delivery complications - Up to Surrogacy Cover SI Coverage includes, 1. Inpatient Hospitalization 2. Day Care Treatments 3. Emergency Road Ambulance Cover 4. Pre-Hospitalization - 30 Days 5. Post Hospitalization - 30 Days Coverage is available for a period of 3 years and post that the coverage can be renewed further. This cover can be opted only with 3 year policy term, whether new business or at renewal.

Oocyte Donor Cover	Coverages	Sum Insured: ₹1 Lac (The Sum insured for Oocyte Donor cover of ₹1 Lac is available for every policy year)
		<p>Oocyte Donor Cover: Coverage for complications arising due to oocyte retrieval - Up to Oocyte Donor Cover SI.</p> <p>Coverage includes,</p> <ol style="list-style-type: none"> 1. Inpatient Hospitalization 2. Day Care Treatments 3. Emergency Road Ambulance Cover 4. Pre-Hospitalization - 30 Days 5. Post Hospitalization - 30 Days <p>The policy term for this cover shall be as per the Underlying Policy. The cover is renewable subsequently.</p>
Cumulative Bonus (Applicable only on India SI - SI ¹ of Lifetime Health)	Coverages	<p>Guaranteed Cumulative Bonus of 15% of Base SI each policy year, irrespective of claims. No maximum cap on accumulation</p> <p>If the Insured opts out of this Rider during any renewal, all accumulated cumulative bonus shall be restored to Nil</p>
Worldwide Medical Emergency Hospitalization	Identify your Opted Sum Insured (in ₹)	Sum Insured options: 20 Lacs / 25 Lacs / 50 Lacs / 1 Cr (Sum Insured under this Rider shall be over and above the Sum Insured of underlying policy)
	Availability of the Benefit	Cashless/Reimbursement
	Area of Cover	<p>Select any one as Area of Cover (AOC) in case of opting this cover with Lifetime Health India Plan,</p> <ol style="list-style-type: none"> i. Worldwide excluding India ii. Worldwide excluding India, USA and Canada <p>In case of Global Plan, the AOC of the underlying policy shall apply for this cover as well.</p>
	Coverages	<ol style="list-style-type: none"> 1. Global Hospitalization 2. Global Day Care Treatments 3. Global Road Ambulance Cover 4. Global Post Hospitalization - up to 30 Days <p>In case of Hospitalization due to PED, we shall cover only up to 25% of the Sum Insured opted under this cover.</p>
	Air Ambulance	<p>Covered up to ₹10 lacs per hospitalization over and above the Sum Insured.</p> <p>Air Ambulance usage within India shall be excluded.</p> <p>Payable on Reimbursement or Cashless basis.</p> <p>Applicable across the World (Except within India), from the point of incidence to the hospital (We will not pay for return transportation to the Insured Person's home by air ambulance)</p>

Points to note:

- 1) All the listed covers can be opted with both India or Global Plan of ManipalCigna Lifetime Health, however Cumulative Bonus shall be applicable only for India coverages.
- 2) If Surrogacy cover is opted along with the Maternity Expenses, then Maternity Expenses cover can be extended to the Surrogate Mother only to an extent of the delivery, new born baby expenses and vaccination, subject to the completion of Maternity Waiting Period. The Maternity Expenses sum insured shall be extended for such expenses.
- 3) If Surrogacy Cover is opted along with Maternity Expenses where the Infertility Cover is also opted along with the Maternity Cover, then Infertility Cover will not be extended to the Surrogate Mother.