MANIPALCIGNA LIFETIME PLUS

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. 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.
7. For migration between ManipalCigna retail health products, eligibility will be assessed as per internal renewal guidelines
8. The geographical scope of various sub-benefits under ManipalCigna Lifetime Plus is as below
    - Maternity Cover – Within India only
    - Surrogacy Cover – Within India only
    - Oocyte donor Cover – Within India only
    - Cumulative Bonus – Within India only
    - Worldwide Medical Emergency Hospitalization – Within the area of cover as specified in the Policy Schedule of the Underlying policy

Irrespective of the geographical scope, all admissible or payable claims shall be processed and settled in India and shall be payable exclusively in Indian Rupees.

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 of 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 this ManipalCigna Lifetime Plus add-on.

2. **Annexure** means a document attached and marked as Annexure to this add-on or the Underlying Policy.

3. **Area of Cover** means the geographic area of coverage as specified in the Policy Schedule of the Underlying Policy. It means that we shall be liable to indemnify medical expenses only if they are incurred within such geographical area.

4. **Couple** means the legally married Indian man and woman above the age of 21 years and 18 years respectively.

5. **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.

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 couple** means an Insured Indian couple who have a medical indication necessitating gestational surrogacy and who intend to become parents through surrogacy.

8. **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.

9. **IUI -** Intrauterine insemination (IUI) is a fertility treatment where sperm cells are placed directly into a woman's uterus.

10. **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.

11. **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.

12. **Oocyte** means naturally ovulating oocyte in the female genetic track.

13. **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.

14. **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.

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

16. **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.

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

18. **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.

19. **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.

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 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 indemnify Maternity Expenses up to Maternity Sum insured as specified in the Policy Schedule if the same are incurred during the Policy Year. Such expenses must be for:

1. delivery of a child AND/OR
2. a Medically Necessary and lawful termination of pregnancy AND/OR
3. any complication arising out of or as a consequence of maternity or child birth AND/OR
4. Pre Natal Expenses AND/OR
5. Post Natal expenses

Specific Conditions applicable to Maternity Expenses

a. Our maximum liability per delivery or termination shall never exceed the Maternity Sum Insured as specified in the Policy Schedule.
b. Claim under Maternity Expenses shall be payable only in respect of female Insured Persons age 18 or above.
c. A Waiting Period of 36months shall apply from date of inception of this benefit for an Insured Person claiming under this benefit. For claims to be payable under this benefit the date of delivery or termination under this policy must fall after completion of the waiting period.
d. This benefit can also be opted by an Adult Male Insured Person Insured under an Individual Policy, however, claim related to Maternity expenses under this benefit in such case shall be payable only in respect of his female spouse, provided that she was added as an Insured Person under the Policy prior to the date of delivery/termination. In such cases, the applicable waiting period shall be determined based on the first inception of this optional cover and its continuity.
e. Coverage under this benefit shall be restricted maximum up to 2 deliveries or 2 terminations or 1 delivery and 1 termination in the lifetime of an Insured Person. For coverage under Maternity Expenses, the birth of twins or multiple children in a single delivery shall be considered as one delivery event.

f. Maternity Sum Insured available under Maternity Expenses will be in addition to Sum Insured applicable under Underlying Policy.
g. Any Deductible opted in the Underlying Policy shall also apply to this benefit.
h. Restoration of Sum Insured shall not be available under this benefit.
i. Exclusion pertaining to Maternity in the Underlying product shall be superseded to the extent of coverage provided under this benefit
j. All claims under this benefit shall be processed in accordance with the Cashless Claim Settlement or Reimbursement Claim Settlement procedures, as applicable, under the Underlying Policy.

Specific Exclusions applicable to Maternity Expenses

a. Medical Expenses in respect of the harvesting and storage of stem cells when carried out as a preventive measure against possible future Illnesses.
b. Medical Expenses for ectopic pregnancy. However, these expenses will be covered under the In-patient Hospitalization of Underlying Policy under Section D.II.1.

C.I.2 New Born Baby Expenses

Under this benefit we shall indemnify the below listed Reasonable and Customary charges

a. Medical Expenses towards treatment of the New Born Baby while the Insured Person is hospitalized as an In-patient for delivery
b. Medical Expenses incurred on the New Born Baby during and post birth up to 90 days from the date of delivery

Specific Conditions applicable to New Born Baby Expenses

a. Claim under New-Born Baby Expenses shall be payable only where a claim is admissible for delivery of a child under Maternity Expenses.
b. Subject to underwriting, we may cover the New-Born Baby beyond 90 days upon payment of the requisite premium for adding the New-Born Baby to the Policy, either by way of an endorsement or at the upcoming policy Renewal, whichever is earlier.
c. Any Deductible opted in the Underlying Policy shall also apply to this benefit.
d. Restoration of Sum Insured shall not be available under this benefit.
e. New Born Baby Expenses benefit does not have any separate/independent Sum Insured. Claim under this benefit shall reduce the Maternity Sum Insured.
f. All claims under this benefit shall be processed in accordance with the Cashless Claim Settlement or Reimbursement Claim Settlement procedures, as applicable, under the Underlying Policy.

C.I.3. First Year Vaccinations

We will reimburse the Reasonable and Customary expenses incurred towards vaccinations for the Newborn Baby, as per the National Immunization Scheme (India) specified in the table below

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

Specific Conditions applicable to First Year Vaccinations

a. We shall only cover vaccination expenses listed in the table above and incurred within 1 year of the date of delivery of the baby.
b. In case the Underlying Policy ends before the New Born Baby has completed 1 year (12 months), the coverage under this benefit shall continue only if the Underlying Policy has been renewed for the subsequent year.
c. Restoration of Sum Insured shall not be available under this benefit.
d. Any Deductible opted in the Underlying Policy shall also apply to this benefit.
e. First Year Vaccinations benefit does not have any separate/independent Sum Insured. Claim under this benefit shall reduce the Maternity Sum Insured.
f. All claims under this benefit shall be processed in accordance with the Reimbursement Claim Settlement procedure, as applicable, under the 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 he or she is hospitalized on the advice of the Medical Practitioner for any of the below treatments

a. IVF treatment and / or
b. IUI treatment

Specific Conditions applicable to Infertility Cover

a. This cover can be opted only along with Maternity Expenses and cannot be purchased in isolation.
b. Our maximum liability under this benefit shall not exceed ₹2.5 lacs in any given policy year. The sum Insured for Infertility cover is over and above and independent of the Maternity Sum Insured
c. Waiting Period of 36months shall apply from date of inception of this benefit for the Insured Person who is claiming for this benefit. The Insured Person should have been continuously covered under the Underlying Policy and Infertility Cover for at least 36 months before availing this benefit. For claims to be payable under this benefit the date of commencing the treatment must fall after completion of the waiting period.
d. The benefit shall be restricted to 2 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.
e. Restoration of Sum Insured shall not be available under this benefit.
f. Any Deductible opted in the Underlying Policy shall also apply to this benefit.
g. Exclusion pertaining to Infertility in the Underlying product shall be superseded to the extent of coverage provided under this benefit
h. All claims under this benefit shall be processed in accordance with the Reimbursement Claim Settlement procedure, as applicable, under the Underlying Policy.

C.II. Surrogacy Cover

This cover shall be available only along with an Underlying policy wherein three year policy period has been opted. Thus the Sum Insured applicable for Surrogacy cover will be an overall amount limit applicable for the entire policy period of three years. No waiting period is applicable to Surrogacy Cover.

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,
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 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 as applicable 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 which is an optional cover under Maternity Cover shall not be extended to the Surrogate Mother.

All claims under this benefit shall be processed in accordance with the Cashless Claim Settlement or Reimbursement Claim Settlement procedures, as applicable, under the 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 shall be processed in accordance with the Cashless Claim Settlement or Reimbursement Claim Settlement procedures, as applicable, under the 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 shall be processed in accordance with the Reimbursement Claim Settlement and Pre & Post-Hospitalization Claim processes, as applicable, under the 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 shall be processed in accordance with the Reimbursement Claim Settlement and Pre & Post-Hospitalization Claim processes, as applicable, under the 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 shall be processed in accordance with the Reimbursement Claim Settlement procedure, as applicable, under the 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

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. No waiting period is applicable to Oocyte Donor Cover.

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 as applicable 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 shall be processed in accordance with the Cashless Claim Settlement or Reimbursement Claim Settlement procedures, as applicable, under the Underlying Policy.
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 shall be processed in accordance with the Cashless Claim Settlement or Reimbursement Claim Settlement procedures, as applicable, under the 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 shall be processed in accordance with the Reimbursement Claim Settlement and Pre and Post-Hospitalization Claim processes, as applicable, under the 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 shall be processed in accordance with the Reimbursement Claim Settlement and Pre and Post-Hospitalization Claim processes, as applicable, under the 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 shall be processed in accordance with the Reimbursement Claim Settlement process, as applicable, under the 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

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

A Bonus amounting to 15% of the applicable Base Sum Insured (Base Sum Insured for coverage within India) of the Underlying Policy shall be granted as Cumulative Bonus on completion of each policy year with us.

Specific Conditions applicable to Cumulative Bonus

a. No Cumulative Bonus will be provided if the Underlying Policy is not renewed with Us before the end of the Grace Period.
b. Cumulative Bonus shall be provided irrespective of claims made in the expiring policy years
c. There is no capping on the maximum accumulation of Cumulative Bonus
d. 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 such credited bonus will be available for any claims made in the subsequent Policy Year.
e. If the Insured Person opts out from this cover C.IV Cumulative Bonus during any renewal then all accumulated Cumulative Bonus shall be reset to Nil.
f. 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.
g. 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.
h. Reduction in Sum Insured: If the Base Sum Insured of the Underlying policy has been reduced at the time of Renewal, the accrued Cumulative Bonus until then shall also reduce in the same proportion.
i. Increase in Sum Insured: If the Base Sum Insured of the Underlying Policy has been increased at the time of Renewal, the Cumulative Bonus shall be calculated basis the Base Sum Insured of the last completed Policy Year.
j. The accrued Cumulative Bonus shall not be available for medical expenses and claims made outside India. The accrued Cumulative Bonus is available ONLY for medical expenses and claims made within India.
k. All Waiting Periods applicable to the underlying policy shall apply afresh from date of inception of this benefit.

C.V. Worldwide Medical Emergency Hospitalization

Specific conditions applicable to Worldwide Medical Emergency Hospitalization (including all sub-benefits)

a. Worldwide Medical Emergency Hospitalization cover is available to all Insured Persons provided they are resident of India at inception of the Policy and at subsequent renewals.
b. Our maximum liability in a policy year under any sub-benefit of Worldwide Medical Emergency Hospitalization section (except Air Ambulance) shall never exceed 100% of the Worldwide Medical

Emergency Hospitalization Sum Insured as specified in the Policy Schedule of the Underlying policy. Any claim under this section (except Air Ambulance) during the Policy Year will reduce the Worldwide Medical Emergency Hospitalization Sum Insured.

c. For claims pertaining to Pre-existing Diseases, our maximum liability under Worldwide Medical Emergency Hospitalization section (except Air Ambulance) shall never exceed 25% of the Worldwide Medical Emergency Hospitalization Sum Insured as specified in the Policy Schedule of the Underlying policy.
d. If this section is in force then exclusion pertaining provision of coverage outside India in the Underlying Policy shall be superseded ONLY to the extent of coverage provided under this benefit.
e. All claims under this benefit shall be processed in accordance with the Cashless Claim Settlement or Reimbursement Claim Settlement procedures, as applicable, under the Underlying Policy.
f. Under this section we shall be liable to indemnify only those medical expenses incurred within Area of cover.
g. No waiting period is applicable to Worldwide Medical Emergency Hospitalization.

C.V.1. Global Hospitalization

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

We will indemnify for the below listed Medical Expenses:

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.

C.V.2. Global Post-hospitalization

We will reimburse, Post-hospitalization Medical Expenses incurred during the 30 days immediately post the date the Insured was discharged from the Hospital. The benefit is payable subject to a claim being admissible under C.V.1. Global Hospitalization cover. Also, the post hospitalization expenses must be related to the same condition.

C.V.3. Global Road Ambulance

We will indemnify the Reasonable and Customary expenses incurred towards transportation of an Insured Person in a road ambulance, to a Hospital for treatment in case of a Medical Emergency, necessitating the Insured Person's admission to the Hospital.

Specific Conditions applicable to Global Road Ambulance

i. The necessity of use of the road ambulance must be certified in writing by the treating Medical Practitioner.
ii. The ambulance service must be undertaken through a registered healthcare or Ambulance service provider
iii. Under this benefit we shall reimburse road 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 due to the non-availability of the required treatment in the existing Hospital. AND/OR
    3. For transferring the Insured Person from one Hospital to a diagnostic centre and back, if advised by the treating medical practitioner, for availing diagnostic facility not available at the existing Hospital.
iv. Road ambulance services shall be applicable within the Area of Cover, and only where both the pick-up and drop-off locations fall within the Area of Cover
v. Claim under Global Road Ambulance is payable only if a claim is admissible under C.V.1. Global Hospitalization cover and where the Global Road Ambulance expenses are related to the same illness or injury for which the hospitalization was availed.

C.V.4. 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 Medical 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. Claim under Air Ambulance is payable only if a claim is admissible under C.V.1. Global Hospitalization cover and where the Air Ambulance 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 Worldwide Medical Emergency Hospitalization Sum Insured. This limit shall replenish post completion of each policy year.
g. Our maximum liability under Air Ambulance benefit in any given policy year shall not exceed ₹10 Lacs as per policy type.

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.

Discounts Applicable for 'ManipalCigna Lifetime Plus'

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. Zone Classification :

This add-on shall follow the same Zone classification as that of the underlying Policy it is attached to.

F.II. 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 suchas 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. I. Annexure I

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

Sl 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 – Product Benefit Table		
Cover Name	**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 cover.	
		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	Coverages	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		**Sum Insured: ₹1 Lac** (The Sum insured for Oocyte Donor cover of ₹1 Lac is available for every policy year)
	Coverages	Oocyte Donor Cover: Coverage for complications arising due to oocyte retrieval - Up to Oocyte Donor 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 The policy term for this cover shall be as per the Underlying Policy. The cover is renewable subsequently.
Cumulative Bonus (Applicable only on India SI - SI[1] of Lifetime Health)	Coverages	Guaranteed Cumulative Bonus of 15% of Base SI each policy year, irrespective of claims. No maximum cap on accumulation If the Insured opts out of this Rider during any renewal, all accumulated cumulative bonus shall be restored to Nil
Worldwide Medical Emergency Hospitalization	Identify your Opted Sum Insured (in ₹)	**Sum Insured options:₹** 25 Lacs / 50 Lacs / 1 Cr (Sum Insured under this Rider shall be over and above the Sum Insured of underlying policy)
	Area of Cover	Select any one as Area of Cover (AOC) in case of opting this cover with Lifetime Health India Plan, i. Worldwide excluding India ii. Worldwide excluding India, USA and Canada In case of Global Plan, the AOC of the underlying policy shall apply for this cover as well.
	Coverages	1. Global Hospitalization 2. Global Day Care Treatments 3. Global Road Ambulance Cover 4. Global Post Hospitalization - up to 30 Days In case of Hospitalization due to PED, we shall cover only up to 25% of the Sum Insured opted under this cover.

	Air Ambulance	Covered up to ₹ 10 lacs per hospitalization over and above the Sum Insured. Air Ambulance usage within India shall be excluded. Payable on Reimbursement basis only. Applicable across the World (Within the opted Area of Cover), from the point of incidence to the hospital (We will not pay for return transportation to the Insured Person's home by air ambulance)

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.