Manipal Cigna
Health Insurance

EVERY DETAIL MATTERS TO YOUR HEALTH.

FIND THEM LISTED IN YOUR POLICY TERMS & CONDITIONS

ManipalCigna Global Health Group Policy

Policy Terms and Conditions - Optional Covers

(In conjunction with Policy Terms and Conditions)

I. Optional Covers

The Policy may also provide the following Optional Covers with the Base Covers which can be opted for either individually or in a combination. These Optional Covers are only available if pre-requisite Base/ Optional cover, as mentioned in Product Benefit Table, is opted for and applicable for the Insured Person.

The Policy Schedule/ Certificate of Insurance shall specify the Optional Covers opted for under this Policy and available for the Insured Person.

All other clauses, terms and conditions, Waiting Periods and exclusions applicable to the Base Cover under the 'Policy Terms and Conditions' shall apply.

A. Hospitalization Optional Covers

1. Surgical Contraception/ Sterilisation/ Vasectomy

We will pay the Reasonable and Customary Charges for the Medical Expenses of an Insured Person incurred towards implanted/injected contraceptives post appropriate counselling, Medically Necessary Treatments connected with surgical therapies: such as, Tubal Ligation, Vasectomies including any associated medical expenses. The cover is available up to Sum Insured/ limit specified under the Policy Schedule/ Certificate of Insurance.

All Claims under this benefit can be made as per the process defined under Section VII 4 & 5 of 'Policy Terms and Conditions'.

2. Home Nursing Charges

We will pay the Reasonable and Customary Charges for cost of a Qualified Nurse arranged by the Hospital to visit the Insured Person's home to provide expert nursing services:

- Immediately after the Insured Person's Hospitalization/treatment for as long as is required by medical necessity; and
- for the duration required as a medical necessity for a treatment which would normally be provided in a Hospital.

In either case, the Specialist who treated the Insured Person must have recommended these services in writing.

The cover is available up to Sum Insured/ limit specified under the Policy Schedule/ Certificate of Insurance. All Claims under this benefit can be made as per the process defined under Section VII 4 & 5 of 'Policy Terms and Conditions'.

3. Parental Accommodation

We will pay Reasonable and Customary Charges towards reasonable accommodation expenses, in respect of one parent/legal guardian, to stay with the minor Insured Person (under the Age of 18 years). The Policy covers such expenses provided the medically Necessary Treatment of the minor Insured Person is covered under the Policy. This Benefit will lapse on attainment of 18 years of Age by the Insured Person.

All Claims under this benefit can be made as per the process defined under Section VII 4 & 5 of 'Policy Terms and Conditions'.

The cover is available up to Sum Insured/ limit specified under the Policy Schedule/ Certificate of Insurance.

4. International Emergency Services

All medical evacuations and/or repatriations of the Insured Person during an Emergency must be pre-authorised by Our medical team. Where it is not reasonably possible for pre-authorization to be sought before the evacuation takes place, this must be sought as soon as possible thereafter.

The cover is available up to Sum Insured/ limit specified under the Policy Schedule/ Certificate of Insurance.

All Claims under this benefit can be made as per the process defined under Section VII 15 of 'Policy Terms and Conditions'.

a. Emergency Evacuations

We/ Service Partner will arrange for an evacuation of the Insured Person, under proper medical supervision, to the nearest facility capable of providing adequate care, in case of Emergency due to lack of adequate medical facilities available locally, subject to the conditions set out below. We will also cover the Reasonable and Customary charges for cost incurred towards travel (transport only) for any individual who, due to the medical necessity, must accompany the Insured Person. In addition, We will cover the Reasonable and Customary Charges for cost of travel incurred for the return journey (up to economy class) of the Insured Person and such person accompanying the Insured Person after receipt of appropriate Medically Necessary Treatment.

Medical evacuations must be determined and certified by the treating / attending medical practitioner, to be medically necessary to prevent the immediate and significant effects of Illness, Injury or conditions which if left untreated could result in a significant deterioration of health of the Insured Person and it has been determined that the Medically Necessary Treatment is not available locally. In making Our determinations, We/ Service Partner will consider the nature of Emergency, medical condition of the Insured Person and ability of the Insured Person to travel, as well as other relevant circumstances including airport availability, weather conditions and distance to be covered. Insured Person's medical condition must require the accompaniment of a qualified healthcare professional during the entire course of the evacuation to be considered an Emergency. Transportation will be provided by medically equipped specialty aircraft, commercial airline, train or Ambulance depending upon the medical needs and available transportation specific to each case.

b. Medical Repatriation

Conditions applicable to this cover:

- Following any covered Emergency evacuation under 7 (a) above, We reserve the right to request and pay the Reasonable and Customary Charges for costs incurred towards the repatriation of the Insured Person by the most economical transport fare to a Hospital:
  - i. in the Insured Person's country of domicile or
  - ii. to the original work location
  - iii. or the location from which the Insured Person was evacuated

  on recommendation from the Medical Practitioner suggested by the Medical Assistance Service and in consultation with the local attending Medical Practitioner. The same shall be initiated only if the Insured Person is fit to undertake the journey and same is confirmed by both the Medical Practitioners.

  For the purpose of this Benefit, costs incurred towards any attending Medical Practitioner, Qualified Nurse, or/ and any one of relative, friend, immediate family member/ colleague/ close business associate/ relative/ friend accompanying the Insured Person shall also be payable, if it is certified in writing as being medically necessary by Our medical team.
- If the Medical repatriation is requested by the Insured Person, it must be determined by Our medical team/ Service Partner to be medically necessary to prevent the immediate and significant effects of Illness, Injury or conditions which if left untreated could result in a significant deterioration of health of the Insured Person and it has been determined that the treatment is not available locally, and that it is necessary for medical reasons for the Insured Person to be returned to his/her country of domicile, the Medical Assistance Service will arrange for the transport under proper medical supervision as soon as possible thereafter.

If any mode of transportation other than the above is required and it is determined by the attending Medical Practitioner and agreed by the Service Partner, We will arrange accordingly and such will be covered by Us.

c. Repatriation of Mortal Remains

We will cover the costs associated with the transportation of mortal remains of the Insured Person from the place of death to the Insured Person's country of domicile/ country of nationality. In addition, assistance will be provided by Us or the Service Partner in organizing or obtaining the necessary clearances for the repatriation of mortal remains.

5. Maternity Cover

We will pay the Reasonable and Customary Charges towards the covers listed below related to maternity related expenses incurred for an Insured Person, if opted and specified under Policy Schedule/ Certificate of Insurance.

i. Routine or Elective Caesarean Cost

Medically Necessary expenses towards: routine delivery, voluntary caesarean or caesarean advised due to any previous non-Emergency caesarean sections undertaken.

ii. Complicated Pregnancy

Medically Necessary Treatment of a medical condition arising during the antenatal stages of pregnancy or childbirth which requires a recognised obstetric procedure and post natal check-ups as a result of the complication of pregnancy for up to six weeks.

iii. Pre & Post Natal Care

Reasonable costs of pre and post-natal check-ups for up to six weeks, prescribed pre natal vitamins and associated post-delivery costs.

iv. New born Cover

Neo-natal care, new born packages (including elective circumcision) and costs incurred for the care of the New Born Baby(ies) until discharge or number of days specified otherwise in the Policy Schedule/ Certificate of Insurance of the Insured Person from the Hospital following birth when the New Born Baby is accompanying such Insured Person mother whilst she is receiving Medically Necessary Treatment as an In-patient.

v. Maternity Assistance & Mid-wife charges

Qualified midwives charges.

vi. Birthing Classes Charges

Reasonable costs of professional birthing classes.

The cover is available up to Sum Insured/ limit specified under the Policy Schedule/ Certificate of Insurance. All Claims under this benefit can be made as per the process defined under Section VII 4 & 5 of 'Policy Terms and Conditions'.

6. New Born Cover

We will pay the Reasonable and Customary Charges incurred towards the Hospitalization of an Insured Person's New Born Baby who is within the first such number of days of its life following delivery, as specified in the Policy Schedule/ Certificate of Insurance.

Following the completion of such specified number of days, the New Born Baby will be required to be covered under the Policy through addition as a Dependent with all Premiums due being paid.

The cover is available up to Sum Insured/ limit specified under the Policy Schedule/ Certificate of Insurance.

All Claims under this benefit can be made as per the process defined under Section VII 4 & 5 of 'Policy Terms and Conditions'.

7. Medically Necessary Termination of Pregnancy

We will pay the Reasonable and Customary Charges for costs incurred towards lawful and medically necessary termination of pregnancy, provided the same is recommended by a Medical Practitioner post appropriate counselling and the procedure is carried out in a Hospital by a Medical Practitioner.

The cover is available up to Sum Insured/ limit specified under the Policy Schedule/ Certificate of Insurance.

All Claims under this benefit can be made as per the process defined under Section VII 4 & 5 of 'Policy Terms and Conditions'.

8. Cancer Cover (Benefit Basis)

We will pay a lump sum amount as specified against this Benefit, if the Insured Person suffers from Cancer of Specific Severity whose first diagnosis is after the commencement of the Policy Period as a first incidence, subject to the waiting period specified under the Policy, if opted.

This Benefit can be availed only once by each Insured Person during the lifetime of the Policy.

All Claims under this benefit can be made as per the process defined under Section VII of 'Policy Terms and Conditions'.

Once a claim has been accepted and paid under this Benefit then the Insured Person's insurance cover under this section will lapse.

9. Cancer Treatment Cover (Indemnity Basis)

We will pay the Reasonable and Customary Charges for the Medical Expenses of an Insured Person towards treatment of Cancer of Specific Severity whose first diagnosis is after the commencement of the Policy Period as a first incidence, subject to the waiting period specified under this Policy, if opted.

The cover is available up to Sum Insured/ limit specified under the Policy Schedule/ Certificate of Insurance.

All Claims under this benefit can be made as per the process defined under Section VII 4 & 5 of 'Policy Terms and Conditions'.

B. Other Optional Covers

10. Sub-limit Cover

If the Benefit is in force, Our liability under the Base and/ or Optional Covers/ Benefits for the Insured Person, as opted, shall be sub-limited basis one or more combination of the following parameter/s as specified under the Policy Schedule/ Certificate of Insurance:

i. Sum Insured
ii. Age of the Insured Member
iii. Illness/ Injury or both
iv. With/ Without medical reports
v. Area of Cover
vi. Disease Category like Viral infection, vector-borne, water-borne and jaundice, Specific. Diseases like Dengue, Malaria, Covid-19, any diseases identified/categorized by WHO
vii. Per Claim/ Per Insured Person/ Per Policy/ Selective Hospital
viii. Pre-existing/ Chronic/ Congenital/Specific Disease/ Side effect of Medicine
ix. Frequency of availability of cover (in Policy Year/ specified months/ duration between Claims).
x. Irrespective of claim/In case of no claim/ in case of claim
xi. Limit for specified period from date of Travel/ date of pregnancy/ date of delivery/ date of first cover start/ date of member joining
xii. Limit on a part/particular section of scope of cover
xiii. Limit the scope of cover to a section/ part of the cover.
xiv. Limit per event/aggregate of a claim/ per claim/ per visit/ per Insured Person for Lifetime under one or multiple Base or/and Optional Cover/ Benefits.
xv. Co-Payment, Deductible on per event/ per claim/ per visit/ specified Area basis/ Aggregate of claim/ Member level/ PPN/ Selective Hospitals (Deductible can also be opted in duration from 1 hour to 365 days)
xvi. Limit on Claim payout basis: Reimbursement, Cashless, Pre-authorised, Network, Non-Network
xvii. Limit basis Date of Travel/ Date of pregnancy/ date of delivery/ Date of first cover start/ date of member joining
xviii. Limit basis Gazette rate or Government sponsored medicare rate or lower/ higher of both.
xix. Limit waiting period/ Sum Insured on the basis of date of joining/ date of travel/ for Specific Disease/ Area of cover/ Network/ Non-Network/ PPN
xx. Limit on category of treatment – Preventive, Primary, Emergency, Medically Necessary
xxi. Limit/ relaxation on room category, room rent
xxii. Limit pre-existing disease Waiting period/ Specified disease/procedure waiting period/ 30-day waiting period/ any group specific waiting period
xxiii. Duration of Hospitalisation
xxiv. Limited to post Hospitalisation / Linked to Hospitalisation / Without hospitalisation
xxv. Line of treatment - Diagnosis, Consultation, Pharmacy, AYUSH etc.
xxvi. Limit on Normal course of recovery without hospitalisation
xxvii. Per event/claim/policy/person/ hospitalisation limit
xxviii. Limit maximum number of events in a policy year and apply per event limit for multiple events
xxix. Limit scope of cover to one or more trigger events
xxx. Condition for cover eligibility after continuous hospitalisation of 1 hr - 30 days.
xxxi. Limited to Treatment/ Program/ Membership fees
xxxii. Limit on specific treatment/s (eg Robotic Surgery, Stem cell treatment etc.) or diseases
xxxiii. Limit on Non- medical/ non-payables, items, aids
xxxiv. Maximum limit on out of pocket expenses against Co-pay/ deductible/ limits etc.
xxxv. Limit on claim payout/ total liability, maximum up to outstanding loan amount or Sum Insured, whichever is lower
xxxvi. Increasing/Decreasing Sum Insured
xxxvii. Limit the scope of cover basis sum insured, number of days or exclude Pre and/or Post Hospitalisation Expenses under In-patient Hospitalisation and Day Care Cover
xxxviii. Limit the scope of cover for Enteral Feeding under In-patient Hospitalisation and Day Care Cover

In case multiple parameters opted for Sub-limits are applicable to a single claim then the lower value of such Sub Limits shall apply.

11. Out of Area Cover

We will pay the Reasonable and Customary Charges for the Medical Expenses incurred towards the Insured Person for any Emergency Care required while the Insured Person is outside the opted Area of Cover. The Cover is limited to such maximum period of time as specified in Policy Schedule/ Certificate of Insurance starting from the date such movement outside the eligible Area of Cover.

All out of area expenses will be payable only if pre-authorised by Us.

All Claims under this benefit can be made as per the process defined under Section VII 4 & 5 of 'Policy Terms and Conditions'.

12. Hospice and Palliative Care Cover

We will pay the Reasonable and Customary Charges for costs associated with the palliative care or hospice care for Hospitalization, Day Care Treatment or OPD treatment of the Insured Person, and any associated reasonable costs for

accommodation, nursing care, prescribed medicines, and physical and psychological care following a diagnosis within the Policy Period that the Insured Person is terminal with a life expectancy of less than six (6) months from the date of such diagnosis, and medical treatment can no longer be expected to cure the condition provided the same is certified by the treating Medical Practitioner.

The cover is available up to Sum Insured/ limit specified under the Policy Schedule/ Certificate of Insurance.

All Claims under this benefit can be made as per the process defined under Section VII 4 & 15 of 'Policy Terms and Conditions'.

13. Complementary treatments

We will pay the Reasonable and Customary Charges for the following Medically Necessary Treatments, if prescribed by a Medical Practitioner, if opted and up to the limit specified in the Policy Schedule/ Certificate of Insurance.

I. Physiotherapy,
ii. Acupuncture and Acupressure
iii. Chiropody and Chiropractic
iv. Osteopathy,
v. Homeopathy
vi. Ayurveda.

The cover is available up to Sum Insured/ limit specified under the Policy Schedule/ Certificate of Insurance.

All Claims under this benefit can be made as per the process defined under Section VII 4 & 5 of 'Policy Terms and Conditions'.

14. Non-surgical & Minor Surgical Procedures and Treatment;

We will pay the Reasonable and Customary Charges incurred towards any Minor Surgical Procedures that do not require a general anaesthetic or Hospitalization for a continuous period of 24 hours and any Medically Necessary Treatment for minor and non-surgical procedures performed by a Medical Practitioner.

The cover is available up to Sum Insured/ limit specified under the Policy Schedule/ Certificate of Insurance.

All Claims under this benefit can be made as per the process defined under Section VII 4 & 5 of 'Policy Terms and Conditions'.

15. Hormone Replacement Therapy

We will pay the Reasonable and Customary Charges for costs incurred towards Medically Necessary Treatment with respect to hormone replacement therapy of the Insured Person, on OPD basis, provided the treatment is prescribed by a Medical Practitioner and is not Unproven/ Experimental Treatment.

The cover is available up to Sum Insured/ limit specified under the Policy Schedule/ Certificate of Insurance.

All Claims under this benefit can be made as per the process defined under Section VII 4 & 5 of 'Policy Terms and Conditions'.

16. Child Annual Eye & Hearing tests

We will pay the Reasonable and Customary Charges for an annual eye and hearing test for the Insured Person's Dependent Child or Dependent Child of Age as specified otherwise in the Policy Schedule/ Certificate of Insurance, up to the limit specified in the policy subject to the child being covered under the Policy.

The cover is available up to Sum Insured/ limit specified under the Policy Schedule/ Certificate of Insurance. All Claims under this benefit can be made as per the process defined under Section VII 4 & 5 of 'Policy Terms and Conditions'.

17. Travel Vaccinations

We will pay the Reasonable and Customary Charges incurred towards Medically Necessary vaccinations, inoculations and administration in respect of an Insured Person, which is approved by World Health Organisation (WHO) from time to time, and/ or required for the Insured Person before undertaking travel.

The cover is available up to Sum Insured/ limit specified under the Policy Schedule/ Certificate of Insurance.

All Claims under this benefit can be made as per the process defined under Section VII 4 & 5 of 'Policy Terms and Conditions'.

18. Psychiatric & Psychological Care (Out-patient)

We will pay the Reasonable and Customary Charges towards the Insured Person's Medically Necessary Treatment for psychiatric or psychological disorders on an OPD basis, including any Specialist's consultations in a recognised psychiatric/ psychological unit of a Hospital.

All OPD treatment under this Benefit must be pre-authorised by Us in writing and must at all times be administered under the direct control of a registered psychiatrist.

The cover is available up to Sum Insured/ limit specified under the Policy Schedule/ Certificate of Insurance.

All Claims under this benefit can be made as per the process defined under Section VII 4 & 5 of 'Policy Terms and Conditions'.

19. Wellness

We will provide the following wellness benefits/services to the Insured Person under this Benefit, if specified in the Policy Schedule/ Certificate of Insurance:

All claims under this Benefit can be made as per the process defined under Section VII 4, 5, 14 of 'Policy Terms and Conditions'.

a. Routine Adult Physical Exams

We will pay the Reasonable and Customary Charges in respect of an Insured Person for routine check-ups/tests for blood and cholesterol, height/weight body mass index, resting blood pressure, urine analysis, cardiac examination, exercise electrocardiogram (ECG), other vital organ function tests, and chest x-ray.

b. Wellness tests for children

We will pay the Reasonable and Customary Charges for tests towards a Dependent Child or Dependent Child of Age as specified otherwise in the Policy Schedule/ Certificate of Insurance, for any costs incurred for the purpose of preventive care undergone, consisting of the following services delivered or supervised by a Medical Practitioner:

- Evaluating medical history;
- Physical examination;
- Development assessment; and
- Anticipatory guidance;

The following costs are excluded under this Benefit:

- More than one visit to a Medical Practitioner for any of the foregoing services at each of the specified Age intervals up to a total of 13 visits for each Dependent Child;
- Services for which Benefits are otherwise provided under this Plan.

c. Child Immunizations.

We will pay the Reasonable and Customary Charges incurred for the vaccinations, inoculations and administration, which is prescribed by Medical Practitioner and approved by World Health Organisation (WHO) from time to time, in respect of a Dependent Child or Dependent Child of Age as specified otherwise in the Policy Schedule/ Certificate of Insurance.

d. Pap Smear

We will pay the Reasonable and Customary Charges incurred towards an annual papanicolaou screening, commonly known as a pap smear, for female Insured Persons of Age 30 years and above.

e. PSA Test

We will pay the Reasonable and Customary Charges incurred towards annual prostate screening, commonly known as a prostate specific antigen (PSA) test for male Insured Persons of Age 45 years and above.

f. Gynaecological Examinations/ Tests

We will pay the Reasonable and Customary Charges incurred towards annual gynaecological examinations/ tests for female Insured Persons of Age 30 years and above.

g. Prostate Cancer screening:

We will pay the Reasonable and Customary Charges incurred towards annual prostate cancer screening, for male Insured Persons of Age 45 years and above.

h. Mammograms for Breast Cancer Screening or Diagnostic Purposes

We will pay the Reasonable and Customary Charges incurred towards mammograms for breast cancer screening or diagnostic purposes in respect of female Insured Persons not exceeding:

a. one baseline mammogram for asymptomatic female Insured Persons between 35 to 39 years of Age;
b. a mammogram for asymptomatic female Insured Persons between 40 to 49 years of Age, every two years or more, if it is Medically Necessary;
c. a mammogram every year for female Insured Persons of Age 50 years and above.

i. Colorectal Screening or/and Digital Rectal Screening

We will pay the Reasonable and Customary Charges towards annual colorectal screening and/ or digital rectal screening of the Insured Person.

j. Adult Vaccinations

We will pay the Reasonable and Customary Charges incurred towards the vaccinations and immunizations, which is prescribed by Medical Practitioner and approved by World Health Organisation (WHO) from time to time and that are clinically appropriate in respect of an Insured Person of Age 18 years and above.

k. Weight and Disease Management

We will pay the Reasonable and Customary Charges for expenses incurred towards Medically Necessary treatment/ program, including Specialist consultations at Our network, that are prescribed by Our network of Medical Practitioners with an intention to manage weight or any specific illness of the Insured Person.

l. Speech and hearing test

We will pay the Reasonable and Customary Charges for speech and/ or hearing tests towards Dependent Child or Dependent Child of Age as specified otherwise in the Policy Schedule/ Certificate of Insurance subject to the child being covered under the Policy.

m. Tuberculosis and Lead testing

We will pay the Reasonable and Customary Charges incurred towards the tuberculosis and lead testing of the Insured Person.

n. Medical Second Opinion

We will provide the Insured person the choice to avail of a medical second opinion from Our network of Medical Practitioners for an Insured person who is diagnosed with a critical illness, life-threatening and life altering diagnosis during the policy year.

o. Comprehensive Wellness cover

We will pay the Reasonable and Customary Charges in respect of an Insured Person for preventive consultations / investigations / treatments / immunizations / preventive medical care, which is not related to any prevailing physical or mental illness.

The cover is available up to Sum Insured/ limit specified under the Policy Schedule/ Certificate of Insurance.

20. Vision Cover

We will pay the Reasonable and Customary Charges incurred towards vision tests and related expenses for the Medical Expenses listed below, in respect of the Insured Person, if specified under the Policy Schedule/ Certificate of Insurance:

- A single examination of the eyes by an optometrist or ophthalmologist per Policy Year;
- Expenses for lens, eyeglass frames, prescription sunglasses to correct vision.

This Benefit will exclude:

- sunglasses, unless medically prescribed by a Medical Practitioner;
- Medical Treatment or Surgical Treatment of the eye/s;
- lenses which are not a medical necessity and are not prescribed by an optometrist or ophthalmologist or frames for such lenses.

The cover is available up to Sum Insured/ limit specified under the Policy Schedule/ Certificate of Insurance.

All Claims under this benefit can be made as per the process defined under Section VII 14 of 'Policy Terms and Conditions'.

21. Health Appliances Cover

We will pay the Reasonable and Customary Charges for the medically necessary medical equipment, which is prescribed to the Insured Person by a Specialist and which is otherwise non-payable item under the Policy. The Benefit covers Medical Expenses incurred on asthma pumps, blood glucose monitors, surgical stockings, CPAP devices, hearing aids, spinal supports, knee braces, crutches, wheel chair, walker, walking stick, nebulizer, catheter, thermometer, BP monitor, infusion pump, digital foetal monitor as prescribed by a Specialist.

All Claims under this benefit will be payable only if it is pre-authorised by Us and can be made as per the process defined under Section VII 5, 16 of 'Policy Terms and Conditions'.

The cover is available up to Sum Insured/ limit specified under the Policy Schedule/ Certificate of Insurance.

22. Hospital Cash Benefit

We will pay the daily cash benefit as specified in the Policy Schedule/ Certificate of Insurance for each continuous and completed 24 hours of Hospitalization for treatment of an Illness or an Injury due to an Accident during the Policy Period, provided that the hospitalization claim is admissible under the Base cover (In-patient Hospitalization and Day Care).

All Claims under this benefit can be made as per the process defined under Section VII of 'Policy Terms and Conditions'.

23. Disability Benefit

We will pay the Sum Insured as specified against this Benefit, if the Insured Person suffers an Injury during the Policy Period solely and directly due to an Accident that occurs during the Policy Period and such Injury solely and directly results in the disability of the Insured Person in the nature specified in the table below, within 365 days from the date of the Accident, provided that:

i. For disability other than physical separation of limb/s, digit/s, the disability continues for a period of at least 180 days from the commencement of the disablement, and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement and such disability is permanent at the end of this period.

ii. If the Insured Person dies before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit.

Type of disability	
i)	Total and irrecoverable loss of sight of both eyes
i)	Loss by physical separation or total and permanent loss of use of both hands or both feet
ii)	Loss by physical separation or total and permanent loss of use of one hand and one foot
iii)	Total and irrecoverable loss of sight of one eye and loss of a Limb
iv)	Total and irrecoverable loss of hearing of both ears and loss of one Limb/loss of sight of one eye
v)	Total and irrecoverable loss of hearing of both ears and loss of speech
vi)	Total and irrecoverable loss of speech and loss of one Limb/loss of sight of one eye
viii)	Permanent total and absolute disablement (not falling under the above) disabling the Insured Person from engaging in any employment or occupation or business for remuneration or profit, of any description whatsoever

For the purpose of this Benefit:

- Limb means a hand at or above the wrist or a foot above the ankle.
- Physical separation of one hand or foot means separation at or above wrist and/or at or above ankle, respectively.

This Benefit can be availed only once by each Insured Person during the lifetime of the Policy.

All Claims under this benefit can be made as per the process defined under Section VII of 'Policy Terms and Conditions'.

Once a claim has been accepted and paid under this Benefit then the Insured Person's insurance cover under this section will lapse.

24. Infertility Treatment

We will pay the Reasonable and Customary Charges for Medical Expenses incurred in respect of the Insured person, towards infertility related diagnostic services to determine the cause of infertility, treatment and procedures. We will be liable to pay for the Medical Expenses incurred in relation to the following:

a. Fertility hormones,
b. Artificial insemination,
c. Surgery,
d. Other therapeutic procedures,
e. Any ovulation induction induced via certain oral or injectable infertility medication
f. Assisted reproductive technology (ART) and In Vitro Fertilisation (IVF)

We will not be liable to make any payment in respect of the following:

i. Infertility services beyond 8 weeks of pregnancy;
ii. Infertility services for persons who have undergone voluntary sterilisation procedures; and
iii. Infertility services for women with natural menopause at the Age of 40 years and above.

The cover is available up to Sum Insured/ limit specified under the Policy Schedule/ Certificate of Insurance.

All Claims under this benefit can be made as per the process defined under Section VII 4 and 5 of 'Policy Terms and Conditions'.

25. Short Term Rehabilitation

We will pay the Reasonable and Customary Charges for Medical Expenses

incurred in respect of the Insured Person towards Medically Necessary Treatment which is in the nature of rehabilitation (physical, chiropractic, acupuncture, occupational, speech therapies, and cardiac & pulmonary rehab), after a trauma inducing event or as a result of, treatment which is covered under this Policy provided that the same begins within 30 days of the end of that original treatment. Only rehabilitation which is undertaken in a Hospital as an In-patient or in a recognised rehabilitation unit and under the direction of a Specialist shall be covered under this Benefit.

The cover is available up to Sum Insured/ limit specified under the Policy Schedule/ Certificate of Insurance.

All Claims under this benefit can be made as per the process defined under Section VII 4 and 5 of 'Policy Terms and Conditions'.

26. Maximum limit on Out of Pocket Expenses

We will pay the sums incurred by the Insured Person at his/her own costs under the Co-pay and/or Deductible option (if any in force) during the Policy Period, after the maximum limit ("Out of Pocket Maximum Limit") specified under this Benefit is exhausted with respect to the Insured Person.

The amount borne by the Insured Person under the Co-pay and/or Deductible option (if any in force) will be deducted from the Out of Pocket Maximum Limit applicable. Once the Out of Pocket Maximum Limit has been exhausted in respect of the Insured Person, all further admitted claims in respect of that Insured Person for the same Policy Period will be paid without the application of a Co-pay or Deductible.

This feature is only available for selection where the Insured Person has opted for Deductible and/ or Co-pay.

II. Waiting Period

All the Waiting Periods shall be applicable individually for each Insured Person since the Inception Date of the first Policy or coverage for the Insured Person and claims shall be assessed accordingly.

1. Waiting period for Maternity Cover

Any Medically Necessary Treatment arising from or traceable to pregnancy, childbirth including caesarean section will not be covered until continuous coverage of the period specified in the Policy Schedule/ Certificate of Insurance has elapsed for the particular Insured Person since the Inception Date of the first Policy or coverage for the Insured Person. However, this exclusion / Waiting Period will not apply to ectopic pregnancy proved by diagnostic means and certified to be of life threatening nature by the attending Medical Practitioner.

2. Waiting period for Cancer Cover

Any condition of Cancer of Specific Severity whose first diagnosis is within the Waiting Period specified in the Policy Schedule/ Certificate of Insurance since the Inception Date of the cover.

3. Survival Period for Cancer Cover

Any condition of Cancer of Specific Severity will not be covered until the Insured Person survives for at least the survival period specified in the Policy Schedule/ Certificate of insurance following the first diagnosis of the Cancer of Specific Severity or undergoing of such required Surgical Procedure for the first time, whichever is later.