

ANNEXURE: PROHEALTH SELECT - ILLUSTRATION OF BENEFITS

Illustration 1: Restoration of Sum Insured

In case an Insured person opts for a ProHealth Select (A) with a Sum Insured of ₹2 Lacs and Cumulative Bonus Booster Option b of 25%, lets understand how restoration benefit will apply to the Insured person

Year 1	Sum Insured	₹2,00,000
Year 2	Sum Insured + Cumulative Bonus Booster (Assuming No Claim in Previous year)	₹2,00,000 + ₹50,000
	1st Claim (Knee Surgery)	₹190,000
	Balance Sum Insured + Cumulative Bonus Booster (After payment of 1st Claim)	₹10,000 + ₹50,000
	2nd Claim (Accident)	₹80,000
	Will Restoration kick in ?	Yes - Since the available Sum Insured including Cumulative Bonus Booster is not enough to pay the claim and the condition is different than the previous claimed condition. Available Sum Insured with Restoration ₹10,000 (Balance Sum Insured) + ₹50,000 (Cumulative Bonus Booster) + ₹2,00,000 (Restored Sum Insured)
	Claim payment	Full ₹80,000 (From Base SI ₹10,000, From CBB ₹50,000, From Restoration ₹20,000)
	Balance Sum Insured (After payment of 2nd Claim)	₹1,80,000 (2,00,000-20,000)

Illustration 2: Voluntary Co-payment

In case an Insured Person with ProHealth Select (A) and Sum Insured of 5 Lacs opts for a Voluntary co-pay of 10%, let's look at how Co-payment will apply on his claim

Scenario I	
Sum Insured	₹5,00,000
Admissible Claim	₹6,00,000
Co-payment of 10% borne by Insured	Admissible Claim amount is ₹600,000 Copoly: ₹60,000 (10% of 600,000 is 60,000) Balance amount ₹5,40,000 (6,00,000 - 60,000)
Payable amount by Insurance company	₹5,00,000 (Up to Policy Sum Insured)
Scenario II	
Sum Insured	₹5,00,000
Admissible Claim	₹5,20,000
Co-payment of 10% borne by Insured	Admissible amount is ₹5,20,000 Copoly: ₹52,000 (Here 10% of 5,20,000 Lac is 52,000) Balance amount ₹4,68,000 (5,20,000 - 52,000)
Payable amount by Insurance company	₹4,68,000 (Within Policy Sum Insured)
Scenario III	
Sum Insured	₹5,00,000
Admissible Claim	₹1,50,000
Co-payment of 10% borne by Insured	Co-pay: ₹15,000 (10% of admissible claim)
Payable amount by Insurance company	₹1,35,000

Scenario IV (Out of Zone co-payment for Select (B))

An Insured living in Lucknow (Zone III) wants to get treated in Mumbai (Zone I), then a Co-payment of 20% will be applicable on his Claim.

Sum Insured	₹5,00,000
Admissible Claim	₹1,50,000
Co-payment borne by Insured (20% of admissible claim)	Co-pay: ₹30,000
Payable amount by Insurance company	₹1,20,000

Illustration 3: Cumulative Bonus Booster options

Let's understand the different options of Cumulative Bonus Booster (CBB) that an Insured Person can opt for under ProHealth Select.

Sum insured - Let's assume the Insured has opted for a ProHealth Select (A) and Sum Insured of ₹1 Lac

Scenario 1: Option b

Cumulative Bonus Booster: Option b) 25% increase in Sum Insured at renewal, in case of no claim under the Policy, maximum accumulation up to 100%. CBB will not reduce in case of a claim under the Policy.

Policy Term	Claim Status	Sum Insured (₹)	CBB%	Current Year CBB (₹)	Total Accumulated CBB (₹)
Year 1	No claim	1,00,000	Nil	Nil	Nil
Year 2	No claim	1,00,000	25%	25,000	25,000
Year 3	No claim	1,00,000	25%	25,000	50,000
Year 4	No claim	1,00,000	25%	25,000	75,000
Year 5	No claim	1,00,000	25%	25,000	1,00,000
Year 6		1,00,000	Not Available - Since CBB cannot accumulate more than 100% of Sum Insured		1,00,000

Scenario 2: Option c

Cumulative Bonus Booster: Option c) 50% Increase in Sum Insured at renewal, in case of no claim under the Policy, maximum accumulation up to 100%. CBB will reduce by 50% in case of claim under the Policy, but in no case shall the Sum Insured be reduced.

Policy Term	Claim Status	Sum Insured (₹)	CBB%	Current Year CBB (₹)	Total Accumulated CBB (₹)
Year 1	No Claim	1,00,000	Nil	Nil	Nil
Year 2	No Claim	1,00,000	50%	50,000	50,000
Year 3	No Claim	1,00,000	50%	50,000	1,00,000
Year 4	No Claim	1,00,000	Not Available - Since CBB cannot accumulate more than 100% of Sum Insured		1,00,000
Year 5	Claim of ₹80,000	20,000 (Balance Sum Insured post claim deduction)	CBB% will reduce by 50%	Nil - due to claim under Policy	50,000 (50% of CBB is reduced in case of Claim under the policy)
Year 6	Claim of ₹40,000	60,000 (Balance Sum Insured post claim deduction)	CBB% will reduce by 50%	Nil - due to claim under Policy	Nil (50% of CBB is reduced in case of Claim under the policy)

Scenario 3: Option d

Optional Cover : Option d) Cumulative Bonus Booster - 10% increase in Sum Insured at renewal, irrespective of claim under the Policy, maximum accumulation up to 200%.

Policy Term	Claim Status	Sum Insured (₹)	CBB%	Current Year CBB (₹)	Total Accumulated CBB (₹) - CBB is accumulated irrespective of claim under the Policy
Year 1	No Claim	1,00,000	Nil	Nil	Nil
Year 2	No claim	1,00,000	10%	10,000	10,000
Year 3	No claim	1,00,000	10%	10,000	20,000
Year 4	Claim of ₹40,000	60,000 (Balance Sum Insured post claim deduction)	10%	10,000	30,000
Year 5	Claim of ₹50,000	50,000 (Balance Sum Insured post claim deduction)	10%	10,000	40,000
Year 6	No Claim	1,00,000	10%	10,000	50,000

Scenario 1

In case a Couple purchases a ProHealth Select (A), floater policy for 2 year tenure, on 1 Jan 2011 with
Optional Cover - 10% Voluntary Co-pay and Re-assurance
Add On Cover - Critical Illness Add On for both

Where the Husband gets detected with a Covered Critical Illness in October 2012.
Let's look at the benefits the Husband is eligible to get under the Policy.

A) Re-Assurance

Policy Start date - 1 Jan 2011

Policy expiry date - 31 Dec 2012

- We will provide an automatic extension of floater Policy for 2 years (1 Jan 2013 to 31 Dec 2014)
- Which means policy (base policy + optional covers) will be automatically extended till 31 Dec 2014

The Insured Persons will not have to pay of the renewal premium for base policy + optional cover,

Except the rider cover for Wife - If she wants to continue with Critical illness rider for herself, she will only have to pay for the Add on rider premium for the period 1 Jan 2013 to 31 Dec 2014

B) Lumpsum payout on Critical Illness Add On Cover

For the Husband the lumpsum benefit of Critical Illness Add On rider will be paid out and he shall not be eligible to buy this rider cover henceforth

Scenario 2

In case a Couple purchases a ProHealth Select (B), family policy on individual basis for 2 year tenure, on 1 Jan 2011. They also opt for Re-assurance optional cover in the policy.

Where the individual 1 (Husband) gets detected with a Covered Critical Illness in October 2012.

Let's look at the re-assurance benefit under the Policy.

Re-Assurance

Policy Start date - 1 Jan 2011

Claim event - Oct 2012

Policy expiry date - 31 Dec 2012

Policy (base policy + optional covers) will be automatically extended till 31 Dec 2014 for husband (individual 1). He will not have to pay of the renewal premium for his cover, but individual 2(Wife) shall continue paying her premium for her cover (for the period 1 Jan 2013 to 31 Dec 2014), for such extension of Family policy.

Scenario 3

A family comprising of 2 Adults (aged 50 and 48 years) and 1 dependent child (aged 23 years) purchases a ProHealth Select (B) floater policy for 1 year tenure, on 1 Jan 2010. They also opt for Re-assurance optional cover in the policy.

If the dependent child gets detected with a Covered Critical Illness during the policy period in October 2010, let's look at re-assurance benefit applicability on parent and split policy.

Re-Assurance

Policy Start date - 1 Jan 2010

Claim event for dependent child - Oct 2010

Policy expiry date - 31 Dec 2010

- The Re-Assurance benefit will be passed on to both parent (2 Adults) and split policy (created for individual turning 24 years age) extending the policies (base covers + optional covers) from 1st Jan 2011 up to 31 Dec 2012 .
- As Reassurance is available only once in the lifetime of a Policy, both policies (parent as well as split policy of the child above 24 years age) will be tagged as reassurance benefit availed.

Illustration 5: Disease Specific Sub-limit

Insured has taken ProHealth Select Plan (A) with Sum Insured 500,000 along with option of Waiver of Room rent limit and Disease Specific Sub-limit. Below mentioned are scenarios considering optional cover Disease Specific Sub-Limit with Voluntary Co-pay and Optional Deductible

Scenario 1: Disease Specific Sub-limit and Voluntary Co-pay

Sum Insured	₹5,00,000
Claim for Joint Replacement	₹1,00,000
Disease Specific Sub-limit: Joint Replacement	₹40,000
Co-payment of 10% borne by Insured	Co-pay: ₹4,000 (10% of 40,000 is 4,000)
Admissible Claim amount by Insurance company	₹36,000 (₹40,000 is Sub-limit for this claim and ₹4000 is co-payment amount)
Balance Sum Insured post claim	₹4,64,000 (Up to Policy Sum Insured)

Scenario 2: Disease Specific Sub-limit and Optional Deductible

Sum Insured	₹5,00,000
Claim for Joint Replacement	₹2,00,000
Disease Specific Sub-limit: Joint Replacement	₹40,000
Optional Deductible taken in policy	₹100,000
Admissible Claim amount by Insurance company	₹40,000 (₹40,000 is Sub-limit for this claim which is payable after considering the deductible)
Balance Sum Insured post claim	₹4,60,000 (Up to Policy Sum Insured)

 **Your Health Relationship Manager Has The Answer**  Be it claims assistance or guidance, contact your Health RM anytime. **1800-102-4462**  customercare@manipalcigna.com  www.manipalcignainsurance.in

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