

## Product Benefit Table OneHealth

Plan		Support	Secure	Support Plus	Shield	Premium
	Sum Insured (SI) Rs.	2L   3L   4L   5L	2L   3L   4L   5L   7.5L   10L 15L   20L   25L	2L   3L   4L   5L   7.5L   10L 15L   20L   25L   30L   50L	5L   7.5L   10L   15L   20L 25L   30L   50L   1 Cr	10L   15L   20L   25L   30L   50L 1Cr   2 Cr   3 Cr
	1 In-patient care Room Rent Capping	Covered up to SI; Room rent capped at 1% for normal room and 2% for ICU	Covered up to SI; Single private room	Covered up to SI; No room rent capping	Covered up to SI; No room rent capping	Covered up to SI; No room rent capping
	2 Pre Hospitalization Expenses	30 days	30 days	30 days	60 days	60 days
	3 Post Hospitalization Expenses	60 days	60 days	60 days	90 days	90 days
	4 Day Care Treatment			Covered up to SI		
	5 Ambulance Cover	Up to Rs. 2,000 per hospitalisation	Up to Rs. 2,500 per hospitalisation	Up to Rs. 5,000 per hospitalisation	Up to Rs. 7,500 per hospitalisation	Up to Rs. 10,000 per hospitalisation
	6 Organ Donor Expenses			Covered up to SI		
	7 Domiciliary Hospitalization			Covered up to SI		
	8 AYUSH Treatment	Covered up to SI	Covered up to SI	Covered up to SI	Covered up to SI	Covered up to SI
	9 IVF Treatment Cover			Up to Rs. 50,000		
	10 Bariatric Surgery Cover			Covered up to Rs. 1,00,000		
	11 Psychiatric Treatment Cover			Covered up to SI (sub-limit of Rs. 50,000 applicable for few conditions)		
	12 Lasik Surgery Cover			Covered Up to Rs. 25,000		
	13 HIV/AIDS Cover			Covered up to SI		
	14 Modern Treatment Procedures			Covered up to SI		
	15 Cumulative Bonus	10% of SI, subject to a maximum of 50%	10% of SI, subject to a maximum of 50%	10% of SI, subject to a maximum of 100%	20% of SI, subject to a maximum of 100%	33.33% of SI, subject to a maximum of 100%
	16 E-Opinion for Critical Illness			Covered		
	17 Annual Health Check-up			Annual		
	18 Fitness Rewards and Wellness Services			Applicable (Fitness Rewards points maximum up to 10% of premium can be earned)		
	19 Early Joining Benefit			One time benefit amount of Rs. 2,500 for 5 claim-free years and Rs. 5,000 for 10 claim-free years		
	20 Green Channel Benefit			Rs.1,000 for claims up to Rs. 50,000 and Rs. 2,000 for claims above Rs. 50,000 if treatment taken at PPN		
	21 Recharge of Sum Insured	Not Applicable	Unlimited recharge up to 100% of SI in a policy year	Unlimited recharge up to 100% of SI in a policy year	Unlimited recharge up to 100% of SI in a policy year	Unlimited recharge up to 100% of SI in a policy year
	22 Hospital Cash	Not Applicable	Not Applicable	Rs. 500 per day	Rs. 1,000 per day	Rs. 1,500 per day
	23 Compassionate visit in case of CI	Not Applicable	Not Applicable	Rs. 5,000	Rs. 15,000	Rs. 30,000
	24 Loss of Income benefit	Not Applicable	Not Applicable	1/12th of SI or 1/12th of annual salary, whichever is lower; payable in lump sum each month for 6 months		
	25 Enhanced Daily cash Benefit	Not Applicable	Rs. 1,000 per day	Rs. 1,000 per day	Rs. 1,000 per day	Rs. 1,500 per day
	26 Home Treatment Additional Daily Cash Benefit	Home treatment covered up to SI; Daily cash - Not Applicable	Home treatment covered up to SI; Daily cash - Not Applicable	Home treatment covered up to SI; Daily cash - For Zone 1 & 2: Rs. 2,000 per day; For Zone 3: Rs. 1,500 per day	Home treatment covered up to SI; Daily cash - For Zone 1 & 2: Rs. 3,000 per day; For Zone 3: Rs. 2,000 per day	
	27 Companion Benefit	Not Applicable	Not Applicable	Not Applicable	Rs. 1,000 per day	Rs. 1,500 per day
	28 Maternity Benefits					
	1) Maternity Cover	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Up to Rs. 1,00,000
	2) New Born Baby Cover	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Up to Rs. 50,000
	3) Vaccination for New Born	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Up to Rs. 10,000 (included within the limit defined for New Born Baby Cover)
	29 Outpatient Cover	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Up to Rs. 20,000 (Sub-limit of 30% of this limit is available towards Dental treatment, spectacles, contact lenses and hearing aids)
	30 Convalescence Benefit	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Rs. 20,000
	31 Worldwide Emergency Hospitalization Cover	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Up to 50% of SI or Rs.20,00,000, whichever is lower Deductible of Rs. 2L
	32 Air Ambulance Cover	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Up to Rs. 1,00,000
	1 Critical Illness Cover	Equal to SI	Equal to SI	Equal to SI	Equal to SI or 10,00,000 whichever is lower	Rs. 10,00,000
	2 Personal Accident Cover	2L/3L/4L/5L/7.5L/ 10L/ 20L/25L/30L/ 50L/75L/ 1cr	2L/3L/4L/5L/7.5L/10L/ 20L/25L/30L/50L/75L/1cr	2L/3L/4L/5L/7.5L/10L/ 20L/25L/30L/50L/75L/1cr	2L/3L/4L/5L/7.5L/ 10L/20L/25L/30L/50L/75L/1cr	2L/3L/4L/5L/7.5L/10L/ 20L/25L/30L/50L/75L/1cr
	3 Aggregate Deductible	For SI 2,3L: 25K/50K/75K/1L /2L/3L For SI 4L: 25K/50K/75K/1L/ 2 /3L/4L For SI 5L: 25K/50K/75K/1L/ 2 /3L/4L/5L For SI 7.5L: 25K/50K/75K/1L/ 2 /3L/4L/5L For SI 10L: 25K/50K/75K/1L/ 2 /3L/4L/5L/10L For SI above 10L: 25K/50K/75K/1L/ 2 /3L/4L/5L/10L	For SI 2,3L: 1L/ 2L/ 3L For SI 4L: 1L/ 2L/ 3L/ 4L For SI 5L: 1L/ 2L/ 3L/ 4L/ 5L For SI 7.5L: 1L/ 2L/ 3L/ 4L/ 5L For SI 10L: 1L/ 2L/ 20L/25L/2L/ 3L/ 4L /5L/10L For SI 30L, 50L, 5L: 3L/ 4L/ 5L/10L For SI 1Cr: 5L/10L/15L	For SI 2,3L: 1L/ 2L/ 3L/ 4L/ 5L For SI 5L: 2L/ 3L/ 4L/ 5L For SI 10L, 15L, 20L, 25L: 2L/ 3L/ 4L/ 5L/10L For SI 30L, 50L, 5L: 3L/ 4L/ 5L/10L For SI 1Cr: 5L/10L/15L	For SI 10L, 15L, 20L, 25L: 2L/ 3L/ 4L/ 5L/10L For SI 30L, 50L: 3L/ 4L/ 5L/10L For SI 1Cr and above: 5L/10L/15L	
	4 Voluntary Co-Payment	10% or 20%	10% or 20%	10% or 20%	10% or 20%	10% or 20%
	5 Hospital Cash Optional cover	Rs. 1,000 per day	Rs. 1,000 per day	Rs. 1,000 per day	Not Available	Not Available
	6 Bonus Booster	20% of SI, subject to a maximum of 100%	20% of SI, subject to a maximum of 100%	20% of SI, subject to a maximum of 100%	Not Available	Not Available
	7 Maternity Benefit optional Cover (Available for SI 5L and above only)	Maternity cover up to 1,00,000; New born baby up to 25,000; New born baby vaccination cover up to 5,000 (included within New born baby cover limits)	Maternity cover up to 1,00,000; New born baby up to 25,000; New born baby vaccination cover up to 5,000 (included within New born baby cover limits)	Maternity cover up to 1,00,000; New born baby up to 25,000; New born baby vaccination cover up to 5,000 (included within New born baby cover limits)	Maternity cover up to 1,00,000; New born baby up to 25,000; New born baby vaccination cover up to 5,000 (included within New born baby cover limits)	Not Available
	8 Home treatment additional daily cash optional cover	Rs. 1,000 per day	Rs. 1,000 per day	Rs. 1,000 per day	Not Available	Not Available
	9 Enhanced pre & post hospitalization cover	Pre-hospitalization 60 days, Post hospitalization 90 days	Pre-hospitalization 60 days, Post hospitalization 90 days	Pre-hospitalization 60 days, Post hospitalization 90 days	Not Available	Not Available
	10 Worldwide Emergency hospitalization cover (Available for SI 5 L and above only)	50% of SI, max Rs.10 Lakh, Deductible of Rs. 2 Lakh	50% of SI, max Rs.10 Lakh, Deductible of Rs. 2 Lakh	50% of SI, max Rs.10 Lakh, Deductible of Rs. 2 Lakh	Rs.10 Lakh, Deductible of Rs. 2 Lakh	Not Available
	11 OPD & Home Care for Covid-19 (per person limit)	Rs. 10,000/ Rs. 15,000 / Rs. 20,000	Rs. 10,000/ Rs. 15,000 / Rs. 20,000	Rs. 10,000/ Rs. 15,000 / Rs. 20,000	Rs. 10,000/ Rs. 15,000 / Rs. 20,000	Rs. 10,000 / Rs. 15,000 / Rs. 20,000 / Rs. 25,000
	12 Non-payable expense Cover	Covered	Covered	Covered	Covered	Covered
	13 Recharge Benefit for same illnesses	Not Available	Unlimited Times Covered	Unlimited Times Covered	Unlimited Times Covered	Unlimited Times Covered
	14 Zone wise Co-pay waiver	Covered	Covered	Covered	Covered	Covered
	15 Smart Flexi Saver	Available	Available	Available	Available	Not Available
	16 Air Ambulance Cover	Up to Rs. 2,00,000	Up to Rs. 2,00,000	Up to Rs. 2,00,000	Up to Rs. 2,00,000	Up to Rs. 2,00,000
	17 Removal of Mandatory Co Pay	Available	Available	Available	Available	Available
	18 Reduction of Pre-existing disease waiting period	Not Available	2 Years	2 Years	2 Years	Not Available
	19 Reduction of First Thirty Days Waiting Period	7 Days	7 Days	7 Days	7 Days	7 Days
	20 Outpatient Cover	Up to Rs. 5,000/10,000 (sublimit of 30% of this limit is available towards Dental treatment, spectacles, contact lenses and hearing aids)	Up to Rs. 5,000 / 10,000 (sublimit of 30% of this limit is available towards Dental treatment, spectacles, contact lenses and hearing aids)	Up to Rs. 5,000 / 10,000 (sublimit of 30% of this limit is available towards Dental treatment, spectacles, contact lenses and hearing aids)	Up to Rs. 5,000 / 10,000 (sublimit of 30% of this limit is available towards Dental treatment, spectacles, contact lenses and hearing aids)	Not Available
	21 Global Cover	Not Available	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured or 50L whichever is lower	Up to Sum Insured or 50L whichever is lower
	22 Enhanced Maternity Benefit	Waiting period reduction to 2 Years	Waiting period reduction to 2 Year	Waiting period reduction to 2 Year	Waiting period reduction to 2 Year	Waiting period reduction to 2 Year
	23 Extensive Post hospitalisation Benefit	Post Hospitalisation days increased to 180 days	Post Hospitalisation days increased to 180 days	Post Hospitalisation days increased to 180 days	Post Hospitalisation days increased to 180 days	Post Hospitalisation days increased to 180 days
	24 Bonus Booster Plus	Not Available	For SI equal to or greater than 5L:- 100% of SI, subject to a maximum of 500%	For SI equal to or greater than 5L:- 100% of SI, subject to a maximum of 500%	100% of SI, subject to a maximum of 500%	100% of SI, subject to a maximum of 500%
	25 Infinite Bonus Booster	Not Available	For SI equal to or greater than 10L:- 100% of SI, subject to a maximum of unlimited sum insured	For SI equal to or greater than 10L:- 100% of SI, subject to a maximum of unlimited sum insured	For SI equal to or greater than 10L:- 100% of SI, subject to a maximum of unlimited sum insured	100% of SI, subject to a maximum of unlimited sum insured
	26 Enhanced Coverage	SI 2X for 1st claim where X is the Base Sum Insured	SI 2X for 1st claim where X is the Base Sum Insured	SI 2X for 1st claim where X is the Base Sum Insured	SI 2X for 1st claim where X is the Base Sum Insured	SI 2X for 1st claim where X is the Base Sum Insured
	27 Per Claim Deductible	Rs. 10,000 / 20,000/ 25,000/ 50,000/ 75,000 /1,00,000	Rs. 10,000 / 20,000/ 25,000/ 50,000/ 75,000 /1,00,000	Rs. 10,000 / 20,000/ 50,000	Rs. 10,000 / 20,000/ 50,000	Rs. 10,000 / 20,000/ 50,000
	28 Reduction of Specific disease Waiting period	1 Year	1 Year	1 Year	1 Year	1 Year
	29 Durable Equipment Cover: 1. Ventilator 2. Wheelchair (Upto Rs.1 Lac) 3. Prosthetic Device 4. Suction Machine 5. Commode Chairs 6. Infusion Pump 7. Continuous Passive Motion Devices in case of Knee Replacement 8. Oxygen Concentrator	A combined sub-limit of INR 5 Lacs or up to Base SI, whichever is lower	A combined sub-limit of INR 5 Lacs or up to Base SI, whichever is lower	A combined sub-limit of INR 5 Lacs or up to Base SI, whichever is lower	A combined sub-limit of INR 5 Lacs or up to Base SI, whichever is lower	A combined sub-limit of INR 5 Lacs or up to Base SI, whichever is lower
	30 1 year Waiting Period for Maternity	1 Year	1 Year	1 Year	1 Year	1 Year
	31 Surrogacy Cover	Not Applicable	For SI upto 7.5L-Rs. 25,000 For SI above 7.5L to 25L- Rs. 50,000 For SI above 25L- Rs. 1,00,000	For SI upto 7.5L-Rs. 25,000 For SI above 7.5L to 25L- Rs. 50,000 For SI above 25L- Rs. 1,00,000	For SI upto 7.5L-Rs. 25,000 For SI above 7.5L to 25L- Rs.	