

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
Base Covers	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 - 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
Optional Covers	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: 1L/ 2L/ 3L For SI 4L: 1L/ 2L/ 3L/ 4L For SI 5L: 1L/ 2L/ 3L/ 4L/ 5L For SI 7.5L: 25K/50K/75K/1L 2L/ 3L/ 4L/ 5L For SI 10L: 25K/50K/75K/1L 2L/ 3L/ 4L/ 5L/10L For SI above 10L: 25K/ 50K/ 75K/ 1L/ 2L/ 3L/ 4L/ 5L/ 10L	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/ 2L / 3L/ 4L/ 5L For SI 7.5L: 25K/50k/75K/1L 2L / 3L/ 4L/ 5L For SI 10L: 25K/50k/75K/1L 2L/ 3L/ 4L/ 5L/10L For SI above 10L: 25K/ 50K/ 75K/ 1L/ 2L/ 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: 2L/ 3L/ 4L/ 5L For SI 10L,15L,20L,25L: 2L/ 3L/ 4L / 5L/10L For SI 30L, 50 L: 3L/ 4L/ 5L/10L	For SI 5L: 1L/ 2L/ 3L/ 4L/ 5L For SI 7.5L: 2L/ 3L/ 4L/ 5L For SI 10L,15L, 20L,25L: 2L/ 3L/ 4L / 5L/10L For SI 30L, 50 L: 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	50% of SI, max 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 (submit of 30% of this limit is available towards Dental treatment, spectacles, contact lenses and hearing aids)	Up to Rs. 5,000 / 10,000 (submit of 30% of this limit is available towards Dental treatment spectacles, contact lenses and hearing aids)	Up to Rs. 5,000 / 10,000 (submit of 30% of this limit is available towards Dental treatment spectacles, contact lenses and hearing aids)	Up to Rs. 5,000 / 10,000 (submit 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 / 50,000	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 (Up to 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 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. 50,000 For SI above 25L - Rs. 1,00,000
	32	Oocyte Donor Cover	Not Applicable	For SI upto 7.5L-Rs. 25,000 For SI above 7.5L to 25L- Rs. 50,000	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. 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
	33	Super Saver Pack	Pre-hospitalization 60 days; Post hospitalizatio 180 days; Bonus Booster - Cumulative Bonus of 20% of SI, subject to a maximum of 100%; and Unlimited Times Recharge Benefit for same illnesses	Pre-hospitalization 60 days; Post hospitalizatio 180 days; Bonus Booster - Cumulative Bonus of 20% of SI, subject to a maximum of 100%; and Unlimited Times Recharge Benefit for same illnesses	Pre-hospitalization 60 days; Post hospitalizatio 180 days; Bonus Booster - Cumulative Bonus of 20% of SI, subject to a maximum of 100%; and Unlimited Times Recharge Benefit for same illnesses	Post hospitalization 180 days; and Unlimited Times Recharge Benefit for same illnesses	Post hospitalization 180 days; and Unlimited Times Recharge Benefit for same illnesses
	34	Smart Network Benefit	10% Discount Applicable	10% Discount Applicable	10% Discount Applicable	10% Discount Applicable	10% Discount Applicable
	35	Insta Cover	Coverage for listed ailments in the policy 1. Asthma 2. Blood Pressure medically known as Hypertension 3. Cholesterol known as Hyperlipidemia 4. Diabetes 5. Obesity 6. Coronary Artery Disease with PTCA 7. Coronary Artery Bypass Graft 8. Chronic Obstructive Pulmonary Disease (COPD)  Option to cover 1. All illness (Insta8) 2. 1st four illness (Insta4)	Coverage for listed ailments in the policy 1. Asthma 2. Blood Pressure medically known as Hypertension 3. Cholesterol known as Hyperlipidemia 4. Diabetes 5. Obesity 6. Coronary Artery Disease with PTCA 7. Coronary Artery Bypass Graft 8. Chronic Obstructive Pulmonary Disease (COPD)  Option to cover 1. All illness (Insta8) 2. 1st four illness (Insta4)	Coverage for listed ailments in the policy 1. Asthma 2. Blood Pressure medically known as Hypertension 3. Cholesterol known as Hyperlipidemia 4. Diabetes 5. Obesity 6. Coronary Artery Disease with PTCA 7. Coronary Artery Bypass Graft 8. Chronic Obstructive Pulmonary Disease (COPD)  Option to cover 1. All illness (Insta8) 2. 1st four illness (Insta4)	Coverage for listed ailments in the policy 1. Asthma 2. Blood Pressure medically known as Hypertension 3. Cholesterol known as Hyperlipidemia 4. Diabetes 5. Obesity 6. Coronary Artery Disease with PTCA 7. Coronary Artery Bypass Graft 8. Chronic Obstructive Pulmonary Disease (COPD)  Option to cover 1. All illness (Insta8) 2. 1st four illness (Insta4)	Coverage for listed ailments in the policy 1. Asthma 2. Blood Pressure medically known as Hypertension 3. Cholesterol known as Hyperlipidemia 4. Diabetes 5. Obesity 6. Coronary Artery Disease with PTCA 7. Coronary Artery Bypass Graft 8. Chronic Obstructive Pulmonary Disease (COPD)  Option to cover 1. All illness (Insta8) 2. 1st four illness (Insta4)
	36	Unlimited Care (Available for SI 5L and above only)	Available	Available	Available	Available	Available
	37	Futuristic Cover	Available	Available	Available	Available	Available
	38	Room Rent Modifier	Not Applicable	Any Room Or Twin Sharing	Not Applicable	Not Applicable	Not Applicable
Waiting Period	1	Initial waiting period	30 days	30 days	30 days	30 days	30 days
	2	Specific Disease waiting Period	2 years	2 years	2 years	2 years	2 years
	3	Pre-Existing Disease Waiting Period	3 years	3 years	3 years	3 years	2 years
Cost Sharing	1	Mandatory Co-pay	20% if entry age is 61 years or more	20% if entry age is 61 years or more	20% if entry age is 61 years or more	20% if entry age is 61 years or more	20% if entry age is 61 years or more
	2	Cataract sub-limit	Up to Rs. 25,000 /eye/policy year	Up to Rs. 35,000 /eye/policy year	Up to Rs. 35,000 /eye/policy year	Up to Rs. 50,000 /eye/policy year	Up to Rs. 1,00,000 /eye/policy year