**Product Benefit Table**
**OneHealth Senior**

| | | **Plan** | **Gold** | **Platinum** |
|---|---|---|---|---|
| | | Sum Insured (SI) Rs | 3/4/5/7.5/10/15/20/25 L | 3/4/5/7.5/10/15/20/25 L |
| **Base Covers** | 1 | In-patient care<br>Room Rent Capping | Up to SI 5L: 1% of SI,<br>ICU: Up to SI 5L- 2% of SI,<br>SI>5L- Single private AC room | Single private AC room<br>ICU- no sublimit |
| | 2 | Pre Hospitalisation Expenses | 30 days | 60 days |
| | 3 | Post Hospitalisation Expenses | 60 days, max up to 7,500 | 90 days, up to SI |
| | 4 | Day Care Treatment | Covered | Covered |
| | 5 | Ambulance Cover | Up to Rs 1,500 per hosp. | Road Ambulance up to Rs2000 per hospitalization<br>Air Ambulance up to Rs 3,00,000 per hospitalization |
| | 6 | Domiciliary Hospitalisation | Up to 25% SI | Up to SI |
| | 7 | AYUSH Treatment | Up to SI | Up to SI |
| | 8 | Modern Treatment Procedures | Up to 25% of SI | Up to 50% of SI |
| | 9 | E Opinion for Critical Illness | Covered | Covered |
| | 10 | Annual Health Check-up | Defined tests in network hospital on Cashless basis OR reimbursement up to Rs. 1,500 for preventive check up | Defined tests in network hospital on cashless basis OR reimbursement up to Rs. 2,500 for preventive check up |
| | 11 | Wellness Services | Covered | Covered |
| | 12 | Shared Room Daily cash | For SI>5L: Rs 500 per day | Rs 1000 per day |
| | 13 | Organ Donor Cover | - | Up to SI |
| **Optional Covers** | 1 | Enhanced post hospitalization | Up to 90 days | - |
| | 2 | Reduction in Co-payment | Reduction to 20%/10%/0% for all claims | Reduction to 20%/10%/0% for all claims |
| | 3 | Nursing at Home | Rs 1,000 per day, max 15 days | Rs 1,000 per day, max 15 days |
| | 4 | Hospital Daily Cash | Rs 1,000 per day, max 30 days | Rs 1,000 per day, max 30 days |
| | 5 | OPD cover | Up to Rs 5,000/ Rs 10,000 | Up to Rs 5,000/ Rs 10,000 |
| | 6 | Recharge of Sum Insured | Once per policy year | Once per policy year |
| | 7 | Cumulative Bonus | 10% per year, max 100% | 10% per year, max 100% |
| | 8 | Non-payable expense Cover | Covered | Covered |
| | 9 | Increase in Co-payment | Additional Co-pay of 5%/ 10%/ 20% | Additional Co-pay of 5%/ 10%/ 20% |
| | 10 | Increase in PED waiting Period | 2 Years | 2 Years |

| | | | | |
|---|---|---|---|---|
| **Waiting Period** | 1 | Initial waiting period | 30 days | 30 days |
| | 2 | Specific Disease waiting Period | 2 year | 2 year |
| | 3 | Pre-Existing Disease Waiting Period | 1 year | 1 year |
| **Cost Sharing** | 1 | Co-payment | 30%<br>No Co-Pay for accidental claims | 30%<br>No Co-Pay for accidental claims |
| | 2 | Co-pay for Joint Replacement | Covered with 30% co-payment | Covered with 20% co-payment |
| | 3 | Sub-limits | | |
| | a | Cataract | 10% of SI, sub to max 30k per eye | 10% of SI, sub to max 50k per eye |
| | B | Major Surgeries | 50% of SI, max 5L | 50% of SI |
| | c | Hernia, Hysterectomy & Prostate procedures | Up to 30,000 | No sublimit |