

BENEFIT STRUCTURE FOR PRE-UNDERWRITTEN PRODUCTS - SmartHealth BASIC

| Section | Particulars | 50000 | 100000 | 200000 | 300000 | 500000 |
|---------|--------------------------------|--|---|--|---|---|
| 1 | Room Rent Restriction | 100% of Sum Insured; Room rent limit: Normal hospitalisation Rs 1000 and ICU/CCU Rs 2000 per day | 100% of Sum Insured; Room rent limit : Normal hospitalisation Rs 1000 and ICU/CCU RS 2500 per day | 100% of Sum Insured; Room rent limit: Normal hospitalisation Rs 2000 and ICU/CCU RS 3000 per day | 100% of Sum Insured; Room rent limit : Normal hospitalisation Rs 3000 and ICU/CCU Rs 4500 per day | 100% of Sum Insured |
| | Pre-Hospitalisation - 30 days | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. |
| | Post-Hospitalisation - 60 days | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. |
| 2 | Day Care Treatment: | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. |
| 3 | Domiciliary Treatment: | 10% of Sum Insured | 10% of Sum Insured | 10% of Sum Insured | 10% of Sum Insured | 10% of Sum Insured |
| 4 | Critical Illness | No Cover | No Cover | No Cover | Separate Additional Sum Insured of 100% of SI on Hospitalisation Expenses Reimbursement basis | Separate Additional Sum Insured of 100% of SI on Hospitalisation Expenses Reimbursement basis |

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| 5 | Dread disease Recouperation Benefit: | No Cover | No Cover | No Cover | Rs 200 per day for a max of 45 days | Rs 200 per day for a max of 45 days |
| 6 | Transplantation of Organs: | No Cover | No Cover | No Cover | 10% of SI over and above the Original SI | 10% of SI over and above the Original SI |
| 7 | Hospital Cash Allowance | No Cover | No Cover | Rs. 200 per day for 10 days after the first 3 days | Rs. 250 per day for 10 days after the first 3 days | Rs. 350 per day for 10 days after the first 3 days |
| 8 | Home Nursing | No Cover | No Cover | No Cover | No Cover | No Cover |
| 9 | Ambulance Charges: | Rs 1500 | Rs 1500 | Rs 1500 | Rs 1500 | Rs 1500 |
| 10 | Inpatient Physiotherapy: | No Cover | No Cover | No Cover | No Cover | No Cover |
| 11 | Recovery Grant | No Cover | No Cover | No Cover | No Cover | No Cover |
| 12 | Accompanying Person Expenses | Rs 250 for 5 days after first three days | Rs 250 for 5 days after first three days | Rs 250 for 5 days after first three days | Rs 250 for 5 days after first three days | Rs 250 for 5 days after first three days |
| 13 | Parent Accommodation as Companion for Child: | No Cover | No Cover | No Cover | No Cover | No Cover |
| 14 | Out-patient Dental Emergency Treatment:(Accidents only) | No Cover | No Cover | No Cover | No Cover | No Cover |
| 15 | Out-patient Emergency Treatment for Accidents | No Cover | No Cover | No Cover | No Cover | No Cover |

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| 16 | Children Education Fund | No Cover | No Cover | No Cover | No Cover | No Cover |
| 17 | Mortal Remains | No Cover | No Cover | No Cover | No Cover | No Cover |
| 18 | Health Check-up | 1% of the Sum Insured | 1% of the Sum Insured | 1% of the Sum Insured | 1% of the Sum Insured | 1% of the Sum Insured |
| 19 | Cumulative Bonus | 5% every claim free year up to the max. of 25% | 5% every claim free year up to the max. of 25% | 5% every claim free year up to the max. of 25% | 5% every claim free year up to the max. of 25% | 5% every claim free year up to the max. of 25% |

BENEFIT STRUCTURE FOR PRE-UNDERWRITTEN PRODUCTS - SmartHealth PREMIUM

| Section | Particulars | 100000 | 200000 | 300000 | 400000 | 500000 |
|---------|--------------------------------------|---|---|---|--|--|
| 1 | Room Rent Restriction | 100% of Sum Insured; Room rent limit: Normal hospitalisation Rs 1000 and ICU/CCU RS 2500 per day | 100% of Sum Insured; Room rent limit: Normal hospitalisation Rs 2000 and ICU/CCU RS 3000 per day | 100% of Sum Insured; Room rent limit: Normal hospitalisation Rs 3000 and ICU/CCU Rs 4500 per day | 100% of Sum Insured; | 100% of Sum Insured |
| | Pre-Hospitalisation - 45 days | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. |
| | Post-Hospitalisation - 60 days | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. |
| 2 | Day Care Treatment: | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. |
| 3 | Domiciliary Treatment: | 10% of Sum Insured | 10% of Sum Insured | 10% of Sum Insured | 10% of Sum Insured | 10% of Sum Insured |
| 4 | Critical Illness | No Cover | No Cover | No Cover | Separate Additional Sum Insured of 100% SI on Hospitalisation Expenses Reimbursement basis | Separate Additional Sum Insured of 100% SI on Hospitalisation Expenses Reimbursement basis |
| 5 | Dread disease Recouperation Benefit: | No Cover | No Cover | No Cover | Rs 300 per day for a max of 45 days | Rs 300 per day for a max of 45 days |

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| 6 | Transplantation of Organs: | No Cover | No Cover | No Cover | 15% of SI over and above the Original SI | 15% of SI over and above the Original SI |
| 7 | Hospital Cash Allowance | No Cover | No Cover | Rs 250 per day for 15 days after the first 3 days | Rs 350 per day for 15 days after the first 3 days | Rs 500 per day for 15 days after the first 3 days |
| 8 | Home Nursing: | No Cover | No Cover | Rs 200 per day for 10 days after the first 3 days | Rs 250 per day for 10 days after the first 3 days | Rs 300 per day for 10 days after the first 3 days |
| 9 | Ambulance Charges: | Rs 2000 | Rs 2000 | Rs 2000 | Rs 2000 | Rs 2000 |
| 10 | Inpatient Physiotherapy: | 1% of SI | 1% of SI | 1% of SI | 1% of SI | 1% of SI |
| 11 | Recovery Grant | No Cover | No Cover | No Cover | No Cover | No Cover |
| 12 | Accompanying Person Expenses | Rs 250 for 5 days after first three days | Rs 250 for 5 days after first three days | Rs 250 for 5 days after first three days | Rs 250 for 5 days after first three days | Rs 250 for 5 days after first three days |
| 13 | Parent Accommodation as Companion for Child: | Rs 250 for 10 days after first three days | Rs 250 for 10 days after first three days | Rs 250 for 10 days after first three days | Rs 250 for 10 days after first three days | Rs 250 for 10 days after first three days |
| 14 | Out-patient Dental Emergency Treatment:(Accidents only) | No Cover | No Cover | No Cover | No Cover | No Cover |
| 15 | Out-patient Emergency Treatment for Accidents | No Cover | No Cover | No Cover | No Cover | No Cover |
| 16 | Children Education Fund | No Cover | No Cover | No Cover | No Cover | No Cover |

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| 17 | Mortal Remains | No Cover | No Cover | No Cover | No Cover | No Cover |
| 18 | Health Check-up | 1% of the Sum Insured | 1% of the Sum Insured | 1% of the Sum Insured | 1% of the Sum Insured | 1% of the Sum Insured |
| 19 | Cumulative Bonus | 5% every claim free year up to the max. of 25% | 5% every claim free year up to the max. of 25% | 5% every claim free year up to the max. of 25% | 5% every claim free year up to the max. of 25% | 5% every claim free year up to the max. of 25% |

BENEFIT STRUCTURE FOR PRE-UNDERWRITTEN PRODUCTS - SmartHealth OPTIMUM

| Section | Particulars | 100000 | 200000 | 300000 | 400000 | 500000 |
|---------|--------------------------------------|---|---|---|--|--|
| 1 | Room Rent Restriction | 100% of Sum Insured; Room rent limit: Normal hospitalisation Rs 1000 and ICU/CCU RS 2500 per day | 100% of Sum Insured; Room rent limit: Normal hospitalisation Rs 2000 and ICU/CCU RS 3000 per day | 100% of Sum Insured; Room rent limit: Normal hospitalisation Rs 3000 and ICU/CCU Rs 4500 per day | 100% of Sum Insured | 100% of Sum Insured |
| | Pre-Hospitalisation - 60 days | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. |
| | Post-Hospitalisation - 90 days | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. |
| 2 | Day Care Treatment: | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. | Up to Sum Insured under section 1 a. |
| 3 | Domiciliary Treatment: | 10% of Sum Insured | 10% of Sum Insured | 10% of Sum Insured | 10% of Sum Insured | 10% of Sum Insured |
| 4 | Critical Illness | Separate Additional Sum Insured of 100% of SI on Hospitalisation Expenses Reimbursement basis | Separate Additional Sum Insured of 100% of SI on Hospitalisation Expenses Reimbursement basis | Separate Additional Sum Insured of 100% of SI on Benefit Basis | Separate Additional Sum Insured of 100% of SI on Benefit Basis | Separate Additional Sum Insured of 100% of SI on Benefit Basis |
| 5 | Dread disease Recouperation Benefit: | Rs 500 per day for a max of 60 days | Rs 500 per day for a max of 60 days | No Cover | No Cover | No Cover |
| 6 | Transplantation of Organs: | 20% of SI over and above the Original SI | 20% of SI over and above the Original SI | No Cover | No Cover | No Cover |

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| 7 | Hospital Cash Allowance | Rs 500 per day for 30 days after the first 3 days | Rs 500 per day for 30 days after the first 3 days | Rs 750 per day for 30 days after the first 3 days | Rs 1000 per day for 30 days after the first 3 days | Rs 1000 per day for 30 days after the first 3 days |
| 8 | Home Nursing: | Rs 500 per day for 10 days after the first 3 days | Rs 500 per day for 10 days after the first 3 days | Rs 500 per day for 10 days after the first 3 days | Rs 500 per day for 10 days after the first 3 days | Rs 500 per day for 10 days after the first 3 days |
| 9 | Ambulance Charges: | Rs 2500 | Rs 2500 | Rs 2500 | Rs 2500 | Rs 2500 |
| 10 | Inpatient Physiotherapy: | 2% of SI | 2% of SI | 2% of SI | 2% of SI | 2% of SI |
| 11 | Recovery Grant | Rs 12500 | Rs 12500 | Rs 12500 | Rs 12500 | Rs 12500 |
| 12 | Accompanying Person Expenses | Rs 250 for 10 days after first three days | Rs 250 for 10 days after first three days | Rs 250 for 10 days after first three days | Rs 250 for 10 days after first three days | Rs 250 for 10 days after first three days |
| 13 | Parent Accommodation as Companion for Child: | Rs 250 for 30 days after first three days | Rs 250 for 30 days after first three days | Rs 250 for 30 days after first three days | Rs 250 for 30 days after first three days | Rs 250 for 30 days after first three days |
| 14 | Out-patient Dental Emergency Treatment: (Accidents only) | 1% of SI | 1% of SI | 1% of SI | 1% of SI | 1% of SI |
| 15 | Out-patient Emergency Treatment for Accidents | 2% of SI | 2% of SI | 2% of SI | 2% of SI | 2% of SI |
| 16 | Children Education Fund | 1% of SI | 1% of SI | 1% of SI | 1% of SI | 1% of SI |
| 17 | Mortal Remains | 2% of SI | 2% of SI | 2% of SI | 2% of SI | 2% of SI |

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|----|------------------|--|--|--|--|--|
| 18 | Health Check-up | 1% of the Sum Insured | 1% of the Sum Insured | 1% of the Sum Insured | 1% of the Sum Insured | 1% of the Sum Insured |
| 19 | Cumulative Bonus | 5% every claim free year up to the max. of 25% | 5% every claim free year up to the max. of 25% | 5% every claim free year up to the max. of 25% | 5% every claim free year up to the max. of 25% | 5% every claim free year up to the max. of 25% |