

## SCHEDULE OF THE POLICY (Option A)

Product Information	
Product Name	: Sehat Sahulat
Policy Effective Date	: From the Date of Policy Enrollment
Policy Expiry Date	: One year from the date of enrollment
Description of Benefits <span style="float: right;">Amounts In Rupees</span>	
HOSPITALISATION–ANNUAL LIMIT PER PERSON	: 25,000
Sub Limits	
• Daily Room & Board Sub Limit	: 500
• Specialized Investigations: MRI, CT Scan, Endoscopy & Thallium Scan	: Covered during In-patient Admission
• Emergency Ambulance Services per Hospitalization	: 250
• Accidental outpatient expense benefit (Limit per accident)- Expense for Emergency treatment( Trauma) incurred within 24 hours of Accident	2,000
<b>Treatment In Hospital:</b> <ul style="list-style-type: none"> <li>• In Panel Hospital – Cashless Treatment</li> <li>• In Non-Panel Hospital-Accidental Emergency Treatment Only</li> </ul>	: •
Enrollment Eligibility	Age Limit
• Adults	From 18 Years up to 65 Years
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• Coverage Applicable To	Individual Only – Mobicash Account Holders
Pre-Existing Conditions are Not Covered	
• Treatment of pre-existing condition and any disease, illness, medical condition or injury which is a complication of a pre-existing condition, are excluded.	

Covered In-patient Benefits	
<ul style="list-style-type: none"> <li>• Hospital Accommodation</li> <li>• Prescribed Medicines used during hospital stay</li> <li>• Surgical Fees including Anesthesia fees</li> <li>• Physician, Surgeon and Anesthetist fees and OT charges</li> <li>• Diagnostic investigations</li> <li>• Blood and Oxygen Supplies</li> </ul>	<ul style="list-style-type: none"> <li>• Ventilators and allied services</li> <li>• Kidney Dialysis/Chemotherapy/Radiotherapy</li> <li>• Cancer Treatment</li> <li>• Emergency due to Accident</li> <li>• Day Care Procedure</li> <li>• Organ Transplantations( Only Surgery)</li> </ul>
Standard Exclusions	
<ul style="list-style-type: none"> <li>• AIDS</li> <li>• Abuse of Alcohol and Drugs</li> <li>• Birth Defects and/or Congenital Diseases</li> <li>• Elective Cosmetic Treatment</li> <li>• Sports Activities</li> <li>• Optical and/or vision care</li> <li>• Self-inflicted injuries</li> <li>• Terrorism (Active Participation)</li> <li>• Vaccinations</li> <li>• War (Active Participation)</li> <li>• Infertility treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Dental Treatment</li> <li>• Chronic Renal Dialysis</li> <li>• Pat Scan</li> <li>• Cosmetic Treatment</li> <li>• Anti-Retro Viral Drugs</li> <li>• Dietary supplements and vitamins</li> <li>• Harmon Replacement Therapy</li> <li>• Psychiatric Treatment</li> <li>• Hepatitis B &amp; C-</li> <li>• New onset chronic Renal Failure</li> <li>• Out-patient Treatment (Non-Accidental)</li> </ul>

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	<ul style="list-style-type: none"><li>• Out of Country Treatment</li></ul>
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## SCHEDULE OF THE POLICY (Option B)

Product Information	
Product Name	: Sehat Sahulat
Policy Effective Date	: From the Date of Enrollment of Policy
Policy Expiry Date	: One year from the date of Enrollment
Description of Benefits <span style="float: right;">Amounts In Rupees</span>	
HOSPITALISATION–ANNUAL LIMIT PER PERSON	: 50,000
Sub Limits	
• Daily Room & Board Sub Limit	: 700
• Specialized Investigations: MRI, CT Scan, Endoscopy & Thallium Scan	: Covered during In-patient Admission
• Emergency Ambulance Services per Hospitalization	: 500
• Accidental outpatient expense benefit (Limit per accident)- Expense for Emergency treatment (Trauma) incurred within 24 hours of Accident	: 5,000
<b>Treatment In Hospital:</b> <ul style="list-style-type: none"> <li>• In Panel Hospital – Cashless Treatment Available</li> <li>• In Non-Panel Hospital-Accidental Emergency Treatment Only</li> </ul>	<ul style="list-style-type: none"> <li>• Cashless Treatment Available</li> <li>• Accidental Emergency Treatment ONLY</li> </ul>
Enrollment Eligibility <span style="float: right;">Age Limit</span>	
• Adults	From 18 Years up to 65 Years
•	
• Coverage Applicable To	Individual Only – Mobicash Account Holder
Pre-Existing Conditions are Not Covered	
<ul style="list-style-type: none"> <li>• Treatment of pre-existing condition and any disease, illness, medical condition or injury which is a complication of a pre-existing condition, are excluded.</li> </ul>	

Covered In-patient Benefits	
<ul style="list-style-type: none"> <li>• Hospital Accommodation</li> <li>• Prescribed Medicines used during hospital stay</li> <li>• Surgical Fees including Anesthesia fees</li> <li>• Physician, Surgeon and Anesthetist fees and OT charges</li> <li>• Diagnostic investigations</li> <li>• Blood and Oxygen Supplies</li> </ul>	<ul style="list-style-type: none"> <li>• Ventilators and allied services</li> <li>• Kidney Dialysis/Chemotherapy/Radiotherapy</li> <li>• Cancer Treatment</li> <li>• Emergency due to Accident</li> <li>• Day Care Procedure</li> <li>• Organ Transplantations( Only Surgery)</li> </ul>
Standard Exclusions	

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- AIDS
- Abuse of Alcohol and Drugs
- Birth Defects and/or Congenital Diseases
- Elective Cosmetic Treatment
- Sports Activities
- Optical and/or vision care
- Self-inflicted injuries
- Terrorism (Active Participation)
- Vaccinations
- War (Active Participation)
- Infertility treatment

- Dental Treatment
- Chronic Renal Dialysis
- Pat Scan
- Cosmetic Treatment
- Anti-Retro Viral Drugs
- Dietary supplements and vitamins
- Harmon Replacement Therapy
- Psychiatric Treatment
- Hepatitis B & C
- New onset chronic Renal Failure
- Out-patient Treatment (Non-Accidental)
- Out of Country Treatment