

Corona Kavach Policy, SBI General Insurance Company Limited.

Prospectus

UIN No. _____

Any health problem may disturb the financial planning of an individual and Family. Corona Kavach Policy, SBI General Insurance Company Limited. provides financial protection against medical costs due to hospitalisation.

WHO CAN BUY THIS POLICY?

Corona Kavach Policy, SBI General Insurance Company Limited. can be bought by any individual between the age of 18 Years to 65 Years on Individual and Family floater basis.

(Family means self, legally wedded spouse, dependent children ,parents, parents in law)

AGE CRITERIA

Minimum Entry Age: Adult - 18 Years, Dependent Children: Day 1

Maximum Entry Age: 65 Years, Dependent Children:25 Years

If the child above 18 years of age is financially independent, he or she shall be ineligible

SUM INSURED

Rs 50,000/- (Fifty Thousand) to 5,00,000/- (Five Lakh)- (in the multiples of fifty thousand)

On Individual basis – Sum Insured shall apply to each individual family member

On Floater basis – Sum Insured shall apply to the entire family

MODE OF PREMIUM

Single Premium paying mode.

SCOPE OF COVER

A. BASE COVER

The cover listed below is in-built Policy benefit and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

COVID-19 HOSPITALIZATION COVER



The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy period for the treatment of Covid on Positive diagnosis of Covid in a government authorized diagnostic centre including the expenses incurred on treatment of any comorbidity along with the treatment for Covid up to the Sum Insured specified in the policy schedule, for,

- i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home.

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SBI General Insurance Company Limited

Corporate & Registered Office:  Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai 400 099 | CIN: U66000MH2009PLC190546
|  Tel.: +91 22 42412000 |  www.sbigeneral.in | Logo displayed belongs to State Bank of India and is used by SBI General Insurance Co. Ltd. under license | IRDAI Registration Number 144 | Product Name: Corona Kavach Policy, SBI General Insurance Company Limited | UIN: SBIHLIP21090V012021

- ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses.
- iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital
- iv. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, ventilator charges, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, PPE Kit, gloves, mask and such similar other expenses.
- v. Road Ambulance subject to a maximum of Rs.2000/- per hospitalization for the Ambulance services offered by a Hospital or by an Ambulance service provider, provided that the Ambulance is availed only in relation to Covid Hospitalization for which the Company has accepted a claim under section This also includes the cost of the transportation of the Insured Person from a Hospital to the another Hospital as prescribed by a Medical Practitioner.

Note:

- 1. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible.

A.2 – HOME CARE TREATMENT EXPENSES

Home Care Treatment means Treatment availed by the Insured Person at home for Covid on positive diagnosis of Covid in a Government authorized diagnostic Centre, which in normal course would require care and treatment at a hospital but is actually taken at home maximum up to 14 days per incident provided that:

- a) The Medical practitioner advises the Insured person to undergo treatment at home.
- b) There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment.
- c) Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.
- d) Insured shall be permitted to avail the services as prescribed by the medical practitioner. Cashless or reimbursement facility shall be offered under homecare expenses subject to claim settlement policy disclosed in the website.
- e) In case the insured intends to avail the services of non-network provider claim shall be subject to reimbursement, a prior approval from the Insurer needs to be taken before availing such services.

In this benefit, the following shall be covered if prescribed by the treating medical practitioner and is related to treatment of COVID,

- a. Diagnostic tests undergone at home or at diagnostics centre
- b. Medicines prescribed in writing
- c. Consultation charges of the medical practitioner
- d. Nursing charges related to medical staff
- e. Medical procedures limited to parenteral administration of medicines
- f. Cost of Pulse oximeter, Oxygen cylinder and Nebulizer

A.3 – AYUSH TREATMENTS

The Company shall indemnify medical expenses incurred for inpatient care treatment for Covid on Positive diagnosis of COVID test in a government authorized diagnostic centre including the expenses incurred on treatment of any comorbidity along with the treatment for Covid under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during the Policy Period up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital.

Covered expenses shall be as specified under Covid Hospitalization Expenses (Section A.1)

A.4 – PRE-HOSPITALIZATION MEDICAL EXPENSES

The company shall indemnify pre-hospitalization/home care treatment medical expenses incurred, related to an admissible hospitalization/home care treatment, for a fixed period of 15 days prior to the date of admissible hospitalization/home care treatment covered under the policy.

A.5 – POST-HOSPITALIZATION MEDICAL EXPENSES

The company shall indemnify post hospitalization//home care treatment medical expenses incurred, related to an admissible hospitalization//home care treatment, for a fixed period of 30 days from the date of discharge from the hospital, following an admissible hospitalization covered under the policy.

A.6

The expenses that are not covered in this policy are placed under List-I of Annexure-A. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-A respectively.

B. ADD ON COVER:

The cover listed below is Optional Policy benefit and shall be available to Insured Persons in accordance with the terms set out in the Policy, if the listed cover is opted.

B.1 HOSPITAL DAILY CASH

The Company shall pay the Insured Person 0.5% of sum insured per day for each 24 hours of continuous hospitalization for which the Company has accepted a claim under Section- A.1 Hospitalization Cover.

The benefit shall be payable maximum up to 15 days during a policy period in respect of every insured person. The total amount payable in respect of Covers A.1,A.2, A.3,A.4,A.5, B.1 shall not exceed 100% of the Sum Insured during a policy period.

PERIOD OF INSURANCE:

The policy can be issued for Three and half months (3 ½ months), Six and half months (6 ½ months) & Nine and half months (9 ½ months)

WAITING PERIOD

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

First Fifteen Days Waiting Period



Expenses related to the treatment of Covid within 15 days from the policy commencement date shall be excluded.

EXCLUSIONS

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The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of;

1. Investigation & Evaluation (Code- Excl04)

Expenses related to any admission primarily for diagnostics and evaluation purposes. Any diagnostic expenses which are not related or not incidental to the Current diagnosis and treatment

2. Rest Cure, rehabilitation and respite care (Code- Excl05)

a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

3. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or Home care treatment.

4. Unproven Treatments:

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. However, treatment authorized by the government for the treatment of COVID shall be covered.

5. Any claim in relation to Covid where it has been diagnosed prior to Policy Start Date.

6. Any expenses incurred on Day Care treatment and OPD treatment

7. Diagnosis /Treatment outside the geographical limits of India

8. Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy.

9. All covers under this Policy shall cease if the Insured Person travels to any country placed under travel restriction by the Government of India.

PREMIUM RATES

As per Rating Chart attached


ALTERATIONS IN THE POLICY

This Policy constitutes the complete contract of insurance between the Policyholder and Us. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed and stamped by Us. All endorsement requests will be made by the Policy Holder and/or the Insured Person only. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us.

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CANCELLATION

The Company may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.

AUTOMATIC CHANGE IN COVERAGE

The coverage for the Insured Person(s) shall automatically terminate:

In the case of demise of the insured person. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application. Provided no claim has been made, and termination takes place on account of death of the insured person, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.

REVISION AND MODIFICATION OF THE POLICY PRODUCT

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are affected.

WITHDRAWAL OF THE PRODUCT

In case the Policy is found to be financially unviable or is deficient in any manner, We shall, in terms of Insurance Regulatory & Development Authority Health Insurance Regulations (2016), have the option to withdraw this Policy from the market subject to prior approval of such withdrawal from the Regulatory Authority.

Any withdrawal of the Policy would be duly intimated to the Policy Holder/Insured Person at least ninety (90) days prior to date of such revision or modification, who on expiry of the existing Policy will have an option to obtain Renewal under similar product/s available with Us. Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy on Renewal with Us

CLAIM PROCEDURE

1. Procedure for Cashless claims:

- i. Treatment may be taken in a network provider and is subject to pre-authorization by the Company or its authorized TPA.
- ii. Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.
- iii. The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.
- iv. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
- v. The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.
- vi. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement.

2. Procedure for reimbursement of claims:

For reimbursement of claims the insured person may submit the necessary documents to TPA (if applicable)/Company within the prescribed time limit as specified hereunder.

S. No	Type of Claim	Prescribed Time limit
1.	Reimbursement of hospitalization and pre hospitalization expenses	Within thirty days of date of discharge from hospital
2.	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment
3.	Reimbursement of Home Care expenses	Within thirty days from completion of home care treatment

NOTIFICATION OF CLAIM

Notice with full particulars shall be sent to the Company/TPA (if applicable) as under:

- i. Within 24 hours from the date of emergency hospitalization/cashless home care treatment.
- ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

DOCUMENTS TO BE SUBMITTED

The claim is to be supported with the following documents and submitted within the prescribed time limit.

Benefits	Claims Documents Required
1. Covid-19 Hospitalization Cover	<ol style="list-style-type: none"> i. Duly filled and signed Claim Form ii. Copy of Insured Person's passport, if available (All pages) iii. Photo Identity proof of the patient (if insured person does not own a passport) iv. Medical practitioner's prescription advising admission v. Original bills with itemized break-up vi. Payment receipts vii. Discharge summary including complete medical history of the patient along with other details. viii. Investigation reports including Insured Person's test reports from Authorized diagnostic centre for COVID ix. OT notes or Surgeon's certificate giving details of the operation performed, wherever applicable x. Sticker/Invoice of the Implants, wherever applicable. xi. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque xii. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines xiii. Legal heir/succession certificate, wherever applicable xiv. Any other relevant document required by Company/TPA for assessment of the claim.

2. Home Care treatment expenses	<ul style="list-style-type: none"> i. Duly filled and signed Claim Form. ii. Copy of Insured Person's passport, if available (All pages) iii. Photo Identity proof of the patient (if insured person does not own a passport). iv. Medical practitioners' prescription advising hospitalization. v. A certificate from medical practitioner advising treatment at home or consent from the insured person on availing home care benefit. vi. Discharge Certificate from medical practitioner specifying date of start and completion of home care treatment. vii. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.
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Note:

1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted.
2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company.
3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person.

CONTACT DETAILS IN CASE OF CLAIMS

Email	customer.care@sbigeneral.in ; seniorcitizengrievances@sbigeneral.in (for Senior Citizens)
Toll Free number	1800221111, 18001021111
Website	www.sbigeneral.in
Fax No	1800227244, 18001027244
TPA Details	Name, address and website

In the unfortunate event of a claim our Customer Care may be informed on the toll free numbers or email may be sent to customer.care@sbigeneral.in quoting the Policy No. of the insured which appears on the policy schedule of Insurance overleaf.



ANTI REBATING WARNING

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows:

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1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing (or continuing) a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Ten Lakh rupees.

DISCLAIMER

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: 'Natraj', 301, Junction of Western Express Highway & Andheri - Kurla Road, Andheri (East), Mumbai - 400 069. | For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before concluding a sale. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Co. Ltd. under license. | UIN : _____