

**Arogya Sanjeevani Policy, SBI General Insurance Company Limited****Prospectus**

Serious Illness or accident along with routine health problem may disturb the financial planning of an individual and Family. Arogya Sanjeevani Policy, SBI General Insurance Company Limited provides financial protection against medical costs due to hospitalisation.

**WHO CAN BUY THIS POLICY?**

Arogya Sanjeevani 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, spouse, dependent children ,parents, parents in law )

**AGE CRITERIA**

Minimum Entry Age: Adult - 18 Years, Dependent Children: 3 months

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

There is no exit age applicable to the policy. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals under family floater.

**SCOPE OF COVER****SECTION I - HOSPITALIZATION COVER****I.A. BASE COVER****I.A.1 – HOSPITALIZATION MEDICAL EXPENSES**

- a) Room, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to 2% of the Sum insured subject to maximum of Rs.5000/- per day.
- b) Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital.
- c) Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, and such other similar expenses.

(Expenses on Hospitalisation for a minimum period of 24 hours are admissible. However, this time limit of 24 hours shall not apply when the treatment does not require hospitalisation as specified in the terms and conditions of policy contract, where the treatment is taken in the Hospital/and the Insured is discharged on the same day.)

- d) Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to 5% of sum insured subject to maximum of Rs.10,000/- per day.

**Other Expenses**

- a) Expenses incurred on treatment of Cataract subject to sub limit of 25% of Sum insured or Rs.40,000/- whichever is lower, per eye.
- b) Dental treatment necessitated due to disease or injury.
- c) Plastic surgery necessitated due to disease or injury.
- d) All the day care treatments.
- e) Expenses incurred on Road Ambulance subject to a maximum of Rs.2000/- per hospitalisation.

**I.A.2 – PRE-HOSPITALIZATION MEDICAL EXPENSES**

The company shall indemnify pre-hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 30 days prior to the date of admissible hospitalization covered under the policy.

**I.A.3 – POST-HOSPITALIZATION MEDICAL EXPENSES**

The company shall indemnify post hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 60 days from the date of discharge from the hospital, following an admissible hospitalization covered under the policy.

**I.A.4 – AYUSH TREATMENTS**

The Company shall indemnify medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital.

**I.A.5 – CATARACT TREATMENT**

The company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of 25% of Sum Insured or Rs.40,000/-, whichever is lower, per each eye in one policy year.

## I.A.6

The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured, specified in the policy schedule, during the policy period

A Uterine Artery Embolization and HIFU (High intensity focused ultrasound)

B. Balloon Sinuplasty

C. Deep Brain stimulation

D. Oral chemotherapy

E. Immunotherapy- Monoclonal Antibody to be given as injection

F. Intra vitreal injections

G. Robotic surgeries

H. Stereotactic radio Surgeries

I. Bronchial Thermoplasty

J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)

K. IONM- (Intra Operative Neuro Monitoring)

L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

## PERIOD OF INSURANCE:

The policy can be issued for Annual Period Only

## CO PAY:

5 % on all admissible claim amount.

## RENEWAL BENEFITS:

Cumulative Bonus will be increased by 5% in respect of each claim free policy year (where no claims are reported). provided the policy is renewed with the company without a break subject to maximum of 50% of the sum insured under the current policy year. If a claim is made in any particular year, the cumulative bonus accrued shall be reduced at the same rate at which it has accrued. However, sum insured will be maintained and will not be reduced in the policy year.

## Notes:

- i. In case where the policy is on individual basis, the CB shall be added and available individually to the insured person if no claim has been reported. CB shall reduce only in case of claim from the same Insured Person.
- ii. In case where the policy is on floater basis, the CB shall be added and available to the family on floater basis, provided no claim has been reported from any member of the family. CB shall reduce in case of claim from any of the insured Persons.
- iii. CB shall be available only if the Policy is renewed/ premium paid within the Grace Period.
- iv. If the insured Persons in the expiring policy are covered on an individual basis as specified in the Policy Schedule and there is an accumulated CB for Such insured Person under the expiring policy, and such expiring policy has been Renewed on a floater policy basis as specified in the Policy Schedule then the CB to be carried forward for credit in such Renewed Policy shall be the one that is applicable to the lowest among all the Insured Persons
- v. In case of floater policies where insured Persons Renew their expiring policy by splitting the Sum insured in to two or more floater policies/individual policies or in cases where the policy is split due to the child attaining the age of 25 years. the CB of the expiring policy shall be apportioned to such Renewed Policies in the proportion of the Sum Insured of each Renewed Policy.
- vi. If the Sum Insured has been reduced at the time of Renewal, the applicable CB shall be reduced in the same proportion to the Sum Insured in current Policy.
- vii. If the Sum Insured under the Policy has been increased at the time of Renewal the CB shall be calculated on the Sum Insured of the last completed Policy Year.
- viii. If a claim is made in the expiring Policy Year, and is notified to Us after the acceptance of Renewal premium any awarded CB shall be withdrawn.

## 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:

## 1. Pre-Existing Diseases (Code- Excl01)

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with us.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of Sum insured increase.
- c) If the insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage

- d) Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

## 2. First Thirty Days Waiting Period Code Excl03)

i. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered. ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

iii. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

## 3. Specific Waiting Period: (Code- Excl02)

- Expenses related to the treatment of the following listed conditions, Surgeries/treatments shall be excluded until the expiry of 24/48 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer. This exclusion shall not be applicable for claims arising due to an accident.
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- If any of the specified disease/procedure falls under the waiting period specified for preexisting diseases, then the longer of the two waiting periods shall apply.
- The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

### i. 24 Months waiting period

- Benign ENT disorder
- Tonsillectomy
- Adenoidectomy
- Mastoidectomy
- Tympanoplasty
- Hysterectomy
- All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps.
- Benign prostate hypertrophy
- Cataract and age-related eye ailments
- Gastric/ Duodenal Ulcer
- Gout and Rheumatism
- Hernia of all types
- Hydrocele
- Non-Infective Arthritis
- Piles, Fissures, and Fistula in Anus
- Pilonidal sinus, Sinusitis and related disorders
- Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
- Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
- Varicose Veins and Varicose Ulcers

### 20. Internal Congenital Anomalies ii. 48 Months waiting period

- Treatment for joint replacement unless arising from accident
- Age-related Osteoarthritis & Osteoporosis

## EXCLUSIONS

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)

- Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
  - 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.
  - Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

### 3. Obesity/ Weight Control (Code- Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- Surgery to be conducted is upon the advice of the Doctor
- The surgery/Procedure conducted should be supported by clinical protocols.
- The member has to be 18 years of age or older and

4. Body Mass Index (BMI);
  - a) greater than or equal to 40 or
  - b) greater than or equal to 35 in conjunction with any of the following severe comorbidities following failure of less invasive methods of weight loss
    - i. Obesity-related cardiomyopathy
    - ii. Coronary heart disease
    - iii. Severe Sleep Apnea
    - iv. Uncontrolled Type2 Diabetes

#### 4. Change-of-Gender treatments: (Code- Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

#### 5. Cosmetic or plastic Surgery: (Code- Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, burn (s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

#### 6. Hazardous or Adventure sports: (Code- Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

#### 7. Breach of law: (Code- Excl10)

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

#### 8. Excluded Providers: (Code-Excl 11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/ notified to the policyholders are not admissible. However, in case of life-threatening situations following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

#### 9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code- Excl 12)

#### 10. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)

#### 11. 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 day care procedure (Code- Excl14)

#### 12. Refractive Error:(Code- Excl15)

Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptres.

#### 13. Unproven Treatments:(Code- Excl16)

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.

#### 14. Sterility and Infertility: (Code- Excl17)

Expenses related to sterility and infertility this includes:

- (i) Any type of sterilization
- (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT ICSI
- (iii) Gestational Surrogacy
- (iv) Reversal of sterilization

#### 15. Maternity Expenses (Code - Excl 18):

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- ii. expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

#### 16. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

#### 17. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

- a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.

- b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
- c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

18. Any expenses incurred on Domiciliary Hospitalization and OPD treatment

19. Treatment taken outside the geographical limits of India

20. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.

PREMIUM RATES

As per Rating Chart attached

PRE POLICY MEDICAL EXAMINATION AND LOADINGS

1) Medical Examinations:

Medical Tests as indicated in the grid below are applied to those proposed insured person/s whose age is >45 years of age and/or where the proposed insured person/s is/are suffering from an existing medical condition (as mentioned in the proposal form or is identified so in the reports from the medical tests applied), additional medical test/s (depending upon the type of medical condition) may be applied for understanding the complete health condition.

Medical Testing Grid* Medical Tests	
ME	Medical Examination
ECG	Electrocardiogram
CBC	Complete Blood Count
ESR	Erythrocyte Sedimentation Rate
HbA1c	Glycated Hemoglobin
SGPT	Serum Glutamate Pyruvate Transaminase
Sr. Creatinine	Serum Creatinine
Urine Routine	Urine Routine
Total Lipids	Total Lipids

If the proposal is accepted, the Insurer will reimburse 50% of the cost incurred towards the medical tests so undertaken at the advice of the insurer.

2) Loadings:

- a. We may apply Medical Underwriting loading on the premium, based on the declarations made in the proposal form and the health status, habits and lifestyle, past medical records, and the results of the Pre-Policy medical examination of the persons proposed for insurance.
- b. For Medical Age Band cases or cases with medical history will be subject to medical UW and will attract medical Loading on the premium, the maximum loading % will not exceed 100% of Base Premium under any policy
- c. Medical Underwriting loadings will be applied from Commencement date of the Policy including subsequent Renewal(s) with Us or on increased Sum Insured. We will not apply any additional loading on Your policy premium at Renewal based on claim experience in Your Policy.
- d. We will inform You about the applicable Medical underwriting loading with time bound exclusion (if any) through a counteroffer letter and will issue the Policy only on Your acceptance within 15 days of the receipt of such counteroffer letter. In case, you neither accept the counteroffer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within next 7 days.

RENEWAL CONDITIONS

The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. The Company is not bound to give notice that it is due for renewal.

- i. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.
- ii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
- iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.
- iv. If not renewed within Grace Period after due renewal date, the Policy shall terminate.

PORTABILITY BENEFITS

The Insured Person will have the option to port the Policy to other insurers as per extant Guidelines related to portability, If such person is presently covered and has been continuously covered without any lapses under any health insurance plan with an Indian General/Health insurer as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as under:

- i. The waiting periods specified in Section 6 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the base sum insured), portability benefit shall not apply to any other additional increased Sum Insured.



For Detailed Guidelines on Portability and Migration, kindly refer the link -

[https://www.irdai.gov.in/ADMINCMS/cms/whatsNew\\_Layout.aspx?page=PageNo3987&flag=1](https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1)

## 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.

## CANCELLATION AND FREE LOOK

### 1) Cancellation

- a) The Insured may cancel this Policy by giving 15 days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Refund %	
Refund of Premium (basis Policy Period)	
Timing of Cancellation	1 Yr
0 to 30 days	75.00%
31 to 90 days	50.00%
3 to 6 months	25.00%
6 to 12 months	0.00%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.

- b) The Company may cancel the Policy at any time on grounds of misrepresentation, nondisclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

### 2) Free Look:

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting the policy.

The insured shall be allowed a period of fifteen days from date of receipt of the Policy to review the terms and conditions of the Policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- a refund of the premium paid less any expenses incurred by the company on medical examination of the insured person and the stamp duty charges; or
- where the risk has already commenced and the option of return of the Policy is exercised by the insured, a deduction towards the proportionate risk premium for period of cover or iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

## AUTOMATIC CHANGE IN COVERAGE

NOT APPLICABLE

## CHANGE IN SUM INSURED

Sum Insured can be changes ( Increase and Decrease ) only at the time of renewal for more detail please refer policy wordings.

## CLAIM PROCEDURE

### 1. Procedure for Cashless claims:

- Treatment may be taken in a network provider and is subject to preauthorization by the Company or its authorized TPA,
- Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.
- 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.
- At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
- The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details,
- 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, day care and prehospitalization 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. 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 required or before the Insured Person’s discharge from Hospital, whichever is earlier.
- ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

CLAIM DOCUMENTS

1. Claims Intimation

If You meet with any Accidental bodily Injury or suffer an Illness that may result in a claim, then as a Condition Precedent to Our liability, you must comply with the following claim procedures

S. No	Type of Hospitalization	Notify Us or Our TPA (either at Our call centre or in writing)
1	Planned Hospitalization	within 48 hours of the Hospitalization but not later than discharge from the Hospital.
2	Emergency Hospitalization	within twenty-four (24) hours of Your admission to hospital or before discharge whichever is earlier
3	Diagnosis or actual undergoing of procedure	within 10 days from the date of occurrence of such event

The following details are to be provided to Us at the time of intimation of Claim:

- Health Card ID number
- Policy Number
- Name of the Policyholder
- Name of the Insured Person in whose relation the Claim is being lodged
- Nature of Hospitalisation/ Critical Illness
- Name and address of the attending Medical Practitioner and Hospital (if admission has taken place)
- Date of Admission if applicable
- Any other information, documentation as requested by Us

1.A Claim Cashless Process

Cashless facility is available for Hospitalization only at our Network Provider. The Insured Person can avail Cashless facility at Network Provider, by presenting the health card as provided by Us with this Policy, along with a valid photo identification proof (Voter ID card / Driving License / Passport / PAN Card / Aadhar Card, any other identity proof as approved by Us).

1.A.1 For Planned Hospitalization

- a. The Insured Person should at least forty-eight (48) hours prior to admission to the Hospital approach the Network Provider for Hospitalization for medical treatment.
- b. The Network Provider will issue the request for authorization letter for Hospitalization in the pre-authorization form prescribed by the IRDAI.
- c. The Network Provider shall electronically send the filled pre-authorization form along with all the relevant details to the twenty-four (24) hour authorization/cashless department of TPA along with contact details of the treating Medical Practitioner and the Insured Person.
- d. Upon receiving the pre-authorization form and all related medical information from the Network Provider, the eligibility of cover under the Policy will be verified.
- e. Wherever the information provided in the request is sufficient to ascertain the authorisation, the authorisation letter will be issued to the Network Provider. Wherever additional information or documents are required, the same will be called for from the Network Provider and upon satisfactory receipt of last necessary documents the authorisation will be issued. All authorisations will be issued within a period of six (6) hours from the receipt of last complete documents.
- f. The authorisation letter will include details of sanctioned amount, any specific limitation on the claim, any Co-Payment or Deductible and non- payable items if applicable.
- g. The authorisation letter shall be valid only for a period of fifteen (15) days from the date of issuance of authorization

In the event that the cost of Hospitalization exceeds the authorized limit as mentioned in the authorization letter:

- The Network Provider shall request for an enhancement of authorisation limit.
- Eligibility will be verified, and the enhancement will be evaluated on the availability of further limits.
- In the event of a change in the treatment during Hospitalization of the Insured Person, the Network Provider shall obtain a fresh authorization letter from Us.

At the time of discharge:

- The Network Provider may forward a final request for authorization for any residual amount along with the discharge summary and the billing format in accordance with the process.
- Upon receipt of the final authorisation letter, the Insured Person may be discharged by the Network Provider.
- Ensure that the final authorization letter is signed by the Insured Person.
- Ensure to take photocopies of relevant medical records for future reference.

#### 1.A.2 For Emergency Hospitalization

- The Insured Person may approach the Network Provider for Hospitalization
- Insured Person will need to provide health card / health insurance Policy at hospital admission counter
- The Network Provider shall forward the request for authorization to TPA within twenty-four (24) hours of admission to the Hospital or before discharge whichever is earlier.
- In the interim, the Network Provider may either consider treating the Insured Person by taking a token deposit or treating as per their norms.
- The Network Provider shall refund the deposit amount to you barring a token amount to take care of non-covered expenses once the authorization is issued

The Network Provider will send the claim documents to TPA within fifteen (15) days from the date of discharge from Hospital.

List of necessary claim documents to be submitted for Cashless are as following:

- Claim Form duly filled and signed
- Original signed pre-authorisation request
- Copy of authorisation approval letter (s)
- Copy of Photo ID of Patient Verified by the Hospital
- Original Discharge/Death Summary
- Operation Theatre Notes (if any)
- Original Hospital Main Bill along with break up Bill and original receipts
- Original Investigation Reports, X Ray, MRI, CT Films, HPE etc.
- Details of the implants including the sticker indicating the type as well as invoice towards the cost of implant
- Doctors Reference Slips for Investigations/Pharmacy
- Original Pharmacy Bills
- MLC/FIR Report/Post Mortem Report (if applicable and conducted)

Any additional documents may be called as required based on the circumstances of the claim.

There can be instances where Cashless Facility may be denied for Hospitalization due to insufficient Sum Insured or insufficient information to determine admissibility in which case You/Insured Person may be required to pay for the treatment and submit the claim for reimbursement to TPA which will be considered by Us subject to the Policy Terms & Conditions.

We in Our sole discretion, reserves the right to modify, add or restrict any Network Provider for Cashless services under the Policy. Before availing the Cashless service, the Policyholder / Insured Person is required to check the applicable/latest list of Network Provider on TPA's website or by calling call centre.

#### 1.B Claim Reimbursement Process

Wherever You have opted for a reimbursement of expenses, You may submit the documents for reimbursement of the claim to Our / TPA office not later than thirty (30) days from the date of discharge from the Hospital. You can obtain a Claim Form from any of Our / TPA Offices or download a copy from Our website <https://www.sbigeneral.in>

List of necessary claim documents/information to be submitted for reimbursement are as following:

Sr No	List of Documents / Information	Hospitalization Cover
1	Duly Filled and Signed Claim Form	Y
2	Discharge Summary	Y
3	Medical Records (Indoor Case Papers, OT notes, PAC Notes etc.)	Y
4	Original Hospital Main Bill	Y
5	Original Hospital Bill Break-up	Y
6	Original Pharmacy Bills	Y
7	Prescriptions for the medicines purchased (except hospital supply) and investigations done outside the hospital	Y



8	Consultation Papers	Y
9	Investigation Reports	Y
10	Digital Images/CDs of the Investigation Procedures (if required)	Y
11	MLC/FIR Report (If applicable)	Y
12	Original Invoice/Sticker (If applicable)	Y
13	Post Mortem Report (If applicable)	Y
14	Disability Certificate (If applicable)	Y
15	Attending Physician Certificate (If applicable)	Y
16	Ante-natal Record (If applicable)	Y
17	Birth Discharge Summary (If applicable)	Y
18	Death Certificate (If applicable)	Y
19	KYC (Photo ID card, If applicable)	Y
20	Bank Details with Cancelled Cheque (If applicable)	Y

- a. The above list is indicative, and We may call for any additional documents/ information/ subject the Insured Person to additional medical examinations as required to ascertain the admissibility of any Benefit including Optional Covers under the relevant Section of the Policy, based on the circumstances of the claim on a case to case basis.
- b. Our branch offices shall give due acknowledgement of collected documents. In case there is a delay in the submission of claim documents, then in addition to the documents mentioned above, the claimant is also required to provide Us the reasons for such delay in writing. We shall condone delay on merit for delayed claims where delay is proved to be for reasons beyond the control of the Policy Holder or Insured Person anyone claiming from their behalf, as the case may be.

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.

Premium Exclusive of Tax:

Individual Plan

Age Band	Sum Insured (Rs.)																			
	50000	100000	150000	200000	250000	300000	350000	400000	450000	500000	550000	600000	650000	700000	750000	800000	850000	900000	950000	1000000
3m-18Y	705	1,185	1,499	1,812	2,010	2,209	2,482	2,639	2,759	2,879	3,043	3,207	3,283	3,359	3,422	3,485	3,533	3,581	3,631	3,681
19Y-35Y	1,000	1,775	2,280	2,786	3,107	3,427	3,860	4,113	4,307	4,501	4,768	5,035	5,157	5,280	5,382	5,484	5,561	5,639	5,719	5,799
36Y-45Y	1,111	2,025	2,622	3,218	3,597	3,975	4,483	4,781	5,010	5,238	5,742	6,247	6,401	6,556	6,684	6,812	6,910	7,008	7,108	7,209
46Y-55Y	1,827	3,178	4,060	4,941	5,500	6,059	6,803	7,244	7,582	7,920	8,738	9,556	9,788	10,020	10,213	10,405	10,552	10,699	10,850	11,002
56Y-60Y	2,555	4,634	5,990	7,346	8,206	9,066	10,206	10,884	11,404	11,924	13,183	14,442	14,799	15,156	15,451	15,747	15,974	16,200	16,432	16,665
61Y-65Y	3,235	5,994	7,794	9,594	10,736	11,877	13,386	14,286	14,976	15,667	17,337	19,008	19,482	19,955	20,348	20,741	21,041	21,341	21,650	21,959
66Y-70Y	4,063	7,650	9,990	12,330	13,814	15,298	17,257	18,427	19,324	20,221	22,393	24,565	25,181	25,797	26,307	26,818	27,208	27,598	28,000	28,402
71Y-75Y	4,780	9,085	11,893	14,701	16,481	18,262	20,611	22,016	23,092	24,169	26,775	29,381	30,120	30,859	31,472	32,085	32,553	33,021	33,503	33,985
75Y +	5,641	10,807	14,176	17,546	19,683	21,819	24,637	26,322	27,614	28,906	32,033	35,160	36,047	36,934	37,670	38,405	38,966	39,528	40,107	40,685

Floater Plan 1A +1C

Age Band	Sum Insured (Rs.)																			
	50000	100000	150000	200000	250000	300000	350000	400000	450000	500000	550000	600000	650000	700000	750000	800000	850000	900000	950000	1000000
3m-18Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19Y-35Y	1,680	2,910	3,712	4,515	5,024	5,533	6,225	6,626	6,934	7,242	7,664	8,087	8,281	8,476	8,637	8,799	8,922	9,046	9,173	9,300
36Y-45Y	1,788	3,155	4,046	4,938	5,503	6,069	6,834	7,280	7,622	7,964	8,619	9,274	9,500	9,725	9,913	10,100	10,243	10,386	10,533	10,681

46Y-55Y	2,495	4,290	5,461	6,632	7,375	8,117	9,114	9,699	10,148	10,597	11,560	12,523	12,824	13,126	13,377	13,627	13,818	14,009	14,206	14,403
56Y-60Y	3,208	5,717	7,353	8,989	10,026	11,064	12,448	13,267	13,894	14,521	15,916	17,310	17,735	18,159	18,511	18,862	19,131	19,400	19,677	19,953
61Y-65Y	3,875	7,050	9,121	11,192	12,505	13,818	15,565	16,601	17,395	18,189	19,987	21,785	22,324	22,863	23,309	23,756	24,097	24,438	24,790	25,141
66Y-70Y	4,686	8,673	11,273	13,873	15,522	17,171	19,358	20,659	21,656	22,652	24,942	27,231	27,909	28,587	29,149	29,711	30,141	30,570	31,013	31,455
71Y-75Y	5,389	10,079	13,137	16,196	18,136	20,076	22,646	24,175	25,348	26,521	29,236	31,951	32,750	33,549	34,211	34,873	35,379	35,885	36,406	36,927
75Y +	6,233	11,766	15,375	18,984	21,273	23,562	26,591	28,396	29,779	31,163	34,389	37,615	38,558	39,502	40,284	41,066	41,664	42,262	42,877	43,493

Floater Plan 1A + 2C

Age Band	Sum Insured (Rs.)																			
	50000	100000	150000	200000	250000	300000	350000	400000	450000	500000	550000	600000	650000	700000	750000	800000	850000	900000	950000	1000000
3m-18Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19Y-35Y	2,358	4,041	5,139	6,237	6,934	7,630	8,581	9,130	9,551	9,972	10,550	11,127	11,393	11,660	11,881	12,102	12,270	12,439	12,613	12,787
36Y-45Y	2,465	4,283	5,470	6,656	7,408	8,161	9,183	9,777	10,232	10,686	11,494	12,302	12,599	12,896	13,143	13,389	13,577	13,766	13,959	14,153
46Y-55Y	3,168	5,410	6,873	8,336	9,263	10,191	11,443	12,174	12,735	13,296	14,408	15,520	15,893	16,265	16,574	16,883	17,119	17,355	17,598	17,840
56Y-60Y	3,873	6,822	8,745	10,668	11,888	13,108	14,743	15,705	16,442	17,180	18,719	20,259	20,753	21,246	21,656	22,065	22,378	22,690	23,012	23,334
61Y-65Y	4,533	8,142	10,495	12,849	14,341	15,834	17,828	19,005	19,908	20,810	22,749	24,688	25,295	25,902	26,405	26,909	27,293	27,677	28,073	28,469
66Y-70Y	5,336	9,748	12,625	15,502	17,327	19,152	21,583	23,022	24,125	25,228	27,653	30,079	30,824	31,568	32,186	32,803	33,275	33,747	34,233	34,718
71Y-75Y	6,032	11,140	14,471	17,802	19,915	22,028	24,837	26,503	27,780	29,057	31,904	34,750	35,615	36,479	37,196	37,912	38,459	39,007	39,571	40,134
75Y +	6,867	12,810	16,686	20,562	23,020	25,478	28,741	30,680	32,166	33,652	37,004	40,356	41,364	42,372	43,207	44,042	44,681	45,319	45,976	46,634

Floater Plan 1A + 3C

Age Band	Sum Insured																			
	50000	100000	150000	200000	250000	300000	350000	400000	450000	500000	550000	600000	650000	700000	750000	800000	850000	900000	950000	1000000
3m-18Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19Y-35Y	3,026	5,154	6,541	7,928	8,808	9,688	10,892	11,586	12,118	12,650	13,379	14,108	14,445	14,781	15,060	15,339	15,553	15,766	15,985	16,205
36Y-45Y	3,132	5,393	6,867	8,342	9,278	10,213	11,488	12,226	12,791	13,356	14,313	15,270	15,637	16,005	16,309	16,613	16,846	17,078	17,318	17,557
46Y-55Y	3,830	6,511	8,259	10,007	11,116	12,225	13,727	14,601	15,271	15,942	17,200	18,459	18,900	19,342	19,708	20,074	20,354	20,633	20,921	21,209
56Y-60Y	4,529	7,908	10,112	12,316	13,714	15,112	16,993	18,096	18,941	19,786	21,467	23,148	23,710	24,272	24,737	25,203	25,558	25,914	26,280	26,646
61Y-65Y	5,182	9,214	11,844	14,474	16,142	17,810	20,047	21,362	22,370	23,379	25,455	27,532	28,206	28,879	29,438	29,996	30,423	30,850	31,289	31,728
66Y-70Y	5,977	10,804	13,952	17,100	19,097	21,094	23,762	25,337	26,544	27,751	30,309	32,867	33,677	34,487	35,159	35,830	36,343	36,856	37,385	37,913
71Y-75Y	6,665	12,181	15,779	19,376	21,658	23,940	26,983	28,782	30,161	31,541	34,516	37,490	38,419	39,347	40,117	40,886	41,474	42,062	42,668	43,273
75Y +	7,492	13,834	17,971	22,108	24,731	27,355	30,847	32,916	34,502	36,088	39,563	43,039	44,109	45,179	46,066	46,954	47,631	48,309	49,007	49,705

Floater Plan 2A

Age Band	Sum Insured (Rs.)																			
	50000	100000	150000	200000	250000	300000	350000	400000	450000	500000	550000	600000	650000	700000	750000	800000	850000	900000	950000	1000000
3m-18Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19Y-35Y	1,690	2,930	3,739	4,548	5,061	5,574	6,271	6,676	6,986	7,296	7,723	8,150	8,347	8,543	8,706	8,868	8,993	9,117	9,245	9,373
36Y-45Y	1,855	3,319	4,273	5,228	5,833	6,438	7,255	7,732	8,098	8,464	9,271	10,077	10,324	10,572	10,777	10,981	11,138	11,295	11,456	11,617
46Y-55Y	3,113	5,275	6,686	8,096	8,991	9,885	11,078	11,784	12,325	12,865	14,174	15,484	15,855	16,226	16,534	16,842	17,077	17,312	17,554	17,796
56Y-60Y	4,277	7,604	9,774	11,944	13,320	14,696	16,523	17,608	18,440	19,272	21,286	23,300	23,871	24,443	24,916	25,389	25,751	26,113	26,486	26,858
61Y-65Y	5,366	9,781	12,661	15,541	17,367	19,193	21,611	23,052	24,156	25,260	27,933	30,606	31,364	32,122	32,751	33,379	33,859	34,339	34,834	35,328
66Y-70Y	6,690	12,430	16,174	19,918	22,292	24,666	27,804	29,677	31,112	32,548	36,023	39,497	40,483	41,468	42,285	43,102	43,726	44,351	44,993	45,636
71Y-75Y	7,838	14,726	19,218	23,711	26,560	29,410	33,172	35,418	37,141	38,863	43,033	47,203	48,386	49,569	50,549	51,529	52,278	53,027	53,798	54,570
75Y +	9,216	17,481	22,872	28,263	31,682	35,101	39,612	42,309	44,376	46,443	51,446	56,450	57,869	59,289	60,465	61,641	62,540	63,439	64,364	65,290

Floater Plan 2A + 1C

Age Band	Sum Insured (Rs.)																			
	50000	100000	150000	200000	250000	300000	350000	400000	450000	500000	550000	600000	650000	700000	750000	800000	850000	900000	950000	1000000
3m-18Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19Y-35Y	2,278	3,882	4,929	5,975	6,638	7,302	8,209	8,733	9,134	9,535	10,086	10,638	10,892	11,146	11,356	11,566	11,727	11,888	12,054	12,219
36Y-45Y	2,441	4,266	5,456	6,646	7,400	8,155	9,180	9,775	10,231	10,687	11,614	12,540	12,844	13,148	13,400	13,652	13,845	14,038	14,236	14,434
46Y-55Y	3,690	6,205	7,845	9,485	10,526	11,566	12,962	13,783	14,412	15,041	16,463	17,886	18,312	18,739	19,093	19,446	19,716	19,987	20,265	20,543
56Y-60Y	4,840	8,505	10,895	13,285	14,801	16,317	18,339	19,534	20,451	21,367	23,486	25,604	26,228	26,853	27,370	27,887	28,283	28,678	29,085	29,492
61Y-65Y	5,915	10,654	13,745	16,837	18,797	20,758	23,364	24,910	26,095	27,280	30,050	32,819	33,628	34,436	35,107	35,777	36,289	36,801	37,329	37,856
66Y-70Y	7,223	13,270	17,215	21,159	23,661	26,162	29,479	31,452	32,964	34,477	38,038	41,599	42,632	43,666	44,522	45,378	46,033	46,687	47,361	48,035
71Y-75Y	8,356	15,537	20,221	24,905	27,876	30,846	34,780	37,122	38,918	40,714	44,961	49,209	50,437	51,664	52,682	53,700	54,478	55,255	56,056	56,857
75Y +	9,717	18,258	23,829	29,400	32,933	36,467	41,140	43,926	46,062	48,198	53,269	58,340	59,802	61,263	62,474	63,686	64,611	65,537	66,490	67,443

Floater Plan 2A + 2C

Age Band	Sum Insured (Rs.)																			
	50000	100000	150000	200000	250000	300000	350000	400000	450000	500000	550000	600000	650000	700000	750000	800000	850000	900000	950000	1000000
3m-18Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19Y-35Y	2,858	4,816	6,093	7,370	8,180	8,991	10,102	10,741	11,231	11,721	12,393	13,066	13,376	13,686	13,943	14,200	14,396	14,592	14,794	14,997

36Y-45Y	3,018	5,194	6,613	8,032	8,932	9,832	11,060	11,769	12,314	12,858	13,900	14,943	15,303	15,662	15,960	16,258	16,486	16,714	16,948	17,183
46Y-55Y	4,258	7,115	8,979	10,843	12,025	13,207	14,802	15,734	16,448	17,163	18,696	20,228	20,709	21,189	21,587	21,986	22,290	22,594	22,908	23,221
56Y-60Y	5,393	9,386	11,990	14,594	16,246	17,898	20,110	21,412	22,411	23,409	25,629	27,849	28,525	29,200	29,760	30,320	30,748	31,176	31,616	32,057
61Y-65Y	6,454	11,508	14,805	18,101	20,192	22,282	25,071	26,720	27,984	29,248	32,110	34,973	35,830	36,688	37,399	38,110	38,653	39,196	39,756	40,315
66Y-70Y	7,746	14,091	18,230	22,369	24,994	27,619	31,110	33,179	34,766	36,353	39,997	43,642	44,721	45,800	46,695	47,590	48,274	48,957	49,661	50,365
71Y-75Y	8,865	16,330	21,198	26,067	29,155	32,243	36,343	38,778	40,644	42,511	46,833	51,155	52,426	53,698	54,752	55,806	56,611	57,417	58,246	59,075
75Y +	10,208	19,016	24,761	30,505	34,149	37,793	42,622	45,495	47,698	49,901	55,036	60,171	61,673	63,175	64,420	65,665	66,617	67,568	68,548	69,528

Floater Plan 2A + 3C

Age Band	Sum Insured (Rs.)																			
	50000	100000	150000	200000	250000	300000	350000	400000	450000	500000	550000	600000	650000	700000	750000	800000	850000	900000	950000	1000000
3m-18Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19Y-35Y	3,457	5,790	7,311	8,833	9,798	10,763	12,091	12,851	13,435	14,018	14,819	15,619	15,989	16,358	16,664	16,970	17,204	17,438	17,679	17,919
36Y-45Y	3,617	6,168	7,831	9,495	10,550	11,605	13,048	13,880	14,517	15,155	16,326	17,497	17,916	18,334	18,682	19,029	19,294	19,559	19,832	20,106
46Y-55Y	4,857	8,089	10,197	12,305	13,642	14,979	16,790	17,844	18,652	19,461	21,121	22,782	23,322	23,861	24,309	24,756	25,098	25,440	25,792	26,144
56Y-60Y	5,992	10,360	13,208	16,057	17,864	19,670	22,098	23,523	24,615	25,707	28,055	30,403	31,138	31,872	32,481	33,090	33,556	34,021	34,500	34,980
61Y-65Y	7,054	12,482	16,023	19,564	21,809	24,055	27,059	28,830	30,188	31,545	34,536	37,526	38,443	39,360	40,120	40,880	41,461	42,042	42,640	43,238
66Y-70Y	8,345	15,065	19,448	23,831	26,611	29,391	33,098	35,290	36,970	38,651	42,423	46,195	47,334	48,473	49,417	50,360	51,082	51,803	52,545	53,288
71Y-75Y	9,464	17,304	22,417	27,530	30,773	34,016	38,331	40,888	42,848	44,809	49,259	53,709	55,039	56,370	57,473	58,576	59,419	60,262	61,130	61,998
75Y +	10,807	19,990	25,979	31,968	35,767	39,565	44,610	47,606	49,902	52,198	57,461	62,724	64,286	65,847	67,142	68,436	69,425	70,414	71,432	72,451

Floater Plan 3A

Age Band	Sum Insured (Rs.)																			
	50000	100000	150000	200000	250000	300000	350000	400000	450000	500000	550000	600000	650000	700000	750000	800000	850000	900000	950000	1000000
3m-18Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19Y-35Y	2,511	4,348	5,546	6,745	7,504	8,264	9,298	9,898	10,357	10,816	11,449	12,081	12,372	12,663	12,904	13,145	13,329	13,514	13,703	13,893
36Y-45Y	2,593	4,540	5,810	7,080	7,885	8,691	9,784	10,419	10,906	11,393	12,212	13,032	13,348	13,664	13,926	14,188	14,388	14,588	14,794	15,001
46Y-55Y	3,217	5,510	7,005	8,500	9,448	10,396	11,675	12,423	12,996	13,569	14,637	15,705	16,082	16,460	16,772	17,085	17,324	17,563	17,809	18,055
56Y-60Y	3,792	6,659	8,530	10,400	11,586	12,772	14,363	15,298	16,015	16,733	18,149	19,565	20,041	20,517	20,911	21,306	21,607	21,909	22,219	22,529
61Y-65Y	4,550	8,175	10,539	12,904	14,404	15,903	17,906	19,089	19,995	20,902	23,018	25,135	25,753	26,372	26,884	27,397	27,789	28,180	28,584	28,987
66Y-70Y	5,089	9,368	12,159	14,950	16,720	18,490	20,843	22,239	23,309	24,379	26,891	29,404	30,134	30,865	31,471	32,077	32,539	33,002	33,479	33,955
71Y-75Y	6,962	12,498	16,109	19,720	22,010	24,300	27,337	29,142	30,527	31,911	35,263	38,615	39,565	40,516	41,304	42,092	42,694	43,296	43,916	44,536
75Y +	7,642	13,858	17,913	21,968	24,539	27,111	30,517	32,544	34,099	35,654	39,417	43,180	44,248	45,315	46,200	47,085	47,761	48,437	49,133	49,829

Floater Plan 3A + 1C

Age Band	Sum Insured (Rs.)																			
	50000	100000	150000	200000	250000	300000	350000	400000	450000	500000	550000	600000	650000	700000	750000	800000	850000	900000	950000	1000000
3m-18Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19Y-35Y	3,088	5,276	6,703	8,130	9,036	9,941	11,178	11,892	12,439	12,986	13,739	14,491	14,838	15,184	15,471	15,758	15,978	16,197	16,423	16,649
36Y-45Y	3,168	5,465	6,963	8,461	9,411	10,362	11,656	12,406	12,980	13,554	14,492	15,430	15,801	16,172	16,480	16,788	17,023	17,258	17,500	17,742
46Y-55Y	3,788	6,425	8,146	9,867	10,958	12,049	13,527	14,388	15,047	15,707	16,890	18,072	18,504	18,936	19,294	19,651	19,925	20,198	20,480	20,761
56Y-60Y	4,355	7,561	9,652	11,742	13,068	14,394	16,181	17,227	18,029	18,830	20,357	21,883	22,412	22,941	23,380	23,819	24,154	24,489	24,834	25,179
61Y-65Y	5,104	9,057	11,636	14,215	15,850	17,486	19,680	20,970	21,958	22,947	25,165	27,382	28,052	28,722	29,277	29,833	30,257	30,681	31,118	31,555
66Y-70Y	5,634	10,234	13,234	16,234	18,136	20,039	22,578	24,078	25,228	26,379	28,987	31,596	32,377	33,157	33,804	34,452	34,946	35,441	35,950	36,459
71Y-75Y	7,491	13,332	17,142	20,951	23,367	25,783	28,997	30,902	32,363	33,823	37,261	40,698	41,696	42,694	43,521	44,348	44,980	45,612	46,262	46,913
75Y +	8,163	14,675	18,923	23,170	25,864	28,558	32,137	34,261	35,890	37,518	41,362	45,206	46,319	47,432	48,355	49,277	49,982	50,687	51,413	52,139

Floater Plan 3A + 2C

Age Band	Sum Insured																			
	50000	100000	150000	200000	250000	300000	350000	400000	450000	500000	550000	600000	650000	700000	750000	800000	850000	900000	950000	1000000
3m-18Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19Y-35Y	3,687	6,250	7,921	9,593	10,653	11,713	13,166	14,002	14,643	15,284	16,164	17,045	17,451	17,856	18,193	18,529	18,786	19,043	19,307	19,572
36Y-45Y	3,767	6,439	8,181	9,924	11,029	12,134	13,644	14,516	15,184	15,852	16,918	17,983	18,414	18,844	19,201	19,558	19,831	20,103	20,384	20,665
46Y-55Y	4,387	7,399	9,364	11,329	12,575	13,821	15,515	16,498	17,251	18,005	19,315	20,626	21,117	21,608	22,015	22,422	22,733	23,044	23,364	23,684
56Y-60Y	4,955	8,535	10,870	13,205	14,686	16,167	18,169	19,337	20,233	21,128	22,782	24,437	25,025	25,614	26,101	26,589	26,962	27,334	27,718	28,102
61Y-65Y	5,703	10,031	12,854	15,678	17,468	19,259	21,668	23,080	24,162	25,245	27,590	29,936	30,665	31,394	31,999	32,603	33,065	33,527	34,002	34,478
66Y-70Y	6,234	11,208	14,452	17,696	19,754	21,811	24,566	26,188	27,432	28,676	31,413	34,150	34,990	35,830	36,526	37,222	37,754	38,286	38,834	39,382
71Y-75Y	8,091	14,306	18,360	22,414	24,985	27,556	30,985	33,012	34,567	36,121	39,686	43,252	44,309	45,366	46,242	47,118	47,788	48,457	49,147	49,836
75Y +	8,762	15,649	20,141	24,633	27,482	30,331	34,125	36,371	38,094	39,816	43,788	47,760	48,932	50,104	51,076	52,048	52,790	53,533	54,298	55,062

Floater Plan 3A + 3C

Age Band	Sum Insured (Rs.)																			
	50000	100000	150000	200000	250000	300000	350000	400000	450000	500000	550000	600000	650000	700000	750000	800000	850000	900000	950000	1000000
3m-18Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

19Y-35Y	4,286	7,224	9,140	11,056	12,271	13,486	15,154	16,112	16,847	17,581	18,590	19,599	20,063	20,528	20,914	21,299	21,594	21,888	22,192	22,495
36Y-45Y	4,366	7,413	9,400	11,386	12,647	13,907	15,632	16,626	17,388	18,150	19,343	20,537	21,027	21,517	21,923	22,329	22,639	22,949	23,268	23,588
46Y-55Y	4,986	8,373	10,583	12,792	14,193	15,594	17,503	18,608	19,455	20,302	21,741	23,180	23,730	24,280	24,736	25,192	25,541	25,889	26,248	26,607
56Y-60Y	5,554	9,509	12,088	14,668	16,304	17,939	20,157	21,447	22,436	23,425	25,208	26,990	27,638	28,286	28,823	29,359	29,770	30,180	30,602	31,025
61Y-65Y	6,302	11,005	14,073	17,140	19,086	21,031	23,656	25,190	26,366	27,542	30,016	32,490	33,278	34,067	34,720	35,374	35,873	36,372	36,887	37,401
66Y-70Y	6,833	12,182	15,670	19,159	21,371	23,584	26,554	28,298	29,636	30,974	33,838	36,703	37,603	38,502	39,247	39,993	40,562	41,132	41,718	42,305
71Y-75Y	8,690	15,280	19,578	23,876	26,602	29,328	32,973	35,123	36,771	38,419	42,112	45,805	46,922	48,038	48,963	49,889	50,596	51,303	52,031	52,759
75Y +	9,362	16,623	21,359	26,095	29,099	32,103	36,113	38,481	40,297	42,113	46,213	50,313	51,545	52,777	53,798	54,818	55,599	56,379	57,182	57,985

Floater Plan 4A																				
Age Band	Sum Insured (Rs.)																			
	50000	100000	150000	200000	250000	300000	350000	400000	450000	500000	550000	600000	650000	700000	750000	800000	850000	900000	950000	1000000
3m-18Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19Y-35Y	3,318	5,736	7,313	8,890	9,891	10,891	12,253	13,042	13,647	14,251	15,084	15,917	16,299	16,682	17,000	17,317	17,560	17,802	18,052	18,302
36Y-45Y	3,535	6,171	7,890	9,610	10,700	11,790	13,271	14,130	14,790	15,449	16,652	17,854	18,287	18,719	19,078	19,436	19,710	19,984	20,266	20,548
46Y-55Y	4,718	8,035	10,199	12,363	13,735	15,107	16,952	18,034	18,864	19,694	21,386	23,079	23,632	24,186	24,645	25,103	25,454	25,804	26,165	26,526
56Y-60Y	5,853	10,306	13,210	16,114	17,956	19,798	22,260	23,713	24,826	25,940	28,320	30,700	31,448	32,197	32,817	33,437	33,912	34,386	34,874	35,362
61Y-65Y	7,132	12,863	16,602	20,340	22,711	25,082	28,240	30,109	31,543	32,976	36,369	39,761	40,741	41,722	42,534	43,346	43,967	44,588	45,227	45,867
66Y-70Y	8,308	15,331	19,912	24,493	27,398	30,303	34,157	36,447	38,204	39,960	44,135	48,309	49,511	50,713	51,709	52,705	53,467	54,228	55,012	55,796
71Y-75Y	10,725	19,549	25,304	31,059	34,710	38,360	43,192	46,071	48,277	50,484	55,826	61,168	62,683	64,198	65,454	66,710	67,669	68,629	69,617	70,605
75Y +	12,068	22,235	28,866	35,498	39,704	43,909	49,472	52,788	55,331	57,874	64,029	70,184	71,930	73,675	75,122	76,569	77,675	78,780	79,919	81,057

Floater Plan 4A + 1C

Age Band	Sum Insured																			
	50000	100000	150000	200000	250000	300000	350000	400000	450000	500000	550000	600000	650000	700000	750000	800000	850000	900000	950000	1000000
3m-18Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19Y-35Y	3,917	6,710	8,531	10,353	11,508	12,663	14,241	15,152	15,850	16,549	17,510	18,470	18,912	19,355	19,721	20,088	20,368	20,648	20,936	21,224
36Y-45Y	4,135	7,145	9,109	11,072	12,317	13,563	15,259	16,241	16,993	17,746	19,077	20,408	20,900	21,392	21,799	22,207	22,518	22,830	23,150	23,471
46Y-55Y	5,317	9,009	11,417	13,825	15,353	16,880	18,940	20,144	21,068	21,991	23,812	25,633	26,245	26,858	27,366	27,874	28,262	28,650	29,050	29,449
56Y-60Y	6,452	11,280	14,428	17,577	19,574	21,571	24,248	25,823	27,030	28,238	30,746	33,254	34,061	34,869	35,539	36,208	36,720	37,231	37,758	38,285
61Y-65Y	7,731	13,837	17,820	21,803	24,329	26,855	30,228	32,219	33,746	35,273	38,794	42,315	43,354	44,394	45,255	46,117	46,775	47,434	48,112	48,789
66Y-70Y	8,908	16,305	21,130	25,955	29,016	32,076	36,145	38,558	40,408	42,258	46,560	50,863	52,124	53,385	54,431	55,476	56,275	57,074	57,896	58,719
71Y-75Y	11,324	20,523	26,522	32,522	36,327	40,132	45,180	48,181	50,481	52,782	58,252	63,722	65,296	66,870	68,175	69,480	70,477	71,475	72,501	73,528
75Y +	12,667	23,209	30,085	36,960	41,321	45,682	51,460	54,899	57,535	60,171	66,454	72,738	74,543	76,347	77,844	79,340	80,483	81,626	82,803	83,980

Floater Plan 4A + 2C

Age Band	Sum Insured (Rs.)																			
	50000	100000	150000	200000	250000	300000	350000	400000	450000	500000	550000	600000	650000	700000	750000	800000	850000	900000	950000	1000000
3m-18Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19Y-35Y	4,516	7,684	9,750	11,816	13,126	14,436	16,229	17,262	18,054	18,846	19,935	21,024	21,525	22,027	22,442	22,858	23,176	23,493	23,820	24,147
36Y-45Y	4,734	8,119	10,327	12,535	13,935	15,335	17,247	18,351	19,197	20,044	21,503	22,962	23,513	24,064	24,521	24,977	25,326	25,675	26,035	26,394
46Y-55Y	5,917	9,983	12,635	15,288	16,970	18,652	20,928	22,255	23,272	24,289	26,237	28,186	28,858	29,530	30,087	30,644	31,070	31,496	31,934	32,372
56Y-60Y	7,052	12,254	15,647	19,040	21,191	23,343	26,236	27,933	29,234	30,535	33,171	35,807	36,674	37,541	38,260	38,978	39,528	40,077	40,642	41,207
61Y-65Y	8,331	14,811	19,038	23,265	25,946	28,627	32,216	34,330	35,950	37,571	41,220	44,869	45,967	47,066	47,977	48,887	49,583	50,279	50,996	51,712
66Y-70Y	9,507	17,279	22,349	27,418	30,633	33,848	38,133	40,668	42,612	44,555	48,986	53,417	54,737	56,058	57,152	58,246	59,083	59,919	60,780	61,641
71Y-75Y	11,924	21,497	27,741	33,985	37,945	41,905	47,168	50,291	52,685	55,079	60,677	66,275	67,909	69,543	70,897	72,251	73,285	74,320	75,386	76,451
75Y +	13,267	24,183	31,303	38,423	42,939	47,454	53,448	57,009	59,739	62,469	68,880	75,291	77,156	79,020	80,565	82,110	83,291	84,472	85,687	86,903

Floater Plan 4A + 3C

Age Band	Sum Insured (Rs.)																			
	50000	100000	150000	200000	250000	300000	350000	400000	450000	500000	550000	600000	650000	700000	750000	800000	850000	900000	950000	1000000
3m-18Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19Y-35Y	5,116	8,658	10,968	13,278	14,743	16,209	18,217	19,372	20,258	21,144	22,361	23,578	24,138	24,699	25,164	25,629	25,984	26,339	26,705	27,070
36Y-45Y	5,333	9,093	11,545	13,997	15,553	17,108	19,235	20,461	21,401	22,341	23,929	25,516	26,126	26,736	27,242	27,748	28,134	28,521	28,919	29,317
46Y-55Y	6,516	10,957	13,854	16,751	18,588	20,425	22,916	24,365	25,475	26,586	28,663	30,740	31,471	32,203	32,809	33,415	33,878	34,341	34,818	35,295
56Y-60Y	7,651	13,228	16,865	20,502	22,809	25,116	28,224	30,043	31,438	32,833	35,597	38,361	39,287	40,214	40,981	41,749	42,336	42,922	43,526	44,130
61Y-65Y	8,930	15,785	20,257	24,728	27,564	30,400	34,204	36,440	38,154	39,869	43,645	47,422	48,580	49,738	50,698	51,658	52,391	53,125	53,880	54,635
66Y-70Y	10,106	18,253	23,567	28,881	32,251	35,621	40,121	42,778	44,815	46,853	51,412	55,970	57,350	58,730	59,873	61,017	61,891	62,765	63,665	64,564
71Y-75Y	12,523	22,471	28,959	35,447	39,562	43,677	49,156	52,401	54,889	57,377	63,103	68,829	70,522	72,215	73,618	75,021	76,093	77,166	78,270	79,374
75Y +	13,866	25,157	32,521	39,886	44,556	49,227	55,436	59,119	61,943	64,766	71,306	77,845	79,768	81,692	83,286	84,881	86,099	87,317	88,572	89,826

ANTI REBATING WARNING

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

- 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

For more details on risk factors, terms and conditions, please read the sales brochure before concluding the sale.

IRDAI Reg No. 144

Benefit Illustration:

AROGYA SANJEEVANI RETAIL										
	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)			
Age of the members insured	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount, if any Family member discount)	Premium after Discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount if any	Premium after discount (Rs.)	Sum Insured (Rs.)
35 yrs	4,501	5,00,000	4,501	5%	4276	5,00,000	30,535	0	30535	5,00,000
30 yrs	4,501	5,00,000	4,501	5%	4276	5,00,000				
15 yrs	NA	NA	2,879	5%	2735	5,00,000				
10 yrs	NA	NA	2,879	5%	2735	5,00,000				
60 yrs	11,924	5,00,000	11,924	5%	11328	5,00,000				
55 yrs	7,920	5,00,000	7,920	5%	7524	5,00,000				
Total Premium for all members of the Family is Rs. 28,846/- when each member is covered separately. Sum Insured available for each individual is Rs.5,00,000/-			Total Premium for all members of the Family is Rs. 32,874/- when they are covered under a single policy. Sum Insured available for each family member is Rs. 5,00,000/-				Total Premium when policy is opted on floater basis is Rs. 30,535/- Sum Insured of Rs. 5,00,000/- is available for the entire family.			
Note: <div><div><input type="checkbox"/> Premium rates are specified in the above illustration is standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable.</div><div><input type="checkbox"/> The above illustration is for Arogya Sanjeevani</div><div><input type="checkbox"/> Family size is considered 6 members = 2 A + 2 Dependent Child + 2 Dependent Parents .i.e 4A+ 2C</div><div><input type="checkbox"/> Illustration is given for Sum Insured 5 Lac</div><div><input type="checkbox"/> please note above rates are exclusive GST.</div></div>										