SBI general INSURANCE

SURAKSHA AUR BHAROSA DONO

HEALTH EDGE INSURANCE

NEW

"Customisable **health insurance** aur fantastic **value** dono

Health Edge Insurance

Welcome to Health Edge Insurance from SBI General Insurance - a product that's designed with your needs in mind. We understand that health emergencies can be stressful and costly for you and your loved ones. That's why we've created this customizable product that you can access through our website or mobile app. With Health Edge Insurance, you'll have quality health coverage when you need it, and you'll only pay for the coverage that you need. You can focus on your recovery without worrying about the financial burden of unexpected medical expenses.

Who Can Buy This Policy?

At SBI General Insurance, we believe that everyone deserves access to quality healthcare, which is why our Health Edge Insurance product is available to all. You can purchase this policy for yourself or include your family members, such as your spouse, dependent children, parents, and parents-in-law, by choosing a family individual or family floater policy. With a family floater policy, you can include up to four adults aged between 18 and 65 years, as well as any number of dependent children aged between 91 days and 30 years.

What are the key benefits of this policy?

Health Edge by SBI General Insurance provides a range of benefits to keep you and your family healthy and protected.

Stay Fit Health Check-up:
Comprehensive health check-ups and preventive care to stay healthy.

Emergency Road Ambulance Cover:
Coverage for emergency road ambulance services to receive timely medical attention.

Domestic Help/Staff Indemnity:
Health Insurance coverage for domestic helpers and staff who are part of your family

Unlimited Refill:
Unlimited refills for both related and unrelated illnesses to eliminate concerns of running out of health insurance.

Global Treatment:
Coverage for medical treatment worldwide for 16 listed illnesses diagnosed in India.

Claim Safeguard:
Payment of consumables like gloves, masks, cotton, and bandages etc. to shield out-of-pocket expenses.

OPD Cover:
Coverage for medical expenses including pharmacy and diagnostics as prescribed.

What Are The Sum Insured Options Available?

You can choose from multiple sum insured options ranging from Rs. 3 Lakhs to Rs. 25 lakhs.

In-built Covers - Hospitalisation

Health Edge offers comprehensive coverage for in-patient hospitalization treatment, pre-hospitalization medical expenses, post-hospitalization medical expenses, and day care treatment expenses.

Hospitalisation Treatment:

We understand that hospitalization can be stressful and expensive. If you're hospitalized for at least 24 hours due to an illness or accidental bodily injury during the policy period, our policy will cover the following medical expenses:

- Room rent and boarding expenses as provided by the hospital or nursing home
- Intensive care unit expenses, including intensive cardiac care unit (ICCU) expenses
- Nursing expenses as provided by the hospital
- Fees for surgeon, anaesthetist, medical practitioner, consultants, and specialists
- Anaesthesia, blood, oxygen, operation theatre charges, and surgical appliances
- Consultation fees, including telemedicine consultations with medical practitioners
- Medicines, drugs, and consumables
- Diagnostic procedures
- Cost of prosthetic and other devices or equipment if implanted internally during a surgical procedure.

Pre-hospitalisation medical expenses

Health Edge covers medical expenses incurred up to 30 days prior to the admission.

Post-hospitalisation medical expenses

Health Edge covers medical expenses after being discharged from the hospital for up to 60 days.

Day Care Treatment:

Health Edge covers day care treatments, where you can claim reimbursement for medical expenses incurred during any day care treatment received during the policy period.

Emergency Road Ambulance cover (per Hospitalisation)

If you require emergency road ambulance services during hospitalization, Health Edge will cover the expenses.

Bariatric surgery cover

In case of hospitalization due to conditions that require bariatric surgery during the policy period, Health Edge will cover medical expenses listed in the bariatric surgery section, up to a limit of Rs.50000/-.

Modern treatments/advanced procedures

Health Edge covers advanced procedures or modern treatments as inpatient care or as part of day care treatment, in a hospital, up to the sum insured.

AYUSH treatment

We provide coverage for inpatient care under ayurveda, yoga, naturopathy, unani, siddha, and homeopathy treatment. You can avail this benefit in any AYUSH hospital, and we will reimburse the medical expenses incurred up to the sum insured.

Stay fit health check-up

Health Edge offers a "Stay Fit Health Check-up" benefit for preventive tests, and we will cover the expenses up to Rs.5000/-

Optional Covers:

Domestic help/staff indemnity

This optional cover provides the benefit of assuring the medical expenses incurred towards medically necessary treatment taken by your domestic help/staff during the policy period for an illness, injury or condition through inpatient Hospitalisation treatment, day care treatment, AYUSH Treatment and so on. By opting for this cover, you can ensure that your domestic help is covered in case of any medical emergency.

Hospital daily cash allowance

Health Edge pays a daily cash allowance as per the limit specified in the policy schedule, for each continuous and completed period of 24 hours of hospitalization, up to a total amount of Rs.1000 for 10 days or Rs.2000 for 10 days for the entire duration of the policy period.

Accidental death cover for primary insured

In case of the death of the primary insured person within 365 days of an accident during the policy period, we will pay a lump sum amount of Rs.10 Lakhs to Rs.20 Lakhs by opting for this coverage. The death must be solely and directly due to the accident.

Healing benefit (>5 days of Hospitalisation)

If your medically necessary hospitalization exceeds 5 consecutive and continuous days, we will pay a lump sum amount of Rs. 5000 or Rs.10,000 under the Healing Benefit option, provided that the claim is admissible under section inpatient Hospitalisation treatment or AYUSH treatments.

Unlimited refill (related and unrelated illnesses)

With the Unlimited Refill Benefit, you will have unlimited coverage for both related and unrelated illnesses for the entire policy year, starting from the first paid claim. This means that you can make multiple claims for medical expenses without any cap on the total amount of coverage.

Vector borne fixed benefit

Under the Vector Borne Fixed Benefit cover, we will provide a lump sum payment of Rs. 50,000 or Rs. 1 Lakh for medically necessary hospitalizations for Dengue, Malaria, Filaria (Lymphatic Filariasis), Kala-azar, Chikungunya, Japanese Encephalitis or Zika Virus.

Critical illness cover

If you opt for the Critical Illness Cover, we will provide a lump sum pay-out of Rs.3,00,000 for adult family members covered under the policy if they are diagnosed with any critical illness listed, after a waiting period of 90 days with the company.

List of Serious Illness

Sr. No	Critical Illness	Sr. No	Critical Illness
1	Cancer of Specified Severity	31	Progressive Scleroderma
2	Myocardial Infarction (First Heart Attack of Specific Severity)	32	Chronic Adrenal Insufficiency (Addison's Disease)
3	Open Chest CABG	33	Other Serious Coronary Artery Disease
4	Open Heart Replacement or Repair of Heart Valves	34	Severe Rheumatoid Arthritis
5	Coma of Specified Severity	35	Cardiomyopathy
6	Kidney Failure Requiring Regular Dialysis	36	Infective Endocarditis
7	Stroke Resulting in Permanent Symptoms	37	Medullary Cystic Disease
8	Major Organ /Bone Marrow Transplant*	38	Apallic Syndrome
9	Permanent Paralysis of Limbs	39	Creutzfeldt-Jacob Disease (CJD)
10	Motor Neuron Disease with Permanent Symptoms	40	Ebola
11	Multiple Sclerosis with Persisting Symptoms	41	Pneumonectomy
12	Benign Brain Tumor	42	Brain Surgery
13	Blindness	43	Severe Ulcerative Colitis
14	Deafness	44	Chronic Relapsing Pancreatitis
15	End Stage Lung Failure	45	Progressive Supranuclear Palsy
16	End Stage Liver Failure	46	Terminal Illness
17	Loss of Speech	47	Fulminant Hepatitis
18	Loss of Limbs	48	Crohn's Disease
19	Major Head Trauma	49	Bacterial Meningitis
20	Primary (Idiopathic) Pulmonary Hypertension	50	Loss of One Limb and One Eye
21	Third Degree Burns	51	Necrotising Fasciitis
22	Alzheimer's Disease	52	Muscular Dystrophy
23	Parkinson's Disease	53	Hemiplegia
24	Aorta Graft Surgery	54	Poliomyelitis
25	Amputation of Feet Due to Complications from Diabetes	55	Tuberculosis Meningitis
26	Myasthenia Gravis	56	Encephalitis
27	Elephantiasis	57	Myelofibrosis
28	Aplastic Anaemia	58	Pheochromocytoma
29	Loss of Independent Existence (Cover up to Age 74)	59	Systemic Lupus Erythematosus with Lupus Nephritis
30	Dissecting Aortic Aneurysm	60	Eisenmenger's Syndrome

Survival period: We will only pay the critical illness claim if the insured person stays alive for at least 28 days after the diagnosis of the covered critical illness is confirmed while they are alive. If the diagnosis is made post-mortem, we will not accept the claim.

Claims safeguard:

If we accept a hospitalization claim under Inpatient Hospitalization, any expenses that are not covered under the "Expenses not covered" list in annexure II of the policy wordings related to that claim will become payable.

OPD cover:

If you choose this option, we will reimburse up to Rs. 5000 per insured member for allopathic OPD expenses, including diagnostics and pharmacy, regardless of the type of policy.

Booster benefit:

If you opt for this benefit, your sum insured will increase by 50% of the previous year's base sum insured for each claim-free policy year, up to a maximum of 200% of the base sum insured under the current policy year. This benefit only applies if the policy is renewed with us without any break. If a claim is made during any policy year, the accrued booster benefit will be reduced at the same rate at which it has accrued.

E-opinion:

You can request an e-opinion on your medical condition during the policy period, and we will facilitate an unlimited number of e-opinions from our panel of medical practitioners.

Women Care Benefit:

Maternity Expenses:

A. With this benefit, we will cover the medical expenses incurred up to Rs. 25,000 for normal delivery and Rs. 50,000 for C-section for the maternity expenses, including pre- and post-natal medical expenses incurred during hospitalization of the female insured person for the delivery of the child during the policy period, subject to a waiting period of 48 months.

New Born Baby Cover:

B. If the mother is covered under the policy, we will cover the medical expenses incurred in respect of a new-born baby up to the sum insured amount specified against this benefit in the policy schedule if the claim is accepted under maternity expenses

Assisted Reproduction Treatment:

C. On availing this option, we will reimburse medical expenses up to Rs. 1 lakh incurred on assisted reproduction treatment, where indicated, for sub-fertility subject to a waiting period of 48 months and conditions as specified in policy wordings. We will pay one assisted reproduction treatment cycle for each eligible insured person in a policy year. Inpatient treatment is not mandatory to claim this benefit. Benefits under this section shall be available on an individual basis to each eligible insured person whose age is between 18 and above up to the limits specified in the policy schedule, irrespective of the type of policy.

Global Treatment:

We will pay the medical expenses incurred towards inpatient care outside India during the policy period for any of the listed serious illnesses or procedures listed, provided that the listed serious illness is diagnosed in India.

List of Serious Illness

Sr. No	Name of Illness
1.	Cancer Treatment Surgery
2.	Heart Valve Replacement
3.	Bone Marrow Transplant
4.	Pulmonary Artery Graft Surgery
5.	Aorta Graft Surgery
6.	Coronary Artery By-Pass Surgery Post Occurrence of Myocardial Infraction
7.	Surgical Treatment for Stroke
8.	Lung Transplant Surgery in case of End Stage Lung Disease
9.	Kidney Transplant Surgery in case of End Stage Renal Failure
10.	Surgical Treatment of Coma
11.	Surgery for Pheochromocytoma
12.	Liver Transplant Surgery in case of End Stage Liver Disease
13.	Pneumonectomy - Removal of an entire lung
14.	Surgical removal of an eyeball
15.	Heart transplant surgery
16.	Craniotomy for Cerebral Aneurysm

Wellness Benefit:

On availing this option, The Insured Person may avail wellness services as mentioned in the Policy Schedule. The services may include any or all as specified in the policy schedule:

On availing this option, The Insured Person may avail wellness services as mentioned in the Policy Schedule. The services may include any or all as specified in the policy schedule: Services	Utilization Parameter (if applicable as per Policy Schedule)
A. Health Assistance (A.I. Personal Fitnesscoaching)	Unlimited
B. Dietician and Nutrition E-consultation	Unlimited
D. Unlimited Gym Membership	Option 1 - Eligible Customer must utilise Gym Services at least once every quarter (3 months periods from policy start date) to activate the next quarter. Once suspended, cannot be activated thereafter. Option 2 - Eligible Customer must utilise Gym Services at least once in the first 6 months (from policy start date) to activate the next 6 months. Once suspended, cannot be activated thereafter.
E. Walk Healthy Benefit	Collect health benefits by taking steps counted on our App or Activity tracker of the vendor and get discount up to 30% on renewal premium.

Co-Payment:

If you choose co-payment, you will need to pay a percentage of the claim amount specified in your policy schedule (either 10% or 20%) for each and every eligible claim under this policy. Once you opt for co-payment, you cannot opt out of it during subsequent renewals.

Please note that this co-payment amount will be in addition to any other co-payment specified in the policy, if applicable. The co-payment will apply to eligible claims for in-patient hospitalization treatment, day care treatment, bariatric surgery cover, modern treatment/advanced procedures, or AYUSH treatment.

Waiting Period

Pre-Existing Waiting Period	24 months
Specific Disease waiting period	24 Months
Initial Waiting Period (Excluding Accidental Hospitalization)	30 Days
Hypertension, Diabetes, Cardiac Condition	90 days
Critical Illness Cover	90 Days
Global Treatment	36 Months
Maternity Expenses	48 Months
Assisted Reproduction Treatment	48 Months

The company is not responsible for covering any expenses mentioned below until the waiting period, as specified in the policy, has elapsed:

I. First 30-day waiting period:

Any expenses related to illness within 30 days of policy commencement will not be covered, except for claims arising from accidents.

II. Specified diseases and procedures waiting period:

Expenses related to certain listed conditions, surgeries, or procedures will not be covered until you have continuously held the policy for 24 months. However, this exclusion does not apply to claims arising from accidents.

III. Pre-existing diseases waiting period:

Expenses related to treatment of pre-existing diseases and their complications will not be covered until you have continuously held the policy for 24 months.

A) **Hypertension, Diabetes, Cardiac Condition**: If you have hypertension, diabetes, or a cardiac condition that was not disclosed when you bought the policy, there will be a waiting period of 90 days for any related claims. If you have disclosed these conditions at the time of policy purchase, there will be no waiting period for claims related to these conditions.

B) **Critical Illness Cover:** there will be a waiting period of 90 days for any claims.

C) **Global Treatment:** Expenses related to treatment taken abroad for any listed illness within 36 months of policy commencement will not be covered.

D) **Women's care benefit:** There will be **waiting periods of 48 months** for claims related to **Maternity Expenses and Assisted Reproduction Treatment.**

Discount

The insured can avail of the following premium discounts:

Discount Type	Description
Floater discount	20% discount for a policy covering 2 members, 25% discount for 3 members, and 30% discount for more than 3 members.
Non-Floater Discount	5% discount for 2 or more members
Term Discount	Discount to the Annual Premium: 4% for a 2-year policy and 6% for a 3-year policy
No. of Days of Hospitalisation Option:	Discount to the Annual Premium: 10% discount for 5 days of hospitalization and 5% discount for 10 days of hospitalization.
Employee Discount (SBI Group)	5%

General Exclusions-

- Investigation and Evaluation (Code-Excl 04)
- Rest Cure, rehabilitation, and respite care (Code- Excl 05)
- Change of Gender Treatments (Code- Excl 07)
- Cosmetic or Plastic Surgery (Code- Excl 08)
- Hazardous or Adventure Sports (Code- Excl 09)
- Breach of Law (Code- Excl 10)
- Excluded Providers (Code-Excl 11)
- Treatment for alcoholism, drug or substance abuse (Code- Excl 12)
- Treatments received in health hydro's, nature cure clinics, spas or similar establishments (Code- Excl 13)
- Dietary Supplements and substances that can be purchased without prescription (Code- Excl 14)
- Refractive Error (Code-Excl 15) - eye-sight due to refractive error less than 7.5 diopter's
- Sterility and Infertility (Code-Excl 17) Subject to terms and conditions if Artificial Reproductive Treatment optional cover is opted
- Maternity (Code-Excl 18) (Not Applicable for Section D.12 – Women Care Benefit)
- War, Nuclear, chemical or biological attack
- Treatment taken outside India (Not applicable for product plan variants wherein Medical Treatment Abroad is covered).
- Circumcision unless necessary for treatment of a disease, illness or injury
- Convalescence, general debility, "run-down" condition, rest cure, external congenital anomaly.
- Vaccination or inoculation except as part of post-bite treatment for animal bite.
- Expenses related to Domiciliary hospitalization
- Non-payable items: Expenses against items mentioned in "List I" shall not be payable. This exclusion shall be waived off, if Optional Benefit-D.8 has been opted under the Policy.
- An Insured Person committing or attempting to commit a breach of law with criminal intent, intentional self-Injury, or attempted suicide while sane or insane.

Note: Above list is indicative and for detailed specific as well as standard exclusions kindly read policy wordings carefully.

Benefit Illustration In Respect Of Individual and Family Floater Basis

Age of the member insured	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)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount, if any Family Individual 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	6305	500000	6305	5%	5990	500000	21,502	30%	15,051	500000
30 yrs	6305	500000	6305		5990	500000				
15 yrs	4446	500000	4446		4224	500000				
10 yrs	4446	500000	4446		4,224	500000				
Total Premium for all members of the Family is Rs. 21,502/- 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. 20,428/- 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. 15,051/- Sum Insured of Rs. 5,00,000/- is available for the entire family.			

Note: Premium rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable.

1. Family size is considered 4 = 2 Adult + 2 Dependent Child
2. Illustration is given for Sum Insured 5 Lac

Product Benefits at a glance

Benefits			Health Edge Insurance	
Entry Age of Insured Adult			Min – 18 years and Max -65 years	
Entry Age (Child)			91 days to 30 years	
Sum Insured (SI)			3L, 5L,7L,10L, 15L,20L and 25Lacs	
BASE COVERS				
	Family Combination		Up to 4 Adults and N number of children	
	Premium Type (Zone Agnostic Premium)		Age Banded	
Eligibility	No. of Days of Hospitalization covered		5 days, 10 days and Unlimited	
	Inpatient Hospitalization Treatment	Room Rent	Actuals up to Sum Insured	Basis of Payment - Indemnity
		ICU Charges	Actuals up to Sum Insured	Basis of Payment - Indemnity
	Pre-hospitalization Medical Expenses (up to Sum Insured)		30 days	Basis of Payment - Indemnity
	Post-hospitalization Medical Expenses (up to Sum Insured)		60 Days	Basis of Payment - Indemnity
	Day Care Treatment (up to Sum Insured)		All day care covered	Basis of Payment - Indemnity

Product Benefits at a glance

Benefits		Health Edge Insurance	
In-patient Hospitalization	Emergency Road Ambulance Cover (per hospitalization)	₹ 3000	Basis of Payment - Indemnity
	Bariatric Surgery Cover	up to 50,000	Basis of Payment - Indemnity
	Modern Treatments/Advanced Procedures	Covered up to SI	Basis of Payment - Indemnity
	AYUSH	Covered up to SI	Basis of Payment - Indemnity
	Stay Fit Health Check-Up	Up to ₹ 5,000	Basis of Payment - Indemnity
OPTIONAL COVERS			
Base Cover Modifiers	Domestic Help/Staff Indemnity [Room Rent - 2%, ICU - 4%, Bariatric - ₹ 50,000, (Day Care Treatment, AYUSH, Modern Treatment-up to Sum Insured), Emergency Road Ambulance - ₹ 3000/Hospitalization] [Min - 18 years/Max - 65 years]	₹ 50K/1Lac	Basis of Payment
	Hospital Daily Cash	₹ 1000 for 10 days or ₹ 2000 for 10 days	Basis of Payment - Benefit
	Accidental Death Cover (Primary Insured only)	₹ 10 Lacs/20Lacs	Basis of Payment - Benefit
	Healing Benefit (>5 days of Hospitalization)	₹ 5000/10,000	Basis of Payment - Benefit
	Unlimited Refill (Related and Unrelated Illness both)	Unlimited Refill up to 100% of BSI	Basis of Payment - Indemnity
	Vector Borne Fixed Benefit	₹ 50K/1Lac	Basis of Payment - Benefit
	Critical Illness Cover	₹ 300000/-	Basis of Payment - Benefit
	Claims Safeguard	Non-payable items covered	Basis of Payment - Indemnity
OPD	Out Patient (OPD) Cover	₹ 5000/member	Basis of Payment - Indemnity
Renewal Benefits	Booster Benefit (reduction is same proportion in case claim is settled)	50% of Base Sum Insured up to 200% of Base Sum Insured	Basis of Payment - Indemnity
	E-opinion	Unlimited	Basis of Payment - Indemnity
Women Care	Maternity Expenses	Up to ₹ 25,000 for Normal Delivery and ₹ 50,000 for C-section.	Basis of Payment - Indemnity

Product Benefits at a glance

Benefits		Health Edge Insurance	
Women Care	New Born Baby Cover	Actuals up to Sum Insured	Basis of Payment - Indemnity
	Assisted Reproduction Treatment	₹ 1 Lacs	Basis of Payment -Indemnity
Co-Pay	Co-payment	10%/20%	NA
Global Cover	Global Treatment	Covered up to SI	Basis of Payment - Indemnity
Wellness	Health Assistance (A.I. Personal Fitness coaching) Dietician and Nutrition E-consultation Unlimited Gym Membership [Option 1 - 3+3+3+3 option and Option 2 - 6+6 Option]	Covered	NA
	Walk Healthy Benefit	Covered	NA
WAITING PERIOD			
	Pre Existing Waiting Period	24 months	
Waiting Period	Specific Disease waiting period	24 Months	
	Initial Waiting Period (Excluding Accidental Hospitalization)	30 Days	
	Hypertension, Diabetes, Cardiac Condition	90 days	
	Critical Illness Cover	90 Days	
	Global Treatment	36 Months	
	Maternity Expenses	48 Months	
	Assisted Reproduction Treatment	48 Months	

Seamless Claim Process

What Is The Claim Procedure?

Our dedicated and experienced claims team aim to deliver you superlative customer service with a fast, fair, convenient and transparent claims process so your claim is settled without any hassle.

Our Claims Team Will:

Provide assistance in emergency situations

Keep you informed of the progress of your claim

How Do You Make A Claim?

In case of an accident or illness that requires Hospitalisation or Day Care, please notify us by phone or email.

Prohibition of Rebates

Section 41 in The Insurance Act, 1938 as amended by Insurance Law (Amendment) Act, 2015:

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 prospectuses 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 ₹10 lacs.

SURAKSHA AUR BHAROSA DONO

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