

## HEALTH EDGE INSURANCE

### CUSTOMER INFORMATION SHEET

Title	Description Customer Information Sheet	Policy Clause Number
<b>Product Name</b>	<b>Health Edge Insurance</b>	
<b>What am I Covered For?</b>	<p><b>In-patient Hospitalization Treatment</b> – hospitalisation cover for expenses period more than 24 hrs.</p> <p><b>Room rent</b> – up to base Sum Insured or as specified in the policy schedule.</p> <p><b>ICU Expenses</b> - up to actual expenses as provided by Hospital OR up to Sum Insured We will pay You below listed medical expenses up to the Sum Insured as specified in Policy Schedule.</p> <p>a) Room rent and boarding expenses as provided by the Hospital/Nursing home up to the Room Rent limit as specific in the Policy Schedule.</p> <p>b) Intensive Care Unit Expenses/ Intensive Cardiac Care Unit (ICCU) expenses.</p> <p>c) Nursing Expenses as provided by the Hospital</p> <p>d) Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees</p> <p>e) Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances</p> <p>f) Consultation fees including Telemedicine by Medical Practitioner</p> <p>g) Medicines, drugs, and consumables</p> <p>h) Diagnostic procedures</p> <p>i) The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure</p>	Clause C.1
	<b>Pre-Hospitalisation</b> - We will Indemnify Medical expenses incurred in 30 days	Clause C.2
	<b>Post-Hospitalisation</b> - We will Indemnify Medical Expenses incurred up to 60 days	Clause C.3
	<b>Day care Treatment</b> - We will Indemnify Medical Expenses for day care procedures.	Clause C.4
	<b>Emergency Road Ambulance Cover (per hospitalization)</b> - We will Indemnify Expenses up to the limit Rs 3000 per hospitalisation	Clause C.5
	<b>Bariatric Surgery Cover</b> - We will Indemnify Medical Expenses incurred up to the limit 50000	Clause C.6
	<b>Modern Treatments/Advanced Procedures</b> - We will Indemnify Medical Expenses up to the Sum Insured	Clause C.7
	<b>AYUSH Treatment</b> - We will Indemnify Medical Expenses up to the Sum Insured	Clause C.8
	<b>Stay Fit Health Check-Up</b> - A health check-up up to Rs 5000 once in the Policy Year to all insured adult members above age 18 years on individual basis.	Clause C.9
	<b>Optional Cover</b>	Clause D
	<b>Domestic Help/Staff Indemnity (Single Adult Cover)</b> - We will Indemnify the Reasonable and Customary Charges up to Rs 50,000/- OR Rs 10,0000/- incurred towards Medically Necessary Treatment taken by the Insured Person.	Clause D.1
	<b>Hospital Daily Cash</b> - Fixed benefit payment per day Sum Insured up to 1000 for 10 days or 2000 for 10 days as mentioned in the policy schedule.	Clause D.2

<b>Accidental Death Cover for Primary Insured</b> - A lump sum amount of Rs 10 lac or Rs 20 lac, as specified in the Policy Schedule	Clause D.3				
<b>Healing Benefit (&gt;5 days of Hospitalization)</b> – A lump sum amount of Rs 5000 or Rs 10000, as specified in the Policy Schedule	Clause D.4				
<b>Unlimited Refill (Related and Unrelated Illness both)</b> - Triggers Unlimited Refill (Anyone Illness Waiver) up to 100% of Base Sum Insured with the first paid claim itself and is available for all subsequent claims in a Policy Year.	Clause D.5				
<b>Vector Borne Fixed Benefit</b> - A Payment of 50,000 or 100,000 as specified in the Policy Schedule	Clause D.6				
<b>Critical Illness Cover</b> - We will pay a lumpsum amount of INR 300000, as specified in the Policy Schedule against this benefit If the Insured Person who is aged between 18 to 45 years are covered under this Policy suffers from any of the listed Critical Illness.	Clause D.7				
<b>Claims Safeguard</b> - For Hospitalization claim under Section C, the items which are not payable as per List I – ‘Expenses not covered’ under Annexure II related to that particular claim will become payable.	Clause D.8				
<b>OPD Cover</b> - We will Indemnify Medical Expenses incurred per member, up to the amount specified in the Policy Schedule	Clause D.9				
<b>Booster Benefit</b> – Sum Insured is increased by 50% of the Base Sum Insured in respect of each claim free Policy Year as specified in the Policy Schedule.	Clause D.10				
<b>E-Opinion</b> – We will facilitate Unlimited medical opinion/consultations by a Medical Practitioner from Our panel, for disorder/disease suffered during the policy period as specified in the policy schedule.	Clause D.11				
<b>Maternity Expenses</b> - We will Indemnify Maternity Expenses (48 months waiting period) incurred up to the amount specified against this Benefit in the Policy Schedule.	Clause D.12 Clause D.12.1				
<b>New Born Baby Cover</b> - We will Indemnify Medical Expenses Up to Base Sum Insured, incurred in respect of a New Born Baby.	D12.2				
<b>Assisted Reproduction Treatment</b> – We will reimburse medical expenses up to INR 1 Lakh incurred on Assisted Reproduction Treatment.	D12.3				
<b>Global Treatment (Listed illness, Diagnosis in India)</b> – We will Indemnify Medical Expenses for Planned In patient care taken out side India up to Base Sum Insured	Clause D.13				
<b>Wellness Benefit</b> - Listed wellness services as mentioned in the Policy Schedule	Clause D. 14				
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<b>Co-payment</b> - On availing this option, 10% or 20% Co-Payment as specified in the Policy Schedule, shall be applied on each and every admissible claim as applicable.	Clause D.15				

<p><b>What are the General exclusions in the policy</b></p>	<p>Following is a partial list of the policy exclusions. Please refer to the policy wording for the complete list of exclusions.</p> <ol style="list-style-type: none"> <li>I. War or any act of war, nuclear, chemical and biological weapons, radiation of any kind, breach of law with criminal intent, intentional or attempted suicide, 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, treatment for alcoholism, drug or substance abuse or any addictive condition, treatment of obesity and any weight control program, external congenital illness, sterility, treatment to effect or to treat infertility, circumcisions, treatment for correction of refractive error, plastic surgery or cosmetic surgery unless required due to an Accident, Cancer or Burns, any non-allopathic treatment, Vaccination or inoculation except as part of post-bite treatment for animal bite</li> <li>II. Treatment taken outside India (Not applicable for product plan variants wherein C.13 – Global Treatment is covered) Medical practitioner’s home visit expenses, committing or attempting to commit a breach of law with criminal intent, intentional self-Injury, or attempted suicide while sane or insane.</li> <li>III. Any permanent exclusion applied on any medical or physical condition or treatment of an Insured Person as specifically mentioned in the Policy Schedule</li> <li>IV. Note: Refer Policy Wordings for complete details on coverages, Terms &amp; Conditions and Exclusions applicable on this Policy</li> </ol>	<p>Clause F</p>																						
<p><b>Waiting Period</b></p>	<ul style="list-style-type: none"> <li>• 30 days initial waiting period for all illnesses (except accidental hospitalization) in the first year and is not applicable in subsequent renewals</li> <li>• 90 days waiting period - Hypertension, Diabetes, Cardiac Condition</li> <li>• 36 months – Global Treatment</li> <li>• 24 months for specific illness and treatments as mentioned in the policy schedule.</li> <li>• 24 months for Pre-existing Diseases</li> <li>• 48 months for Maternity Expenses</li> <li>• 48 months for Assisted Reproduction Treatment</li> </ul>	<p>Clause E</p>																						
<p><b>Payment Basis</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>Indemnity basis for all claims under</b></td> </tr> <tr> <td><b>Base Covers</b></td> </tr> <tr> <td>Inpatient Hospitalization Treatment</td> </tr> <tr> <td>Pre-hospitalization Medical Expenses (up to Sum Insured)</td> </tr> <tr> <td>Post-hospitalization Medical Expenses (up to Sum Insured)</td> </tr> <tr> <td>Day Care Treatment (up to Sum Insured)</td> </tr> <tr> <td>Emergency Road Ambulance Cover</td> </tr> <tr> <td>Bariatric Surgery Cover</td> </tr> <tr> <td>Modern Treatments/Advanced Procedures</td> </tr> <tr> <td>AYUSH (In-patient hospitalization)</td> </tr> <tr> <td>Stay Fit Health Check-up</td> </tr> <tr> <td> </td> </tr> <tr> <td><b>Optional Covers</b></td> </tr> <tr> <td>Domestic help/staff Indemnity</td> </tr> <tr> <td>Unlimited Refill (Related and Unrelated Illness both)</td> </tr> <tr> <td>Claims Safeguard</td> </tr> <tr> <td>Out Patient (OPD) Cover</td> </tr> <tr> <td>Booster Benefit (reduction is same proportion in case claim is settled)</td> </tr> <tr> <td>E-opinion</td> </tr> <tr> <td>Women care Benefit (4yrs WP)</td> </tr> <tr> <td>New Born Baby Cover</td> </tr> <tr> <td>Assisted Reproduction Treatment</td> </tr> </table>	<b>Indemnity basis for all claims under</b>	<b>Base Covers</b>	Inpatient Hospitalization Treatment	Pre-hospitalization Medical Expenses (up to Sum Insured)	Post-hospitalization Medical Expenses (up to Sum Insured)	Day Care Treatment (up to Sum Insured)	Emergency Road Ambulance Cover	Bariatric Surgery Cover	Modern Treatments/Advanced Procedures	AYUSH (In-patient hospitalization)	Stay Fit Health Check-up		<b>Optional Covers</b>	Domestic help/staff Indemnity	Unlimited Refill (Related and Unrelated Illness both)	Claims Safeguard	Out Patient (OPD) Cover	Booster Benefit (reduction is same proportion in case claim is settled)	E-opinion	Women care Benefit (4yrs WP)	New Born Baby Cover	Assisted Reproduction Treatment	<p>Section C and D</p>
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<b>Loss Sharing</b>	<ul style="list-style-type: none"> <li>• <b>Co-payment</b> -10% or 20% Co-Payment as specified in the Policy Schedule, shall be applied on each and every admissible claim as applicable.</li> <li>• <b>OPD Cover</b> (excluding dental and Vision) - On availing this option, the insured person shall bear on his/her own account an amount equal to 30% co-payment for Pharmacy and Diagnostics, and 50% Co-Payment for consultation as specified in the Policy Schedule, shall be applied on each and every admissible claim.</li> </ul>												
<b>Renewal Conditions</b>	<p>Policy is renewable for lifetime.</p> <p><b>Grace Period:</b> To maintain continuity of benefits and Waiting period, grace period of 30 days is allowed on renewals from the date of expiry.</p>	Clause G II. C.1											
<b>Renewal Benefits</b>	Booster Benefit	Clause D.10											
<b>Cancellation</b>	<ul style="list-style-type: none"> <li>• This Policy would be cancelled on grounds of misrepresentation, fraud, non-disclosure of material facts as sought to be in proposal form or non-co-operation by any Insured Person, upon giving 15 days' notice.</li> <li>• You may cancel this Policy at any time by giving the Company written notice. The cancellation shall be from the date of receipt of such written notice.</li> <li>• In case of any claim made during Policy Year, no premium will be refunded.</li> </ul>	Clause G A.II.1											
<b>Claims</b>	<p>You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website.</p> <p>Cashless Claims: We will check your coverage as per the eligibility and send an authorization letter to the provider.</p> <p>Reimbursement Claims: On receipt of the complete set of claim documents, we will make the payment for the admissible amount, along with a settlement statement</p> <p>Hospital Network details can be obtained from:  <a href="https://www.sbigeneral.in/portal/contact-us/hospital">https://www.sbigeneral.in/portal/contact-us/hospital</a></p> <p>Claim Intimation timelines:</p> <p>Cashless Hospitalization - Within 24 hours of the Emergency Hospitalization.  At least 72 hours prior to the planned Hospitalization.</p> <p>Reimbursement Claims- Within 48 hours of admission or before discharge from the Hospital, whichever is earlier</p> <p>Document Submission Timelines:  In case of any Claim, the documents shall be provided by the Policy Holder/ Insured Person to Company within 30 days of date of discharge from hospital.</p>	Clause G. C											

<b>Policy Servicing/ Grievances/Complaints</b>	<p>a. Details of Grievance redressal officer refer the link <a href="https://www.sbigeneral.in/grievance-redressal">https://www.sbigeneral.in/grievance-redressal</a></p> <p>b. IRDAI Integrated Grievance Management System -<a href="https://irda.revalweb.com/IGMS_Complaint_Logging.aspx">https://irda.revalweb.com/IGMS_Complaint_Logging.aspx</a></p> <p>c. Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided as Annexure I of Policy document</p>	<p>Clause G. C</p>									
<b>Insured's Rights</b>	<p><b>Free Look Period</b> of 15 days from the date of receipt of the policy shall be applicable at the inception.</p> <p><b>Renewability – Lifelong</b></p> <p><b>Migration:</b> In case the Insured Person wants to migrate from one product to another product of the Company then contact Us with the details through: E-mail ID: <a href="mailto:sbig.health@sbigeneral.in">sbig.health@sbigeneral.in</a> Toll Free: 1800 22 1111 / 1800 102 1111 Monday to Saturday (8 am - 8 pm) Address: Any of Our Branch office or Corporate office</p> <p><b>Portability</b> In case the Insured Person wants to port their Health Insurance Policy from Us to any other Company, then contact Us with the details through: E-mail ID: <a href="mailto:sbig.health@sbigeneral.in">sbig.health@sbigeneral.in</a> Toll Free: 1800 22 1111 / 1800 102 1111 Monday to Saturday (8 am - 8 pm) Address: Any of Our Branch office or Corporate office</p> <p><b>Change in Sum insured -</b>During the policy Term or at the time of renewal. <b>Norms on TAT for Pre-Auth and Settlement of reimbursement</b></p> <table border="1" data-bbox="288 1093 1278 1339"> <thead> <tr> <th>Sr. No.</th> <th>Type of claim</th> <th>Prescribed Time Limit</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Pre-Authorization</td> <td>Within 4 hours of receipt of necessary document.</td> </tr> <tr> <td>2.</td> <td>Reimbursement of hospitalization, day care and expenses</td> <td>Within thirty days of date of receipt of last necessary document.</td> </tr> </tbody> </table>	Sr. No.	Type of claim	Prescribed Time Limit	1.	Pre-Authorization	Within 4 hours of receipt of necessary document.	2.	Reimbursement of hospitalization, day care and expenses	Within thirty days of date of receipt of last necessary document.	<p>Clause G A. II.2</p> <p>Clause G.C.2</p> <p>Clause G.C.3</p> <p>Clause G.B.II.b</p>
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<b>Insured's Obligations</b>	<p>The Insured Person must disclose all Pre-Existing Disease/s or condition/s before buying a Policy. Non-disclosure may result in claim not being paid.</p> <p>During the Policy term any material information changes on occupation and/ or medical conditions shall be communicated to Us through our website on the below link: <a href="https://www.sbigeneral.in/portal/buy-online/changepolicydetails">https://www.sbigeneral.in/portal/buy-online/changepolicydetails</a></p>	<p>Clause G.A.I.1.a</p>									
<p><b>Legal Disclaimer Note:</b> The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.</p>											

## ANNEXURE – I – 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	6,305	500000	6,305	5%	5,990	500000	21,502/-	30%	15,051/-	500000
30 yrs	6,305	500000	6,305	5%	5,990	500000				
15 yrs	4,446	500000	4,446	5%	4,224	500000				
10 yrs	4,446	500000	4,446	5%	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.

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

Disclaimer : Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400099. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | Health Edge Insurance UIN:SBIHLIP23173V012223 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Co. Ltd. under license.