

CUSTOMER INFORMATION SHEET

(Description is illustrative and not exhaustive)

S. NO	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Arogya Premier Policy	
2	What am I covered for	<p>Following are covered as basic cover up to the limit specified in the policy</p> <ol style="list-style-type: none"> 1. Hospitalisation expenses 2. Pre-hospitalisation expenses 3. Post-hospitalisation expenses 4. Day care expenses 5. Ambulance including air ambulance expenses 6. Alternative treatment 7. Domiciliary hospitalisation 8. Maternity Expenses Traceable to Childbirth 9. Organ Donor Expenses 10. Health check up 11. Reinstatement of Sum Insured 12. Cumulative Bonus 13. HIV/AIDS Cover upto Sum Insured 14. Mental Illness Cover upto Sum Insured (Sub limit - Rs. 1,00,000 whichever is lower, applicable for few conditions) 15. Genetic Disorders or Diseases Cover upto the limit Rs. 1,00,000 16. Internal Congenital Diseases Upto Rs. 10% of Sum Insured. 17. 12 Specific Procedures up to 50% of -of Sum Insured <p><i>Note: Insurer's Liability in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured for the Insured person as mentioned in the schedule.</i></p>	IV. Scope of Cover
3	What are the major Exclusions in the policy	<p>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:</p> <ol style="list-style-type: none"> 1. Admission primarily for investigation & evaluation 2. Admission primarily for rest Cure, rehabilitation and respite care 3. Expenses related to the surgical treatment of obesity that do not fulfill certain conditions 4. Change-of-Gender treatments 5. Expenses for cosmetic or plastic surgery 6. Expenses related to any treatment necessitated due to participation in hazardous or adventure sports 7. Outpatient department treatment 	V. Exclusions

		(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing).	
4	Waiting period	1. Initial waiting period: 30 days for all illnesses (not applicable on renewal or for accidents)	V. Exclusions
		2. 90 days for specified disease and procedure	
		3. Specified surgeries/treatments/diseases are covered after specific waiting period of 12 months	
		4. Pre-existing diseases: Covered after 48 months unless otherwise provided	
		5. Maternity Benefit expenses are covered after waiting period of 9 months.	
5	Payout basis	Indemnity basis for covered expenses up to specified sum insured.	IV. Scope of Cover
6	Cost sharing	No cost sharing	
7	Renewal Conditions	<p>The policy shall ordinarily be renewable except on misrepresentation by the insured person. grounds of fraud,</p> <ul style="list-style-type: none"> i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal. ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years. iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period. v. No loading shall apply on renewals based on individual claims experience 	VI. Conditions
8	Renewal Benefits	<ul style="list-style-type: none"> 1. For every four claim free policy years, free health check up for the insured subject to maximum INR 5000/- 2. Cumulative bonus will be allowed at the rate of 10% of expiring Policy's Sum Insured on every renewal of claim free policy. This cumulative bonus can be accumulated up to 50% and will get reduced by 10% in case of claim under the Policy. But accumulated cumulative bonus cannot be negative 	IV. Scope of Cover

9	Cancellation	<p>Cancellation:</p> <p>i. The policyholder may cancel this policy by giving 15days'written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.</p> <table><tr><td>Period on risk</td><td>Rate of premium refunded</td></tr><tr><td>Up to one month</td><td>75% of annual rate</td></tr><tr><td>Up to three months</td><td>50%of annual rate</td></tr><tr><td>Up to six months</td><td>25% of annual rate</td></tr><tr><td>Exceeding six months</td><td>Nil</td></tr></table> <p>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.</p> <p>ii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure 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 or misrepresentation, non-disclosure of material facts or fraud.</p> <p>Cancellation of long term Policies:</p> <p>If a long term Policy issued with Policy period above 1 year is cancelled, than premium for the year which is fully utilised by insured will be retained in full by the Company. For current year, the premium will be refunded either on short period scale (If cancelled by the Insured) or on prorata basis (If cancelled by the Company). For the year which has not commenced, the premium will be refunded in full. Long term discount allowed on the Policy will be readjusted.</p>	Period on risk	Rate of premium refunded	Up to one month	75% of annual rate	Up to three months	50%of annual rate	Up to six months	25% of annual rate	Exceeding six months	Nil	VI. Conditions
Period on risk	Rate of premium refunded												
Up to one month	75% of annual rate												
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10	Claims	<p>a. For Cashless Service:</p> <p>Refer link for Hospital Network details –</p> <p>http://www.sbigeneral.in/portal/contact-us/hospital</p> <p>b. For Reimbursement of Claim: For reimbursement of claims the insured prescribed time limit as specified hereunder.</p> <table><tr><td>Sl No</td><td>Type of Claim</td><td>Prescribed Time limit</td></tr><tr><td>1</td><td>Reimbursement of hospitalization, day care and pre-hospitalization expenses</td><td>Within fifteen days of date of discharge from hospital</td></tr></table>	Sl No	Type of Claim	Prescribed Time limit	1	Reimbursement of hospitalization, day care and pre-hospitalization expenses	Within fifteen days of date of discharge from hospital	VI. Conditions				
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		<table><tr><td>2</td><td>Reimbursement of post hospitalization expenses</td><td>Within fifteen days from completion of post hospitalization treatment</td></tr></table>	2	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment	
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		For details on claim procedure please refer the policy document.				
11	Policy Servicing	<p>If You/Insured Person may have a grievance that requires to be redressed, You/Insured Person may contact Us with the details of the grievance through:</p> <ul style="list-style-type: none">• Level 1 <p>Call us on our Toll Free for any queries that you may have @ 1800221111, 18001021111</p> <p>Email your queries to customer.care@sbigeneral.in</p> <p>Visit our website www.sbigeneral.in to register for your queries</p> <p>Please walk into any of our branch office or corporate office during business hours</p> <p>You may also fax us your queries at _1800227244, 18001027244</p> <ul style="list-style-type: none">• Level 2 <p>If you still are not happy about the resolution provided then you may please write to our head.customercare@sbigeneral.in</p> <ul style="list-style-type: none">• Level 3 <p>If you are dissatisfied with the resolution provided in the Steps as indicated above on your Complaint, you may send your ‘Appeal’ addressed to the Chairman of the Grievance Redressal Committee. The Committee will look into the appeal and decide the same expeditiously on merits.</p> <p>You can write to Head – Compliance, Legal & CS on the id - gro@sbigeneral.in</p> <ul style="list-style-type: none">• Level 4 <p>If your issue remains unresolved you may approach IRDA by calling on the Toll Free no. 155255 or you can register an online complaint on the website http://igms.irda.gov.in</p> <ul style="list-style-type: none">• Senior Citizens: Senior Citizens can also write to seniorcitizengrievances@sbigeneral.in <p>If after having followed the above steps you are not happy with the resolution and your issue remains unresolved, you may approach the Insurance Ombudsman for Redressal.</p>	VI. Conditions			

12	Grievances/ Complaints	<p>a. Details of Grievance redressal officer - https://www.sbigeneral.in/portal/grievance-redressal</p> <p>b. IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/</p> <p>Insurance Ombudsman — The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document</p>	VI. Conditions
13	Insured's Rights	<p>1. Free Look period of 15 days from the date of receipt of the policy shall be applicable at the inception.</p> <p>2. Right to migrate from one product to another product of the company For Queries related to migration contact below:- Toll free no. – 1800-22-1111 Email Id- Customer.care@sbigeneral.in</p> <p>3. Right to port the from one company to another company. For Queries related to portability contact below:- Toll free no. – 1800-22-1111 Email Id- Customer.care@sbigeneral.in</p>	VI. Conditions
14	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.	

Benefit Illustration :

AROGYA PREMIERE										
	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	Premiu m (Rs.)	Sum Insured (Rs.)	Premi um (Rs.)	Discou nt, if any Family memb er discou nt)	Premi um after Discou nt (Rs.)	Sum Insured (Rs.)	Premi um or consoli dated premi um for all memb ers of family (Rs.)	Floater discou nt if any	Premi um after discou nt (Rs.)	Sum Insured (Rs.)
35 yrs	9385	10,00,000	9385	7.50%	8681	10,00,000	9385	20%	26909	10,00,000
30 yrs	9385	10,00,000	9385	7.50%	8681	10,00,000	9385			
15 yrs	7433	10,00,000	7433	7.50%	6875.5	10,00,000	7433			
10 yrs	7433	10,00,000	7433	7.50%	6875.5	10,00,000	7433			
Total Premium for all members of the Family is Rs. 33636/- when each member is covered separately. Sum Insured available for each individual is Rs.10,00,000/-			Total Premium for all members of the Family is Rs. 31113/- when they are covered under a single policy. Sum Insured available for each family member is Rs. 10,00,000/-				Total Premium when policy is opted on floater basis is Rs. 26909/- Sum Insured of Rs. 10,00,000/- is available for the entire family.			
<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 Premiere Plan.</div><div><input type="checkbox"/> Family size is considered 4 members = 2 A + 2 Dependent Child</div><div><input type="checkbox"/> Illustration is given for Sum Insured 10 Lac</div><div><input type="checkbox"/> please note above rates are exclusive GST.</div></div>										

(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Customer Information Sheet and the policy document the terms and conditions mentioned in the policy document shall prevail.