

AROGYA SANJEEVANI POLICY, SBI GENERAL INSURANCE COMPANY LIMITED

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

SI. No.	Title	Description (Please refer to applicable policy clause number in next column)			Policy Clause Number	
1.	Name of Insurance Product/ Policy	Arogya Sanjeevani Policy, SBI General Insurance Company Limited				
2.	Policy Number	xxxxxxx	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
3.	Type of Insurance Product/ Policy	Indemnity	Indemnity			
4.	Sum Insured	Individual Sum Insured				
	(Basis)	Sr. No.	Insured Name	Base Sum Insured		
		Sr. No. Note: This policy sch	edule for cover wise lim			
5.	Policy Coverage (What the Policy Covers)	 Covers Expenses in respect of: Hospitalization - Admission in hospital beyond 24 hours. AYUSH Treatment - Covers medical expenses incurred for inpatient care treatment under Ayurveda/ Unani/ Siddha /Homeopathic. Cataract Treatment - Expenses incurred on treatment of cataract. Pre-hospitalization - Covered prior to 30 days of hospitalization. Post-hospitalization - Covered post 60 days of hospitalization. Advanced Treatment - Covered up to 50% of sum insured. 			4. Coverage	

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6.	Exclusions (What the policy does not cover)	Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions: a) Investigation and Evaluation (Code-Excl 04) b) Rest Cure, rehabilitation, and respite care (Code-Excl 05) c) Obesity / Weight Control (Code-Excl 06) d) Change of Gender Treatments (Code-Excl 07) e) Cosmetic or Plastic Surgery (Code-Excl 08) f) Hazardous or Adventure Sports (Code-Excl 09) g) Breach of Law (Code-Excl 10) h) Excluded Providers (Code-Excl 11) i) Treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code-Excl 12) j) Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds. k) Dietary supplements and substances that can be purchased without prescription l) Refractive Error (Code-Excl 15) m) Unproven Treatments (Code-Excl 16) n) Sterility and Infertility (Code-Excl 17)	7. Exclusions
7.	Waiting period	 Initial Waiting Period: 30 Days Specific Waiting Periods 24 months for 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 etc. (not applicable for claims arising due to accident). 48 months: Internal Congenital Anomalies. Pre-Existing diseases: 48 months. 	6. Waiting Period
8.	Financial Limits of the Coverage	 The policy will pay only up to the limits specified hereunder for the following diseases/procedures: a) Cataract — Up to 25% of Sum Insured or Rs.40,000/whichever is lower. b) Modern treatment methods and Advancements in technology: Up to 50% of the Sum insured. In case of a claim, this policy requires you to share the following costs: I. Sum Limit: Expenses exceeding the following Sub-limits: a) Room Charges (Hospitalization): I. Room Rent - Up to 2% of SI, subject to max of INR 5,000 per day II. ICU charges - Up to 5% of SI subject to max of INR 10,000 	12. Table of Benefits

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		per day. In case Room/ICU/ICCU rent exceeds the limits specified the claim shall be subject to the proportionate deduction. II. Co-Pay: 5% on all claims				
9.	Claims/ Claims Procedure	 a. For Cashless Service: Insured may refer Pre-Authorization form attached as Annexure-C to the Policy Wordings and for updated Hospital Network details refer the link: https://www.sbigeneral.in/portal/contact-us/hospital b. For Reimbursement of Claim: For reimbursement of claims the Insured Person may submit the necessary documents to TPA/Company within the prescribed time limit as specified hereunder. 			9. Claim Procedure	
		Sr. No.	Type of Claim		Prescribed Time limit	
		1.	Reimbursement of hospitalization, day and pre hospitalization expenses	/ care	Within fifteen days from completion of hospitalization	
		2.	Reimbursement of expenses post-hospitalization trea		Within fifteen days from completion of post-hospitalization	
		For de	tails on claim procedure please refer the policy document			
			spital Network detail ps://www.sbigenera		e obtained from link: rtal/contact-us/hospital	
		cla	ims will be accepted	by the i	klisted or from where no nsurer is available in below n/contact-us/hospital	
		_	nim forms can be down		d from below link: im/claims-form-download	
		Note: For cover wise claims procedure, please refer to policy wordings.				
10.	Policy Servicing	Email: Toll-Free number		180010	y to Saturday)	
		Webs	ite:	www.sb	igeneral.in	
11.	Grievances/ Complaints	Red 022	dressal Officer at: gr 2-45138021			11. Redressal of Grievance
		Address: Grievance Redressal Officer, 9 th Floor, A & B Wing, Fulcrum Building, Sahar Road, Andheri (East), Mumbai 400 099				

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		List of Grievance Redressal Officers at Branch: https://content.sbigeneral.in/uploads/0449cac1bcd144 bbb160d3f6b714fbbd.pdf/ In case, you are not satisfied with the decision / resolution provided by above authorities you may register your complaint with IRDAI by visiting the below site: https://bimabharosa.irdai.gov.in/Home/Home If your grievance remains unresolved from the date of filing your first complaint or is partially resolved, you may approach the Insurance Ombudsman falling in your jurisdiction for Redressal of your Grievance. The details of the Insurance Ombudsman can be accessed at https://www.cioins.co.in/Ombudsman	
12.	Things to remember	 Free Look Cancellation: The insured will be allowed a period of at least 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable. For detailed conditions and refund summary, please refer to policy wordings. Policy renewal: The policy shall ordinarily be renewable except on misrepresentation by the insured person on grounds of fraud. Migration: The insured person will have the option to migrate the Policy to other health insurance products/ plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAl guidelines on Migration. For Detailed Guidelines on Migration, kindly refer the link: https://content.sbigeneral.in//uploads/c6a2844dd65446 019b130ffbae1fa20f.pdf 	10. General Terms & Conditions
		 Portability: The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. For Detailed Guidelines on portability, kindly refer the link: https://content.sbigeneral.in//uploads/c6a2844dd65446 019b130ffbae1fa20f.pdf Change of Sum Insured: Sum insured can be changed (increased/ decreased) only at the time of renewal or at any time, subject to underwriting by the Company. For any increase in SI, the waiting period shall start afresh only for the enhanced portion of the sum insured. Moratorium Period: After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the 	

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		first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.			
13.	Your Obligations	 The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact. The Company should be notified in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report at each Renewal. 	10. General Terms & Conditions, Clause 10.1, Clause 10.3		
Declaration by the Policy Holder: I have read the above and confirm having noted the details Place:					
Date:/ Signature of the Policyholder					

Note: For product related documents including Customer Information Sheet, kindly refer to the

below link: https://www.sbigeneral.in/downloads

Disclaimer: Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400 099. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | Arogya Sanjeevani Policy, SBI General Insurance Company Limited UIN: SBIHLIP20180V011920 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Co. Ltd. under license.