

Prospectus

This document is only a summary of the features of the Policy. Actual benefits available are as mentioned in the Policy, and are subject to its terms, conditions and exclusions.

AROGYA PREMIER POLICY

High net worth clients are special, and this is also reflected in their healthcare requirements. SBI General Insurance brings Arogya Premier Policy to cater to the special healthcare requirements of high net worth individuals.



I. Who can take this insurance

Any Individual can take this Policy for himself and/or his family. The Policy will be sold to group but rating will be on individual basis only and no group discount is proposed and minimum group size is 10

1. "Family" means the spouse, dependent children, parents and parents-in-law.
2. Minimum entry age is 3 months and maximum entry age is 65 years. There is no exit age.

II. Scope of cover

1. **Eligible hospitalisation expenses:** - Insurer will reimburse following medical expenses while Insured was under inpatient care:
 - a. Room rent, boarding expenses
 - b. Medical practitioners fees(Including Teleconsultation)
 - c. Intensive care unit
 - d. Nursing expenses
 - e. Anesthesia, blood, oxygen, operation theatre expenses, surgical appliances, medicines & consumables, diagnostic expenses and x-ray, dialysis, chemotherapy, radiotherapy, cost of pacemaker, prosthesis/internal implants and any medical expenses incurred which is integral part of the operation
 - f. Physiotherapy as inpatient care and being part of the treatment
 - g. Drugs, medicines and consumables consumed during hospitalization period
 - h. Diagnostic procedures
 - i. Dressing, ordinary splints and plaster casts.

2. **Pre-hospitalisation expenses:** - the maximum amount that Insurer will reimburse under this head is limited to 60 days for each of the admitted hospitalisation and domiciliary hospitalization claims under the Policy.
3. **Post-hospitalisation expenses:** - the maximum amount that Insurer will reimburse under this head is limited to 90 days for each of the admitted hospitalisation and domiciliary hospitalization claims under the Policy.
4. **Day care expenses:** Insurer shall pay for day care expenses incurred on technological surgeries and procedures requiring less than 24 hours of hospitalisation up to the Sum Insured. Day care treatments are listed in annexure C of policy wording.
5. **Ambulance expenses:** - Actual ambulance expenses including air ambulance or INR 1,00,000 whichever is lower will be reimbursed for per valid hospitalization claim for transferring insured to or between Hospitals in the Hospital's ambulance or in an ambulance provided by any ambulance service provider
6. **Alternative treatment:** - Insurer will reimburse expenses for alternative treatment taken in a government hospital or in any institute recognized by government and/or accredited by quality council of India/national accreditation board on health.
7. **Domiciliary hospitalisation:** - Insurer will cover reasonable and customary charges towards domiciliary hospitalisation including pre and post hospitalization expenses.

Domiciliary hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

- a. The condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
 - b. The patient takes treatment at home on account of non availability of room in a hospital.
8. **Maternity Expenses:** - Insurer will cover reasonable and customary charges towards maternity expenses during hospitalisation.
 9. **Organ donor:** - The medical expenses for an organ donor's treatment for the harvesting of the organ donated including pre and post hospitalization as stated in scope of cover above, provided that:
 - a. The organ donor is any person whose organ has been made available in accordance and in compliance with the Transplantation of Human Organs Act 1994 and the organ donated is for the use of the Insured, and
 - b. Insurer has accepted an inpatient hospitalisation claim under "Inpatient care" as mentioned under "Eligible hospitalisation expenses".
 10. **Health check up:** the Insurer will reimburse health check up expenses up to INR.5000/- per Insured, after each 4 consecutive claim free years of Policy renewed continuously.

Entitlement of free health check up will be considered separately for each and every Insured. If claim is made by any of Insured in case of family floater cover, then the policy period will not be considered claim free for all of family members.

11. **Reinstatement of Sum Insured:** - the Insurer will reinstate the Sum Insured up to 100% of the basic sum Insured when the Sum Insured gets reduced due to claim.
12. **Cumulative Bonus:** - 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.

Entitlement of cumulative bonus will be considered separately for each and every Insured but in case of family floater cover If claim is made by any of Insured, then in the subsequent policy period the cumulative bonus will be decreased by 10% of the Sum Insured.

In case of long term policy cumulative bonus will be allowed or reduced, as the case may be, at the end of every 'policy year'.

Admissibility of certain incidental expenses will be as per Standard List of Excluded expenses in Hospitalisation indemnity policies as per IRDA health Insurance guidelines – listed in annexure B of policy wording.

13. **HIV/AIDS Cover:** We will cover expenses incurred for Inpatient treatment due to any condition caused by or associated with human immunodeficiency virus or variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS upto the Limit Rs.1,00,000 except for the conditions which are permanently excluded.
14. **Mental Illness Cover:** We will cover for the expenses incurred for the inpatient Treatment for any mental illness or psychiatric or psychological ailment / condition upto the limit Rs.1,00,000
15. Genetic Disorders or Diseases are covered up to the Limit Rs. 1,00,000
16. Internal Congenital Diseases are Covered upto the Limit Rs. 10% of Sum Insured.
17. 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 -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 Prostrate (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

III. Exclusions

Time based Exclusions

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. Specified disease/procedure waiting period- (Code- Excl02)

- a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 90 Days/12 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) 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.
- f) List of specific diseases/procedures
 - i. 12 Months waiting Period
 - Any types of gastric or duodenal ulcers;
 - Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty;
 - Surgery on all internal or external tumour /cysts/nodules/polyps of any kind including breast lumps;
 - All types of Hernia and Hydrocele;
 - Anal Fissures, Fistula and Piles;
 - Cataract;
 - Benign Prostatic Hypertrophy;
 - Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus;
 - Non infective Arthritis, Treatment of Spondylosis / Spondylitis, Gout & Rheumatism;

- Surgery of Genitourinary tract;
 - Calculus Diseases;
 - Sinusitis, nasal disorders and related disorders;
 - Gall bladder stones
 - Surgery for prolapsed intervertebral disc unless arising from accident;
 - Vertebro-spinal disorders (including disc) and knee conditions;
 - Surgery of varicose veins and varicose ulcers;
 - Chronic Renal failure;
 - Medical Expenses incurred in connection with joint replacement surgery due to Degenerative condition, Age related osteoarthritis and Osteoporosis unless such Joint replacement surgery unless necessitated by accidental bodily injury.
- ii. 90 Days Waiting Period
- Hypertension, Heart Disease and related complications;
 - Diabetes and related complications;

3. 30-day waiting period- (Code- Excl03)

- 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.
 - This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
 - The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.
- 4. Maternity Expenses -** Insurer shall not be liable to make any payment under this Policy in connection with or in respect of maternity expenses within first 9 months from the date of inception of the Policy. However this 9 months exclusion would not be applicable in case of continuous renewal within grace period, up to Sum Insured and/or limit under previous policy.

Other Exclusions

2. Treatment taken outside India.
3. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.
4. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials.
5. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or, as may be necessitated due to an accident

6. Refractive Error: (Code- Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

7. 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.

8. The cost of spectacles, contact lenses, hearing aids, crutches, wheelchairs, artificial limbs, dentures, artificial teeth and all other external appliances , prosthesis and/or devices.

9. Expenses incurred on items for personal comfort like television, telephone, etc. Incurred during hospitalization and which have been specifically charged for in the hospitalisation bills issued by the hospital/nursing home.

10. External medical equipment of any kind used at home as post hospitalisation care including cost of instrument used in the treatment of sleep apnoea syndrome (C.P.A.P), continuous ambulatory peritoneal dialysis (C.A.P.D) and oxygen concentrator for bronchial asthmatic condition.

11. Dental treatment or surgery of any kind unless required as a result of accidental bodily injury to teeth requiring hospitalization treatment.

12. Convalescence, general debility, "run-down" condition, rest cure, i/external congenital anomaly.

13. Intentional self-injury and suicide (including but not limited to the use or misuse of any intoxicating drugs or alcohol)

14. 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.

15. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Code- Excl12)**

16. Venereal disease or any sexually transmitted disease or sickness. (excluding HIV / AIDS as mentioned under scope of cover)

17. Outpatient department treatment

18. 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

19. Vaccination or inoculation except as part of post-bite treatment for animal bite.

20. 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)**

21. Surgery to correct deviated septum and hypertrophied turbinate unless necessitated by an accidental

- body injury.
22. Medical practitioner's home visit expenses during pre and post hospitalization period, attendant nursing expenses.
23. **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 Outpatient department treatment
24. **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.
25. Stay in a hospital without undertaking any active regular treatment by the medical practitioner, which ordinarily cannot be given without hospitalization.
26. Expenses incurred at hospital or nursing home primarily for diagnosis irrespective of 24 hours hospitalization without diagnosis of any disease which does require any follow up treatment covered under this policy.
27. 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)**
28. **Rest Cure, rehabilitation and respite care (Code- Excl05)**
- i. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. 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.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
29. **Investigation & Evaluation (Code- Excl04)**
1. Expenses related to any admission primarily for diagnostics and evaluation purposes.
 2. Any diagnostic expenses which are not related or not incidental to the Current diagnosis and treatment
30. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.
31. **Obesity/ Weight Control: (Code- Excl06)**
Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
- 1) Surgery to be conducted is upon the advice of the Doctor
 - 2) The surgery/Procedure conducted should be supported by clinical protocols
 - 3) 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 co-morbidities

following failure of less invasive methods of weight loss:

- i. Obesity-related cardiomyopathy
- ii. Coronary heart disease
- iii. Severe Sleep Apn
- iv. Uncontrolled Type2 Diabetes

32. 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.

- 33. Disease / illness or injury whilst performing duties as a serving member of a military or police force.
- 34. Any kind of, surcharges, admission fees / registration charges etc levied by the hospital.
- 35. 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.

IV. Basis of Claim Settlement

Claim will be settled on indemnity basis maximum up to the Sum Insured.

V. Position after a claim

As from the day of receipt of the claim amount by the Insured, the Sum Insured for the remainder of the Policy Period shall stand reduced by a corresponding amount. However if Insured opts, Sum Insured can be reinstated to original Sum Insured under the Policy, at prorata premium from the date of such loss to the expiry of Policy.

VI. Deductible/Co-Pay

There is no Co-Pay or Deductible under the Policy.

VII. Medical Examination

Proposer with age over 55 years will be subjected to pre-acceptance medical examination. Underwriter will decide acceptance or rejection of the proposal based on relevant tests from the list below.

However, 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.

Medical report is valid for one month.

Medical Test

Medical Examination	Fasting Blood Sugar
Complete Blood Count	Routine Urine Examination
Erythrocyte Sedimentation Rate	Electrocardiogram
Complete Eye Test	Treadmill Test
Chest X-Ray	Liver function tests
Glycosylated Haemoglobin A1C	Lipid profile test
Total proteins(Serum Albumin+ Globulin)	serum creatinine test
Australia Antigen Test	

VIII. Sum Insured

Minimum SI: INR.10,00,000 to Maximum SI: INR 30,00,000 in multiples of INR 1,00,000/-.

Sum Insured of dependents will either be less than or equal to Proposer/Primary Insured's Sum Insured.

IX. Mid-term increase and decrease in Sum Insured

Mid-term increase and decrease in Sum Insured is not allowed

X. Short period rate

Period on Risk	Required % of Annual Premium
Not exceeding 1 month	25%
Exceeding 1 month but not exceeding 3 months	50%
Exceeding 3 months but not exceeding 6 months	75%
Exceeding 6 months	100%

XI. Policy Period

Arogya Premier Policy to Individual will be issued for period of one year, two years or three years and Arogya Premier Policy to group will be issued only for one year.

XII. Cancellation.

- 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.

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

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.

- 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.

Cancellation of long term Policies:

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.

Example:-	
Insured aged 25 years purchased Arogya Premier Policy policy for sum insured of INR 10,00,000 for three year :-	
	Premium in INR
One year premium from the table	8,938
Premium for three year	26,814
Long term discount @ 7.5%	2,011
Net Premium before Service Tax	24,803
Insured opted to cancel the policy in first month of second year of the policy	
Readjustment of Long term discount	
Long term Discount allowed at the time of issuance of policy	2,011
Less:- Eligible long term discount Insured is not eligible for any long term discount because insured did not keep the policy for minimum period required for eligibility of long term discount which is two years)	-
Long term discount to be taken back	2,011
Refund Calculation	
Net Premium before Service Tax and after eligible Long term discount	26,814
Refund of first year	-
Add:- Refund of second year	6,704
Add:- Refund of third year	8,938
Less :- Long term discount to be taken back	2,011
Total Refund on cancellation	13,630

SBI General Insurance Company Limited - Prospectus

Corporate & Registered Office:  'Natraj', 301, Junction of Western Express Highway & Andheri - Kurla Road, Andheri (E), Mumbai - 400 069 | CIN: U66000MH2009PLC190546 |  Tel.: +91 22 42412000 |  www.sbigeneral.in | Logo displayed belongs to State Bank of India and is used by SBI General Insurance Co. Ltd. under license | IRDAI Registration Number 144 | Product Name - Arogya Premier Policy | UIN: SBIHLIP21332V022021 | IRDAI Reg No 144

XIII. Termination of Policy

This Policy terminates on earliest of the following events-

- a. Cancellation of Policy as per the cancellation provision.
- b. On the Policy expiry date.

XIV. Tax Relief under Income-Tax Act –

Certificate of premium paid will be issued to avail Tax deduction under relevant section of Income-Tax Act.

XV. Cumulative Bonus

On every renewal of claim free policy, a cumulative bonus of 10% of Sum Insured will be given up to maximum of 50%. Accumulated cumulative bonus will be reduced by 10% of Sum Insured on every renewal of policy with claim but accumulated cumulative bonus cannot be negative.

Cumulative bonus will be given on Sum Insured under the Policy issued by us which was claim free and renewed with us.

The accumulated cumulative bonus is available to the Insured person only upon exhaustion of the basic Sum Insured under the Policy

Entitlement of cumulative bonus will be considered separately for each and every Insured but in case of family floater cover If claim is made by any of Insured, then in the subsequent policy period the cumulative bonus will be decreased by 10% of the Sum Insured.

XVI. Renewal

The policy shall ordinarily be renewable except on misrepresentation by the insured person. grounds of fraud,

- 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

XVII. Enhancing Sum Insured

Midterm revision of Sum Insured is not allowed, change in sum insured is allowed only on renewals after medical underwriting applicable to similar new business proposal of comparative age.

XVIII. Additions/Deletions of Insured during the Policy Period

Inclusion of family members for the proposed coverage is allowed only at application time or when eligible (eg, new-born after 3 months), otherwise inclusion should only be done at renewal time. Cover from any Insured person can be withdrawn by Insured giving 15 days written notice in this regard to the Insurer.

XIX. Payment of Premium

Premium should be paid in advance and payment of premium in instalments is not allowed.

XX. Renewal Premium -guaranteed or not

Renewal premium will be charged as per the age at the time of renewal as per the table provided under Appendix 1 subject to Loading and Discount, however the same may be changed as mentioned under “Revision in Policy and rates”.

XXI. Premium at different age and Sum Insured

Based on age and Sum Insured of individual Insured, basic Premium will be determined as per “Appendix 1”.

XXII. Rating Basis

Pricing Criteria	Rank by Priority/Weight age
Age	1
Sum Insured	2
No of family member covered	3
Family (non floater)/Family (Floater)	4
Policy Period	5

XXIII. Loading

Basic Premium will be loaded by 5% each for habit of smoking, alcohol and any other type of tobacco including betel nut in any form for which prior consent will taken from insured.

XXIV. Discount

Base on type of Family cover (if any), number of family members covered and Policy duration etc following discount will applied.

1. Family (floater) Discount
 - 2 Members = 10% discount
 - 3 Members = 15% discount
 - 4 or more Members = 20% discount.
2. Family (non floater) discount
 - 2 member = 5%.
 - >2 members = 7.5%.
3. Long term discount
 - 2 year = 5%
 - 3 year = 7.5%

4 Discount for Direct Business = 15%

XXV. Possibility of Revision of Terms of the Policy Including the Premium Rates

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 effected.

XXVI. 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. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

XXVII. 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 IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

XXVIII. Withdrawal of product:

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

XXIX. Claims Procedures:**a. Claims Procedure for Reimbursement :**

- ii) The Insured shall without any delay consult a doctor and follow the advice and treatment recommended, take reasonable steps to minimize the quantum of any claim that might be made under this Policy and intimation to this effect must be forwarded to administrator accordingly.
- iii) The Insured must provide intimation to administrator immediately and in any event within 48 hours from the date of Hospitalisation. However the administrator at his sole discretion may relax this condition subject to a justifiable reason/evidence being

produced by the Insured on the reasons for such a delay beyond the stipulated 48 hours up to a maximum period of 7 days.

- iv) The Insured has to file the claim with all necessary documentation within 15 days of discharge from the hospital, provide administrator with written details of the quantum of any claim along with all the original bills, receipts and other documents upon which a claim is based and shall also give administrator such additional information and assistance as administrator may require in dealing with the claim. In case of delayed submission of claim and in absence of a justified reason for delayed submission of claim, the administrator would have the right of not considering the claim for reimbursement.
- v) In respect of post hospitalization claims, the claims must be lodged within 15 days from the completion of post hospitalisation treatment subject to maximum of 105 days from the date of discharge from hospital.
- vi) The Insured shall submit himself for examination by the administrator's medical advisors as often as may be considered necessary by the administrator for establishing the liability under the Policy. The administrator will reimburse the amount towards the expenses incurred for the said medical examination to the Insured.
- vii) The Insured must submit all original bills, receipts, certificates, information and evidences from the attending medical practitioner /hospital /diagnostic laboratory as required by administrator.
- viii) On receipt of intimation from the Insured regarding a claim under the Policy, administrator is entitled to carry out examination and obtain information on any alleged Injury or disease requiring hospitalisation if and when Insurer may reasonably require.

b. Claims procedure for Cashless:

- i) Prior to taking treatment and/or incurring medical expenses at a network hospital, Insured must call administrator and request pre-authorization by way of the written form administrator will provide.
- ii) After considering Insured's request and after obtaining any further information or documentation administrator has sought, administrator may if satisfied send Insured or the network hospital, an authorisation letter. The authorisation letter, the ID card issued to Insured along with this Policy and any other information or documentation that administrator has specified must be produced to the network hospital identified in the pre-authorization letter at the time of Insured's admission to the same.
- iii) If the procedure above is followed, Insured will not be required to directly pay for the medical expenses in the network hospital that Insurer is liable to indemnify under cover IV.1 above and the original bills and evidence of treatment in respect of the same shall be left with the network hospital. Pre-authorization does not guarantee that all costs and expenses will be covered. administrator reserves the right to review each claim for medical expenses and accordingly coverage will be determined according to the terms and conditions of this Policy. Insured will, in any event, be required to settle all other expenses directly.

c. Claims Submission:

The Insured will submit the claim documents to administrator. Following is the document list for claim submission:

- i) Duly filled Claim form,

- ii) Valid Photo Identity Card, residence proof and 2 recent photos of Insured and/or his nominee.
 - iii) Original Discharge card/certificate/ death summary
 - iv) Copies of prescription for diagnostic test, treatment advise, medical references
 - v) Original set of investigation reports
 - vi) Itemized original hospital bill and receipts Hospital and related original medical expense receipt Pharmacy bills in original with prescriptions
- d. Claims processing:** on receipt of claim documents from Insured, administrator shall assess the admissibility of claim as per policy terms and conditions. Upon satisfactory completion of assessment and admission of claim, the Insurer will make the payment of claim as per the contract only in Indian Rupees and within India only. In case if the claim is repudiated Insurer will inform the claimant about the same in writing with reason for repudiation.
- e. Penal interest provision:**
- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
 - ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2o/o above the bank rate.
 - iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
 - iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2o/o above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- f. Position after a claim:** As from the day of receipt of the claim amount by the Insured, the Sum Insured for the remainder of the Policy Period shall stand reduced by a corresponding amount.

Appendix I
Premium Rates Exclusive of GST:

Age	1,00,000	1,10,000	1,20,000	1,30,000	1,40,000	1,50,000	1,60,000	1,70,000	1,80,000	1,90,000	2,00,000
3m-18Y	7,433	7,718	7,979	8,220	8,445	8,654	8,850	9,034	9,207	9,370	9,525
19Y-35Y	9,385	9,686	9,963	10,219	10,456	10,677	10,885	11,080	11,263	11,436	11,598
36Y-40Y	10,317	10,734	11,116	11,469	11,798	12,103	12,390	12,660	12,913	13,151	13,376
41Y-45Y	12,452	12,981	13,467	13,916	14,334	14,722	15,085	15,428	15,749	16,051	16,337
46Y-55Y	17,374	18,125	18,814	19,449	20,041	20,593	21,109	21,594	22,050	22,479	22,884
56Y-60Y	26,763	27,936	29,013	30,006	30,932	31,792	32,598	33,356	34,069	34,740	35,372
61Y-65Y	33,947	35,444	36,816	38,084	39,264	40,361	41,390	42,357	43,265	44,121	44,927
66Y-70Y	40,737	42,532	44,180	45,699	47,117	48,433	49,668	50,828	51,918	52,945	53,913
71Y-75Y	48,884	51,038	53,016	54,839	56,539	58,120	59,601	60,993	62,302	63,534	64,696
76Y-80Y	58,660	61,247	63,618	65,808	67,848	69,744	71,522	73,192	74,763	76,241	77,635
81Y-85Y	70,392	73,496	76,342	78,969	81,417	83,693	85,826	87,831	89,715	91,489	93,161
86Y-90Y	84,470	88,195	91,610	94,763	97,700	100,431	102,991	105,398	107,659	109,787	111,795
91Y-95Y	101,365	105,834	109,933	113,715	117,240	120,518	123,589	126,477	129,190	131,745	134,153
96Y-100Y	121,638	127,001	131,919	136,458	140,688	144,622	148,307	151,772	155,028	158,093	160,984
101Y-105Y	145,966	152,401	158,303	163,750	168,826	173,546	177,969	182,127	186,034	189,712	193,180
106Y-110Y	175,159	182,881	189,964	196,500	202,591	208,255	213,563	218,552	223,241	227,654	231,816
111Y-115Y	210,190	219,457	227,956	235,800	243,110	249,906	256,276	262,263	267,889	273,185	278,180

Age	2,10,000	2,20,000	2,30,000	2,40,000	2,50,000	2,60,000	2,70,000	2,80,000	2,90,000	3,00,000
3m-18Y	9,668	9,806	9,937	10,061	10,178	10,290	10,396	10,499	10,598	10,692
19Y-35Y	11,752	11,897	12,035	12,165	12,290	12,408	12,521	12,629	12,734	12,834
36Y-40Y	13,587	13,788	13,979	14,160	14,331	14,495	14,651	14,802	14,946	15,084
41Y-45Y	16,606	16,861	17,103	17,333	17,552	17,760	17,957	18,148	18,331	18,507
46Y-55Y	23,265	23,626	23,970	24,297	24,606	24,901	25,181	25,452	25,711	25,961
56Y-60Y	35,968	36,533	37,070	37,581	38,064	38,525	38,962	39,386	39,791	40,181
61Y-	45,687	46,408	47,094	47,744	48,360	48,947	49,506	50,046	50,563	51,060

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65Y										
66Y-70Y	54,825	55,689	56,512	57,292	58,032	58,737	59,408	60,056	60,675	61,273
71Y-75Y	65,789	66,827	67,814	68,751	69,638	70,484	71,290	72,067	72,811	73,527
76Y-80Y	78,947	80,193	81,377	82,501	83,566	84,581	85,548	86,480	87,373	88,233
81Y-85Y	94,736	96,231	97,653	99,001	100,279	101,497	102,656	103,776	104,848	105,880
86Y-90Y	113,684	115,477	117,183	118,801	120,335	121,797	123,188	124,531	125,817	127,055
91Y-95Y	136,420	138,573	140,620	142,562	144,402	146,156	147,825	149,437	150,981	152,466
96Y-100Y	163,704	166,287	168,743	171,073	173,283	175,387	177,391	179,324	181,176	182,959
101Y - 105Y	196,446	199,544	202,493	205,289	207,939	210,464	212,869	215,189	217,412	219,552
106Y - 110Y	235,734	239,454	242,991	246,346	249,527	252,558	255,443	258,228	260,894	263,462
111Y - 115Y	282,882	287,344	291,589	295,615	299,433	303,069	306,532	309,873	313,072	316,155

Premium Rates Inclusive of GST:

Age	1,000,000	1,100,000	1,200,000	1,300,000	1,400,000	1,500,000	1,600,000	1,700,000	1,800,000	1,900,000	2,000,000
3m-18Y	8,771	9,107	9,415	9,700	9,965	10,212	10,444	10,660	10,865	11,057	11,239
19Y-35Y	11,074	11,430	11,757	12,058	12,338	12,599	12,845	13,074	13,291	13,494	13,686
36Y-40Y	12,174	12,666	13,117	13,534	13,921	14,282	14,620	14,939	15,237	15,518	15,784
41Y-45Y	14,693	15,318	15,891	16,420	16,914	17,372	17,801	18,205	18,584	18,941	19,278
46Y-55Y	20,502	21,388	22,200	22,950	23,649	24,299	24,909	25,481	26,019	26,526	27,003
56Y-60Y	31,581	32,965	34,235	35,407	36,500	37,514	38,466	39,361	40,202	40,994	41,739
61Y-65Y	40,057	41,824	43,443	44,939	46,331	47,626	48,840	49,981	51,053	52,063	53,014
66Y-70Y	48,069	50,188	52,132	53,925	55,598	57,151	58,608	59,978	61,264	62,475	63,618
71Y-75Y	57,683	60,225	62,558	64,710	66,716	68,581	70,329	71,972	73,516	74,971	76,341
76Y-80Y	69,219	72,271	75,070	77,653	80,060	82,298	84,396	86,367	88,221	89,964	91,609
81Y-85Y	83,063	86,725	90,084	93,184	96,072	98,758	101,275	103,641	105,864	107,957	109,930
86Y-90Y	99,675	104,070	108,100	111,820	115,286	118,509	121,530	124,370	127,037	129,549	131,918
91Y-95Y	119,611	124,884	129,721	134,184	138,343	142,211	145,835	149,243	152,444	155,459	158,301
96Y-100Y	143,533	149,861	155,664	161,020	166,012	170,654	175,003	179,091	182,933	186,550	189,961
101Y-105Y	172,240	179,833	186,798	193,225	199,215	204,784	210,003	214,910	219,520	223,860	227,952

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106 Y- 110 Y	206,68 8	215,79 9	224,15 7	231,87 0	239,05 8	245,74 1	252,00 4	257,89 2	263,42 4	268,63 1	273,54 3
111 Y- 115 Y	248,02 4	258,96 0	268,98 8	278,24 3	286,86 9	294,88 9	302,40 5	309,47 0	316,10 9	322,35 8	328,25 2

Age	2,100,00 0	2,200,00 0	2,300,00 0	2,400,00 0	2,500,00 0	2,600,00 0	2,700,00 0	2,800,00 0	2,900,00 0	3,000,00 0
3m-18Y	11,409	11,571	11,726	11,872	12,010	12,142	12,267	12,389	12,505	12,617
19Y-35Y	13,867	14,038	14,201	14,355	14,502	14,641	14,775	14,903	15,027	15,144
36Y-40Y	16,033	16,269	16,495	16,709	16,911	17,104	17,288	17,466	17,636	17,799
41Y-45Y	19,595	19,896	20,182	20,453	20,711	20,956	21,189	21,415	21,630	21,839
46Y-55Y	27,453	27,879	28,285	28,670	29,035	29,383	29,714	30,033	30,339	30,634
56Y-60Y	42,442	43,109	43,743	44,345	44,915	45,459	45,976	46,475	46,953	47,414
61Y-65Y	53,910	54,761	55,570	56,337	57,065	57,757	58,418	59,054	59,664	60,251
66Y-70Y	64,693	65,713	66,684	67,605	68,478	69,310	70,101	70,866	71,597	72,302
71Y-75Y	77,631	78,856	80,021	81,126	82,173	83,172	84,122	85,039	85,917	86,762
76Y-80Y	93,158	94,627	96,025	97,351	98,608	99,805	100,946	102,047	103,100	104,114
81Y-85Y	111,789	113,553	115,231	116,822	118,329	119,767	121,135	122,455	123,720	124,938
86Y-90Y	134,147	136,263	138,276	140,185	141,996	143,720	145,362	146,947	148,464	149,925
91Y-95Y	160,976	163,516	165,932	168,223	170,395	172,464	174,434	176,336	178,157	179,910
96Y-100Y	193,171	196,219	199,117	201,867	204,473	206,956	209,322	211,603	213,788	215,892
101Y - 105Y	231,806	235,462	238,941	242,241	245,368	248,348	251,185	253,923	256,546	259,071
106Y - 110Y	278,167	282,555	286,729	290,688	294,442	298,018	301,423	304,709	307,854	310,885
111Y - 115Y	333,800	339,066	344,075	348,826	353,331	357,621	361,707	365,650	369,425	373,063

Insurance Act, 1938, Section 41-Prohibition of Rebates

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 or 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 prospectuses or tables of the Insurer

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2. Any person making default in complying with the provisions of this section shall be liable for a penalty, which may extend to Ten Lakh rupees.

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	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	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.			
<p><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.</p> <p><input type="checkbox"/> The above illustration is for Arogya Premiere Plan.</p> <p><input type="checkbox"/> Family size is considered 4 members = 2 A + 2 Dependent Child</p> <p><input type="checkbox"/> Illustration is given for Sum Insured 10 Lac</p> <p><input type="checkbox"/> please note above rates are exclusive GST.</p>										

SBI General Insurance Company Limited

'Natraj', 301, Junction of Western Express Highway & Andheri Kurla Road, Andheri (East),
Mumbai - 400 069