

What are the major Exclusions under this policy?

The Company will not be liable under the Policy in respect of payment towards treatment taken due to:

- Any condition, ailment or injury or related condition(s) for which you have been diagnosed, received medical treatment, had signs and / or symptoms, prior to inception of your first policy, until 48 consecutive months have elapsed, after the date of inception of the first policy with us.
- Any disease contracted during the first 30 days of commencement of the policy.
- Certain diseases/surgeries like Hernia, Hydrocele etc shall be covered after a waiting period of 1 year.
- Treatment with alternative medicines like acupuncture, acupressure, osteopath, naturopathy, chiropractic, reflexology and aromatherapy
- Treatment arising from or traceable to pregnancy (whether uterine or extra uterine) and childbirth including caesarean section, and/or any treatment related to prenatal and postnatal care.
- Congenital diseases
- All expenses related to AIDS and related diseases.
- Use/Abuse of intoxicating drugs or alcohol.

Disclaimer: The above information is only indicative in nature. For full details of the coverage & exclusions please contact our nearest office and refer to the policy.

The Fast, Fair & Transparent Claim procedure that will keep you in control

SBI General's dedicated and experienced claims team aim to deliver you a differentiated customer service of a fast, fair, convenient and transparent claims process for the management and settlement of your claim.

At SBI General, our philosophy is to always look for ways to pay valid claims in a fair and timely manner. Our claims service will:

- Provide assistance in emergency situations
- Keep you informed of the progress of your claim

What's more, our skilled staffs are empowered to act and make decisions, so that your claim is processed as quickly and efficiently as possible. This should help you get back in control as quickly as possible.

Your Policy Documents:

- You will receive the 'Certificate of Insurance' along with the

premium certificate for the benefit under Section 80D from SBI General's Operations Hub.

- The assigned Third party Administrator (TPA) will send you the 'Cashless Health Card' along with List of Network Hospitals in your area and the 'Claims Guidelines Booklet'. You will receive this directly from the TPA.
- You can identify the TPA who will service you in future by looking at the 'State Applicability' column on the TPA Contact Information Table provided at the back of this brochure.
- For any questions/query with respect to the 'Certificate of Insurance' or on any other issues related to SBI General Group Health Insurance Policy, you can contact us at 1800 102 1111 / 1800 22 111 or write to us on customer.care@sbigeneral.in
- For any request/query with respect to the 'Cashless Health Card' or Claims related issues, you are requested to get in touch with the TPA whose contact details are provided at the back of this brochure. If your request remains unresolved, you may approach SBI General through the Customer Care Numbers.

About SBI General Insurance

SBI General Insurance Company Limited is a joint venture between the State Bank of India and Insurance Australia Group (IAG). State Bank of India enjoys the largest banking franchise in India. Along with its 5 Associate Banks, SBI Group has the unrivalled strength of over 19,000 branches across the country, arguably one of the largest in the world.

Insurance Australia Group Limited (IAG) is an international general insurance group, with operations in Australia, New Zealand and Asia. IAG's businesses underwrite around A\$11 billion of premium per annum.

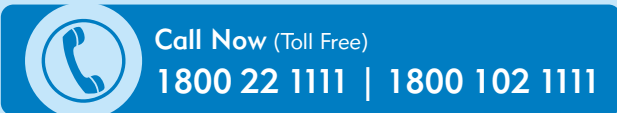
SBI General's current geographical coverage extends to 60+ cities pan India. We are currently serving 3 key customer segments i.e. Retail Segment (catering to Individual & Families), Corporate Segment (catering mid to large size Companies) and SME Segment. Current Policy offering of SBI General covers Motor, Health, Personal Accident, Travel & Home Insurance for Individuals and Aviation, Fire, Marine, Package, Construction & Engineering, Liability, Group Health, Group Personal Accident & Credit Insurance for Businesses.

This Certificate of Insurance will be issued to Account holders, if opted, under the Group Health Insurance Master Policies issued to State Bank of India and its Associate Banks. The Account holders may approach the nearest Bank Branch for understanding the benefits under this Policy. The above information is indicative in nature, for more details on complete coverage and terms & conditions, please read the policy document carefully before concluding a sale.

TPA CONTACT DETAILS

Name of the TPA	State Applicability		Contact Information
Medicare	Karnataka Orissa Kerala West Bengal Arunachal Pradesh Assam Manipur	Meghalaya Mizoram Nagaland Sikkim Tripura Bihar Jharkhand	Toll Free: 1800-345-3322 Fax No: 033-2289-2882 Tel. No.: 033-2281-2827 Email ID: medicareho@medicaretpa.co.in Website: www.medicaretpa.com
Paramount	Gujarat Chhattisgarh Madhya Pradesh Chandigarh Haryana Himachal Pradesh Jammu and Kashmir Punjab Pondicherry	Andhra Pradesh Goa Maharashtra Tamilnadu Uttar Pradesh New Delhi Rajasthan Uttarakhand	Toll Free: 1800 209 0221 Tel. No.: 022-66620808 Fax No: 022-2859543/9743 Email ID: contact.phs@paramounttpa.com Website: www.paramounttpa.com

For more details, contact:



sms 'HEALTH' to 561612 | www.sbigeneral.in



SBI General Insurance Company Limited
Corporate & Registered Office: 'Natraj', 101, 201 & 301, Junction of Western Express Highway & Andheri - Kurla Road, Andheri (East), Mumbai - 400 069.

IRDA Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546
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Your family's happiness is priceless.

Protect it with SBI General's Group Health Insurance Policy

Issued under the Group Health Insurance Master Policy issued to SBI & its Associate Banks covering Bank Account Holders



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SBI GENERAL'S GROUP HEALTH INSURANCE POLICY (FOR INDIVIDUALS & FAMILY)

We understand that people are unique and have varying levels of control over their health. Each of us would like to define a healthy life on our own terms. At SBI General, its our aim to partner with you & help you achieve better health & a sense of security along the way.

In times of rising health care costs, a sudden illness or injury can leave you financially devastated & highly stressed. With SBI General's Group Health Insurance Policy (for Individuals & Family) you can be in control by protecting & making medical treatment expenses more manageable, thus ensuring quality health care for you and your family.

What are the key benefits of the SBI General's Group Health Insurance Policy?

- No pre-policy medical test up to the age of 65 years for people with no medical history
- Just 1 year waiting period for specified diseases (Pre-existing diseases covered after 4 years)
- Renewal Guaranteed, if opted
- Multiple Coverage Options – Individual & Family Floater options for Sum Insured
- The premium paid is exempt from Income Tax under Sec 80 D of Income Tax Act (Tax benefits are subject to change in tax laws)
- Coverage of Pre and Post Hospitalisation Expenses - 30 days before and 60 days after the hospitalisation
- Cashless treatment at over 3,000 Network hospitals
- Wide Coverage – From Rs.100,000 up to Rs.500,000

What are the major covers provided by the SBI General's Group Health Insurance Policy?

This policy covers the following subject to the terms and conditions:

S.No.	Expense Heads	Expense Limit (Rs.)
1	Ambulance charges	1% of SI up to a max of Rs. 1500.
2	Domiciliary Hospitalisation	Reasonable and Customary Charges towards Domiciliary Hospitalisation as defined in Policy subject to 20% of the Sum Insured maximum up to Rs. 20000 whichever is less.



3	Co-Payment on claims in non-network hospitals.	10% on all eligible admissible claims.
4	Cashless facility	Across SBI General's Network Hospitals
5	Coverage for select Day Care Surgery procedures	Covers select Day Care Surgery where less than 24 hours hospitalisation for specified procedures like Dialysis, Chemotherapy, Radio therapy, Eye Surgery, Dental Surgery (Due to accident), Tonsillectomy, etc are covered.
6	Room boarding and Nursing charges ICU charges	1%/day for Non ICU and 2%/day for ICU. All incremental Expenses pertaining to room rent, medical practitioners / specialists fees and other incidental Expenses to be borne by the insured.

Pre-hospitalisation Expenses Coverage - 30 days prior to date of admission into the hospital.

Post-hospitalisation Expenses Coverage - 60 days after the date of discharge from the hospital.

Medical Practitioner and Specialists Fees.

Anesthesia, Blood, Oxygen, Operation Theatre charges, Surgical Appliances, Medicines & Drugs, Physiotherapy, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Prosthesis/Internal Implants and any medical expenses incurred which is integral part of the operation.

What is the minimum and maximum age at which one can enter and buy this policy?

The minimum age of entry for SBI General's Group Health Insurance Policy is 18 years. However children from the age of 3 months can be covered subject to either of the parents is concurrently covered with SBI General's Group Health Insurance Policy.

The Maximum age of entry for the policy for adults is 65 years and for children is 18 years.

Is there any long tenure plan options available under this Policy?

Currently SBI General's Group Health Insurance Policy is available for a one year period only.

What is the minimum & maximum coverage possible under this Policy?

The minimum coverage available for you and your family under this policy is for a Sum Insured of Rs.100,000. The Maximum coverage available under this policy is for a Sum Insured of Rs.500,000 subject to the Terms and Conditions of the Policy.

The following Terms & Conditions apply while Sum Insured is finalised:

- Even if multiple policies are taken through one or more than one account with State Bank of India for any reason, our liability will be restricted to only one Policy with the highest Sum Insured. All other policies shall be deemed as null and void. Premium paid for all such policies by Insured will be refunded after deduction of administrative expenses of Rs.150.
- In case of a Joint account, two separate policies may be issued in case both the account holders opt for respective Individual policies. However, only one policy will be allowed if Family Floater option is opted which can be extended to the family of any one of the joint account holders as per family definition.



- The premium at the time of the renewal of the policy would be the applicable premium at the date of renewal and as approved by IRDA. However, renewal will be subject to the Account of the Insured with State Bank of India being still live and operational.

- By Family we mean -
For Floater Policy - You, Your Legal Spouse and Legal & Dependent children.

Who can buy this Policy?

The Group Health Insurance Policy can be bought by any permanent Indian resident having a Account with SBI & its Associate Banks and aged between 18 years to 65 years.

Do I need to undergo Pre-acceptance Health Check-up compulsorily?

For people covered under SBI General's Group Health Insurance Master Policy issued to State Bank of India and who are less than or equal to 65 years of age Pre-acceptance Health Check is not mandatory.

What is SBI General's Policy on Renewal?

- This Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to Insurer on or before the date of expiry of the Policy or of the subsequent renewal thereof. However Insurer shall not be bound to give notice that such renewal premium is due. Also Insurer may exercise the option not to renew the policy on grounds of fraud, misrepresentation, or suppression of any material fact either at the time of taking the Policy or any time during the currency of the earlier policies.
- A Grace Period of 15 days is allowed for renewal of the policy. This will be counted from the day immediately following the premium due date during which a payment can be made to renew or continue the SBI General Health Insurance Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-existing condition/Diseases. The continuity of coverage for all the covers under the expiring policy will be subject to receiving appropriate premium for the same. Coverage is not available for the period for which no premium is received and Insurer has no liability for the claims arising during this period.
- No renewal receipt shall be valid unless it is on the printed form of insurer and signed by an authorised official of insurer.