

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.

Title	Description (Please refer to applicable policy clause number in next column)			Policy Clause Number
Name of Insurance Product/ Policy	Arogya Sanjeevani Policy, SBI General Insurance Company Limited			
Policy Number	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx			
Type of Insurance Product/ Policy	Indemnity			
Sum Individual Sum Insured				
(Basis)	Sr. No.	Insured Name	Base Sum Insured	
	Family Flo			
	Sr. No.	Insured Name	Base Sum Insured	
			•	
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 			4. Coverage
hospitalization. 5. Post-hospitalization – Covered post 60 days of				
	hospitalization. 6. Advanced Treatment – Covered up to 50% of sum insured.			
	Name of Insurance Product/ Policy Policy Number Type of Insurance Product/ Policy Sum Insured (Basis) Policy Coverage (What the Policy	Name of Insurance Product/ Policy Policy Sum Insured (Basis) Policy Sum Insured (Basis) Policy Coverage (What the Policy Covers) Policy Covers) Policy Covers E 1. Hospit 2. AYUS inpatie Siddha 3. Catara catara 4. Pre-hohospit 5. Post-hospit 5	Name of Insurance Product/ Policy Policy Policy Policy Name of Insurance Product/ Policy Policy Policy Number Type of Insurance Product/ Policy Sum Insured (Basis) Individual Sum Insured Sr. No. Insured Name Family Floater Sum Insured Sr. No. Insured Name Note: This is the base Sum Insured policy schedule for cover wise limited in the policy Sum Insured Insu	Pelicy Sr. No. Insured Name Base Sum Insured

SI. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
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). 36 months: Internal Congenital Anomalies. Pre-Existing diseases: 36 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 per day. 	12. Table of Benefits

SI. No.	Title	Description (Please refer to applicable policy clause number in next column)			Policy Clause Number		
		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 hospitaliza expenses	y care	Within fifteen days from completion of hospitalization		
		2.	Reimbursement of expenses post-hospitalization trea		Within fifteen days from completion of post-hospitalization		
		Tur	n Around Time (TA	T) for cla	im settlement		
			TAT for pre-authoriz nour from receipt of		cashless facility - within 1 e documents.		
			TAT for cashless fination receipt of comp		tlement - within 3 hours cuments.		
	 For details on claim procedure please refer the policy document Hospital Network details can be obtained from link: https://www.sbigeneral.in/portal/contact-us/hospital 						
		• Toll	Free number: 180	0 210 33	866, 1800 210 6366		
		clair	ms will be accepted	l by the ir	klisted or from where no nsurer is available in below h/contact-us/hospital		
			m forms can be dov os://www.sbigenera		d from below link: m/claims-form-download		
		Note: For cover wise claims procedure, please refer to policy wordings.					
10.	Policy Servicing		ee number	1800102 (Monday (8 am -	y to Saturday) 8 pm).		
		Websi	te:	www.sb	igeneral.in		

SI. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
11.	Grievances/ Complaints	Stage 1: If you are dissatisfied with the resolution provided above or for lack of response, you may write to head.customercare@sbigeneral.in We will look into the matter and decide the same expeditiously within 14 days from the date of receipt of your complaint. For Senior Citizens: Senior Citizens can reach us at seniorcitizengrievances@sbigeneral.in; Toll Free - 1800 22 1111 / 1800 102 1111 Monday to Saturday (8 am - 8 pm) Stage 2: In case, you are not satisfied with the decision/resolution communicated by the above office, or have not received any response within 14 days, you may send your Appeal addressed to the Grievance Redressal Officer at : gro@sbigeneral.in or contact at 022-45138021. Address: Grievance Redressal Officer, 9th Floor, A & B Wing, Fulcrum Building, Sahar Road, Andheri (East), Mumbai 400 099. List of Grievance Redressal Officers at Branch: https://content.sbigeneral.in/uploads/0449cac1bcd144bbb16 0d3f6b714fbbd.pdf/ Stage 3: In case, you are not satisfied with the decision/resolution communicated by the above office, or have not received any response within 14 days, you may Register your complaint with IRDAI on the below given link https://bimabharosa.irdai.gov.in/Home/Home Stage 4: 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)	11. Redressal of Grievance
12.	Things to remember	 Free Look Cancellation: The insured will be allowed a period of at least 30 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 provided the product is not withdrawn, except on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person. 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. For Detailed Guidelines on Migration, kindly refer the link: https://content.sbigeneral.in//uploads/c6a2844dd65446 019b130ffbae1fa20f.pdf 	10. General Terms & Conditions

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		 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 sixty continuous months of coverage (including portability and migration) in health insurance Policy, no Policy and claim shall be contestable by the Insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the Sums Insured of the first Policy. Wherever, the Sum Insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of Sums Insured only on the enhanced limits. 			
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: a) For product related documents including Customer Information Sheet, kindly refer to the below link: https://www.sbigeneral.in/downloads b) In case of any conflict, the terms and conditions mentioned in the policy document shall					

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. SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.

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