SURAKSHA AUR BHAROSA DONO

Group Mediclaim Policy

PROSPECTUS

Group Mediclaim Policy for Individuals and Family helps you to pay for your medical expenses, ensuring you can afford the best quality of healthcare for you and your loved ones.

Coverages

We hereby agree subject to the terms, conditions and exclusions contained or expressed herein, to compensate the Insured Person as per the covers and limits specified in the Policy Schedule/ Certificate of Insurance.

Section A – Base cover

Hospitalization cover

We will pay under below listed Covers on Medically Necessary Hospitalization of an Insured Person due to Illness or Injury sustained or contracted during the Policy Period. The payment is subject to Sum Insured and limits including Loyalty Credit if applicable as specified on the Schedule of Coverage in the Policy Schedule/ Certificate of Insurance.

Subject to otherwise terms and conditions of the Policy.

A.1 Inpatient Care:

We will indemnify reasonable and customary charges that are incurred during the Hospitalisation of the Insured Person for Medically Necessary treatment required due to an Illness or Injury sustained by the Insured Person during the Policy Period for the below listed medical expenses:

i. Room Rent as specified in the Policy Schedule/Certificate of Insurance;
ii. Nursing charges for Hospitalization as an Inpatient excluding private nursing charges;
iii. Medical Practitioners' fees, excluding any charges or fees for Standby Services;
iv. Physiotherapy, investigation and diagnostics procedures directly related to the current admission;
v. Anaesthesia, Blood, Oxygen expenses.
vi. Medicines and drugs as prescribed by the treating Medical Practitioner;
vii. Intravenous fluids, blood transfusion, injection administration charges, allowable consumables and / or enteral feedings.
viii. Operation theatre charges;
ix. The cost of prosthetics and other devices or equipment, if implanted internally during Surgery;
x. ICU Charges.
xi. Any other cover as requested by Policy Holder or present in expiring policy

A.2 Organ Donor Expenses

We will indemnify Reasonable and Customary charges for the Medical Expenses incurred in respect of donor for any of the organ transplant surgery conducted on the Insured Person during the Policy Period.

A.3 Day Care Treatment:

We will indemnify the reasonable and customary charges for Medical Expenses incurred on the Insured Person's Day Care Treatment/ Procedure for Medically Necessary Treatment and is carried out on the written advice of a Medical Practitioner during the Policy Period.

A.4 Pre-hospitalization Medical expenses:

We will indemnify the Reasonable and Customary Charges for Insured Person's Pre-hospitalization Medical Expenses incurred prior to hospitalization up to 30 days.

A.5 Post-hospitalization Medical expenses:

We will indemnify the Reasonable and Customary Charges for Insured Person's Post-hospitalization Medical Expenses incurred immediately from the day of discharge from the hospital up to 60 days.

A.6 Modern Treatment

We will indemnify the Reasonable and Customary Charges for Medical Expenses incurred on the Insured Person's Treatment for any illness/ injury where treatment undertaken is from below listed Modern treatment methods or Advanced procedures up to 50% of Base Sum Insured or as per the limits specified in Policy Schedule/ Certificate of Insurance not limited to the following:

i. Uterine Artery Embolization and HIFU
ii. Balloon Sinuplasty
iii. Deep Brain stimulation
iv. Oral chemotherapy
v. Immunotherapy- Monoclonal Antibody to be given as injection
vi. Intra vitreal injections
vii. Robotic surgeries

viii. Stereotactic radio Surgeries

ix. Bronchial Thermoplasty

x. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)

xi. IONM- (Intra Operative Neuro Monitoring)

xii. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions

Note: Any other advance procedure/ treatment as approved by IMA and specifically Specified in the Policy Schedule/ Certificate of Insurance will be covered.

A.7 Inpatient care under Alternative Treatment

We will indemnify the reasonable and customary charges for Medical Expenses incurred by Alternative/ AYUSH treatment methods involving Inpatient Care availed in AYUSH Hospitals up to Base Sum Insured.

A.8 Domiciliary Hospitalization

We will indemnify the Reasonable and Customary Charges for Medical Expenses for the Insured Person's Domiciliary Hospitalization during the Policy Period, provided that the condition for which the medical treatment is required for at least twenty-four hours.

A.9 Bariatric Surgery

We will indemnify the Reasonable and Customary Charges for Medical Expenses incurred towards Surgical Procedure for obesity, subject to below conditions:

Eligibility:

For adults aged 18 years or older, presence of severe obesity documented in contemporaneous clinical records, defined as any of the following:

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:

1. Obesity-related cardiomyopathy

2. Coronary heart disease

3. Severe Sleep Apnoea

4. Uncontrolled Type 2 Diabetes

B. Optional Covers under Hospitalization Cover

In consideration of payment of additional Premium or reduction in the Premium as applicable, it is hereby declared and agreed that we will pay the expenses under below listed Covers subject to all other terms, conditions, exclusions and waiting periods applicable to the Policy.

These Covers are optional and applicable only if opted for and up to the Sum Insured or limits specified under the Schedule of Coverage in the Policy Schedule/Certificate of Insurance.

B. 1 Modification of Pre-hospitalization Medical expenses:

If you avail this option, Pre-hospitalization Medical Expenses will stand modified as Specified under the Schedule of Coverage in the Policy Schedule/Certificate of Insurance.

All other terms and Conditions of the respective Section and Policy shall remain unaltered.

B.2 Modification of Post-hospitalization Medical expenses:

If you avail this option, Post-hospitalization Medical Expenses will stand modified as Specified under the Schedule of Coverage in the Policy Schedule/Certificate of Insurance.

All other terms and Conditions of the respective Section and Policy shall remain unaltered.

B.3 Modification of Modern Treatment

If you avail this option, Modern Treatment will stand modified as Specified under the Schedule of Coverage in the Policy Schedule/ Certificate of Insurance. All other terms and Conditions of the respective Section and Policy shall remain unaltered.

B.4 Modification of Inpatient care under Alternative Treatment:

If you avail this option, Alternative Treatment will stand modified as Specified under the Schedule of Coverage in the Policy Schedule/ Certificate of Insurance.

All other terms and Conditions of the respective Section and Policy shall remain unaltered.

B.5 Modification of Domiciliary Hospitalization:

If you avail this option, Domiciliary Hospitalization will stand modified as Specified under the Schedule of Coverage in the Policy Schedule/Certificate of Insurance.

All other terms and Conditions of the respective Section and Policy shall remain unaltered.

B.6 Modification of Bariatric Surgery

If you avail this option, Bariatric Surgery will stand modified as Specified under the Schedule of Coverage in the Policy Schedule/ Certificate of Insurance.

All other terms and Conditions of the respective Section and Policy shall remain unaltered.

B.7 Maternity Expenses:

We will indemnify the reasonable and customary charges for Medical Expenses incurred towards Medically Necessary Treatment of the Insured Person in case of normal delivery, routine or elective Caesarean or Maternity related Complications including Pre-natal Medical Expenses and Post-Natal check-ups and miscarriage during the Policy Period.

B.8 New Born Baby Cover:

We will indemnify the reasonable and customary charges for Medical Expenses incurred during the Policy Period, towards the Medically Necessary Treatment of the New Born Baby for the specified period from the date of delivery up to the Base Sum Insured as specified in the Policy Schedule/ Certificate of Insurance.

B.9 Child Vaccination Cover:

We will indemnify the reasonable and customary charges for expenses incurred during the Policy Period on vaccination of the child till he/she completes 12 years of age, provided that the new born/ child is covered as an insured person under the policy.

B.10 Well Baby Cover for New Born:

We will indemnify the Reasonable and Customary charges for the necessary Expenses incurred during the Policy Period, towards the new born baby's well-being after birth and before discharge from the hospital. These expenses include doctor check-up and any other check-up / tests performed to ensure that the baby is well at birth.

B.11 Stem Cell Preservation Cover

We will indemnify the Reasonable and Customary charges related to Expenses incurred during the Policy Period, in respect to testing, processing and storage of the umbilical cord blood for one episode of pregnancy in the Policy Period

The Expenses claimed under this Section could be within the Base Sum Insured as per limit specified in Policy schedule /Certificate of Insurance or within the Maternity Sum Insured as opted.

B.12 Infertility Cover and Surrogacy Cover

We will indemnify the Medical Expenses related to any type of contraception, sterilization, reversal of sterilization, Gestational Surrogacy, Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI. This cover will be applicable for both Male and Female Insured Persons covered under the policy.

B. 14 (Sterility and Infertility: Code- Excl17) of 'Waiting Period and Exclusions' shall not apply only to the extent that this Benefit is applicable.

Specific Conditions applicable to ART

- Under Assisted Reproduction Technology if advised and necessitated by a registered Medical Practitioner, We will also cover the medical expenses of oocyte donor during the process of oocyte retrieval as per the provisions of Assisted Reproductive Technology (Regulation) Act, 2021.
- Our maximum liability for this cover shall be as per the limit Specified in Policy Schedule/ Certificate of Insurance.
- The cover can be opted only if Maternity expenses benefit is opted under the policy.

Specific Conditions applicable to Surrogacy:

i. To claim under this benefit, the Insured person must provide a 'Certificate of Essentiality/Infertility' as recommended in THE SURROGACY (REGULATION) ACT, 2021.

ii. The medical condition that necessitates this option and should be confirmed by a Registered Medical Practitioner

iii. Insured Person(s) has repeatedly failed to conceive after multiple IVF/ICSI attempts (Recurrent implantation failure) or has medical conditions as absent uterus or missing uterus/or abnormal uterus (like hypoplastic uterus/intrauterine adhesions/thin endometrium/small uni-cornuate uterus, T- shaped uterus) or the uterus is surgically removed due to any medical conditions as gynecological cancers or Multiple pregnancy losses resulting from an unexplained medical reason or any illness that makes it impossible for woman to carry a pregnancy.

iv. The Insured shall be a legally married Indian man and woman, and shall not have any previous biological, adopted, or surrogate child.

v. Claim under Surrogacy for commercial purpose shall be excluded.

vi. Pre and Post natal expenses shall be covered up to the limits as mentioned under maternity benefit

vii. Our maximum liability for this cover shall be as per the limit Specified in Policy Schedule/ Certificate of Insurance.

B.13 Accident Multiplier

We will enhance the Base Sum Insured under Inpatient Care as per the Multiplier opted and specified in Policy Schedule / Certificate of Insurance to indemnify Insured Person towards, Reasonable and Customary Medical Expenses incurred for In-patient Hospitalization Treatment resulting from an Accident.

B.14 Emergency Ground Ambulance

We will indemnify the Insured Person up to the amount specified in the Policy Schedule/Certificate of Insurance, per Hospitalization, for expenses incurred on availing Road Ambulance services offered by a Hospital or by an Ambulance service provider.

B.15 Air Ambulance Cover

We will indemnify the Insured Person up to the amount specified in the Policy Schedule/Certificate of Insurance, per Hospitalization, for expenses incurred on availing Air Ambulance services during the Policy Period.

B.16 Prosthetics Cover

We will indemnify reasonable and customary charges for expenses incurred on installation of an external Prosthetics if required by an Insured Person as a result of Injury/ Illness during the Policy Period that solely and directly results in physical loss of limb(s) within the Policy Period.

For the purpose of this Benefit,

1. Prosthetics means the articles or equipment that replaces all or a part of a limb where limb is defined as the arm / the leg of a person,
2. External prosthetics would mean the following external prosthesis: -

   a) Transradial prosthesis: It is the artificial prosthesis limb which replaces the missing arm from under the elbow with an artificial limb.

   b) Transhumeral prosthesis: It is the artificial prosthesis limb that replaces the missing arm above the elbow.

   c) Transtibial prosthesis: It is the artificial prosthesis limb which replaces a missing leg, right below the knees.

   d) Transfemoral prosthesis: It is the artificial prosthesis limb which replaces the missing leg above the knees.

B.17 Convalescence Benefit

We shall pay lump-sum amount per hospitalization, during the Policy Period if the Insured Person suffers an Injury due to an Accident, and that Injury solely and directly results in hospitalization of the Insured Person under Section Inpatient Care for more than 7 consecutive and continuous days in the hospital,

This benefit will be over and above the Base Sum Insured.

Our maximum liability for this cover shall be as per the limit specified in Policy Schedule/ Certificate of Insurance.

B.18 Funeral and Repatriation Cover

In the event of death of the Insured Person We will indemnify reasonable and customary charges towards funeral and Repatriation expenses including transportation of mortal remains of the Insured Person from the place of the incident or the Hospital to his/her residence.

B.19 Compassionate visit

We will indemnify the reasonable and customary charges for expenses incurred in respect of travel of one Immediate Family member of the Insured Person to the place of Hospitalization of the Insured Person, if an Insured Person suffers an Injury or an Illness during the Policy Period that solely and directly results in the Insured Person's Hospitalization for more than seven (7) continuous and consecutive days.

B.20 Accompanying Person Cover:

If an Insured Person suffers an Injury or an Illness during the Policy Period that solely and directly results in the Insured Person's Hospitalization, We will pay per day amount as specified in Policy Schedule/ Certificate of insurance towards the accompanying person.

B.21 Health Check-up:

The Insured Person can avail preventive Health check-up anytime during the Policy Period

B.22 Zero deductions in claim in case of death of Insured

In the event of death of Insured Person during hospitalization period where claim is admissible under Inpatient care or Day Care or Modern Treatment or Inpatient care under Alternative Treatment or Domiciliary Hospitalization or Modification of Modern Treatment or Modification of Inpatient Care under Alternative Treatment or Maternity Expenses or New born Baby Cover or Well Baby Cover for New Born or Home Health Care due to any illness/ injury, there will be zero deductions applicable for such hospitalization expenses

All admissible hospitalization claim will be paid without any deduction for non-payable expenses under Annexure II (Non Medical Expenses) of Policy Wordings/ Co- payment

B.23 Sub-limit on Specified Illness/Conditions:

If an Insured Person is Hospitalized during the Policy Period for any of the Specified Illnesses or Conditions then it is agreed that Our maximum liability in respect of any claim made under the Policy for the entire Policy Period will be subject to the list of illnesses/ sub-limits/ waiting periods as specified in Policy Schedule/Certificate of Insurance.

B.24 Loyalty Credit

If the Insured Person's renews his Policy with us without any break, then for each successive renewal, We will increase the Base Sum Insured under the renewed Policy/Certificate of Insurance by an opted percentage of Base Sum Insured. The Sum Insured increase will be limited to 100% of Base Sum Insured.

B.25 Weekly Benefit:

If the Primary Insured Person suffers from any illness or injury which occurs during the Policy Period resulting in hospitalisation extending beyond 15 continuous and consecutive days and which solely and directly results in the Insured Person's temporary inability to go to work, then we will pay up to the limits as specified in the Policy Schedule/Certificate of Insurance.

For the purpose of this benefit, Primary Insured Person shall mean the person covered as Self under the policy. For the purpose of this benefit "Week" is a period of seven consecutive days

Note: In the event of a dispute arising as to when Temporary enablement ceased, a Physician commissioned by the Us shall finally determine the date.

B.26 Voluntary Co-payment

Under this benefit, the Insured Person will pay the pre-determined percentage as specified in the Policy Schedule/ Certificate of Insurance as Voluntary Co-Payment on each and every claim.

B.27 E-Opinion

Under this benefit, the Insured Person may avail E-Opinion on his/her medical condition occurring during the Policy Period from a Medical Practitioner from our empanelled network.

B.28 Corporate Floater

Under this benefit, in case the Base Sum Insured under the policy gets exhausted, then additional Sum Insured would be available to the Insured Persons during the Policy Period, subject to Terms and Conditions as specified in the Policy Schedule/Certificate of Insurance.

The individual or floater Base Sum Insured would be first exhausted followed by the corporate floater amount which would be availed as per the eligibility criteria and up to the limits as specified in the Policy Schedule/Certificate of Insurance.

B.29 Sum Insured Reinstatement

In the event of complete exhaustion of the Base Sum Insured due to any claim admitted during the Policy Period, We shall restore the Sum Insured up to the limit of Base Sum Insured. (as applicable under the current Policy Period)

B.30 Claim settlement in network only

Under this benefit the coverage provided to the Insured Person shall be applicable if an Insured Person is Hospitalized in a Network Hospital only. The coverage would be as per the terms and conditions specified in Policy Schedule/ Certificate of insurance.

B.31 Claim settlement on Reimbursement only

Under this benefit, if the Insured Person is hospitalised the claim settlement shall be carried out on Reimbursement basis only, subject to Terms and Conditions as specified in the Policy Schedule/ Certificate of Insurance.

B.32 Physiotherapy and Rehabilitation cover

We will indemnify the reasonable and customary charges for Medical Expenses incurred during the Policy Period for physiotherapy and rehabilitation of the Insured Person for physical therapies aimed at restoring Insured Person's normal physical function as prescribed by the treating Medical Practitioner(s) in writing.

B.33 Home Health Care

We will cover the reasonable and customary charges towards Medical Expenses incurred for Home Health Care Services during the Policy Period availed through empanelled Service Provider on Cashless Facility basis, only if the following conditions are fulfilled:

Conditions:

i. The treatment in normal course would require In-patient Care at a Hospital, and be admissible under Inpatient Care but is actually taken while confined at home.

ii. The benefit shall not be available for any emergency treatment/care.

iii. The Treatment is availed from the Company's empanelled service provider as per procedure given under "III - Conditions when a claim arises"

iv. Records of the treatment administered, duly signed by the treating Medical Practitioner, are maintained for each day of the Home treatment.

v. This Cover is not available on reimbursement basis,

B.34 Non-medical/Consumables Expenses

If We have accepted a claim under hospitalization cover, then the items which are not payable as per List I– 'Expenses not covered' under Annexure II (Non Medical Expenses) of Policy Wordings related to that particular claim will become payable.

B.35 External Congenital Anomalies

We will indemnify the Reasonable and Customary Charges for medical expenses incurred for "Inpatient Care" up to the Base Sum Insured unless restricted by "Sub-limit on specified illness / conditions" towards treatment for External Congenital Anomalies causing functional disability.

B.36 Cancer Care

We will enhance the Base Sum Insured as per the percentage specified in Policy Schedule/Certificate of Insurance to cover the Reasonable and Customary Medical Expenses incurred for the In-Patient Care and/or Day Care hospitalization due to Cancer of the Insured Person during the Policy Period.

Our maximum liability for this cover shall be as per the limit as specified in Policy Schedule/ Certificate of Insurance subject to exhaustion of Waiting Period as opted for this cover.

B.37 Attendant Charges Cover

If this cover is opted, We will pay a fixed weekly benefit amount for actual number of weeks if an Attendant/ Registered Nurse is engaged to take care of the Insured Person following hospitalisation subject to maximum number of weeks and Sum Insured limit per week.

B.38 De-addiction Expenses Cover

We will indemnify Reasonable and Customary In-patient expenses related to De-addiction treatment for Alcohol, Drug and Substance Abuse, provided, the Insured Person(s) treatment is carried out by a registered and specialised Medical Practitioner in a Government Registered Rehabilitation Hospital.

B.39 Modification of Home/Vehicle

Under this benefit, We will indemnify the reasonable expenses incurred to modify the Insured Person's residence and/or vehicle on the written advice of the treating Medical Practitioner, provided such modification is necessitated as a result of disability to the Insured Person, arising out of Accident during the Policy Period.

B.40 Expenses for External Aids and Medical Equipment

We will reimburse the reasonable and customary expenses incurred by the Insured Person for medical equipment/ external aids that may be required for normal day to day activities to be carried out in a convenient and safe manner post hospitalization resulting from an accident/ illness subject to acceptance of claim under Inpatient Care or Day care

B.41 Modification of Waiting period for Pre- Existing Diseases (PED)

If you avail this option the pre -existing waiting period stands modified as specified in the Policy Schedule/Certificate of insurance. All other terms and condition of respective policy section shall remain unaltered.

B.42 Modification of Initial Waiting Period

If you avail this option the waiting period stands modified as specified in the Policy Schedule/Certificate of insurance. All other terms and condition of respective policy section shall remain unaltered.

B.43 Modification of Waiting Period for Diseases Specific Exclusions

If you avail this option the waiting period for Specific Diseases stands modified as specified in the Policy Schedule/Certificate of insurance. All other terms and condition of respective policy section shall remain unaltered.

B.44 Franchise

For any admissible claim, the Insured Person shall bear an amount equal to the Franchise amount as opted/specified in the Policy Schedule or Certificate of Insurance, and in case the admissible claim amount exceeds the opted/specified Franchise amount then We will indemnify the admissible claim amount (without deducting Franchise amount, specified in the Policy Schedule/Certificate of Insurance).

B.45 Vision Correction

We will indemnify for Reasonable and Customary Medical Expenses incurred by the Insured Person for Laser-Assisted In Situ Keratomileusis (LASIK) Surgery, including refractive keratotomy (RK) and photorefractive keratectomy (PRK) or any other advanced Surgical Procedures conducted to correct the refractive errors beyond +/- 4.5 dioptre to rectify the refraction of one or both eyes.

B.46 Per claim deductible

For any admissible claim amount, the Insured Person shall bear an amount equal to the Per Claim Deductible amount as opted and specified in the Policy Schedule/ Certificate of Insurance. Per Claim deductible shall be applicable on each and every claim made by the Insured Person under Hospitalization Cover. The Per Claim deductible shall be applicable only on indemnity based benefits.

Voluntary Co-payment/Franchise (if any) shall be applicable on this benefit.

B.47 Gender Reassignment Cover

We will indemnify for Reasonable and Customary Medical Expenses incurred for Gender Reassignment Treatment taken by Insured Person during the Policy Period, up to the Sum Insured specified in the Policy Schedule/Certificate of Insurance.

The following Treatment/Procedures shall be covered

i. Hormone Therapy: The treatment involves hormone therapy (administered either on an In-patient or outpatient basis) like Testosterone (masculinizing hormones) for Trans Man (Female to Male) and estrogen (feminizing hormones) for Trans Woman (Male to Female).

ii. Surgical Intervention including but not limited to below listed procedures
   - Genital surgery for Male-to-Female transsexuals
   - Genital surgery for Female-to-Male transsexuals Condition applicable to Gender Re-assignment Treatment.

iii. Coverage in the policy would be as per the WPATH(World Professional Association for Transgender Health) protocol subject to applicable Indian Laws.

iv. This include (but not restricted to) primary care, gynaecologic and urologic care, reproductive surgery options, voice related surgeries and communication therapy, mental health support services (e.g., assessment, counselling, psychotherapy), and hormonal and surgical treatments.

v. Active Line of Treatment would not be applicable for this treatment.

vi. Exclusion 'Change of Gender Treatments (Code- Excl 07)' shall not apply only to the extent that this Benefit is applicable

B.48 Wellness Care

Under this benefit, The Insured Person may avail wellness services as opted. The services may include any or all programs/services intended to maintain, improve, promote health and fitness of the Insured Person. The wellness services offered shall be in compliance to the guidelines issued from IRDAI from time to time.

The Wellness care program includes but not limited to Health Assistance (A.I. Personal Fitness coaching), Dietician and Nutrition E-consultation, weight loss management programs etc as provided by our Network Providers.

The Insured can avail the wellness care benefits as specified in the Policy Schedule/Certificate of Insurance,

C - Out Patient Expenses

C.1 OPD Cover

We will indemnify the Reasonable and Customary Charges incurred during the Policy Period for OPD Treatment of the Insured Person as per cover / benefit as opted and specified under Policy Schedule/ Certificate of insurance.

Conditions:

i. The Insured Person may purchase Pharmacies prescribed by a Registered Medical Practitioner, as mentioned in the Policy Schedule/Certificate of Insurance

ii. Our maximum liability for this cover shall be as per the limit/ terms and conditions as specified in Policy Schedule/ Certificate of Insurance

iii. Specific Exclusions related to Outpatient diagnostic, medical and surgical procedures or treatments shall not apply only to the extent that this Benefit is applicable.

What is not covered under OPD Treatments-

a. Replacing any dental appliance which is lost or stolen.

b. Plastic surgery or cosmetic surgery unless necessary as a part of Medically Necessary Treatment and certified in writing by the attending Medical Practitioner.

c. Cost of frames for the prescribed lenses.

d. Sunglasses, unless medically prescribed by the treating Medical Practitioner.

e. Any lenses including contact lenses.

Under Out-Patient Expenses the below optional cover is available at an additional premium.

C.2 Second Medical Opinion Cover

Under this benefit the Insured Person may avail Second Medical Opinion on his/her medical condition occurring during the Policy Period as per the limits specified in the Policy Schedule/Certificate of Insurance.

Condition:

It is agreed and understood that the Second Medical Opinion will be based only on the information and documentation provided to Us, which will be shared with the Medical Practitioner and is subject to the conditions specified below:

i. The Insured Person may have an option to choose Second Medical Opinion from the list of Specialist as provided by Us on Our Website/App.

ii. It is agreed and understood that You are free to choose whether or not to obtain the expert opinion, and if obtained then whether or not to act on it.

iii. Appointments to avail this benefit shall be requested through Our Website/App or through calling Our call center on the toll- free number specified in the Policy Schedule/Certificate of insurance.

iv. Under this benefit, We are only providing You with access to a Second Medical Opinion and We shall not be deemed to substitute Your visit or consultation to an independent Medical Practitioner

v. The Second Medical Opinion provided under this benefit is not for emergency care and shall not be valid for any medico legal purposes.

vi. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.

D- Common Disease Cover

We will indemnity Reasonable and Customary charges for Medical Expenses incurred if Insured Person is Hospitalized on the advice of a Doctor/ Medical Practitioner for non-surgical treatment due to Disease / Illness / Infection(s) (listed as below) contracted during the Policy Period.

This benefit will be over and above the Base Sum Insured.

Disease List

i. Dengue fever ii. Malaria iii. Lymphatic Filariasis iv. Kala azar v. Chikungunya fever

vi. Japanese Encephalitis vii. Zika virus viii. Avian influenza ix. HPV x. Mycobacterium Tuberculosis

xi. Enteric fever/Typhoid fever

E- Super Top up Cover (Annual Aggregate Deductible)

During the Policy Period, We will indemnify hospitalization expenses up to limits and in excess of aggregate deductible as specified in the Policy Schedule/Certificate of Insurance.

Conditions:

i. The deductible under this benefit shall be applicable on annual aggregate basis i.e will apply once in a Policy Period for all claims added together.

ii. In case of family floater Policy, the annual aggregate Deductible shall be applicable on floater basis.

iii. Annual Aggregate Deductible under this benefit shall not apply to any claim made under B.14 (Emergency Ground Ambulance), or B.15 (Air Ambulance cover & Medical Evacuation) or B.16 (Prosthetic cover) or B.19 (Funeral and Repatriation Cover), or B.20 (Compassionate visit) or B.23 (Sub- limit on specified illness / conditions), if applicable.

iv. Annual Aggregate Deductible shall not reduce the Sum Insured.

For the purpose of this benefit Deductible applicable under this Benefit is Annual Aggregate Deductible. For a claim to become payable, the sum of all admissible claims under the Policy, subject to Policy terms and conditions, in a given Policy Period has to exceed the Aggregate Deductible as mentioned in the Policy Schedule/ Certificate of Insurance

F-Hospital Daily Cash

During the Hospitalisation of the Insured Person for Medically Necessary treatment required due to an Illness or Injury, We will pay the per day amount / benefit up to maximum number of days as opted and specified in the Policy Schedule/ Certificate of Insurance,

Conditions:

i. Our maximum liability to pay the claim under this benefit shall be limited to the limits specified in Policy Schedule/Certificate of Insurance.

ii. The deductible under this benefit shall be applicable on no. of days of hospitalization, if opted and as specified in the Policy Schedule/Certificate of Insurance.

iii. The benefit shall become payable only after the completion number of days of deductible, as opted and specified in the Policy Schedule/Certificate of Insurance.

iv. Benefits under this Section shall be available on an individual basis up to the limits specified in the Policy Schedule/ Certificate of Insurance.

v. This cover is available on reimbursement basis only.

Note: It is condition precedent if Coverages Section is opted under the Policy, then Claim under this benefit shall be payable if we have accepted the claim under Section A, A.1 Inpatient Care

This benefit is over and above Sum Insured for Base Cover.

G- Critical Illness Cover

If an Insured Person is diagnosed with any of the listed Critical Illness, during the Policy Period, then We will pay the Critical Illness Sum Insured specified in the Policy Schedule/Certificate of Insurance provided that:

i. The Critical Illness must have occurred or has manifested for the first time for that particular Insured Person during the Policy Period, as a first incidence; and

ii. The Insured Person survives a default Survival Period of at least 28 days or as opted and Specified under Policy Schedule/ Certificate of Insurance, from the date of Diagnosis of such Critical Illness; and

iii. Upon Our admission of the first claim under this Section, in respect of an Insured Person in any Policy Period, the cover under this benefit shall automatically terminate in respect of that Insured Person;

iv. Irrespective of Individual or Floater Policy, this cover will be available on individual basis

v. Our total liability for an Insured Person under this Benefit will be limited to the Critical Illness Sum Insured as specified in the Policy Schedule/Certificate of Insurance

vi. For the purpose of this Policy, Critical Illness means an illness, sickness or a disease or a corrective measure as specifically defined that first commence at least 90 days after the commencement of the Policy Period, or as opted and as Specified in the Policy Schedule/ Certificate of Insurance

Waiting Period and Exclusions

The Company is not liable to make any payment under the Policy in connection with or in respect of the following expenses till the expiry of the waiting period and any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or any way attributable to any of the following unless expressly stated to the contrary in this Policy;

A. Waiting Periods

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 number of months (as Specified in Policy Schedule/Certificate of Insurance) of continuous coverage after the date of inception of the first policy with insurer.

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 number of months (as Specified in Policy Schedule/Certificate of Insurance) 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 number of months (as Specified in Policy Schedule/ Certificate of Insurance) 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

- 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 of any etiology
- Sinusitis and related disorders
- Surgery for prolapsed intervertebral disc unless arising from accident
- Surgery of varicose veins and varicose ulcer
- Chronic Renal failure including dialysis
- Gastric/ Duodenal Ulcer
- Gout and Rheumatism
- Treatment for joint replacement unless arising from accident
- Age-related Osteoarthritis & Osteoporosis

3. Initial waiting period- Code- Excl03

a) 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.

b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

B. Standard Exclusions

1. Investigation & Evaluation- Code- Excl04

a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.

b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

2. Rest Cure, rehabilitation and respite care- Code- Excl05

a) 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.

3. 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 heartdisease

iii. Severe Sleep Apnea

iv. Uncontrolled Type2 Diabetes

4. Change of Gender Treatments (Code- Excl 07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. However, such exclusion shall not be applicable to respective Insured Person to comply with Transgender Persons (Protection of Rights) Act, 2019.

5. **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.

6. **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.

7. **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.

8. **Excluded Providers: Code- Excl11**

   Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12

10. Treatments received in heath hydros, 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

11. 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 partof hospitalization claim or day care procedure. Code- Excl14

12. **Refractive Error: Code- Excl15**

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

13. **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.

14. **Sterility and Infertility: Code- Excl17**

    Expenses related to sterility and infertility. This includes:

(i) Any type of contraception, 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

15. **Maternity: Code Excl18**

i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

C. Specific Exclusions

1. Any medical treatment taken outside India, unless otherwise agreed by Us as Specified in the Policy Schedule/Certificate of Insurance.
2. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.
3. Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from:

   a. any nuclear fuel or from any nuclear waste; or

   b. from the combustion of nuclear fuel (including any self- sustaining process of nuclear fission);

   c. nuclear weapons material;

   d. nuclear equipment or any partof that equipment;

4. 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.
5. Injury or Disease caused by or contributed to by nuclear weapons/materials.
6. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or, as may be necessitated due to an accident.
7. Prostheses, corrective devices, medical appliances, external medical equipment of any kind used at home as post hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition, unless agree by Us and as Specified in the Policy Schedule/Certificate of Insurance.

9. Treatment with alternative medicines like acupuncture, acupressure, osteopath, naturopathy, chiropractic, reflexology and aromatherapy.
10. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation o law or participation in an event/activity that is against law with a criminal intent.
11. Vaccination or inoculation except as post bite treatment for animal bite.
12. Convalescence, general debility, "Run-down" condition, rest cure, Congenital external illness/disease/defect, unless agreed by Us and as Specified in the Policy Schedule/ Certificate of Insurance.
14. Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy, unless agreed by Us and as Specified in the Policy Schedule/Certificate of Insurance
15. Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury, unless agreed by Us and as Specified in the Policy Schedule/ Certificate of Insurance
16. Venereal/ Sexually Transmitted disease other than HIV/AIDS.
17. Stem cell storage/preservation unless agreed by Us and as Specified in the Policy Schedule/Certificate of Insurance.
18. Any kind of service charge, surcharge levied by the hospital.
19. Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.
20. Standard list of excluded items as Specified in the Annexure II (Non Medical Expenses) of Policy Wordings unless agreed by Us and as Specified in the Policy Schedule/ Certificate of Insurance
21. Any medical procedure or treatment, which is not medically necessary or not performed by a Doctor/Treating Medical Practitioner.

Standard terms & Conditions

I. Condition Precedent to the contract

1. Disclosure of Information

The Policy shall be void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any Material Fact by the Policy holder.

2. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy

3. Claim Settlement (provision for Penal Interest)

i. The Company shall settle or reject a claim as the case may be, 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 2% 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 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

Bank Rate means Bank rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1st day of the financial year in which the claim has fallen due.

4. Complete Discharge

Any payment to the Insured Person or his/her nominees or his/her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim

5. Multiple Policies

a. Indemnity Policies:

A Policyholder can file for Claim settlement as per his/her choice under any Policy. The Insurer of that chosen Policy shall be treated as the primary Insurer.

In case the available coverage under the said Policy is less than the admissible Claim amount, the primary Insurer shall seek the details of other available policies of the Policyholder and shall coordinate with other Insurers to ensure settlement of the balance amount as per the Policy conditions, without causing any hassles to the Policyholder.

b. Benefit based Policies:

On occurrence of the Insured event, the Policyholders can Claim from all Insurers under all policies.

6. Fraud

If any claim made by the Insured Person, is any respect of fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by al l recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured person or by his agent or the hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the Insurer or to induce the Insurer to issue an insurance policy:

a) the suggestion, as a fact of that which is not true and which the Insured person does not believe to be true;

b) the active concealment of a fact by the Insured person having knowledge or belief of the fact;

c) any other act fitted to deceive; and

d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

7. Cancellation:

a. Cancellation by you:

The Policyholder may cancel his/her Policy at any time during the term, by giving 7 days' notice in writing. The Insurer shall

i. refund proportionate premium for unexpired Policy Period, if the term of Policy upto one year and there is no Claim (s) made during the Policy Period.

ii. refund premium for the unexpired Policy Period, in respect of policies with term more than 1 year and risk coverage for such Policy years has not commenced.

b. Cancellation by Us:

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 o f misrepresentation, non-disclosure of material facts or fraud.

c. Premium Payment in Instalments

If the Insured Person has opted for Payment of Premium on an instalment basis i.e. Single, Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

i. Grace Period would be given to pay the instalment premium due for the Policy. In case of monthly instalment option, a Grace Period of 15 days is applicable. Whereas, in case of Single, Half Yearly, Quarterly instalment options, a Grace Period of 30 days is applicable.

ii. During such Grace Period, coverage will be available from the due date of instalment premium till the date of receipt of premium by Company.

iii. The Insured Person will get the accrued continuity benefit in respect of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting Periods for Pre-existing Diseases, Moratorium period etc in the event of payment of premium within the stipulated Grace Period

iv. No interest will be charged If the instalment premium is not paid on due date.

v. In case of instalment premium due not received within the Grace Period, the Policy will get cancelled.

vi. In the event of a Claim, all subsequent premium instalments shall immediately become due and payable.

vii. The Company has the right to recover and deduct all the pending instalments from the Claim amount due under the Policy.

8. 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 is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting Period for Pre-existing Diseases, Moratorium Period etc. in the previous Policy to the Migrated Policy.

For Detailed Guidelines on Migration, kindly refer the link-

https://content.sbigeneral.in//uploads/c6a2844dd65446019b130ff bae1fa20f.pdf

9. 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 is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting Period for Pre-existing Diseases, Moratorium Period, etc. from the existing Insurer to the acquiring Insurer in the previous Policy.

For Detailed Guidelines on Portability, kindly refer the link-

https://content.sbigeneral.in//uploads/c6a2844dd65446019b130ff bae1fa20f.pdf

10. Renewal of Policy:

i. 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.

ii. The Company shall endeavor to give notice for Renewal. However, the Company is not under obligation to give any notice for Renewal.

iii. Renewal shall not be denied on the ground that the Insured Person had made a Claim or Claims in the preceding Policy years.

iv. Request for Renewal along with the requisite premium shall be received by the Company before the end of the Policy Period

v. 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.

vi. No loading shall apply on Renewals based on individual Claims experience.

11. Withdrawal of the Policy-

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.

The 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.

12. 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. 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 (3) months before the changes are affected.

14. Free Look Period

(1) Every Policyholder of new individual health insurance policies except those with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such Policy.

(2) In the event a Policyholder disagrees to any of the Policy terms or conditions, or otherwise and has not made any claim, he shall have the option to return the Policy to the insurer for cancellation, stating the reasons for the same.

(3) Irrespective of the reasons mentioned, the Policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges.

(4) A request received by insurer for cancellation of the Policy during free look period shall be processed and premium shall be refunded within 7 days of receipt of such request, as stated at sub regulation (3) above.

15. Redressal of Grievance

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 (24*7)

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 contactat022-45138021. 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/0449cac1bcd144bbb160d3f 6b714fbbd.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)

17. Nomination

The policy holder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policy holder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the Insured Person, the Company will pay the nominee (as named in the Policy Schedule/ /endorsement (if any) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Insured Person whose discharge shall be treated as full and final discharge of its liability under the Policy.

1.2 Specific Conditions

I. Renewal Conditions

We will offer other benefits besides those Specified in Section A,B,C,D,E, F, and G as given below:

- Any Cover / benefit available in expiring policy as specifically agreed by us to be covered and Specified in the Policy Schedule/ Certificate of Insurance.
- Cover beyond Indian Geographical jurisdiction available in expiring policy, if specifically agreed by us to be covered and Specified in the Policy Schedule/Certificate of Insurance.

a. Arbitration clause

If We admit liability for any claim but any difference or dispute arises as to the amount payable for any claim the same shall be decided by reference to Arbitration. The Arbitrator shall be appointed in accordance with the provisions of the Arbitration and Conciliation Act, 1996 or any amendment thereof. No reference to Arbitration shall be made unless We have admitted Our liability for a claim in writing. The arbitration shall be governed by Indian Law and the venue of arbitration shall be within India.

i. All proceedings in any arbitration shall be conducted in english and a daily transcript in english of such proceedings shall be prepared.

ii. The cost of arbitration undertaken in accordance with this section shall be borne by the parties associated with the arbitration and shall share equally in the costs of the arbitration proceedings and presiding arbitrator.

iii. It is clearly agreed and understood that no reference to arbitration can be made if the We have either not admitted or has disputed liability in respect of any claim under or in respect of this Policy.

iv. In the event that these arbitration provisions shall be held to be invalid then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

b. Change of Sum Insured

Sum Insured can be changed (increase / decrease) only at the time of Renewal or at any time, subject to underwriting by the Company. For any increase in Sum Insured, the waiting period shall start afresh only for the enhance portion of the Sum Insured.

c. Material Change

The Insured Person shall notify the Company 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 and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.

d. Notice and Communication

i. Any notice, direction, instruction, or any other communication related to the Policy should be made in writing.

ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule/Certificate of Insurance.

iii. The Company shall communicate to the Insured at the address or through any other electronic mode Specified in the schedule/certificate of insurance.

e. Premium

The premium payable under this Policy shall be paid in accordance with the schedule of payments in the Policy Schedule/ Certificate of Insurance agreed between the Policyholder and Us in writing. No receipt for premium shall be valid except on Our official form signed by Our duly authorized official. The due payment of premium and realization thereof by Us and the observance and fulfilment of the terms, provisions, conditions and endorsements of this Policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to Our liability to make any payment under this Policy.

f. Records to be Maintained

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy.

g. Territorial Jurisdiction

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

h. Terms and conditions of the Policy

The terms and conditions contained herein and in the Policy Schedule/Certificate of Insurance shall be deemed to form part of the Policy and shall be read together as one document.

II. Conditions applicable during the contract

a. Alterations in the Policy

The Proposal Form, Policy Schedule/Certificate of Insurance constitute the complete contract of insurance. This Policy constitutes the complete contract of insurance between the Policyholder and Us. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed, and stamped by Us. All endorsement requests will be made by the Policy Holder and/or the Insured Person only. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us.

b. Revision and Modification of the Policy Product-

i. Any revision or modification will be done with the approval of the Authority. We shall notify you about revision /modification in the Policy including premium payable thereunder. Such information shall be given to you at least ninety (90) days prior to the effective date of modification or revision coming into effect.

ii. Existing Policy will continue to remain in force till its expiry, and revision will be applicable only from the date of next renewal. Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy on Renewal with Us.

III. Conditions when a claim arises

Compliance with Policy Provisions Failure by You or the Insured Person to comply with any of the provisions in this Policy shall invalidate all claims hereunder.

Claims procedure:

If Insured meet with any accidental Bodily Injury or suffer an Illness that may result in a claim, then as a Condition Precedent to Our liability, Insured must comply with the following:

Procedures	Cashless Hospitalization	Reimbursement Claims
Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website.	
Claim Intimation timeline	Within 24 hours of the Emergency Hospitalization At least 72 hours prior to the planned Hospitalization	Within 48 hours of admission or before discharg from the Hospital, whichever is earlier
Particulars to be provided to us for claim notification	1. Policy Number 2. Name of the Insured Person(s) named in the Policy schedule / Certificate of Insurance availing treatment, 3. Nature of disease/illness/injury, 4. Name and address of the attending Medical Practitioner Hospital 5. Date and time of event if applicable 6. Date of admission	
Particulars to be provided for preauthorization	1. Policy Number 2. Name of the Insured person(s) named in the Policy schedule availing treatment 3. Nature of disease/Illness/Injury 4. Name and address of the attending 5. Medical Practitioner/ Hospital 6. Date of admission & probable date of discharge 7. Approximate Claim Expenses 8. Treatment Details 9. Claim Form / Pre-Authorization Request form 10. Any other relevant information as required 11. KYC Form and KYC Documents	Not Applicable
Process for obtaining preauthorization	I. If the particulars are not provided in full or are insufficient for us to consider the request in Pre-defined Claim Form, We will request additional information or documentation II. On receipt of duly filled pre authorization form from the Network Provider along with other sufficient details to assess the request, We may; Issue the authorization letter specifying the sanctioned amount any specific limitation on the claim and non-payable items, if applicable or Reject the request for preauthorization specifying reasons for the rejection	Not Applicable

Procedure for Cashless Claims in case of Home Health Care	On receipt of duly filled pre-authorization form with other sufficient details to assess a cashless request, the Company will inform the Home Healthcare service provider or Network Provider, who will share the care plan and treatment cost estimation with the Company. On receipt of the complete documents the Company may: a. issue the authorization letter specifying the sanctioned amount, any specific limitation on b. the claim and non-payable items, if applicable, or reject the request for pre-authorization specifying reasons for the rejection.	

- List of necessary claim documents/information to be submitted for reimbursement claims
- Duly filled and signed claim form
- Certified copy of Hospital discharge Summary
- Certified copy of final hospital bill, pharmacy bills, Investigation labs bills
- All original reports of Investigations done
- Self-attested Copy of PAN card & masked Aadhar card, photo ID & address Proof of the nominee / beneficiary (Driving license / Passport / Election Card, etc) for address Specified in claim form
- Beneficiary bank account / NEFT details: Cancelled cheque or copy of first page of bank passbook showing account holder's name, Account number, IFSC code, Branch name etc.
- Certified copy of Death certificate issued by municipal authority (in case of death of insured)

  Any additional documents may be called as required based on the circumstances of the claim.
- Claim documents submission address

  All claim related documents need to be sent to below address within 30 days of date of discharge from hospital. Please do mention appropriate claim number on claim documents dispatched.

  Accident & Health claims team SBI General Insurance Company Limited 9th Floor, Westport, Pan Card Club Road, Baner Pune, Maharashtra – 411 045
- Conditions for obtaining Cashless Facility:
  i. Cashless Facility can be availed only at Our Network Providers. The complete list of Network Providers and empaneled Service providers are available on Our Website.
  ii. We reserve the right to modify, add or restrict any Network Provider for Cashless Facilities at Our sole discretion. The same shall be duly updated on Our website. You shall check the updated list of Network Providers before applying for Cashless Claim.
  iii. Pre-authorization is valid for 15 days from date of issuance and if all the details of the Hospitalization/treatment, including dates, Hospital and locations match with the details as per Cashless authorized.
  iv. We will make payment for the Cashless authorized amount directly to the Network Provider.
  v. If the claim is not notified to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

Claim documents submission:

In case of any Claim, the list of documents as Specified above shall be provided by the Policy Holder/ Insured Person to Company within 30 days of date of discharge from hospital.

Scrutiny and Investigation of Claim

We will scrutinize the claim based on submission of above claim documents by you and if any deficiency in document we will intimate You in writing within 7 days from the date of submission of claim documents. We will 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.

Claim Assessment

We will pay fixed amounts as specified in the applicable Sections in accordance with the terms of this Policy. We are not liable to make any payments that are not specified in the Policy.

Condonation of delay

If the claim is not notified/ or submitted to us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

Turn Around Time (TAT) for claim settlement:

1. Acceptance of cashless claims by TPA /Company to Hospital and communicate to them – 1 hour
2. TPA's offer of settlement to the Company/ Hospital after 3 hours submission of document – 3 hours
3. Settlement of claims (other than cashless) – 15 days

Payment of Claim

All claims under the Policy shall be payable in Indian currency only.

Contact us

For any product or service related information or assistance, here's how you can reach Us.

Contact details for Policy Servicing	Contact details for Claim Servicing
SBI General Insurance Company Limited, **Address**:9th Floor, Wing A & B, Fulcrum, Sahar Road, Andheri (East), Mumbai – 400 099. **Email:** customer.care@sbigeneral.in ; seniorcitizengrievances@sbigeneral.in (for Senior Citizens) **Toll Free number:** 1800221111, 18001021111 (24/7). **Website:** www.sbigeneral.in	**Accident & Health claims team,** **SBI General Insurance Company Limited,** **Address:** 9th Floor, Westport, Pan Card Club Road, Baner, Pune, Maharashtra – 411 045. **Email:** sbig.health@sbigeneral.in **Toll Free number:** 1800 210 3366, 1800 210 6366 **Website:** www.sbigeneral.in

Premium Rates

As per Rating Chart attached

Section 41 of the Insurance Act 1938 prohibition of Rebates

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows:

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 of 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 published prospectus or tables of the insurer
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.

Disclaimer

For more details on risk factors, terms and conditions, please read the sales brochure before concluding the sale.