SURAKSHA AUR BHAROSA DONO

SBI General Arogya Gold-Group

Prospectus

Managing multiple policies with different renewal dates can be cumbersome. Inability to renew them on time can lead to loss of all continuity benefits and increase exposure to risk.

With "SBI General Arogya Gold- Group" you get One Policy, One Renewal, One Experience. It provides a comprehensive coverage of Hospitalization, Personal Accident and Cancer Care, all in a single policy.

As there is no one-size-fits-all product, it offers 3 sections with 26 optional coverages to choose from and multiple sum insured options, offering maximum customization.

A. Key Features of The Policy

i. 3-in-1 protection product with coverage for Hospitalization, Personal Accident and Cancer Care.

ii. One policy, one renewal, one experience reducing complexity of managing multiple policies.

iii. Flexibility to opt from a wide range of optional coverages and sum insureds.

iv. High Value Payout (Lump sum payment for Personal Accident and Cancer).

v. No Room Rent Capping for Hospitalization Cover.

B. Age Criteria and Eligibility

Minimum Entry Age	**For Section 1 Hospitalization Cover** Child: Day 91 Adult: 18 Years **For Section 2 Personal Accident (only for primary insured)** Adult: 18 Years **For Section 3 Cancer Care (only for primary insured)** Adult: 18 Years
Maximum Entry Age	**For Section 1 Hospitalization Cover** Child: 25 years Adult: 75 Years **For Section 2 Personal Accident (only for primary insured)** Adult: 75 Years **For Section 3 Cancer Care (only for primary insured)** Adult: 75 Years
Renewability	Lifelong
Policy Term	1 Year, 2 Years, 3 Years, 4 Years and 5 Years
Premium Payment Options	Single Premium, Annual, Half-yearly, Quarterly, and Monthly
How can You cover Yourself	**For Section 1 Hospitalization Cover** Individual and Family Floater basis **For Section 2 Personal Accident** Individual basis only for the primary insured **For Section 3 Cancer Care** Individual basis only for the primary insured
Who are covered (Relationship with respect to the Proposer)	For Family Floater Basis: Self, Spouse and 2 Children can be covered in a single policy.

C. Sum Insured

Section 1 Hospitalization Cover- 50,000/1 lac to 5 lacs (in multiples of 1 lac), 5 lacs to 100 lacs (in multiples of 5 lacs).

Section 2 Personal Accident- 10,000/25,000/50,000/1 lac to 5 lacs (in multiples of 1 lac) 5 lacs to 100 lacs (in multiples of 5 lacs).

Section 3 Cancer Care- 5,000/10,000/25,000/50,000/1 lac to 5 lacs (in multiples of 1 lac) 5 lacs to 100 lacs (in multiples of 5 lacs).

D. Coverage

Scope of Cover

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

All Sections and Covers offered under the Sections are optional in nature. The **Master Policy Holder** can select any number of Sections and covers under the **Policy** subject to terms, conditions and exclusions and limitations mentioned under this **Policy.**

Further, Section 1 Hospitalization Cover can be opted on individual or floater basis however, Section 2 Personal Accident and Section 3 Cancer Care are available only on individual basis for the **Policy Holder.**

Section 1 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 Year.** The payment is subject to limits as specified in the **Policy Schedule/Certificate of Insurance,** subject to otherwise terms and conditions of the **Policy.**

1.1 Inpatient Care

We will indemnify the **Reasonable and Customary Charges** that are incurred during the **Hospitalization** 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. Anesthesia, 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** unless specifically agreed by **Us.**

Conditions:

i. In case of admission to a room at rates exceeding the limits as specified in the **Policy Schedule/Certificate of Insurance** the reimbursement of all other **Associated Medical Expenses** incurred at the **Hospital,** shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of **Room Rent** charges.
ii. Proportionate deductions shall not apply in respect of the **Hospitals** which do not follow differential billings or for those expenses in respect of which differential billing is not adopted based on the room category.
iii. If **Insured Person** is admitted in an ICU category those specified in the **Policy Schedule** of this **Policy,** then proportionate deductions shall not be applicable on the total **Associated Medical Expenses** in the proportion of the **ICU Charges.**
iv. The expenses related to or subsumed into room charges/procedure charges/costs of treatment are specified in Annexure II are not covered, unless otherwise specified in the **Policy Schedule/Certificate of Insurance.**

1.2 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 Year.**

Conditions:

i. The list of admissible **Day Care Treatment**/Procedures would be as per the list in Annexure III (The list of day care treatment is an indicative list and any other treatment which may get included in future shall be covered by the virtue of standard definition of "**Day Care Treatment**")

ii. **We** shall not cover any OPD Treatment and Diagnostic Services under this Cover.

1.3 Organ Donor Expenses

We will indemnify the **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 Year**, provided that:

Conditions:

i. The organ donated is for the use of the **Insured Person** who has been asked to undergo an organ transplant on **Medical Advice**; and the undergoing of a transplant has to be confirmed by a specialist **Medical Practitioner.**

ii. The organ donor is any person whose organ has been made available in accordance and in compliance with The Transplantation of Human Organs (Amendment) Bill, 2011, Transplantation of Human Organs and Tissues Rules, 2014 and other applicable laws and rules and the organ donated is for the use of the Insured Person, and

iii. **We** have accepted a claim for the **Insured Person** under 1.1 (Inpatient Care).

iv. The Organ Donor's Pre-Hospitalization and Post-Hospitalization expenses are excluded under the **Policy**

v. Any donor screening charges or other **Medical Expenses** or **Hospitalization** consequent to the harvesting of organ for the donor is excluded under the **Policy.**

vi. Our maximum liability to pay the claim under this Cover shall be as per the limit/ terms and conditions as specified in **Policy Schedule/ Certificate of Insurance.**

vii. This benefit shall be limited to maximum amount as specified in **Policy Schedule/Certificate of Insurance.**

1.4 Inpatient Care under Alternative Treatment (AYUSH)

We will indemnify the **Insured Person** upto the limit specified in the **Policy Schedule/Certificate of Insurance** for the **Medical Expenses** incurred during the **Policy Year** towards **Inpatient Care** or treatment taken under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy in an **AYUSH Hospital** as defined under the **Policy.**

Conditions:

i. **AYUSH Treatment** shall be subject to the Guidelines and Standard Treatment Protocols issued by the Ministry of AYUSH, as applicable from time to time.

1.5 Domiciliary Hospitalization

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

Conditions:

i. **Domiciliary Hospitalization** is for **Medically Necessary Treatment** and is carried out on the written advice of a **Medical Practitioner.**

ii. **Medical Expenses** can be claimed on Reimbursement basis as per the limits specified in **Policy Schedule/Certificate of Insurance.**

Expenses incurred due to following **Diseases** will not be payable under this Cover:-

i. Asthma

ii. Bronchitis

iii. Chronic Nephritis and Nephritic Syndrome

iv. Diarrhea and all type of Dysenteries including Gastro-enteritis

v. Diabetes Mellitus and Insipidus

vi. Epilepsy

vii. Hypertension

viii. Influenza, Cough and Cold

ix. All Psychiatric or Psychosomatic Disorders

x. Pyrexia of unknown Origin for less than 10 days

xi. Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis

xii. Arthritis, Gout and Rheumatism

1.6 Pre-Hospitalization Medical Expenses

We will indemnify the **Reasonable and Customary Charges** incurred on the **Insured Person's Pre-hospitalization Medical Expenses** incurred prior to **Hospitalization** during the Policy Year.

Conditions:

i. **We** have accepted a claim under 1.1 (Inpatient Care) or 1.2 (Day Care Treatment) or 1.4 (Inpatient Care under Alternative Treatments (AYUSH)) or 1.5 (Domiciliary Hospitalization) or 1.8 Modern Treatment or 1.11 (Home Health Care) in respect of that **Insured Person.**

ii. **Pre-hospitalization Medical Expenses** can be claimed on Reimbursement basis only.

1.7 Post-Hospitalization Medical Expenses

We will indemnify the **Reasonable and Customary Charges** incurred on the **Insured Person's Post-hospitalization Medical Expenses** incurred immediately from the day of discharge from the **Hospital** during the **Policy Year.**

Conditions:

i. **We** have accepted a claim under 1.1 (Inpatient Care) or 1.2 (Day Care Treatments) or 1.4 (Inpatient Care under Alternative Treatments(AYUSH)) or 1.5 (Domiciliary Hospitalization) or 1.8 Modern Treatment or 1.11 (Home Health Care) in respect of that Insured Person.

ii. **Post-hospitalization Medical Expenses** can be claimed on Reimbursement basis only.

1.8 Modern Treatment

We will indemnify the **Reasonable and Customary Charges** for **Medical Expenses** incurred on the **Insured Person** during the **Policy Year** as **Inpatient Treatment** or **Day Care Treatment** or **Domiciliary Hospitalization** for any Illness/Injury where treatment undertaken is from below listed Modern treatment methods or Advanced procedures as per the limits specified in **Policy Schedule/Certificate of Insurance.**

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

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

1.9 OPD Cover

We will indemnify the **Reasonable and Customary Charges** incurred towards the **Insured Person's OPD Treatment** during the **Policy Year** as per Cover/limits opted and specified under **Policy Schedule/Certificate of Insurance.**

For the purposes of this Cover, the **Reasonable and Customary Charges** will include:

Consultation	Fees for medically necessary consultation and examination by **Medical Practitioners** to assess your health for any **Illness.**
Diagnostic	Medically necessary out-patient diagnostic procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) etc. used to make a diagnosis for treatment from a diagnostic centre.
Pharmacy	Drugs and medicines prescribed by a **Medical Practitioner**

Conditions:

i. The claim for Diagnostic Tests and Pharmacy shall become payable only in relation to an OPD consultation which is payable.

ii. Our maximum liability to pay the claim under this Cover shall be as per the limit/terms and conditions as specified in **Policy Schedule/ Certificate of Insurance**

iii. F.3(e) of the Specific Exclusions shall not apply only to the extent that this Cover is applicable.

iv. If **Co-Payment** is opted, then it shall be applicable on each and every **Claim** made under this Cover.

Specific Exclusions applicable to this Cover

We shall not be liable to pay any claim related to:-

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

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

iii. Cost of frames for the prescribed lenses.

iv. Sunglasses, unless medically prescribed by the treating **Medical Practitioner.**

v. Any lenses including contact lenses.

1.10 Emergency Ground Ambulance

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

Conditions:

We will reimburse payments under this Cover provided that:-

i. The medical condition of the **Insured Person** requires immediate **Ambulance** services from the place where the **Insured Person** is Injured or is suffering from an **Illness** to a **Hospital** where appropriate medical treatment can be obtained or from the existing **Hospital** to another **Hospital** as advised by the treating **Medical Practitioner** in writing.

ii. The **Ambulance** service is offered by a healthcare or Registered **Ambulance** Service Provider.

iii. The original **Ambulance** bills and payment receipt is submitted to **Us.**

iv. **We** have accepted a claim under Section 1.1 (Inpatient Care) above in respect of the same period of **Hospitalization** or 1.2 (Day Care Treatment) or 1.8 (Modern Treatment) or 1.4 (Inpatient Care under Alternative Treatment (AYUSH)).

v. **We** will not make any payment under this Cover if the **Insured Person** is transferred to any **Hospital** or diagnostic center for evaluation purposes only.

1.11 Weekly Benefit

If the **Insured Person** suffers from any **Illness** or **Injury** which occurs during the **Policy Year** resulting in **Hospitalization** 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.**

Conditions:

i. **We** have accepted a claim under 1.1 (Inpatient Care)

ii. The **Medical Practitioner** has certified in writing that the **Insured Person** is temporarily unfit to work with specified period of recovery.

iii. Our maximum liability to pay the claim under this Cover shall be limited to the limits specified in **Policy Schedule/Certificate of Insurance,** provided in any case the payment for weekly benefit shall not exceed 100 continuous and consecutive weeks.

iv. **We** will make payment under this cover for only a part of the week if the **Insured Person** has suffered temporary inability for that part of the week.

v. The payment under this Cover shall be payable only after the exhaustion of official leaves of that particular **Insured Person** or as specified in the **Policy Schedule/Certificate of Insurance,** provided the confirmation from the employer of **Insured Person** is mandatory.

vi. This claim payment under this Cover is over and above the **Sum Insured.**

For the purpose of this Cover "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 **Us** shall finally determine the date.

1.12 Home Health Care

We will cover the **Reasonable and Customary Charges** for **Medical Expenses** incurred on the **Insured Person** for **Home Health Care** Services during the **Policy Year** 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 Inpatient Care at a Hospital and be admissible under 1.1 (Inpatient Care) but is actually taken while confined at home.

ii. The Cover 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 G.3 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.

1.13 Common Disease Cover

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

The claim payment under this Cover is over and above the **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

For the purpose of this benefit, Common **Diseases** shall cover:

1. Dengue fever

We will cover the **Medical Expenses** incurred for the **Insured Person's,** in case of being diagnosed with Dengue confirmed by a **Medical Practitioner** and **Hospitalization** being absolutely necessary for more than 24 hours in addition to below specific conditions.

Specific conditions for this cover:

i. The laboratory examination result countersigned by a pathologist/ microbiologist must confirm Immunoglobulins/PCR test showing positive result for Dengue.
ii. Indoor case papers should be obtained and the diagnosis of admission should be Dengue in addition to the above.

2. Malaria

We will cover the **Medical Expenses** incurred for the **Insured Person's Hospitalization** for more than 24 hours, in case of being diagnosed of Malaria, which should be confirmed by a **Medical Practitioner** with confirmatory tests indicating presence of Plasmodium Falciparum/Vivax/ Malariae in the patient's blood by laboratory examination countersigned by a pathologist/microbiologist in peripheral blood smear or positive rapid diagnostic test (antigen detection test).

Specific conditions for this cover:

i. A continuous **Hospitalization** of 24 hours should be absolutely necessary along with high fever and shaking chills.
ii. Indoor case papers should be obtained and the diagnosis of admission should be malaria and its complications, if any.

3. Lymphatic Filariasis (Commonly known as Elephantiasis)

We will cover the **Medical Expenses** incurred for the **Insured Person's Hospitalization**, in case of being diagnosed by a **Medical Practitioner** and the laboratory examination countersigned by a pathologist must be documented with presence of microfilariae in a blood smear by microscopic examination and along with any two of the following criteria:

i. Lymphoedema,
ii. Elephantiasis,
iii. Scrotal swelling

Indoor case papers should be obtained and the diagnosis of admission should be Filariasis in addition to the two of the above conditions.

4. Kala-azar (also known as Visceral leishmaniasis)

We will cover the **Medical Expenses** incurred for the **Insured Person's Hospitalization** for more than 24 hours, in case of being diagnosed of Visceral leishmaniasis, characterized by irregular bouts of fever, substantial weight loss, swelling of the spleen and liver, and anaemia. for more than 24 hours

Specific Conditions for this cover:

i. The diagnosis must be confirmed by a **Medical Practitioner** and by parasite demonstration in bone marrow/spleen/lymph node aspiration or in culture medium as the confirmatory diagnosis or positive serological tests for Kala-azar should clearly indicate the presence of this **Disease.**

ii. Indoor case papers should be obtained and the diagnosis of admission should be Kala-azar.

5. Chikungunya

We will cover the **Medical Expenses** incurred for the **Insured Person's Hospitalization** for more than 24 hours, in case of being diagnosed of Chikungunya characterized by an abrupt onset of fever with Joint pain. Other common signs and symptoms may include muscle pain, headache, nausea, fatigue and rash.

Specific conditions for this cover:

i. The diagnosis must be documented by a **Medical Practitioner** and confirmed by Serological tests, such as enzyme-linked immunosorbent assays (ELISA), confirming the presence of IgM and IgG anti-chikungunya antibodies.

ii. Indoor case papers should be obtained and the diagnosis of admission should be Chikungunya.

6. Japanese Encephalitis

We will cover the **Medical Expenses** incurred for the **Insured Person's Hospitalization** for more than 24 hours, in case of being diagnosed of Japanese encephalitis characterized by rapid onset of high fever, headache, neck stiffness, disorientation, coma, seizures, spastic paralysis. To confirm Japanese Encephalitis (JE) infection and to rule out other causes of encephalitis requires a laboratory testing of serum or preferably cerebrospinal fluid.

Specific conditions for this cover:

i. The diagnosis must be confirmed by a **Medical Practitioner** and positive serological test for JE by immunoglobulin M (IgM) antibody capture ELISA (MAC ELISA) for serum and cerebrospinal fluid (CSF).

ii. Indoor case papers should be obtained and the diagnosis of admission should be Japanese Encephalitis.

7. Zika Virus

We will cover the **Medical Expenses** incurred for the **Insured Person's Hospitalization** for more than 24 hours, in case of being diagnosed of Zika virus **Disease** characterised by mild fever, skin rash, conjunctivitis, muscle and joint pain, malaise or headache.

Specific conditions for this cover:

i. A diagnosis of Zika virus infection should be confirmed by a Medical Practitioner and by plaque-reduction neutralization testing (PRNT).

ii. PRNT is performed by CDC (Centers for **Disease** Control and Prevention) or a CDC-designated confirmatory testing laboratory to confirm presumed positive, equivocal, or inconclusive IgM results.

iii. Indoor case papers should be obtained and the diagnosis of admission should be Zika virus.

8. Avian Influenza

We will cover the **Medical Expenses** incurred for the **Insured Person's Hospitalization** for more than 24 hours, in case of being diagnosed of Avian Influenza, characterised by flu, fever, body ache and confirmed by a **Medical Practitioner** and by the Specified Diagnostic test as below:

Most common affecting variants: A(H5N1) and A(H7N9)

Hospitalization must be necessary, Indoor case papers should be obtained and the diagnosis of admission should be Avian Influenza.

Exclusion:

Patient affected by other than the Specified variant will not be payable.

Diagnostic Tests:

i. Viral RNA detection by reverse transcriptase polymerase chain reaction (RT-PCR) and real time RT- PCR assay- which confirms the presence of listed affecting variants.

ii. Serological identification of antibodies against avian influenza A viruses- including the hemagglutination inhibition test (HI), enzyme immunoassay (EIA), and virus neutralization tests (VN).

9. HPV

We will cover the **Medical Expenses** incurred for the **Insured Person's Hospitalization** for more than 24 hours, in case of being diagnosed of Human Papilloma Virus infection characterised by warts in genital and surrounding skin. A diagnosis of HPV infection should be confirmed by a **Medical Practitioner** and by the below Specified diagnostic tests.

Hospitalization must be necessary, Indoor case papers should be obtained and the diagnosis of admission should be Human Papilloma Virus Infection.

Diagnostic Test:

i. Pap test also known as Pap Smear test involving collection of a sample of cells from the cervix or vagina to send for laboratory analysis which would confirm the presence of Human Papilloma Virus.

ii. DNA test conducted on the cells from insured`s cervix, should confirm presence of the DNA of the high-risk varieties of HPV that have been linked to genital cancers.

10. Mycobacterium Tuberculosis:

We will cover the **Medical Expenses** incurred for the **Insured Person's Hospitalization** for more than 24 hours, in case of being diagnosed of Mycobacterium Tuberculosis characterised by cough for 3 or more weeks and or symptoms like coughing up blood and mucus, chest pain, unintentional weight loss, fatigue, fever, nigh sweets and chills.

Specific conditions for this cover:

i. **Hospitalization** must be necessary, Indoor case papers should be obtained and the diagnosis of admission should be Mycobacterium Tuberculosis.

ii. A diagnosis of Mycobacterium tuberculosis should be confirmed by **Medical Practitioner** and by the below Specified diagnostic tests.

Diagnostic Test:

i. The Mantoux tuberculin skin test (TST)

ii. TB blood test i.e. Interferon Gamma Release Assay (IGRA)

iii. Chest radiography

iv. Sputum Microbiology examination: A positive culture for M. tuberculosis in microbiology report.

Exclusion:

Any TB other than pulmonary TB will not be covered.

11. Enteric fever/Typhoid Fever

We will cover the **Medical Expenses** incurred for the **Insured Person's Hospitalization** for more than 24 hours, in case of being diagnosed of Typhoid fever/ Enteric Fever characterised by pain in abdomen and high fever, persistent headache, abdominal discomfort, constipation, diarrhoea, weakness, dizziness, nausea and cough.

A diagnosis of Enteric fever/Typhoid Fever should be confirmed by a **Medical Practitioner** and by the below Specified diagnostic tests.

Diagnostic tests:

i. Widal test - Positive for presence of Salmonella Typhi

ii. ELISA test confirming S. Paratyphi, S. Typhi.

iii. Blood culture confirming growth of Salmonella Typhi.

1.14 Health Check-up

The **Insured Person** can avail preventive Health check-up anytime during the **Policy Year** upto the limit specified in the **Policy Schedule/ Certificate of Insurance.**

Conditions:

i. The eligibility of the **Insured Person** under this Cover and the specified limit/frequency of health check-ups will be as specified in the **Policy Schedule/Certificate of Insurance.**

ii. This Cover is available once per **Insured Person** during the **Policy Year.**

iii. Any unutilized test or amount under this cover in a **Policy Year** cannot be carried forward to the next **Policy Year.**

iv. Health checkup will be provided at **Our** wellness partner or empaneled **Diagnostic Centers** on Cashless basis.

1.15 E-Opinion

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

Condition:

It is agreed and understood that the E- 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 E-Opinion from the list of Specialist as provided by **Us** on **Our** Website/App from our empaneled network.

ii. It is agreed and understood that **Insured Person** is 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 Cover shall be requested through **Our** Website/App or by calling **Our** call center on the toll-free number specified in the **Policy Schedule/Certificate of Insurance.**

iv. Under this Cover, **We** are only providing the Insured Person with access to an E-opinion and **We** shall not be deemed to substitute the **Insured Person's** visit or consultation to an independent **Medical Practitioner**

v. The E-Opinion provided under this Cover 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.**

1.16 Wellness Care

Under this Cover, The **Insured Person** may avail wellness services. 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 Person** can avail the wellness care benefits as specified in the **Policy Schedule/Certificate of Insurance,**

Condition:

i. The services will be provided through an empanelled service provider. It is entirely for the **Insured Person** to decide whether to obtain these services.

ii. **We** shall not be responsible for any disputes arising between the Insured Person and the service provider.

iii. The services provided under this Cover, does not constitute **Medical Advice** of any kind and it is not intended to be, and should not be, used to diagnose or identify treatment for a medical or mental health condition.

Section 2 Personal Accident

We will provide the Covers as detailed below and as shown in the **Policy Schedule/Certificate of Insurance** to be operative for an event or occurrence described here below that occurs during the **Policy Year.** All the Covers under this Section are optional however 2.4 Repatriation & Funeral Expenses, 2.5 Child Education, 2.6 Adaptation Allowance (Home & Vehicle), 2.7 Ambulance Cover and 2.9 Loss of Income cannot be opted on standalone basis. However, they can be opted in accordance with terms and conditions mentioned within each of these Covers.

The **Policy Holder** must opt one of either **Accidental Death** and/or **Permanent Total Disability** and/or **Permanent Partial Disability** Cover(s) under this section.

2.1 Accidental Death (AD)

We will pay the Personal Accident **Sum Insured**, as mentioned in the **Policy Schedule/Certificate of Insurance**, for any **Injury** that is caused due to an **Accident** that immediately or eventually results in **Insured Person's** loss of life, provided that such loss occurs under the circumstances described in the **Policy** within 365 Days from the date of the **Accident** which caused the **Injury.**

We will pay the Personal Accident **Sum Insured** less any other amount paid or payable under **Permanent Total Disability, Permanent Partial Disability** of this **Policy**, if these coverages are offered under this Policy, as a result of the same **Accident.**

Exposure: For the purposes of the Accidental Death Cover above, a loss resulting from **Insured Person** being unavoidably exposed to the elements due to an **Accident** occurring under the circumstances described in the **Policy** will be payable as if resulting from an **Injury.** Loss must occur within 365 days of the date of the **Accident.**

Specific Exclusions: In addition to the Exclusions listed in this **Policy** the coverage under this section will not cover any loss caused directly or indirectly, wholly or partly by:

i. Infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of **Disease;**

ii. Medical or surgical treatment except as may be necessary solely as a result of **Injury.**

2.2 Permanent Total Disability (PTD) (Including Loss of Sight and Hearing)

We will pay a percentage of the Personal Accident **Sum Insured** towards **Permanent Total Disability** as specified in the **Policy Schedule/ Certificate of Insurance** if **Injury** to **Insured Person** results in one of the losses shown in the Table of Losses below. The loss must occur under the circumstances described under the **Policy** within 365 days from the date of the **Accident** which caused **Injury.**

We will pay, provided such disability has continued for a period of 365 days from the date of the **Accident** which caused **Injury** and is total, continuous and **Permanent** at the end of this period, the Personal Accident **Sum Insured** less any other amount paid or payable under: **Permanent Partial Disability Cover**, if these coverages are offered under this **Policy**, as the result of the same **Accident.**

If more than one loss results from any one **Accident**, the largest of the amount that becomes payable will be paid.

Table of Losses

Loss of	% of Sum Insured
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

"Loss" with regard to:

i. hand or foot means actual severance through or above the wrist or ankle joints respectively;

ii. eye means entire and irrecoverable loss of sight;

iii. thumb and index finger means actual severance through or above the joint that meets the hand at the palm;

iv. speech or hearing means entire and irrecoverable loss of speech or hearing of both ears;

Exposure:

For the purposes of the Accidental Disability Cover above, a loss resulting from **Insured Person** being unavoidably exposed to the elements due to an **Accident** occurring under the circumstances described in a Hazard will be payable as if resulting from an **Injury.** Loss must occur within 365 Days of the date of the **Accident.**

Specific Exclusion:

In addition to the Exclusions listed in this **Policy** this coverage section shall not cover loss caused directly or indirectly, wholly or partly by:

i. Infections (except pyogenic infections which shall occur through an **Accidental** cut or wound) or any other kind of **Disease.**

ii. Medical or surgical treatment except as may be necessary solely as a result of **Injury.**

2.3 Permanent Partial Disability (PPD)

When as the result of **Injury** occurring during the **Policy Period** and commencing within 365 Days from the date of the **Accident, Insured Person** suffer a **Permanent Partial Disability, We** will pay, provided such disability has continued for a period of 365 days and is continuous and **Permanent,** at the end of this period, a percentage of the Personal Accident **Sum Insured** shown in the **Policy Schedule** if **Injury** to **Insured Person** results in one of the losses shown in the Scale below less any other amount paid or payable under the **Accidental** Death, or **Permanent Total Disability** as the result of the same **Accident.**

Loss of	% of Sum Insured
Loss of toes - all (both feet)	20%
Great toe	5%
Other than great toe, if more than one toe lost, each	1%
Loss of four fingers and thumb of one hand	40%
Loss of four fingers	25%
Loss of thumb	15%
Loss of index finger	10%

Loss of middle finger	6%
Loss of ring finger	5%
Loss of little finger	4%

"Loss" with regard to:

i. Toe, finger, thumb means actual complete severance from the foot or hand;

ii. Hearing means entire and irrecoverable loss of hearing.

When more than one form of disability results from one **Accident, We** add the percentages from each together. However, **We** will not pay more than 100% of the Personal Accident **Sum Insured** shown in the **Policy Schedule.**

If the **Insured Person** has an existing medical condition and suffers **Injury, We** will assess whether the **Insured Person's** medical condition has contributed to his/her disability; and whether the disability makes the **Insured Person's** medical condition worse. In either case, **We** will assess the difference between the **Insured Person's** medical condition before, and their disability after the **Accident.** Any payment **We** make will be based on the difference, expressed as a percentage, and applied to the appropriate Cover above or in the scale.

Specific Exclusion: In addition to the Exclusions listed in this **Policy** this coverage section shall not cover loss caused directly or indirectly, wholly or partly by:

i. Infections (except pyogenic infections which shall occur through an **Accidental** cut or wound) or any other kind of **Disease.**

ii. Medical or surgical treatment except as may be necessary solely as a result of **Injury.**

2.4 Repatriation & Funeral Expenses

In the event of Accidental Death, **We** will pay towards the expenses incurred for preparing **Insured Person's** body for burial or cremation and/or transportation of mortal remains to city of residence, provided

i. **We** have accepted a claim under 2.1 Accidental Death (AD)

ii. **We** shall provide reimbursement under this Cover up to a limit as specified in the **Policy Schedule/Certificate of Insurance.**

iii. The claim payment under this Cover is over and above the Personal Accident **Sum Insured.**

2.5 Child Education

In the event of Accidental Death or **Permanent Total Disability** of the **Insured Person, We** will pay towards the education support of **Insured Person's** child(ren), to the extent of limit specified in the **Policy Schedule/Certificate of Insurance** towards this Cover per child per year, minimum of - till the 25th birthday of **Insured Person's** child or four continuous years or till the time **Insured Person's** child ceases to be enrolled in any regular education programme provided we have accepted a claim under 2.1 Accidental Death and/or 2.2 **Permanent Total Disability.** This Cover shall be provided to first and second child who may or may not be an **Insured Person** under the **Policy.**

The claim payment under this Cover is over and above the Personal Accident **Sum Insured.**

2.6 Adaptation Allowance (Home & Vehicle)

If **Insured Person** is required to modify his/her vehicle or make some changes in his/her house as necessitated by **Insured Person's Permanent Total Disability** or **Permanent Partial Disability** which resulted from an **Accident** covered under this **Policy** in that case **We** shall pay for such expenses up to a limit as specified in **Policy Schedule/Certificate of Insurance** provided **We** have accepted a Claim either under 2.2 **Permanent Total Disability** and/or 2.3 **Permanent Partial Disability.**

The claim payment under this Cover is over and above the Personal Accident **Sum Insured.**

2.7 Ambulance Cover

In the event of Accidental Death or **Permanent Total Disability** or **Permanent Partial Disability** of the **Insured Person, We** will indemnify the **Insured Person** upto the limit specified in the **Policy Schedule/Certificate of Insurance** towards expenses incurred for availing an **Ambulance** Service to transfer the **Insured Person** to a **Hospital** from the location of **Accident** or **Injury** during the **Policy Year** provided we have accepted a claim under 2.1 Accidental Death or 2.2 **Permanent Total Disability** or 2.3 **Permanent Partial Disability.**

2.8 Broken Bones/Fracture

If **Insured Person** sustains any **Injury,** resulting solely and directly from an **Accident** during the **Policy Year,** and if such **Injury** shall within 90 days of its occurrence be the sole and direct cause of fracture as listed below, then **We** shall pay as per details indicated below, to the **Insured Person**/Nominee/Legal Heir/Assignee as stated in the **Policy Schedule/ Certificate of Insurance:-**

Sr No.	Broken Bones/ Fracture	
	Nature of Fracture	**% of Sum Insured Payable**
1.	Fractures of the Skull:	
	a) Compound fracture with damage to the brain tissue	100%
	b) Compound fracture without damage to the brain tissue	75%
	c) All other fractures	50%
2.	Fractures of hip or Pelvis (excluding thigh or coccyx):	
	a) Multiple fractures (at least one compound & one complete)	100
	b) All other compound fractures	50%
	c) Multiple fractures, at least one complete	30%
	d) All other fractures	20%
3.	Fracture of thigh or heel:	
	a) Multiple fractures (at least one compound & one complete)	50%
	b) All other compound fractures	50%
	c) Multiple fractures, at least one complete	30%
	d) All other fractures	20%
4.	Fracture of Lower Leg, Clavicle, Ankle, Elbow, Upper or Lower Arm (including wrist, but excluding Colles-type fracture):	
	a) Multiple fractures (at least one compound & one complete)	40%
	b) All other compound fractures	30%
	c) Multiple fractures, at least one complete	20%
	d) All other fractures	10%
5.	Fractures of Lower Jaw:	
	a) Multiple fractures (at least one compound & one complete)	30%
	b) All other compound fractures	20%
	c) Multiple fractures, at least one complete	16%
	d) All other fractures	8%
6.	Fractures of Shoulder Blade, Kneecap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes and heel):	
	a) All compound fractures	20%
	b) All other fractures	10%
7.	Colles type fracture to the Lower Arm:	
	a) Compound	20%
	b) Other	10%
8.	Fractures of Spinal Column (Vertebrae but excluding coccyx):	
	a) All compression fractures	20%
	b) All spinous, transverse process or pedicle fractures	20%
	c) All other vertebral fractures	10%
9.	Fractures of Rib or Ribs, Cheekbone, Coccyx, Upper Jaw, Nose, Toe and toes, finger or fingers:	
	a) Multiple fractures (at least one compound & one complete)	16%
	b) All other compound fracture	12%
	c) Multiple fractures, at least one complete	8%
	d) All other fractures	4%

i. If an **Insured Person** suffers a Broken Bone/ Fracture not mentioned in the table above, then **We** will assess the fracture with **Our** medical advisors and determine the amount of payment to be made.

ii. **We** shall not be liable to make any payment in respect of any fracture which results due to any **Illness** or **Disease** (including malignancy) or due to osteoporosis/ degeneration of bones.

iii. If **Injury** results in more than one of the natures of Broken Bones/Fracture mentioned in the above table, then **Our** maximum, total and cumulative liability under this Cover will be limited to the Broken Bones/Fracture limit as specified in the **Policy Schedule/ Certificate of Insurance.**

2.9 Loss of Income

We shall pay up the limit specified in the **Policy Schedule/Certificate of Insurance** towards Loss of income, if the **Insured Person** suffers from **Permanent Total Disability, Permanent Partial Disability,** solely and directly due to an **Accident** during the **Policy Period.**

Provided,

i. **We** have accepted a claim under benefit 2.2 **Permanent Total Disability** or 2.2 **Permanent Partial Disability.**

ii. **Insured Person** is disabled from engaging in his/her primary occupation and loses his/her source of income generation.

iii. This Cover will be payable only if the **Insured Person** is working within the territorial limits of India.

iv. Net Monthly Salary (Take home salary) shall be payable after deduction of income tax, professional tax, PF Contributions, Bonuses / One-time Variable Pay, Any other deductions, and any reimbursements from the monthly pay slips.

v. In case of salaried persons, **We** shall consider the last three months monthly average salary slip of the employer subject to all deductions mentioned above.

vi. In case of self-employed persons or where income information is not available, **We** shall consider the certified documents proving his/her annual income.

vii. **We** shall not be liable for payments under this Cover if the **Insured Person's** termination, dismissal, temporary suspension, or retrenchment from employment is linked to dishonesty or fraud or poor performance or his/her willful violation of employer rules or laws or any disciplinary action.

viii. **We** shall not be liable for any payment under this **Policy** in respect of:

a. Claims related to casual, temporary, seasonal, or contractual employment or employees not on the direct employer's rolls.

b. Voluntary unemployment.

c. Unemployment at the time of inception of the **Policy Period** or within the first three months of the first **Policy** with **Us.**

d. Unemployment from a job without provided salary or remuneration to the **Insured Person.**

e. Unemployment due to resignation, retirement (voluntary or otherwise).

f. Unemployment due to non-confirmation of employment after or during probation.

g. Events arising from the **Insured Person** committing a law breach with criminal intent.

ix. **Our** maximum liability for this Cover will be limited to the option selected, no. of months opted as specified in the **Policy Schedule/ Certificate of Insurance.**

The claim payment under this Cover is over and above the Personal Accident **Sum Insured.**

Section 3 Cancer Care

This Section offer 2 sets of Plans. If this section is opted, then it is mandatory to opt either Cancer or Cancer + Cardiac under the **Policy** subject to terms and conditions specified in this **Policy.**

3.1 Cancer Care Benefit

Sr No.	Name of CI/ Surgery	Cancer	Cancer + Cardiac
1.	Cancer of Specified Severity	✓	✓
2.	Aplastic Anaemia	✓	✓
3.	Major Organ /Bone Marrow Transplant#	✓	✓
4.	Myocardial Infraction (First Heart Attack of Specific Severity)		✓
5.	Open Chest CABG		✓
6.	Open Heart Replacement or Repair of Heart Valves		✓
7.	Primary (Idiopathic) Pulmonary Hypertension		✓
8.	Aorta Graft Surgery		✓
9.	Dissecting Aortic Aneurysm		✓
10.	Cardiomyopathy		✓
11.	Infective Endocarditis		✓
12.	Eisenmenger's Syndrome		✓

#Under Major Organ /Bone Marrow Transplant, the following conditions are covered depending upon the option selected:

Coverage Condition covered under MOT	Coverage Condition covered under MOT
Cancer	Cancer Bone Marrow Transplant
Cancer + Cardiac	Transplant of Heart or Bone Marrow Transplant

We shall pay lump sum amount as per option selected and as specified in the **Policy Schedule /Certificate of Insurance,** if the **Insured Person** is diagnosed in India with any of the listed **Illness**, during the **Policy Period**, provided,

i. The opted **Illness** which **Insured Person** is suffering from occurs or manifest itself during the **Policy Period** as first incidence.

ii. A **Waiting Period** of no. of days (as specified in the **Policy Schedule/Certificate of Insurance**) is applicable at the commencement of the **Policy** for all the covered **Illness** conditions.

iii. The **Insured Person** survives a **Survival Period,** as opted and specified in the **Policy Schedule/Certificate of Insurance,** from the date of diagnosis of such **Illness.** Otherwise, the Cover would not be payable if **Insured** dies due to incidence of one of the listed **Illnesses** within the stipulated Survival Period.

iv. This benefit shall terminate in the event of claim of a covered **Illness** becoming accepted and paid. In consequence thereof, no other Cover shall be payable under this section.

v. Claims will be payable under this section only if the Cover is in force. A written intimation of claim should be given within 30 days of incidence of listed **Illness,** unless otherwise agreed by **Us.**

Definitions of Covered Illness

1. Cancer of Specified Severity:

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded:

1. All tumors which are histologically described as carcinoma in situ, benign, pre- malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
2. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
3. Malignant melanoma that has not caused invasion beyond the epidermis;
4. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0;
5. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
6. Chronic lymphocytic leukaemia less than RAI stAge 3.
7. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
8. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs.

2. Aplastic Anaemia:

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

a. Blood product transfusion;

b. Marrow stimulating Agents;

c. Immunosuppressive Agents; or

d. Bone marrow transplantation.

The diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:

a. Absolute neutrophil count of less than 500/mm^3 or less

b. Platelets count less than 20,000/mm^3 or less

c. Reticulocyte count of less than 20,000/mm^3 or less

Temporary or reversible Aplastic Anaemia is excluded.

3. Major Organ/Bone Marrow Transplant:

The actual undergoing of a transplant of:

a. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stAge failure of the relevant organ, or

b. Human bone marrow uses hematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist **Medical Practitioner.**

The following are excluded:

1. Other stem-cell transplants.
2. Where only islets of Langerhans are transplanted.

4. Myocardial Infarction (First Heart Attack of Specific Severity):

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

a. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)

b. New characteristic electrocardiogram changes

c. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

1. Other acute Coronary Syndromes
2. Any type of angina pectoris
3. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart **Disease** OR following an intra-arterial cardiac procedure.

5. Open Chest CABG:

The actual undergoing of heart **Surgery** to correct block**Age** or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breastbone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of **Surgery** has to be confirmed by a cardiologist.

The following are excluded:

Angioplasty and/or any other intra-arterial procedures.

6. Open Heart Replacement or Repair of Heart Valves:

The actual undergoing of open-heart valve **Surgery** is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or **Disease**-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of **Surgery** has to be confirmed by a specialist **Medical Practitioner.** Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

7. Primary (Idiopathic) Pulmonary Hypertension:

An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

a. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

b. Class IV: Unable to eng**Age** in any physical activity without discomfort. Symptoms may be present even at rest.

Pulmonary hypertension associated with lung **Disease,** chronic hypoventilation, pulmonary thromboembolic **Disease,** drugs and toxins, **Diseases** of the left side of the heart, congenital heart **Disease** and any secondary cause are specifically excluded.

8. Aorta Graft Surgery:

The actual undergoing of major **Surgery** to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "Aorta" shall mean the thoracic and abdominal aorta but not its branches.

The **Insured Person** understand and agrees that **We** will not cover:

1. **Surgery** was performed using only minimally invasive or intra-arterial techniques.
2. Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures.

Aorta graft **Surgery** benefit covers **Surgery** to the aorta wherein part of it is removed and replaced with a graft.

9. Dissecting Aortic Aneurysm:

A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. The diagnosis must be made by a Registered Doctor who is a specialist with computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram. Emergency surgical repair is required.

10. Cardiomyopathy:

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Doctor who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class IV, or its equivalent, for at least six (6) months based on the following classification criteria:

NYHA Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.

The Diagnosis of Cardiomyopathy has to be supported by echocardiographic findings of compromised ventricular performance.

Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

11. Infective Endocarditis:

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

a. Positive result of the blood culture proving presence of the infectious organism(s);

b. Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and

c. The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Doctor who is a cardiologist.

12. Eisenmenger's Syndrome:

Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The diagnosis must be made by a Registered Doctor who is a specialist with echocardiography and cardiac catheterization and supported by the following criteria:

a. Mean pulmonary artery pressure > 40 mm Hg;

b. Pulmonary vascular resistance > 3mm/L/min (Wood units); and

c. Normal pulmonary wedge pressure < 15 mm Hg.

E. Waiting Periods

We are 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;**

E.1 Pre-Existing Diseases (Code- Excl01)

i) 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 **Us.**

ii) In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of **Sum Insured** increase.

iii) 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.

iv) 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.**

E.2 Specified Disease/Procedure Waiting Period- Code- Excl02

i) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 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.**

ii) In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of **Sum Insured** increase.

iii) 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.

iv) The **Waiting Period** for listed conditions shall apply even if contracted after the **Policy** or declared and accepted without a specific exclusion.

v) 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.

vi) 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

E.3 Initial Waiting Period- Code- Excl03

i) Expenses related to the treatment of any **Illness** within 30 days and the number of days as opted and specified in the **Policy Schedule/ Certificate of Insurance** for Cancer Care Cover from the first **Policy** commencement date shall be excluded except claims arising due to an **Accident**, provided the same are covered.

ii) This exclusion shall not, however, apply if the **Insured Person** has Continuous Coverage for more than 12 months.

iii) The within referred **Waiting Period** is made applicable to the enhanced **Sum Insured** in the event of granting higher **Sum Insured** subsequently.

E.4 Cancer Care Benefit Waiting Period

A **Waiting Period** of 30/60/90 days (as opted) shall apply for all claims under the Cover 3.1 Cancer Care Benefit.

F. Exclusions (Applicable To All Benefits Under The Policy)

We will not make any payment for any claim in respect of any **Insured Person** directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this **Policy.**

F.1 Standard Exclusions

F.1(a) 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.

F.1(b) 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.

F.1(c) Obesity/Weight Control: Code- Excl06

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

1) **Surgery** to be conducted is upon the advice of the Doctor
2) The **Surgery**/Procedure conducted should be supported by clinical protocols
3) The member has to be 18 years of **Age** or older and
4) Body Mass Index (BMI);

a) greater than or equal to 40 or

b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

   i. Obesity-related cardiomyopathy
   ii. Coronary heart **Disease**
   iii. Severe Sleep Apnea
   iv. Uncontrolled Type2 Diabetes

F.1(d) Change-of-Gender treatments: Code- Excl07

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

F.1(e) 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.**

F.1(f) 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.

F.1(g) 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.

F.1(h) Excluded Providers: Code- Excl11

Expenses incurred towards treatment in any **Hospital** or by any **Medical Practitioner** or any other provider specifically excluded by **Us** and disclosed in its website/notified to the **Policy Holders** 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. (For updated and detailed list of Excluded Providers refer website- https://www.sbigeneral.in/).

F.1(i) Substance Abuse and Alcohol (Code: Excl12):

Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

F.1(j) Wellness and Rejuvenation (Code: Excl13):

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.

F.1(k) Dietary Supplements & Substances (Code: Excl14):

Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a **Medical Practitioner** as part of **Hospitalization** claim or Day Care procedure.

F.1(l) Refractive Error: Code- Excl15

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

F.1(m) 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.

F.1(n) 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

F.1(o) 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 Year.**

F.2 Specific Exclusions Applicable To All Sections

F.2(a) Any **Illness**, or **Accident**-causing **Injury**, which has occurred prior to the Risk Inception Date.

F.2(b) Nuclear damage caused by, contributed to, by or arising from ionizing radiation or contamination by radioactivity from:

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

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

iii. nuclear weapons material;

iv. nuclear equipment or any part of that equipment;

F.2(c) 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 nationalization or requisition of or damage by or under the order of any government or public local authority.

F.2(d) **Injury** or **Disease** caused by or contributed to by nuclear weapons/materials.

F.2(e) Circumcision unless necessary for treatment of a **Disease, Illness** or **Injury** not excluded hereunder, or, as may be necessitated due to an **Accident.**

F.2(f) Intentional self-**Injury** (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent.

F.2(g) Vaccination or inoculation except as post bite treatment for animal bite.

F.2(h) The dispersal or application of pathogenic or poisonous biological or chemical materials; The release of pathogenic or poisonous biological or chemical materials, or Congenital anomalies or any complications or conditions arising there from

F.2(i) Any medical treatment taken outside India.

F.2(j) Suicide, attempted suicide (whether sane or insane).

F.3 Specific Exclusion Applicable To Hospitalization Cover

F.3(a) **Hospitalization** for donation of any body organs by an **Insured Person** including complications arising from the donation of organs.

F.3(b) 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.

F.3(c) Treatment with alternative medicines like acupuncture, acupressure, osteopath, , chiropractic, reflexology and aromatherapy.

F.3(d) Convalescence, general debility, "Run-down" condition, rest cure, Congenital external **Illness/Disease**/defect, unless agreed by **Us.**

F.3(e) 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**

F.3(f) Dental treatment or **Surgery** of any kind unless requiring **Hospitalization** as a result of Accidental Bodily **Injury.**

F.3(g) Stem cell storage/preservation

F.3(h) Any kind of service charge, surcharge levied by the **Hospital.**

F.3(i) Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.

F.3(j) Any medical procedure or treatment, which is not medically necessary or not performed by a Doctor/Treating Medical Practitioner.

F.4 Specific Exclusion applicable to Personal Accident

F.4(a) Persons serving in any branch of the Military, Navy or Air-force or any branch of Armed Forces or any paramilitary forces except during peace time.

F.4(b) Participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion.

F.4(c) Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft apart from a Scheduled Airline; or whilst engaged in aviation or ballooning, or whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.

F.4(d) Death or disability resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy.

F.5 Specific Exclusion Applicable to Cancer Care

F.5(a) Benefits will not be available for any **Pre-Existing Diseases** or related condition(s) or any complications arising thereof for which **Insured Person** has been diagnosed, received medical treatment, had signs and/or symptoms, prior to inception of Insured's first Policy, unless such a condition is stated in the Proposal form and specifically accepted by the Insurer and endorsed thereon.

F.5(b) Any covered **Illness** arising from birth control procedures and/ or hormone replacement therapy and any complications arising thereof from.

F.5(c) Any covered **Illness** arising from treatment by a family member and self-medication or any treatment that is not scientifically recognized and any complications arising thereof / there from.

G. General Terms and Clauses

G.1 Condition Precedent to the Contract

G.1(a) 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.**

(Explanation: "Material facts" for the purpose of this **Policy** shall mean all relevant information sought by the **Company** in the **Proposal Form** and other connected documents to enable it to take informed decision in the context of underwriting the risk).

G.1(b) 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.**

G.1(c) Withdrawal of the Product

In the likelihood of this product being withdrawn in future, 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 waiver of **Waiting Period** as per IRDAI guidelines, provided the **Policy** has been maintained without a break.

G.1(d) Premium Payment in Instalment

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.**

G.1(e) Possibility of Revision of terms of the Policy including the Premium Rates

The **Company,** with prior approval of Product Management Committee/IRDAI, may revise or modify the terms of the **Policy** including the premium rates.

G.1(f) 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 **Us** 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**, **We** will pay the **Nominee** (as named in the **Policy Schedule/Certificate of Insurance**/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.**

G.1(g) Currency

The monetary limits applicable to this **Policy** will be in Indian Rupees (INR).

G.1(h) 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 Policy **Holder** 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.**

G.1(i) 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.

Geographical Coverage/applicability of each Section (except 2.1 Accidental Death, 2.2 Permanent Total Disability, 2.3 Permanent Partial Disability, 2.4 Repatriation and Funeral Expenses, 2.5 Child Education, 2.8 Broken Bones/Fracture and Section 3 Cancer Care) under this Policy is within the territorial boundaries of India and Claims under the Policy will be paid in accordance with the same.

G.1(j) 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.

Note: The **Company** reserves the right, at its sole discretion, to offer the Product under various plans, each with distinct name, including co-branded plans developed in collaboration with a distribution partner. All such plans will be subject to the terms and conditions set forth in the Policy Wordings.

G.2 Conditions Applicable during the Contract

G.2(a) Fraud

If any claim made by the **Insured Person**, is in any respect 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 all recipient(s)/**Policy Holder**(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**:

i. The suggestion, as a fact of that which is not true and which the **Insured Person** does not believe to be true;

ii. The active concealment of a fact by the Insured Person having knowledge or belief of the fact;

iii. Any other act fitted to deceive; and

iv. 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.

G.2(b) 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 **Sum Insured** only on the enhanced limits.

G.2(c) Free Look Period

i. Every **Policy Holder** 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.**

ii. In the event a **Policy Holder** 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.

iii. Irrespective of the reasons mentioned, the **Policy Holder** 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 Insured Person and stamp duty charges.

iv. 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 (iii) above.

G.2(d) Change of Sum Insured

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

G.2(e) Implants, Medicines & Medical Devices - Statutory Price Compliance

The liability of the Company towards the cost of medicines, implants, stents, surgical devices or consumables shall be limited to the ceiling prices notified by the National Pharmaceutical Pricing Authority (NPPA) - https://nppa.gov.in/medicaldevices-2 or any other competent statutory authority, wherever applicable, along with applicable taxes. Any amount charged by the **Hospital** in excess of such notified ceiling prices shall not be payable by the **Company**.

G.2(f) Notice and Communication

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

i. 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.**

ii. The **Company** shall communicate to the **Insured Person** at the address or through any other electronic mode mentioned in the **Policy Schedule Certificate of Insurance.**

G.2(g) Automatic change in Coverage under the Policy

i. The coverage for the **Insured Person**(s) shall automatically terminate: In the case of his/her (**Insured Person**) demise. However, the Hospitalization Cover shall continue for the remaining **Insured Persons** till the end of **Policy Period**. The other **Insured Persons** may also apply to renew the **Policy**. In case, the other **Insured Person** is minor, the **Policy** shall be renewed only through any one of his/her natural guardian or guardians appointed by court. All relevant particulars in respect of such person (including his/her relationship with the **Insured Person**) must be submitted to the **Company** along with the application. Provided no Claim has been made, and termination takes place on account of death of the **Insured Person**, pro-rata refund of premium of the deceased **Insured Person** for the balance period of the **Policy** will be effective.

ii. Upon exhaustion of **Sum Insured** for the **Policy Year**. However, the **Policy** is subject to **Renewal** on the due date as per the applicable terms and conditions.

G.2(h) Alterations in the Policy

The **Proposal Form** and **Policy Schedule/Certificate of Insurance** constitute the complete contract of insurance. This **Policy** constitutes the complete contract of insurance between the **Policy Holder** 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 **Age**nt or broker) except **Us.**

G.2(i) Endorsements

i. **Insured Person** can add more persons during the **Policy Period** but only after payment of an additional premium and subject to acceptance of Proposal by **Us** (wherever necessary) and after **We** have issued an Endorsement confirming the addition of such person as an **Insured Person**.

ii. The insurance coverage for every member of the Group insurance **Policy** shall not exceed the maximum **Policy** term.

iii. All Endorsements are subject to acceptance by **Us**.

iv. **We** may issue multiple Group insurance policies in tranches to the Group Organizer, subject to minimum Group size and maximum **Policy** term, for providing insurance coverage to the new members on an ongoing basis.

v. The Group members will be issued a **Certificate of Insurance** giving the details of the benefits, important conditions and exclusions.

G.2(j) Notice & Communication

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

ii. Any communication meant for **Us** must be sent to address shown in the **Policy Schedule** or as an electronic mail communication. Proof of delivery of such notices shall be retained by the **Insured Person** and furnished to **Us** as and when demanded.

iii. Any communication meant for **Insured Person/Insured** will be sent by **Us** to the last known address or the address shown in the **Policy Schedule.**

iv. **Age**nts, Brokers or any other persons or entity are not authorized to receive notices and declarations on **Our** behalf unless expressly stated to the contrary, in writing.

G.2(k) Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

G.2(l) Limitation Period

In no case whatsoever **We** shall be liable for any claim under this **Policy**, if the requirement of G.4(d) (Material Change) are not complied with, unless the claim is the subject of pending action; it being expressly agreed and declared that if **We** shall disclaim liability to the **Insured Person** for any claim hereunder and such claim shall not within 12 calendar months from the date of the disclaimer have been made the subject matter of a suit in court of law then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable.

G.2(m) Automatic Termination of Insurance

The coverage under this **Policy** shall automatically terminate immediately in the event of admissible claim and settlement of 100% **Sum Insured** for that **Insured Person** under Section 2 Personal Accident and/or Section 3 Cancer Care.

G.3 Condition when a Claim arises

G.3(a). Claim Settlement (provision for Penal Interest)

i. The **Company** shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of claim intimation.

ii. In case the claim is not settled within the specified timelines, then the claimant is entitled for interest at bank rate plus 2 percent from the date of receipt of intimation to till the date of payment. Such interest shall be suo-moto paid by the **Company.**

(Explanation: 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)

G.3(b). Multiple Policies (applicable for Indemnity Section only)

i. Indemnity Policies:

A **Policy Holder** 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 **Policy Holder** and shall coordinate with other insurers to ensure settlement of the balance amount as per the **Policy** conditions, without causing any hassles to the **Policy Holder.**

ii. Benefit based Policies:

On occurrence of the **Insured** event, the **Policy Holders** can claim from all insurers under all policies.

G.3(c). 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.3(d). Notification of Claim

In the event of any Accidental **Injury** or **Illness** or condition which has resulted in a claim or may result in a claim covered under the **Policy**, the **Policy Holder/Insured Person**/ Legal Heir must notify **Us** either at the call center or in writing immediately.

The following details are to be provided to **Us** at the time of intimation of claim:

i. **Policy** Number

ii. Name of the **Policy Holder**

iii. Name of the **Insured Person** in whose relation the claim is being lodged

iv. Nature of **Accident/Injury/Illness**

v. Name and Address of the attending **Medical Practitioner** and **Hospital**

vi. Date of **Accident**

vii. Any other information as requested by **Us.**

G.3(e). Policy Holder's/ Insured Person's Duty at the Time of Claim

i. The **Policy Holder/Insured Person** must take reasonable steps or measure to avoid or minimize the quantum of any claim that may be made under this **Policy.**

ii. Forthwith intimate/file/submit a Claim in accordance with G.3(f) of this section.

iii. If so, requested by **Us,** the **Insured Person** will have to submit himself for a medical examination by **Our** nominated **Medical Practitioner** as often as it considers reasonable and necessary. The cost of such examination will be borne by **Us.**

iv. Proof satisfactory to **Us** shall be furnished on all matters upon which a Claim is based. Any Medical or other Agent of the **Company** shall be allowed to examine the **Insured Person** on the occasion of any alleged **Injury** or disability when and so often as the same may reasonably be required on behalf of **Us**. On occurrence of an event which will lead to a Claim under this **Policy**, the **Policy Holder/Insured Person** shall:

a. Allow the **Medical Practitioner** or any of the Our representatives to inspect the any relevant document pertaining to the **Injury/ Accident**/incident, medical and **Hospitalization** records, investigate the facts and examine the **Insured Person**.

b. Assist and not hinder or prevent the Our representatives in pursuance of their duties for ascertaining the admissibility of the Claim under the **Policy**.

If the **Policy Holder/Insured Person**/Legal Heir does not comply with the provisions of these conditions all benefits under this **Policy** shall be forfeited at the **Company's** option.

G.3(f). Conditions when a Claim arises

On the occurrence of any claim under this **Policy,** the claim procedures set out below shall be followed.

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 or Our TPAs Website	
Claim Intimation timelines	Within 24 hours of the Emergency **Hospitalization** At least 72 hours prior to the planned **Hospitalization**	Within 48 hours of admission or before discharge 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** 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 Pre-Authorization	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. KYC Form and KYC Documents 11. Any other relevant information as required	Not Applicable
Process for obtaining Pre-Authorization	1. 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 2. On receipt of duly filled preauthorization form from the **Network Provider** along with other sufficient details to assess the request, We may; i. Issue the authorization letter specifying the sanctioned amount any specific limitation on the Claim and non-payable items, if applicable or ii. Reject the request for preauthorization specifying reasons for the rejection.	Not Applicable
List of Documents	Not Applicable	As listed below

G.3(g). List of Documents for Claims:-

Section Name	Cover Name	Claim Documents
Hospitalization Cover	In-Patient Care Day Care Treatment Organ Donor Expenses Inpatient Care under Alternative Treatment (AYUSH) Pre-Hospitalization Medical Expenses Post-Hospitalization Medical Expenses Modern Treatment OPD Cover Emergency Ground Ambulance Weekly Benefit Home Health Care Common Disease Cover Health Check Up E-Opinion Wellness Care	1. Duly filled and signed Claim form 2. Medical Practitioner's referral letter advising **Hospitalization** 3. Certified copy of **Hospital** Discharge Summary 4. Certified copy of final **Hospital** bill, pharmacy bills, Investigation labs bills 5. All original reports of Investigations done 6. **Ambulance**/Cab receipt/ bill 7. Pre and Post consultation bills 8. First Information Report/ Final Police Report, if applicable 9. Postmortem report, if available 10. Self-attested Copy of PAN card & Aadhar card, photo id & address Proof of the **Nominee**/beneficiary (Driving license/Passport/Election Card, etc) for address mentioned in Claim form with KYC Form 11. 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. 12. Certified copy of Death certificate issued by municipal authority (in case of death of insured) 13. KYC details and Documents 14. All consultation bills (for OPD) 15. Diagnostic test bills along with copy of reports (for OPD) 16. Bills of Surgical Treatment (for OPD) 17. Bills and Receipts (for Health Check Up, E-Opinion and Wellness Care) 18. Consultation Bills (for Health Check Up, E-Opinion and Wellness Care)
Personal Accident	Accidental Death (AD)	1. Copy of Address Proof (Ration Card or Electricity Bill Copy). 2. Attested Copy of Death Certificate. 3. Death Summary/Certificate from the **Hospital** Authority (wherever applicable) 4. Burial Certificate (wherever applicable). 5. Attested Copy of Statement of Witness, if any lodged with police authorities. (wherever applicable). 6. Attested Copy of FIR / Panchanama / Inquest Panchanama. (wherever applicable). 7. Attested Copy of Post-mortem Report (if conducted). 8. Attested Copy of Viscera report if any.
	Permanent Total Disability (PTD) & Permanent Partial Disability (PPD)	1. Attested Copy of disability certificate from relevant government Medical Authority. 2. Attested copy of FIR. (If required) 3. All Investigation reports confirming the disability
	Repatriation & Funeral Expenses	1. Original Invoice of Expenses Incurred during Funeral. 2. Original Invoices of expenses incurred for Carriage of Dead Body/repatriation of mortal remains
	Child Education	1. Bonafide Certificate from School/College or Certificate from the **Educational Institution**
	Adaptation Allowance (Home & Vehicle)	1. Certification from **Medical Practitioner** necessitating the Modification. 2. Original Invoices of actual expenses incurred for the Modifications.
	Ambulance Cover	1. Original **Ambulance** bills and payment receipts paid for the transportation from Registered **Ambulance** Service Provider 2. Letter from **Medical Practitioner** indicating emergency need for such transportation
	Broken Bones/ Fracture	1. X Ray Confirming the Fracture & site of Fracture 2. Pre and post-operative radiological imaging reports with films confirming the extent of the fracture. 3. Certificate from Treating **Medical Practitioner** with extent of Injury, Cause of **Injury**, Site of **Injury** & Date of **Injury.** 4. Treatment Details 5. Discharge Summary (if **Hospitalized**)

	Loss of Income	1. Certificate from the Employer confirming the termination, dismissal, temporary suspension or retrenchment from employment of the **Insured**furnishing the date of termination, dismissal, temporary suspension or retrenchment from employment of the **Insured**with the reasons for the same. In case of temporary suspension, the period of suspension should also be mentioned in such certificate. 2. Appointment Letter 3. Latest Copy of Salary Revision, if any. 4. Last 3 Months Salary Slip 5. Form 16 6. Contact details of Employer-Phone No. Mobile No., E-mail ID, Contact person in HR/Admin/Personnel dept. 7. Appointment Letter Employer if Re employed 8. **Age** proof of **Insured**: Aadhar Card, Election ID Card/PAN Card/School Leaving 9. Form 26AS which shows tax deducted at source 10. Income tax return for relevant financial year 11. Self-declaration Any other document as required by **Us** to investigate the **Claim** or **Our** obligation to make payment for it, including documents related to proof that the **Insured** has not found any job or has not started working again in **Family** business or started his/her own venture.
Cancer Care	Cancer Care Benefit	1. Same Documents as mentioned in **Hospitalization** Cover 2. Certified copy of first **Hospital** consultation & first diagnostic report

Note:

1. Case specific additional documents may be requested if required for justified Claim decision & processing.
2. The Company at its discretion may revise the list of documents mentioned above.
3. Certified copies of document meaning documents attested by any vested authority (e.g. Notarized Documents, attested from Gazetted officer, SBI Branch Manager, Special Executive officer, any officer who is having authority of attestation of documents).

G.3(h). Scrutiny and Investigation of Claim:

We will scrutinize the claim based on submission of above claim documents by **Insured Person** and if any deficiency in document **We** will intimate the **Insured Person** 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.

G.3(i). Claim Documents Submission:

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

G.3(j). Claim Assessment:

We will pay 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.**

G.3(k). 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.

G.3(l). Payment of Claim:

i. Claims shall not be admissible under this **Policy** unless **We** have been provided with the complete documentation/information which **We** have requested to establish its liability for the claim, its circumstances and its quantum unless the **Policy Holder/Insured Person** have complied with the obligations under this **Policy.**

ii. The **Sum Insured,** if any, of the **Insured Person** shall be reduced by the amount payable/paid under the Benefit(s) and the balance **Sum Insured** shall be available for the unexpired **Policy Period.**

iii. **We** will pay the **Policy Holder/Insured Person** or the **Nominee**/Legal Heir as the case may be and a discharge by them shall discharge **Us** of all its liability under the **Policy** for that claim.

iv. **We** will only be liable to pay for such Benefits for which the **Policy Holder** has specifically claimed in the claim form.

v. The maximum liability of **Us** to pay the claims under the **Policy** is limited to **Sum Insured,** Cumulative Bonus (if applicable), **Sum Insured** Escalation (if applicable) and Reinstatement of **Sum Insured** (if applicable).

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

G.3(m). 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.

G.3(n). Arbitration

The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this **Policy**. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

G.3(o). 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 and can be obtained by Contacting Our TPA.

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. **Insured Person** 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.

G.3(p). Overriding effect of the Policy Schedule/Certificate of Insurance

In case of any inconsistency in the terms and conditions in this **Policy** vis-a-vis the information contained in the **Policy Schedule**, the information contained in the **Policy Schedule** shall prevail.

G.4 Conditions for Renewal of Contract

G.4(a) 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/c6a2844dd65446019b130ffbae1fa20f.pdf

G.4(b) 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/c6a2844dd65446019b130ffbae1fa20f.pdf

G.4(c) 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.

vii. The cover for the **Insured Person** shall terminate immediately in the event of admissible claim and settlement of 100% **Sum Insured** under Accidental Death or **Permanent Total Disability** or Cancer Care and no **Renewal** of contract will be permissible.

G.4(d) Material Change

The **Insured Person/Insured** shall immediately notify **Us** in writing of any material change in the risk or change in business or occupation during the **Policy Period. We** may adjust the scope of the cover and/or the premium, if necessary, accordingly. The above notification is not mandatory when only the employer changes, but the nature of occupation does not change.

G.5 Conditions for Cancellation of Contract:

a. Cancellation by you:

The **Policy Holder** 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 of misrepresentation, non-disclosure of material facts or fraud.

G.6 Conditions for Grievances Redressal

G.6(a) Redressal of Grievances

Stage 1: Bima Bharosa

If you wish to register your grievances directly with **Us**, you may write to **Us** at head.customercare@sbigeneral.in or gro@sbigeneral.in or call our toll free number- **1800 102 1111**. After examining the matter, final response would be conveyed within a period of **14 days** from the date of receipt of your complaint. In our initial acknowledgement of receipt letter, **We** will provide the name and title of the person who is handling your Grievance. This person will have the authority necessary to investigate and resolve the Grievance.

For Senior Citizens:

Senior citizens can reach us through the following dedicated channels:

Email: seniorcitizengrievances@sbigeneral.in

Toll-Free Number: **1800 102 1111 (Available 24/7)**

Details of our Grievance Redressal Officer is mentioned on our website

https://www.sbigeneral.in/grievance-redressal

Note: The **Company** shall endeavour to maintain the regulatory TAT of 14 days in resolving Your grievances.

Alternatively, **You** may Register your grievance with the regulator through Bima Bharosa which is a grievance redressal platform provided by the Insurance Regulatory and Development Authority of India (IRDAI). **You** may access the Bima Bharosa Portal using the following link: https://bimabharosa.irdai.gov.in/Home/Home

Stage 2: Escalation to Insurance Ombudsman

If **You** feel that the response to your Grievance was unsatisfactory, or if **You** believe **Your** concerns have not been adequately addressed by the **Company, You** may escalate the matter to the Insurance Ombudsman.

Submit **Your** Grievance online:

https://www.cioins.co.in/Ombudsman

G.7 Specific Conditions

We will offer other benefits besides those specified in Section 1,2 and 3 as given below:

i. Any Cover/benefit available in expiring **Policy** as specifically agreed by **Us** to be covered and specified in the **Policy Schedule/ Certificate of Insurance.**

ii. 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.**