

## AROGYA SHIELD POLICY

### CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number																								
1.	Name of Insurance Product/ Policy	Arogya Shield Policy																									
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXXX																									
3.	Type of Insurance Product/ Policy	Both Indemnity and Benefit																									
4.	Sum Insured (Basis)	<div>Individual Sum Insured<table><tr><th>Sr. No.</th><th>Insured Name</th><th>Base Sum Insured</th></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table><div>Family Floater Sum Insured<table><tr><th>Sr. No.</th><th>Insured Name</th><th>Base Sum Insured</th></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table><p><b>Note:</b> This is the base Sum Insured for policy. Please refer the policy schedule for cover wise limits.</p></div></div>	Sr. No.	Insured Name	Base Sum Insured										Sr. No.	Insured Name	Base Sum Insured										
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5.	Policy Coverage (What the Policy Covers)	<b>Covers Expenses in respect of:</b> <div><div>1. Eligible Hospitalisation Expenses: Admission in hospital beyond 24 hours.</div><div>2. OPD Treatment and Teleconsultation: Expenses for OPD consultation or teleconsultation and treatment up to limit specified in policy schedule on advice of a medical practitioner.</div><div>3. Pre-hospitalisation Expenses: Medical expenses payable up to 60 days prior to admission in hospital.</div><div>4. Post-hospitalisation Expenses: Medical expenses payable up to 90 days after discharge from the hospital.</div></div>	IV. Scope of Cover																								

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		<p>5. Day Care Expenses: Specified/Listed procedures requiring less than 24 hours of hospitalization is covered up to the sum insured.</p> <p>6. Ambulance Expenses: Actual ambulance expenses or Rs.1500 whichever is lower will be reimbursed for per valid hospitalization claim for transferring insured to or between Hospitals.</p> <p>7. Alternative Treatment: Treatment taken in a government hospital or in any institute recognized by government and/or accredited by quality council of India/national accreditation board on health.</p> <p>8. Domiciliary Hospitalization: Reasonable and customary charges towards domiciliary hospitalisation.</p> <p>9. Maternity Expenses: Expenses incurred only under OPD section are covered up to the OPD limits specified in Policy Schedule.</p> <p>10. Admissibility of certain incidental expenses will be as per Standard List of Excluded expenses in Hospitalisation indemnity policies as specified under Annexure B of Policy Wordings.</p> <p>11. HIV/AIDS Cover: Expenses incurred for Inpatient treatment due to any condition caused by or associated with HIV/AIDS and or any syndrome or condition of a similar kind up to Sum Insured as specified in Policy Schedule.</p> <p>12. Mental Illness Cover: Medical expenses incurred due to hospitalization for any Mental Illness is covered up to Sum Insured (Sub limit - Rs. 50,000 or actual, whichever is lower, applicable for few conditions).</p> <p>13. Genetic Disorders or Diseases: Covered up to Rs.50,000.</p> <p>14. Internal Congenital Diseases: Covered up to 10% of Sum Insured.</p> <p>15. Specific Procedures will be covered either as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured</p> <p><b>Note:</b> Insurer's Liability in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured for the Insured person as mentioned in the schedule.</p>	
6.	Exclusions (What the policy does not cover)	<p><b>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:</b></p> <p>a) Investigation and Evaluation (Code-Excl 04)</p> <p>b) Rest Cure, rehabilitation, and respite care (Code- Excl 05)</p>	V. Exclusions

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		c) Obesity / Weight Control (Code- Excl 06) d) Change of Gender Treatments (Code- Excl 07) e) Cosmetic or Plastic Surgery (Code- Excl 08) f) Hazardous or Adventure Sports (Code- Excl 09) g) Breach of Law (Code- Excl 10) h) Treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code- Excl 12) i) Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds. j) Dietary supplements and substances that can be purchased without prescription k) Refractive Error (Code-Excl 15) l) Unproven Treatments (Code- Excl 16) m) Sterility and Infertility (Code-Excl 17) n) Maternity (Code-Excl 18)	
7.	Waiting period	<b>Initial Waiting Period:</b> 30 Days  <b>Specific Waiting Periods</b> <ul style="list-style-type: none"> <li>12 months for any types of gastric or duodenal ulcers, Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty, Surgery on all internal or external tumor/ cysts/ nodules/ polyps of any kind including breast lumps, all types of Hernia and Hydrocele, Anal Fissures, Fistula and Piles, Cataract, Benign Prostatic Hypertrophy, Hysterectomy</li> <li>90 days for Hypertension, Heart Disease and related complications, Diabetes and related complications.</li> </ul> <b>Pre-Existing diseases:</b> 48 months	V. Exclusions
8.	Financial Limits of the Coverage	<b>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</b> <ol style="list-style-type: none"> <li>Genetic Disorders: Covered up to Rs.50,000</li> <li>Internal Congenital Anomaly: Covered up to Rs. 10% of Sum Insured</li> <li>Specific Procedures: Covered up to 50% of Sum Insured</li> </ol> <b>In case of a claim, this policy requires you to share the following costs:</b> <b>Sub-Limits</b>	IV. Scope of Cover

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		Mental Illness Covered up to Sum Insured (Sub limit - Rs. 50,000 or actual, whichever is lower, applicable for few conditions).										
9.	Claims/ Claims Procedure	<p><b>a. For Cashless Service:</b> Insured may refer Pre-Authorization form attached as Annexure-C to the Policy Wordings and for updated Hospital Network details refer the link: <b><a href="https://www.sbigeneral.in/portal/contact-us/hospital">https://www.sbigeneral.in/portal/contact-us/hospital</a></b></p> <p><b>b. For Reimbursement of Claim:</b> For reimbursement of claims the Insured Person may submit the necessary documents to TPA/Company within the prescribed time limit as specified hereunder.</p> <table><tr><th>Sr. No.</th><th>Type of Claim</th><th>Prescribed Time limit</th></tr><tr><td>1.</td><td>Reimbursement of hospitalization, day care and pre-hospitalization expenses</td><td>Within fifteen days from completion of hospitalization</td></tr><tr><td>2.</td><td>Reimbursement of post expenses post-hospitalization treatment</td><td>Within fifteen days from completion of post-hospitalization</td></tr></table> <p>For details on claim procedure please refer the policy document</p> <ul style="list-style-type: none"><li>Hospital Network details can be obtained from link: <b><a href="https://www.sbigeneral.in/portal/contact-us/hospital">https://www.sbigeneral.in/portal/contact-us/hospital</a></b></li><li>List of Hospitals which are blacklisted or from where no claims will be accepted by the insurer is available in below link: <b><a href="https://www.sbigeneral.in/contact-us/hospital">https://www.sbigeneral.in/contact-us/hospital</a></b></li><li>Claim forms can be downloaded from below link: <b><a href="https://www.sbigeneral.in/claim/claims-form-download">https://www.sbigeneral.in/claim/claims-form-download</a></b></li></ul> <p><b>Note:</b> For cover wise claims procedure, please refer to policy wordings.</p>	Sr. No.	Type of Claim	Prescribed Time limit	1.	Reimbursement of hospitalization, day care and pre-hospitalization expenses	Within fifteen days from completion of hospitalization	2.	Reimbursement of post expenses post-hospitalization treatment	Within fifteen days from completion of post-hospitalization	VI. Conditions
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10.	Policy Servicing	<p><b>Email:</b> customer.care@sbigeneral.in</p> <p><b>Toll-Free number</b> 1800102111 (Monday to Saturday) (8 am - 8 pm).</p> <p><b>Website:</b> www.sbigeneral.in</p>										
11.	Grievances/ Complaints	<ul style="list-style-type: none"><li>You may send your Appeal addressed to the Grievance Redressal Officer at: <b>gro@sbigeneral.in</b>. or contact at: 022-45138021</li></ul>	VI. Conditions, Clause 29									

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		<p>Address: Grievance Redressal Officer, 9<sup>th</sup> Floor, A &amp; B Wing, Fulcrum Building, Sahar Road, Andheri (East), Mumbai 400 099</p> <p>List of Grievance Redressal Officers at Branch:  <a href="https://content.sbigeneral.in/uploads/0449cac1bcd144bbb160d3f6b714fbbd.pdf/">https://content.sbigeneral.in/uploads/0449cac1bcd144bbb160d3f6b714fbbd.pdf/</a></p> <ul style="list-style-type: none"> <li>• In case, you are not satisfied with the decision / resolution provided by above authorities you may register your complaint with IRDAI by visiting the below site:  <a href="https://bimabharosa.irdai.gov.in/Home/Home">https://bimabharosa.irdai.gov.in/Home/Home</a></li> <li>• If your grievance remains unresolved from the date of filing your first complaint or is partially resolved, you may approach the Insurance Ombudsman falling in your jurisdiction for Redressal of your Grievance. The details of the Insurance Ombudsman can be accessed at  <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></li> </ul>	
12.	Things to remember	<ol style="list-style-type: none"> <li>1. Free Look Cancellation: The insured will be allowed a period of at least 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable. For detailed conditions and refund summary, please refer to policy wordings.</li> <li>2. Policy renewal: The policy shall ordinarily be renewable except on misrepresentation by the insured person on grounds of fraud.</li> <li>3. Migration: The insured person will have the option to migrate the Policy to other health insurance products/ plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. For Detailed Guidelines on Migration, kindly refer the link:  <a href="https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf">https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf</a></li> <li>4. Portability: The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. For Detailed Guidelines on portability, kindly refer the link:  <a href="https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf">https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf</a></li> <li>5. Moratorium Period: After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous</li> </ol>	VI. Conditions

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		years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.	
13.	<b>Your Obligations</b>	The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.	VI. Conditions, Clause 2, 7

Declaration by the Policy Holder: I have read the above and confirm having noted the details

Place: .....

Date: ...../...../.....

Signature of the Policyholder

Note: For product related documents including Customer Information Sheet, kindly refer to the below link: <https://www.sbigeneral.in/downloads>

**Disclaimer:** Corporate & Registered Office: Fulcrum Building, 9<sup>th</sup> Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400 099. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | Arogya Shield Policy UIN: SBIHLIP22158V012122 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Co. Ltd. under license.