

Super Health Insurance

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	Super Health Insurance																									
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXX																									
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>Note: 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)	<u>Covers Expenses in respect of:</u> <div><div>1. In-patient Hospitalization Treatment– Admission in hospital beyond 24 hours.</div><div>2. Shared accommodation Cash Benefit- pays daily cash amount on continuous and completed 24 hours of hospitalization in the event of opting shared accommodation.</div><div>3. Health Multiplier (Listed 37 Serious Illness)- Sum Insured for serious Illness (listed in Policy wordings) would be enhanced by a multiplier as mentioned in the Policy Schedule.</div><div>4. Pre-Hospitalisation Medical Expenses- covered prior to 60 days of hospitalization</div></div>	B. Scope of Cover																								

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		<p>5. Post-Hospitalisation Medical Expenses- covered post 90/180 days of hospitalization.</p> <p>6. Day Care Treatment - Medical Expenses for day care procedures up to sum insured.</p> <p>7. Domiciliary Hospitalization- Medical Expenses incurred for the Insured Person's Domiciliary Hospitalization during the Policy Period following an Illness or Injury.</p> <p>8. Home Health Care- on availing treatment at Home during the Policy Year.</p> <p>9. Emergency Road Ambulance Cover (per hospitalization) –Medical Expenses related to Road Ambulance services</p> <p>10. Air Ambulance Cover (Domestic)- Expenses incurred by the Insured Person on availing Air Ambulance services.</p> <p>11. Organ Donor Expenses- Medical Expenses towards organ donor's Hospitalization for harvesting of the donated organ.</p> <p>12. ReInsure Benefit (Related and Unrelated illness both)- Sum insured will get reinstated unlimited times upto 100%/200% of Sum Insured for subsequent claims in a Policy Year.</p> <p>13. Bariatric Surgery Cover- Medical Expenses incurred up to the limit ₹50,000/2,00,000 towards Bariatric Surgery.</p> <p>14. Modern Treatments/Advanced Procedures – Covers Medical Expenses for listed Modern treatments up to the Sum Insured.</p> <p>15. AYUSH Treatment– Covers Medical Expenses up to the Sum Insured towards Inpatient hospitalization under AYUSH Hospital.</p> <p>16. Recovery Benefit- We will pay a lump sum amount as specified in the Policy Schedule upon Your Medically Necessary Hospitalization exceeding 5 consecutive and continuous days.</p> <p>17. Claims Shield- If We have accepted a Hospitalization claim, then the items which are not payable as per List I – 'Expenses not covered' under Annexure II related to that particular claim will become payable.</p> <p>18. E-Opinion – We will facilitate E-Opinion from Our panel of Medical Practitioner under this cover.</p> <p>19. Annual Health Check-up -Avail a health check-up for listed Preventive purposes.</p> <p><u>Maternity and Related Expenses Cover</u></p> <p>20. Maternity Expenses (including Pre and Post Natal check-ups) - Medical Expenses incurred towards Maternity Expenses including Pre-natal Medical Expenses & Post-natal check-ups incurred in respect of the Hospitalization of the Insured</p>	

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		<p>Person for the delivery of the child during the Policy Period.</p> <p>21. New Born Baby Cover- Up to the amount specified for the Medical Expenses incurred in respect of a New Born Baby.</p> <p>22. Child Vaccination Cover The expenses towards vaccination of child till he/she completes 12 years of Age.</p> <p>23. Enhanced Cumulative Bonus- We will increase 50% of the Base Sum Insured in respect of each claim free Policy Year</p> <p>24. Loyalty Credit (Sum Insured Enhancement irrespective of claim)- We will increase the Base Sum Insured by 50% for each successive renewal.</p> <p>25. Medical Treatment abroad (Listed Major illness, Diagnosis in India) - Medical Expenses incurred towards the Insured Person's Inpatient Care outside India caused solely and directly due to any of the listed Illness/Procedures.</p> <p>26. Out-Patient (OPD) Cover (Including Diagnostics and Pharmacy Expenses)- Covers Medical Expenses incurred against allopathic OPD expenses including Diagnostics and Pharmacy.</p> <p>27. Out-Patient (OPD) - Dental and Vision Cover- Medical Expenses incurred against OPD- Dental and Vision Cover up to the limit specified in the Policy Schedule.</p> <p>28. Out-Patient and Prescribed Diagnostic test (Cancer Diagnosed Patients)- Covers Medical Expenses incurred for the Out Patient and Prescribed Diagnostic test.</p> <p><u>Optional Cover</u></p> <p>1. Enhanced Reinsure Benefit- We will refill up to 200% Basic Sum Insured on complete or partial utilization of Your existing Policy Sum Insured including Enhanced Cumulative Bonus.</p> <p>2. Enhanced Cumulative Bonus Safeguard (if claim amount is Rs. 1 Lac or less, No reduction in Enhanced Cumulative Bonus)- We will protect the percentage of Enhanced Cumulative Bonus, if Claim amount is not exceeding 100,000 in expiring Policy.</p> <p>3. Co-payment- 10% or 20% Co-Payment as specified in the Policy Schedule, shall be applied on each and every admissible claim</p> <p>4. Aggregate Deductible- The Insured Person shall bear on his/her own account an amount equal to the opted deductible specified in the Policy Schedule</p> <p>5. Domestic Help/Staff Indemnity – We will indemnify Reasonable and Customary Charges up to ₹50,000 OR Rs 1,00,000 incurred towards Medically Necessary Treatment taken by the Insured Person.</p> <p>6. Additional Basic Sum Insured for Accident related hospitalization- We will provide an additional 2 times of base</p>	

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		<p>Sum Insured towards Medical Expenses incurred for In- Patient Hospitalization Treatment.</p> <p>7. Wellness Benefit- This benefit provides listed Wellness services.</p>	
6.	Exclusions (What the policy does not cover)	<p>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:</p> <ul style="list-style-type: none"> a) Investigation and Evaluation (Code-Excl 04) b) Rest Cure, rehabilitation, and respite care (Code- Excl 05) c) Obesity / Weight Control (Code- Excl 06) d) Change of Gender Treatments (Code- Excl 07) e) Cosmetic or Plastic Surgery (Code- Excl 08) f) Hazardous or Adventure Sports (Code- Excl 09) g) Breach of Law (Code- Excl 10) h) Excluded Providers (Code-Excl 11) i) Treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code- Excl 12) j) Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds. k) Dietary supplements and substances that can be purchased without prescription l) Refractive Error (Code-Excl 15) m) Unproven Treatments (Code- Excl 16) n) Sterility and Infertility (Code-Excl 17) o) Maternity (Code-Excl 18) 	F. General Exclusions
7.	Waiting period	<p>Initial Waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</p> <p>Specific Waiting Periods</p> <ul style="list-style-type: none"> o 12/ 24 months for Internal Congenital diseases, Non infective Arthritis, Diseases of gall bladder including cholecystitis, Urogenital system e.g. Kidney stone, Urinary Bladder Stone, Pancreatitis, Ulcer and erosion of stomach and duodenum, All forms of Cirrhosis, Gastro Esophageal Reflux Disorder (GERD) etc. (not applicable for claims arising due to accident). o 48 months for Maternity and Related Expenses in case Single Adult and 24 months in case of all other Family Combinations o 36 months for Medical Treatment Abroad o 90 days for Hypertension, Diabetes, Cardiac Condition. o 90 days for Hypertension, Diabetes, Cardiac Condition. <p>Pre-Existing diseases: Covered after 24 months.</p>	E. WAITING PERIOD

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
8.	Financial Limits of the Coverage	<p>In case of a claim, this policy requires you to share the following costs:</p> <p>Sub-Limit</p> <ul style="list-style-type: none"> • Bariatric Surgery Cover- Medical Expenses incurred up to the limit ₹50,000/2,00,000 towards Bariatric Surgery. • Domestic Help/Staff Indemnity – We will indemnify Reasonable and Customary Charges up to ₹50,000 OR ₹ 1,00,000 incurred towards Medically Necessary Treatment taken by the Insured Person. <p>Co-Payment</p> <ul style="list-style-type: none"> • Co-payment -10% or 20% Co-Payment as specified in the Policy Schedule, shall be applied on each and every admissible claim after Deductible (if applicable) • OPD Cover (excluding dental and Vision) - On availing this option, the insured person shall bear on his/her own account an amount equal to 30% co-payment for Pharmacy and Diagnostics, and 20% Co-Payment for consultation as specified in the Policy Schedule, shall be applied on each and every admissible claim after Deductible. • Out -Patient (OPD) - Dental and Vision Cover - On availing this option, the insured person shall bear on his/her own account an amount equal to the 50% Co-Payment as specified in the Policy Schedule, shall be applied on each and every admissible claim after Deductible <p>Deductible</p> <ul style="list-style-type: none"> • Aggregate Deductible - On availing this option, The Insured Person shall bear on his/her own account an amount equal to the opted deductible specified in the Policy Schedule for all admissible claims 	Section C and D
9.	Claims / Claims Procedure	<p>a. For Cashless Service: Insured may refer Pre-Authorization form attached as Annexure-C to the Policy Wordings and for updated Hospital Network details refer the link https://www.sbigeneral.in/portal/contact-us/hospital</p> <p>b. For Reimbursement of Claim: For reimbursement of claims the insured person may submit the necessary documents to TPA/Company within the prescribed time limit as specified in the Policy wordings.</p> <ul style="list-style-type: none"> • Hospital Network details can be obtained from link: https://www.sbigeneral.in/portal/contact-us/hospital 	II. Conditions applicable during the contract, clause b

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		<ul style="list-style-type: none"> List of Hospitals which are blacklisted or from where no claims will be accepted by the insurer is available in below link: https://www.sbigeneral.in/contact-us/hospital Claim forms can be downloaded from below link: https://www.sbigeneral.in/claim/claims-form-download <p>Note: For cover wise claims procedure, please refer to policy wordings.</p>	
10.	Policy Servicing	<p>Email: customer.care@sbigeneral.in</p> <p>Toll-Free number 18001021111 (Monday to Saturday) (8 am - 8 pm).</p> <p>Website: www.sbigeneral.in</p>	
11.	Grievances /Complaints	<ul style="list-style-type: none"> You may send your Appeal addressed to the Grievance Redressal Officer at: gro@sbigeneral.in. or contact at: 022-45138021 Address: Grievance Redressal Officer, 9th Floor, A & B Wing, Fulcrum Building, Sahar Road, Andheri (East), Mumbai - 400 099 List of Grievance Redressal Officers at Branch: https://content.sbigeneral.in/uploads/0449cac1bcd144bbb160d3f6b714fbbd.pdf/ 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: https://bimabharosa.irdai.gov.in/Home/Home If your grievance remains unresolved from the date of filing your first complaint or is partially resolved, you may approach the Insurance Ombudsman falling in your jurisdiction for Redressal of your Grievance. The details of the Insurance Ombudsman can be accessed at https://www.cioins.co.in/Ombudsman 	D. Grievances Redressal Procedure
12.	Things to remember	<ol style="list-style-type: none"> 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. Policy renewal: The policy shall ordinarily be renewable except on misrepresentation by the insured person. grounds of fraud. 	<p>I. Condition Precedent to the contract, clause 2</p> <p>C. Standard Conditions for renewal of the contract</p>

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		<p>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 –</p> <p>https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf</p> <p>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: https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf</p> <p>5. Change of Sum Insured: Sum Insured can be changed (increase / decrease) only at the time of Renewal or at any time, subject to underwriting by the Company. For any increase in Sum Insured, the waiting period shall start afresh only for the enhance portion of the Sum Insured.</p> <p>6. 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 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.</p>	
13.	Your Obligations	The Policy shall be void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription, or non-disclosure of any Material Fact by the Insured Person.	I. Condition Precedent to the contract, clause a

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, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400 099. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: SBIHLIP23050V012223 | Super Health Insurance | UIN: SBIHLIP23050V012223 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Co. Ltd. under license.