

AROGYA SUPREME

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 Supreme			
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXXX			
3.	Type of Insurance Product/ Policy	Both Indemnity and Benefit			
4.	Sum Insured (Basis)	Individual Sum Insured			
		Sr. No.		Insured Name	Base Sum Insured
		Family Floater Sum Insured			
		Sr. No.		Insured Name	Base Sum Insured
Note: This is the base Sum Insured for policy. Please refer the policy schedule for cover wise limits.					
5.	Policy Coverage (What the Policy Covers)	Covers expenses in respect of: 1. In-patient Hospitalization Treatment: Admission in Hospital beyond 24 hours 2. Mental Healthcare: Covered medical expenses up to the base Sum Insured. 3. HIV/ AIDS Cover: We will pay Medical Expenses up to the Sum Insured as specified in Policy Schedule 4. Genetic Disorder: We will pay Medical Expenses maximum up to Rs. 1,00,000/-. 5. Internal Congenital Anomaly: We will pay Medical Expenses of 25% of Sum Insured	B. Scope of Cover		

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		<p>6. Bariatric Surgery Cover: We will pay Medical Expenses related to Bariatric Surgery subject to BMI greater than or equal to 40</p> <p>7. Advance Procedures: We will pay Expenses up to 25% of Sum Insured on advance procedure</p> <p>8. Cataract Treatment: We will pay Medical Expenses of incurred for treatment of Cataract as specified in the Policy Schedule.</p> <p>9. Pre-Hospitalization Cover: covered prior to XX days of hospitalization .</p> <p>10. Post-Hospitalization Cover: Covered post XX days of hospitalization.</p> <p>11. Domiciliary Hospitalization: We will pay the Medical Expenses up to the Sum Insured as specified in the Policy Schedule.</p> <p>12. Day Care Treatment: We will pay for the Medical Expenses for Day Care Treatment</p> <p>13. Road Ambulance: Expenses incurred up to Rs. XXX on Road Ambulance Services.</p> <p>14. Organ Donor Expenses: We will pay Medical Expenses up to the amount specified in the Policy Schedule, towards organ donor's Hospitalization.</p> <p>15. Alternative Treatment / AYUSH: We will pay Medical Expenses up to the Sum Insured as specified in the Policy Schedule for Alternative Treatments like Ayurvedic , Unani, Siddha and Homeopathy</p> <p>16. Recovery Benefit: We will pay lump sum amount of Rs. XXX for Hospitalization exceeding 10 consecutive and continuous days.</p> <p>17. Domestic Emergency Assistance Services (including Air Ambulance): We will provide the Emergency medical assistance when you are travelling within India 150 kilometers or more away from your residential address as mentioned in the Policy Schedule for domestic services.</p> <p>18. Sum Insured Refill: We will refill 100% Basic Sum Insured on complete or partial utilization of your existing Policy Sum Insured including Cumulative Bonus or Enhanced Cumulative Bonus (if applicable) during the Policy Year.</p> <p>19. Compassionate Visit: In the event of Hospitalization exceeding 5 days, we will reimburse for the cost of economy class air ticket up to 1% of Sum Insured or maximum up to Rs 20,000/- whichever is lower as specified in Policy Schedule.</p>	

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		<p>20.E-Opinion: You may choose E-Opinion on Your medical condition occurring during the Policy Period.</p> <p>Optional Covers</p> <ol style="list-style-type: none"> 1. Hospital Cash Benefit: We will pay per day Sum Insured up to maximum number of days as specified in the Policy Schedule, if the Hospitalization exceeds 24 hours. 2. Major Illness Benefit: We will pay 100% of Sum Insured or maximum up to Rs. 25,00,000/- whichever is less if the Insured Person suffers from listed major illnesses. 3. Additional Sum Insured for Accidental Hospitalization: We will provide an additional 1.5 times, or 2 times of base Sum Insured towards Medical Expenses incurred for In- Patient Hospitalization Treatment in case the Insured Person is hospitalised due to an accident causing Injury. 4. Enhanced Cumulative Bonus: On each renewal of the policy, we will increase the Sum Insured by 25% or 50% maximum up to 200% of basic Sum Insured as specified in Policy Schedule. 5. No Claim Bonus Protector: On availing of this option, we will protect the percentage of Cumulative Bonus and Enhanced Cumulative Bonus as specified in the Policy schedule. 6. Co-Payment: 10% or 20% Co-Payment as specified in the Policy Schedule, shall be applied on each and every admissible claim after Deductible wherever applicable under this Policy. 7. Any Room Upgrade: Insured person shall be eligible to upgrade the room type category, eligibility to any room in a hospital excluding suite and above. 8. Deductible: On availing of this option, Insured person shall bear on his/her own account an amount equal to the opted deductible specified in the Policy Schedule for any admissible claim amount. <p>Renewal Benefits</p> <ol style="list-style-type: none"> 1. Preventive Health Check-Up: You will be eligible for a preventive health check-up as per the defined list every year from 1st renewal year. 2. Cumulative Bonus: In case of claim free year, you will be eligible for 15% of Base Sum Insured, maximum up to 100%. Cumulative Bonus will be reduced at the same rate as accrued in the event of admissible claim. 	

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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> <ol style="list-style-type: none"> 1. Investigation and Evaluation (Code-Excl 04) 2. Rest Cure, rehabilitation, and respite care (Code- Excl 05) 3. Obesity / Weight Control (Code- Excl 06) 4. Change of Gender Treatments (Code- Excl 07) 5. Cosmetic or Plastic Surgery (Code- Excl 08) 6. Hazardous or Adventure Sports (Code- Excl 09) 7. Breach of Law (Code- Excl 10) 8. Excluded Providers (Code-Excl 11) 9. Treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code-Excl12) 10.Refractive Error (Code-Excl 15) 11.Unproven Treatments (Code- Excl 16) 12.Sterility and Infertility (Code-Excl 17) 13.Maternity (Code-Excl 18) 	Section G, General Exclusions
7.	Waiting period	<ul style="list-style-type: none"> • Initial Waiting Period: 30 days • Specific Waiting Periods <ul style="list-style-type: none"> ◦ 24 months for Internal Congenital diseases, Non infective Arthritis, Diseases of gall bladder including cholecystitis, Pancreatitis, Ulcer and erosion of stomach and duodenum, Genetic Disorder, Surgery on prostate, Hernia etc. (not applicable for claims arising due to accident). ◦ 90 days for Hypertension, Diabetes, Cardiac Condition except if these diseases are pre-existing and disclosed at the time of Policy. ◦ 90 days for all claims under Major Illness Benefit. ◦ 15 days for all claims of COVID 19 • Pre-Existing diseases: 36 months 	Section F. Waiting Period
8.	Financial Limits of the Coverage	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <ol style="list-style-type: none"> 1.Cataract Treatment: Sum Insured limit Rs. 50,000/- per eye for Pro plan and 1,00,000/- per eye for Plus / Premium plans. 	Section B, Scope of Cover

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		In case of a claim, this policy requires you to share the following costs: I. Sub Limits <table><tr><td></td><td>Pro</td><td>Plus</td><td>Premium</td></tr><tr><td>Room Rent</td><td>For Rs.3 Lakhs & Rs. 4 Lakhs - Single Private AC Room (1% restriction as an option available) For Rs. 5 Lakhs - Single pvt AC Room (upgrade option available)</td><td>Single Private AC Room (upgrade option available)</td><td>Actuals up to Sum Insured</td></tr><tr><td>ICU / ICCU</td><td>For Rs. 3 Lakhs & Rs. 4 Lakhs - as per actual ICU/ICCU expenses provided by Hospital (2% restriction as an option available) For Rs. 5 Lakhs - as per actual ICU/ICCU expenses provided by Hospital</td><td>As per actual ICU/ ICCU expenses provided by Hospital</td><td>Actuals up to Sum Insured</td></tr></table>			Pro	Plus	Premium	Room Rent	For Rs.3 Lakhs & Rs. 4 Lakhs - Single Private AC Room (1% restriction as an option available) For Rs. 5 Lakhs - Single pvt AC Room (upgrade option available)	Single Private AC Room (upgrade option available)	Actuals up to Sum Insured	ICU / ICCU	For Rs. 3 Lakhs & Rs. 4 Lakhs - as per actual ICU/ICCU expenses provided by Hospital (2% restriction as an option available) For Rs. 5 Lakhs - as per actual ICU/ICCU expenses provided by Hospital	As per actual ICU/ ICCU expenses provided by Hospital	Actuals up to Sum Insured	
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		II. Deductible: 1. Rs. 10000/ Rs. 25000 shall apply on admissible claim amount 2. Hospital Cash Benefit- A deductible of 24 hours shall apply under this Benefit III. Co-pay - 10% / 20% Co-Payment, shall apply on each and every admissible claim.										
9.	Claims/ Claims Procedure	a. For Cashless Service: Insured may refer Pre-Authorization form attached as Annexure-C to the Policy Wordings and for updated Hospital Network details refer the link https://www.sbigeneral.in/portal/contact-us/hospital b. For Reimbursement of Claim: For reimbursement of claims the Insured Person may submit the necessary documents to TPA/Company within the prescribed time limit as specified hereunder. <table><tr><th>SI No.</th><th>Type of Claim</th><th>Prescribed Time Limit</th></tr><tr><td>1</td><td>Reimbursement of hospitalization, day care and prehospitalization expenses</td><td>Within 30 days from completion of hospitalization</td></tr><tr><td>2</td><td>Reimbursement of post expenses post hospitalization treatment</td><td>Within 30 days from completion of post-hospitalization</td></tr></table> <p>Turn Around Time (TAT) for claim settlement</p> <p>i. TAT for pre-authorization of cashless facility - within 1 hour from receipt of complete documents.</p> <p>ii. TAT for cashless final bill settlement - within 3 hours from receipt of complete documents.</p> <p>For details on claim procedure please refer the policy document</p> <ul style="list-style-type: none">Hospital Network details can be obtained from link: https://www.sbigeneral.in/portal/contact-us/hospitalToll Free number: 1800 210 3366, 1800 210 6366List 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/hospitalClaim 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>	SI No.	Type of Claim	Prescribed Time Limit	1	Reimbursement of hospitalization, day care and prehospitalization expenses	Within 30 days from completion of hospitalization	2	Reimbursement of post expenses post hospitalization treatment	Within 30 days from completion of post-hospitalization	C. Conditions when a claim arises
SI No.	Type of Claim	Prescribed Time Limit										
1	Reimbursement of hospitalization, day care and prehospitalization expenses	Within 30 days from completion of hospitalization										
2	Reimbursement of post expenses post hospitalization treatment	Within 30 days from completion of post-hospitalization										
10.	Policy Servicing	Email: customer.care@sbigeneral.in Toll-Free number 18001021111 (Monday to Saturday) (8 am - 8 pm) Website: www.sbigeneral.in										

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11.	Grievances/ Complaints	<p>Stage 1: If you are dissatisfied with the resolution provided above or for lack of response, you may write to head.customer@sbigenral.in We will look into the matter and decide the same expeditiously within 14 days from the date of receipt of your complaint.</p> <p>For Senior Citizens: Senior Citizens can reach us at seniorcitizengrievances@sbigenral.in; Toll Free - 1800 22 1111 / 1800 102 1111 Monday to Saturday (8 am - 8 pm)</p> <p>Stage 2: In case, you are not satisfied with the decision/ resolution communicated by the above office, or have not received any response within 14 days, you may send your Appeal addressed to the Grievance Redressal Officer at : gro@sbigenral.in or contact at 022-45138021.</p> <p>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.sbigenral.in/uploads/0449cac1bcd144bbb160d3f6b714fbbd.pdf/</p> <p>Stage 3: In case, you are not satisfied with the decision/ resolution communicated by the above office, or have not received any response within 14 days, you may Register your complaint with IRDAI on the below given link https://bimabharosa.irdai.gov.in/Home/Home</p> <p>Stage 4: If your grievance remains unresolved from the date of filing your first complaint or is partially resolved, you may approach the Insurance Ombudsman falling in your jurisdiction for Redressal of your Grievance. The details of the Insurance Ombudsman can be accessed at (https://www.cioins.co.in/Ombudsman)</p>	Section E. Grievances Redressal Procedure
12.	Things to remember	<ol style="list-style-type: none"> 1. Free Look Cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy. For detailed conditions and refund summary, please refer to policy wordings. 2. Policy renewal: The Policy shall ordinarily be renewable except on grounds of fraud or non-disclosure or misrepresentation by the Insured Person. 3. Migration: You have the option to migrate the Policy to other health insurance products/ plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. For Detailed Guidelines on Migration, kindly refer the link – https://content.sbigenral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf 	Section II. Conditions applicable during the contract

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		<p>4. Portability: You 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 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability.</p> <p>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 sixty continuous months of coverage (including portability and migration) in health insurance Policy, no Policy and claim shall be contestable by the Insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the Sums Insured of the first Policy. Wherever, the Sum Insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of Sums Insured only on the enhanced limits.</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.	Section H a) Standard Conditions

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>
- In case of any conflict, the terms and conditions mentioned in the policy document shall prevail