

AROGYA SANJEEVANI POLICY, SBI GENERAL INSURANCE COMPANY LIMITED - GROUP
CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY - HEALTH

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 Sanjeevani Policy, SBI General Insurance Company Limited- Group																															
2.	Policy Number	XXXXXXXXXXXXXXXXXXXX																															
3.	Type of Insurance Product/ Policy	Indemnity																															
4.	Sum Insured (Basis)	<p>Family Individual Sum Insured</p> <table border="1"> <thead> <tr> <th>Sr. No.</th><th>Insured Name</th><th>Base Sum Insured</th></tr> </thead> <tbody> <tr><td></td><td></td><td></td></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> </tbody> </table> <p>Family Floater Sum Insured</p> <table border="1"> <thead> <tr> <th>Sr. No.</th><th>Insured Name</th><th>Base Sum Insured</th></tr> </thead> <tbody> <tr><td></td><td></td><td></td></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> </tbody> </table> <p>Note: This is the base Sum Insured for policy. Please refer the policy schedule for cover wise limits</p>	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)	<p>Following are covered as basic cover up to the limit specified in the policy schedule:</p> <ol style="list-style-type: none"> 1. Hospitalization- <ul style="list-style-type: none"> • Room Rent, Boarding, Nursing Expenses 2% of the sum insured subject to maximum of Rs.5000/- per day. • Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to 5% of sum insured subject to maximum of Rs.10,000/- per day. • Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees. • Anaesthesia, blood, oxygen, operation theatre 	4. Coverage																														

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		<p>charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.</p> <p>1.1 Other expenses- Cataract, Dental, Plastic Surgery, Day Care Treatments, Road ambulance maximum of Rs.2000/- per hospitalisation.</p> <p>2. AYUSH Treatment- Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy covered.</p> <p>3. Cataract Treatment- Covered subject to a limit of 25% of Sum Insured or Rs.40,000/-, whichever is lower, per each eye in one policy year.</p> <p>4. Pre-Hospitalization- Covers medical expenses 30 days prior to the date of admissible hospitalization.</p> <p>5. Post Hospitalisation- Covers medical expenses 60 days from the date of discharge.</p> <p>6. Specified procedures covered up to 50% of Sum Insured. Cumulative Bonus: 5% in respect of each claim free policy year subject to maximum of 50% of the sum insured. If a claim is made in any particular year, the cumulative bonus accrued shall be reduced at the same rate at which it has accrued.</p> <p>Note: 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>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 & Evaluation (Code- Excl04) 2. Rest Cure, rehabilitation and respite care (Code- Excl05) 3. Obesity/ Weight Control (Code- Excl06) 4. Change-of-Gender treatments: (Code- Excl07) 5. Cosmetic or plastic Surgery: (Code- Excl08) 6. Hazardous or Adventure sports: (Code- Excl09) 7. Breach of law: (Code- Excl10) 8. Excluded Providers: (Code-Excl 11) 9. Sterility and Infertility: (Code- Excl17) 10. Maternity Expenses (Code - Excl 18) 	7. Exclusions
7.	Waiting period	<ol style="list-style-type: none"> 1. Initial waiting period: 30 days for all illnesses (not applicable on renewal or for accidental injuries) 2. Specific waiting period: 24/36 months for specified some diseases 3. Pre-existing diseases: 36 months 	6. Waiting Period

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8.	Financial Limits of the Coverage	<p>In case of a claim, this policy requires you to share the following costs:</p> <p>Sub-Limits:</p> <ol style="list-style-type: none"> 1. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of Rs.5000/- per day. 2. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to 5% of sum insured subject to maximum of Rs.10,000/- per day. 3. Expenses incurred on Road Ambulance subject to a maximum of Rs.2000/- per hospitalisation. 4. Cataract Treatment: Limit of 25% of Sum Insured or Rs.40,000/-, whichever is lower, per each eye 5. Specified procedures covered up to 50% of Sum Insured. <p>Co-pay:</p> <p>5 % on all admissible claim amount.</p>	4. Coverage
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 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> <p>Turn Around Time (TAT) for claim settlement</p> <ul style="list-style-type: none"> i. TAT for pre-authorization of cashless facility - within 1 hour from receipt of complete documents. ii. TAT for cashless final bill settlement - within 3 hours from receipt of complete documents. <ul style="list-style-type: none"> • Hospital Network details can be obtained from link: https://www.sbigeneral.in/portal/contact-us/hospital • 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 • Toll Free number: 1800 210 3366, 1800 210 6366 • 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>	9. Claim Procedure

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
10.	Policy Servicing	Email: customer.care@sbigeneral.in Toll-Free number 1800 102 1111 (Available 24/7) For agents and intermediaries 1800 22 1111 (Available 24/7) Website: www.sbigeneral.in	
11.	Grievances/ Complaints	<p>Stage 1: Bima Bharosa You can register your grievances with the regulator using the following link: https://bimabharosa.irdai.gov.in/Home/Home</p> <p>Stage 2: Head – Customer Care Alternatively, if you wish to register your grievances directly with us, you may write to the Head – Customer Care. We aim to respond to all Grievances within 7 days. In our initial acknowledgement of receipt letter, we will provide the name and title of the person that is handling your Grievance. This individual will have the authority necessary to investigate and resolve the Grievance. Email:head.customerCare@sbigeneral.in Phone: 1800 102 1111 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)</p> <p>Stage 3: Grievance Redressal Officer (GRO) In case, you are still not satisfied with the decision/resolution communicated by the above officer or have not received any response within 5 days, you may escalate the matter to the Grievance Redressal Officer (GRO) which will undergo a detailed case investigation, and we aim to resolve the issue within 7 days from the date of receipt of your Grievance at GRO Desk Email: gro@sbigeneral.in Phone: 022-45138021 Note:- The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances.</p> <p>Stage 4: 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</p>	11. Redressal of grievance
12.	Things to remember	<ol style="list-style-type: none"> Free Look Cancellation: The insured will be allowed a period of at least 30 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 grounds of fraud or non-disclosure or misrepresentation by the Insured Person. 	10. General terms & conditions

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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: – 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 30 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. 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, mis-description, or non-disclosure of any Material Fact by the Insured Person.	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