SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

AROGYA TOP UP POLICY

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.

<table>
<tr><th>Sl. No.</th><th>Title</th><th>Description</th><th>Policy Clause Number</th></tr>
<tr><td>1.</td><td>Name of Insurance Product/ Policy</td><td>Arogya Top up Policy</td><td></td></tr>
<tr><td>2.</td><td>Policy Number</td><td>XXXXXXXXXXXXXXXXXXXXX</td><td></td></tr>
<tr><td>3.</td><td>Type of Insurance Product/ Policy</td><td>Indemnity</td><td></td></tr>
<tr><td>4.</td><td>Sum Insured (Basis)</td><td>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>
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 rowspan="3"></td></tr>
<tr><td></td><td></td></tr>
<tr><td></td><td></td></tr>
</table>
Note: This is the base Sum Insured for policy. Please refer the policy schedule for cover wise limits.</td><td></td></tr>
<tr><td>5.</td><td>Policy Coverage (What the Policy Covers)</td><td>Covers expenses with respect of:
1. Eligible Hospitalisation Expenses: admission in hospital beyond 24 hours
2. Pre-hospitalisation Expenses: Covered prior to 60 days of hospitalisation.
3. Post-hospitalisation Expenses: Covered post 90 days of hospitalization.
4. Day care Expenses: We shall pay for day care expenses requiring less than 24 hours of hospitalisation due to technological advancement</td><td>IV. Scope of Cover</td></tr>
</table>

Sl. No.	Title	Description	Policy Clause Number
		5. Ambulance Expenses: Actual ambulance or INR 5000 whichever is lower. 6. Alternative Treatment: We will pay for the 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. 7. Domiciliary Hospitalization: We will cover reasonable and customary charges towards domiciliary hospitalization. 8. Maternity Expenses: We will cover reasonable and customary charges towards maternity expenses during hospitalisation. 9. Organ Donor: Medical Expenses for an organ donor's treatment for the harvesting of the organ donated including pre and post hospitalization. 10. HIV/ AIDS Cover: Covered up to Sum Insured 11. Mental Illness Cover: If Insured is hospitalized for any Mental Illness contracted during the Policy Period, we will pay Medical Expenses up to the base Sum Insured. 12. Genetic Disorders: Covered up to the Limit Rs. 1,00,000 13. Internal Congenital Diseases: Covered up to the Limit Rs. 10% of Sum Insured 14. Specific procedure: Covered up to 50% of sum insured. 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.	
6.	**Exclusions (What the policy does not cover)**	**Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:** 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 heath 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)	V. Exclusions

<table>
<tr><th>Sl. No.</th><th>Title</th><th>Description</th><th>Policy Clause Number</th></tr>
<tr><td></td><td></td><td>n) Sterility and Infertility (Code-Excl 17)
o) Maternity (Code-Excl 18)s</td><td></td></tr>
<tr><td>7.</td><td>Waiting period</td><td>Initial Waiting Period: 30 days
Specific Waiting Periods
• 12 months for any types of gastric or duodenal ulcers, Tonsillectomy,Adenoidectomy, Mastoidectomy, Tympanoplasty, Surgery on all internal or external tumour /cysts/nodules/polyps of any kind including breast, Lumps, all types of Hernia and Hydrocele, Anal Fissures, Fistula and Piles, Benign Prostatic Hypertrophy etc (not applicable for claims arising due to accident).
• 90 days for Hypertension, Heart Disease and related complications, Diabetes and related complications.
Pre-Existing diseases: 36 months</td><td>V. Exclusions</td></tr>
<tr><td>8.</td><td>Financial Limits of the Coverage</td><td>The policy will pay only up to the limits specified hereunder for the following diseases/ procedures:
1. Genetic Disorders: Covered up to the limit ₹1,00,000
2. Internal Congenital Diseases: Covered up to the limit 10% of Sum Insured.
3. Specific Procedures: Covered up to 50% of Sum Insured
4. Deductible: Covers expenses up to specified sum insured subject to deductible for each event.</td><td>IV. Scope Of Cover</td></tr>
<tr><td>9.</td><td>Claims/ Claims Procedure</td><td>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/contact-us/cashless-hospitals-networks
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>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>
For details on claim procedure please refer the policy document
Turn Around Time (TAT) for claim settlement
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.
• Hospital Network details can be obtained from link:</td><td>VI. Conditions Precedent, Clause 11</td></tr>
</table>

Sl. No.	Title	Description	Policy Clause Number
		https://www.sbigeneral.in/portal/contact-us/hospital • **Toll Free number: 1800 210 3366, 1800 210 6366** • 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** Note: For cover wise claims procedure, please refer to policy wordings.	
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**	**Stage 1:** 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 at 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:	VI. Conditions Precedent, Clause 28

Sl. No.	Title	Description	Policy Clause Number
		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	
12.	**Things to remember**	1. 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. 2. Policy renewal: 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. 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 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 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.	I. Condition Precedent to the contract, clause 2 C. Standard Conditions for renewal of the contract

Sl. No.	Title	Description	Policy Clause Number
		Insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of Sums Insured only on the enhanced limits. https://content.sbigeneral.in//uploads/c6a2844dd65446019b130ffbae1fa20f.pdf	
13.	**Your Obligations**	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. **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 Policyholder.	VI. Conditions Precedent, Clause 2

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

Place: .....

Date: ...../...../..... Signature of the Policyholder

Note:

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

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