SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

HEALTH EDGE 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.

<table>
<tr><th>Sl. No.</th><th>Title</th><th>Description
(Please refer to applicable policy clause number in next column)</th><th>Policy Clause Number</th></tr>
<tr><td>1.</td><td>Name of Insurance Product/ Policy</td><td>Health Edge Insurance</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>Both Indemnity and Benefit</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. In-patient Hospitalization Treatment – Admission in hospital beyond 24 hours.
2. Pre-hospitalization Medical Expenses - Covered prior to 30 days of hospitalization.
3. Post-hospitalization Medical Expenses - Covered post 60 days of hospitalization.
4. Day care Treatment - Medical Expenses for day care procedures up to Sum insured.
5. Emergency Road Ambulance Cover (per hospitalization) - Covers expenses up to the limit of Rs 3000 per hospitalization.</td><td>B. Scope of Cover</td></tr>
</table>

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		6. Bariatric Surgery Cover - Covers medical Expenses incurred up to the limit Rs.50,000. 7. Modern Treatments/Advanced Procedures – Covers Medical Expenses up to the Sum Insured. 8. AYUSH Treatment – Covers Medical Expenses up to the Sum Insured towards In patient hospitalization under AYUSH Hospital. 9. Stay Fit Health Check-Up - A health check-up up to Rs 5000 once in the Policy Year to all insured adult members above age 18 years on individual basis. **Optional Cover** 1. Domestic Help/Staff Indemnity Covers up to Rs 50,000/- OR Rs 1,00,000/- incurred towards Medically Necessary Treatment. as specified in the policy schedule. 2. Hospital Daily Cash - Fixed benefit payment per day Sum Insured up to 1000 for 10 days or 2000 for 10 days as mentioned in the policy schedule. 3. Accidental Death Cover for Primary Insured – A lump sum amount of Rs 10 lakh or Rs 20 lakh, as specified in the Policy Schedule. 4. Healing Benefit (>5 days of Hospitalization) – A lump sum amount of Rs 5000 or Rs 10000, as specified in the Policy Schedule. 5. Unlimited Refill (Related and Unrelated Illness both) - Triggers Unlimited Refill (Anyone Illness Waiver) up to 100% of Base Sum Insured with the first paid claim itself and is available for all subsequent claims in a Policy Year. 6. Vector Borne Fixed Benefit – Covers a payment of Rs.50,000 or 100,000 as specified in the policy schedule. 7. Critical Illness Cover- A lump sum amount of INR 3,00,000, as specified in the Policy Schedule against this benefit If the Insured Person who is aged between 18 to 45 years. 8. Claims Safeguard - For hospitalization claim, the items which are not payable as per List I – 'Expenses not covered' under Annexure II related to that particular claim will become payable 9. Out Patient (OPD) Cover – Covered up to the amount specified in the policy schedule. 10. Booster Benefit - Sum Insured is increased by 50% of the Base Sum Insured in respect of each claim free Policy Year as specified in the policy schedule. 11. E-Opinion – Unlimited medical opinion/consultations by a Medical Practitioner from our panel, for disorder/disease suffered during the policy period as specified in the policy schedule. **Women Care Benefit** 12. Maternity Expenses - Maternity Expenses (48 months waiting period) incurred up to the amount specified against this benefit.	

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<tr><td></td><td></td><td>13. Newborn Baby Cover - Medical Expenses Up to Base Sum Insured, incurred in respect of a new born baby.
14. Assisted Reproduction Treatment - Medical expenses up to INR 1 Lakh incurred on Assisted Reproduction Treatment.
15. Global Treatment Medical Expenses for Planned In patient care taken outside India up to Base Sum Insured
16. Wellness Benefit – Listed wellness services as mentioned in the Policy Schedule
<table><tr><td>1.</td><td>Health Assistance (A.I. Personal Fitness coaching)</td></tr><tr><td>2.</td><td>Dietician and Nutrition E-consultation</td></tr><tr><td>3.</td><td>Walk Healthy Benefit</td></tr><tr><td>4.</td><td>Unlimited Gym Membership</td></tr></table>17 Co-payment -10% or 20% Co-Payment as specified in the policy schedule, shall be applied on each and every admissible claim as applicable.</td><td></td></tr>
<tr><td>6.</td><td>Exclusions (What the policy does not cover)</td><td>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) Change of Gender Treatments (Code- Excl 07)
d) Cosmetic or Plastic Surgery (Code- Excl 08)
e) Hazardous or Adventure Sports (Code- Excl 09)
f) Breach of Law (Code- Excl 10)
g) Excluded Providers (Code-Excl 11)
h) Treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code- Excl 12)
i) Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds
ii) (Code-Excl 13).
j) Dietary supplements and substances that can be purchased without prescription (Code-Excl 14)
k) Refractive Error (Code-Excl 15)
l) Unproven Treatments (Code- Excl 16)
m) Sterility and Infertility (Code-Excl 17)
n) Maternity (Code-Excl 18)</td><td>A. Standard Exclusions</td></tr>
<tr><td>7.</td><td>Waiting period</td><td>Initial Waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents).

Specific Waiting Periods
• 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</td><td>Clause E</td></tr>
</table>

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		(GERD) etc. (not applicable for claims arising due to accident). • 48 months for Maternity Expenses • 48 months for Assisted Reproduction Treatment • 36 months for Global Treatment • 90 days for Hypertension, Diabetes, Cardiac Condition. • 90 Days for Critical Illness cover **Pre-Existing diseases:** Covered after 24 months.	
8.	**Financial Limits of the Coverage**	In case of a claim, this policy requires you to share the following costs: **Sub-Limits:** • **Stay Fit Health Check-Up** - A health check-up up to Rs. 5000 once in the Policy Year to all insured adult members above age 18 years on individual basis. • **Vector Borne Fixed Benefit** - Covers a payment of Rs.50,000 or 100,000 as specified in the Policy Schedule • **Critical Illness Cover** - A lumpsum amount of INR 3,00,000, as specified in the Policy Schedule against this benefit If the Insured Person who is aged between 18 to 45 years. **Co-Payment:** • Co-payment – 10% or 20% Co-payment applicable on each and every claim • OPD Cover (excluding dental and Vision) - 30% Co-payment for Pharmacy and Diagnostics and 50% Co-Payment for Professional Fees applicable on each and every claim.	Section C and D
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/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 in the policy wordings. 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: **https://www.sbigeneral.in/contact-us/cashless-hospitals-networks** • **Toll Free number: 1800 210 3366, 1800 210 6366** • List of Hospitals which are blacklisted or from where no claims	Clause G. C

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		will be accepted by the insurer is available in below link: **https://www.sbigeneral.in/contact-us/cashless-hospitals-networks** • 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	Clause G. E
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: 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	C. Conditions for renewal of the contract

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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 except on grounds of 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. Change of 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. 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.	Section G, clause A.I
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.	Section G, clause A.I

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