SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

Hospital Daily Cash Insurance Policy

PROSPECTUS

Your greatest wealth is your health & everybody has differing levels of control over their own wellbeing. Life follows no fixed plan and sudden Illness / Disease or Accidental bodily injury can sometimes leave you financially hurt and highly stressed. SBI General Hospital Daily Cash Insurance Policy provides you with fixed benefit for each day of hospitalization irrespective of the actual medical cost. Thus, provides you with additional protection & takes care of additional expenses which are not covered under your Health Insurance Policy such as like traveling, food etc.

Scope of Cover

This policy covers the following:

In the event of Accidental Bodily Injury or Sickness first occurring or manifesting itself during the Policy Period and causing the Insured's Hospitalisation, a hospitalization benefit will be payable as per the conditions below and subject to the Deductible as defined:

A. Hospital Daily Cash benefit for each continuous and completed period of 24 hours of hospitalization;

B. Twice the Hospital Daily Cash benefit for each continuous and completed period of 24 hours of Hospitalisation necessitated solely by reason of the said Accidental Bodily Injury. This is applicable for a maximum of 5 days per Hospitalisation subject to maximum of 10 days per Policy Period;

C. Twice the Hospital Daily Cash benefit for each continuous and completed period of 24 hours of Hospitalisation within the Intensive Care Unit. This is applicable for a maximum of 7 days per Hospitalisation subject to maximum of 15 days per Policy Period;

D. Thrice Hospital Daily Cash benefit or INR 5,000 whichever is less is payable upon completion of 10 consecutive days of hospitalization in a single admission for convalescence. This benefit is payable only once in a Policy Period.

E. The maximum benefit payable will be 30/60 days as stated in Insured's schedule within any Policy Period.

F. An excess equivalent to the first 24 hours Hospitalization benefit will be levied on each and every Hospitalisation during the Policy Period.

** For further details please refer to the policy wordings

Product Details

Plan: (Max coverage: 30 Days)

Benefits	A	B	C	D
Daily Hospitalization benefit due to sickness	500	1000	1500	2000
ICU Hospitalisation (max. 7 days) (Max 15 days per Policy Period)	1000	2000	3000	4000
Accident hospital confinement	1000	2000	3000	4000
Convalescence benefit for hospitalization exceeding consecutive 10 days	Fixed lumpsum amt payable – 3 times benefit payable max 5000, if hospitalization exceeds 10 consecutive days			

Plan: (Max coverage: 60 Days)

Benefits	A	B	C	D
Daily Hospitalization benefit due to sickness	500	1000	1500	2000
ICU Hospitalisation (max. 7 days) (Max 15 days per Policy Period)	1000	2000	3000	4000
Accident hospital confinement	1000	2000	3000	4000
Convalescence benefit for hospitalization exceeding consecutive 10 days	Fixed lumpsum amt payable – 3 times benefit payable max 5000, if hospitalization exceeds 10 consecutive days			

*Benefit Amount in INR

Age, Benefit Amount & Eligibility

1. Min Age Entry: 18 yrs.
2. Min Age Entry for Children: 90 days and children covered only if either of the parents are concurrently insured with us.
3. Max Age Entry: 65 Yrs.
4. Renewable up to : No exit age. However, beyond 70 years the renewal will be allowed subject to Insured accepting to pay the premium and additional loading as applicable for the age band in which the Insured falls at the time of renewal and as approved by IRDA.
5. Cover available for you & family.
6. Minimum Benefit Amount: INR 500/-.

7. Maximum Benefit Amount: INR2, 000/-. However, the Maximum Benefit would be restricted to INR 500/- per day with maximum coverage of 30 days for Insured aged 60 and above and taking a policy with us for the first time.
8. Based on Medical history, Benefit Amount & age Insured may to undergo a Medical Examination
9. Pre-Acceptance Health Check Up

   Insured's with following condition, acceptance of proposal is subject to a satisfactory medical examination as per our company's requirements:

   - Insured with adverse medical history as declared in Proposal Form or,
   - Insured aged above 45 years & irrespective of SI.
   - Pre-acceptance medical tests at the cost of the proposer. However, if the proposal is accepted the Insurer will reimburse 50% of the cost incurred towards the medical tests so undertaken at the advice of the insurer

Premium

The rate of premium shall depend upon the Days covered, Age & Benefit Amount. The premium at the time of the renewal of the policy would be the applicable premium at the date of renewal and as approved by IRDA. The premium paid is exempt from Income Tax under Sec 80 D of Income Tax act

The premium rates (excluding service tax) applicable to respective plan and age under the policy are as below:

	0.3 - 18	19 - 35	36 - 45	46 - 55	56 - 60	61 - 65	66 -70	71 - 75	76 - 80	81 - 85	86 - 90	91 - 95	96 - 100	101 -105	106 - 110	111 - 115
30 Days - Rs.500 Plan	216	335	498	733	1,235	1,626	2,001	2,550	3,188	3,985	4,981	6,226	7,783	9,728	12,160	13,016
30 Days - Rs.1000 Plan	357	512	764	1,117	1,785	2,343	3,306	3,662	4,578	5,722	7,152	8,940	11,176	13,969	17,462	21,827
30 Days - Rs.1500 Plan	509	707	1,074	1,646	2,746	3,598	4,610	5,617	7,021	8,777	10,971	13,714	17,142	21,428	26,784	33,480
30 Days - Rs.2000 Plan	661	882	1,344	2,219	3,688	4,830	5,915	7,534	9,417	11,771	14,714	18,392	22,990	28,738	35,923	44,903
60 Days - Rs.500 Plan	282	408	676	1,018	1,590	2,203	2,458	3,677	4,597	5,746	7,182	8,978	11,222	14,027	17,534	21,918
60 Days - Rs.1000 Plan	486	690	1,227	1,969	2,845	3,634	4,046	6,050	7,562	9,453	11,816	14,770	18,463	23,078	28,848	36,060
60 Days - Rs.1500 Plan	691	973	1,801	2,853	3,826	5,470	5,633	8,734	10,918	13,647	17,059	21,324	26,655	33,319	41,649	52,061
60 Days - Rs.2000 Plan	981	1,255	2,386	3,791	4,912	7,015	7,221	11,195	13,993	17,492	21,865	27,331	34,164	42,705	53,381	66,726

If age of policy holder is age of 115, we will continue to charge premiums applicable for age of 115.

Revision in the Hospital Daily Cash benefit Limit

Midterm revision of Hospital Daily Cash benefit Limit is not allowed, Hospital Daily Cash benefit Limit changes are allowed only on renewals. Increase of Hospital Daily Cash benefit Limit will be allowed only after medical underwriting applicable to similar new business proposal of comparative age/gender.

Basis of Payment

1. The Company will make payments in respect of a claim made under the policy only after being satisfied, with the documents evidencing the covered disease/condition.
2. At no point of time during the term of the policy, any benefit shall be payable for the claim which occurs or where the hospitalization for the claim has occurred within 30 days of first Policy issue Date. Waiting period is not applicable for the subsequent continuous uninterrupted renewals.
3. A Deductible equivalent to the first 24 hours Hospitalization benefit will be applicable on each and every Claim during the Policy Period.
4. Any payment made under the policy will be in Indian rupees only.

Loading on Premium

As such for insured with no adverse medical history as declared in proposal form, no pre-policy medical test is required. Taking into account the proposal form and /or the medical reports following restrictions & loadings are applicable:

Sr. No		3months-35 years	>35 years
1	Smoker (less than 40 cigarettes daily)	10% loading on the standard rates.	
	Smoker (more than 40 per days)	Decline	
2	Alcohol Consumption	20% loading on the standard rates	
3	Hypertension	20% loading on premium accept with Diabetes and related conditions exclusion (if no complication detected via medical examination/test/reports).	Acceptance subject to Medical Underwriting.
4	Diabetes	20% loading on premium accept with Diabetes and related conditions exclusion (if no complication detected via medical examination/test/reports).	
5	Asthma	10% loading on standard premium accept with exclusion.	

6	Combination of other impairment	20% loading on premium (if no complication detected via medical examination/test/reports.	Acceptance subject to Medical Underwriting.
7	Combination of any 2 or more from Sr. No 3 To Sr. No 6	Decline	

However, the maximum loading on account of the above medical underwriting guidelines would be capped at 50% of the premium only.

Exclusions

The Company will not be liable under the Policy in respect of payment towards treatment taken due to :

1. Pre-existing Disease Exclusion: Benefits will not be available for any Pre- Existing conditions or related condition(s) or any complications arising thereof for which Insured has been diagnosed, received medical treatment, had signs and / or symptoms, prior to inception of Insured's Policy, unless such a condition is stated in the Proposal form and specifically accepted by the Insurer and endorsed thereon.
2. Insurer shall not be liable to make any payment under this Policy in connection with or in respect of Insured hospitalisation due to sickness / illness, as stated in this Section, occurred before the commencement of Period of Insurance or arising within the first 30 days of the commencement of the Period of Insurance.

   However this exclusion would not applicable

   a. For hospitalisation due to Accidental Bodily Injury within first 30 days of Commencement of cover.
   b. Up to the limit of benefit specified in existing policy, if policy is renewed within grace period.
3. Exclusions applicable to first year of cover from commencement of the Policy, from the following Diseases / Illness and its related complications:

   a. Any types of gastric or duodenal ulcers,
   b. Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty
   c. All internal or external tumor /cysts/nodules/polyps of any kind including breast lumps
   d. All types of Hernia and Hydrocele
   e. Anal Fissures, Fistula and Piles

   This Exclusion shall apply only to the extent of the amount by which the limit of indemnity has been increased if the Policy is a renewal of the Hospital Daily Cash Insurance Policy with Insurer without break in cover for at least 1 year.
4. Exclusions applicable to first two years of cover from commencement of the Policy, from the following Diseases / Illness and its related complications:

   a. Cataract
   b. Benign Prostatic Hypertrophy
   c. Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus
   d. Hypertension, Heart Disease and related complications
   e. Diabetes and related complications
   f. Non infective Arthritis, Treatment of Spondylosis / Spondilytis, Gout & Rheumatism
   g. Surgery of Genitourinary tract
   h. Calculus Diseases
   i. Sinusitis, nasal disorders and related disorders
   j. Surgery for prolapsed intervertebral disc unless arising from accident
   k. Vertebro-spinal disorders (including disc) and knee conditions;
   l. Surgery of varicose veins and varicose ulcers
   m. Chronic Renal failure

   This Exclusion shall apply only to the extent of the amount by which the limit of indemnity has been increased if the Policy is a renewal of the Hospital Daily Cash Insurance Policy with Insurer without break in cover for at least 2 years.
5. Exclusions applicable to first three years of cover from commencement of the Policy, from the following Diseases / Illness and its related complications:

   a. Joint replacement surgery due to degenerative condition, age related osteoarthritis and osteoporosis unless such joint replacement surgery is necessitated by Accidental Bodily Injury.

   This Exclusion shall apply only to the extent of the amount by which the limit of indemnity has been increased if the Policy is a renewal of the Hospital Daily Cash Insurance Policy with Insurer without break in cover for at least 3 years.
6. Any medical treatment outside India.
7. Epidemics recognized by WHO or/and Indian state / central government/state govt.
8. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.

9. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/materials.
10. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or, as may be necessitated due to an accident
11. Cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender, Lasik treatment, or similar type of corrective procedures for refractive error. Any form of plastic surgery (unless necessary for the treatment of an Illness or Accidental Bodily Injury).
12. Prostheses, corrective devices, medical appliances, external medical equipment of any kind used at home as post hospitalisation care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
13. Dental treatment or surgery of any kind unless required as a result of Accidental Bodily Injury to natural teeth requiring hospitalization treatment.
14. "Day care Treatments" as defined under the policy are excluded from the scope of the Policy
15. Convalescence, general debility, "Run-down" condition, rest cure, Congenital Internal and /or external illness/disease/defect.
16. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent.
17. Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.
18. Venereal disease or any sexually transmitted disease or sickness.
19. Treatment arising from or traceable to pregnancy childbirth, miscarriage, abortion or complications of any of this, including caesarian section. However, this exclusion will not apply to abdominal operation for extra uterine pregnancy (Ectopic Pregnancy), which is proved by submission of Ultra Sonographic Report and certification by Gynecologist that it is life threatening
20. Any fertility, sub fertility or assisted conception operation or sterilization procedure and related treatment.
21. Vaccination or inoculation except as post bite treatment for animal bite
22. Surgery to correct deviated septum and hypertrophied turbinate unless necessitated by accidental bodily injury and proved to our satisfaction that the condition is a result of an accidental injury.
23. Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy, sex change or treatment which results from or is in any way related to sex change.
24. Any treatment required arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing, etc. unless specifically agreed by the Insurer.
25. Genetic disorders and stem cell implantation / surgery/storage.
26. Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from:
    a. any nuclear fuel or from any nuclear waste; or
    b. from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission);
    c. nuclear weapons material;
    d. nuclear equipment or any part of that equipment;
27. Treatments in health hydro, spas, nature care clinics and the like.
28. Treatments taken at any institution which is primarily a rest home or convalescent facility, a place for custodial care, a facility for the aged or alcoholic or drug addicts or even if the institution has been registered as a hospital with the Appropriate Authorities
29. Treatment with alternative medicines like Ayurvedic, Homeopathic, acupuncture, acupressure, osteopath, naturopathy, chiropractic, reflexology and aromatherapy.
30. Hospitalization primarily for investigation purposes, diagnosis, x-ray examination, general or routine physical or medical examinations, not incidental to treatment or diagnosis of a covered Disease or Illness or any treatment or any preventive treatments, or examinations carried out by a Medical Practitioner which are not medically necessary and which would necessarily not warrant hospitalization and the line of treatment is such that could be carried out on an outpatient basis.
31. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.
32. Treatment for obesity, weight reduction or weight management.
33. Experimental, unproven or any other treatment that is not scientifically recognized.

Revision of Product-

In case of revision of this product we will communicate to you at least 3 months prior to the revision. Existing policy will continue to remain in force till its expiry, and for existing policyholders the revision will be applicable only from the date of renewal.

Termination of Policy

This Policy terminates on earliest of the following events-

1. Cancellation of policy by as per the cancellation provision.
2. On the policy expiry date.

Mechanism for continuity of coverage

Mechanism for continuity of coverage: In the event of this policy under which the Insured Person is covered and which is being discontinued or not renewed or Insured person leaving the policy because of any reason, the Insured Person has the option of migration to our any other Hospital Daily Cash Insurance Policy. In such an event, all the waiting periods as stipulated under such other Hospital Daily Cash Insurance policy will be applicable with due adjustment for the Uninterrupted period in completed years for which the Insured was covered under this policy. This continuity of coverage will be applicable only if the migration from this policy to such other Hospital Daily Cash Insurance policy takes place within grace period of 30 days of coverage being discontinued under this policy. However, any such benefit would be restricted to the maximum of his eligibility of sum insured under such other Hospital Daily Cash Insurance policy or the sum insured enjoyed by the individual under this policy whichever is lower. Also, all the underwriting rules and regulations of such other Hospital Daily Cash Insurance policy would be applicable for acceptance of such risk.

Grace Period

The Grace Period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.

Cancellation

In case of any fraud, misrepresentation, or suppression of any material fact either at the time taking the Policy or any time during the currency of the earlier policies, Insurer may at any time cancel this policy by sending the Insured 15 days' notice by registered letter, at the Insured's last known address and in such event Insurer shall refund to the Insured a pro-rata' premium for unexpired period of Insurance subject to no claim has occurred up to date of cancellation. Insurer shall, however, remain liable for any claim which arose prior to the date of cancellation. The Insured may at any time cancel this policy by giving a written notice to the insurer and in such event Insurer shall allow refund of premium at Insured's short period rate only (table given here below) provided no claim has occurred up to the date of cancellation.

Period on risk	Rate of premium refunded
Up to one month	75% of annual rate
Up to three months	50%of annual rate
Up to six months	25% of annual rate
Exceeding six months	Nil

Renewal

i. 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.

ii. The Company shall endeavor to give notice for Renewal. However, the Company is not under obligation to give any notice for Renewal.

iii. Renewal shall not be denied on the ground that the Insured Person had made a Claim or Claims in the preceding Policy years.

iv. Request for Renewal along with the requisite premium shall be received by the Company before the end of the Policy Period

v. At the end of the Policy Period, the Policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without Break in Policy. Coverage is not available during the Grace Period.

vi. No loading shall apply on Renewals based on individual Claims experience.

Premium at the time of Renewal

Renewal premium will be charged as per the age at the time of renewal as per the table provided under heading of Premium, however the same may be changed as mentioned under heading of revision of product.

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. If such person is presently covered and has been continuously covered without any lapses under any health insurance Policy with an Indian General/Health Insurer, the proposed Insured Person is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting Period for Pre-existing Diseases, Moratorium Period, etc. from the existing Insurer to the acquiring Insurer in the previous Policy.

For Detailed Guidelines on Portability, kindly refer the link-

https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf

Revision in the sum insured during policy period

- Midterm revision of benefit amount is not allowed, changes in benefit amount are allowed only on renewals. Increase of benefit amount will be allowed only after medical underwriting applicable to similar new business proposal of comparative age/gender.

SURAKSHA AUR BHAROSA DONO

Information about our Claims Services

- The Company's dedicated and experienced claims team aim to deliver a differentiated customer service of a fast, fair, convenient and transparent claims process for the management and settlement of your claim.
- The Company's philosophy is to always look for ways to pay valid claims in a fair and timely manner.

Our Claims Services will:

- Provide assistance in emergency situations
- Keep you informed of the progress of your claim

The Company will act efficiently to ensure you get back to normal as quickly as possible.

Customer Service:

Our Endeavour would be to resolve your queries / clarifications or grievances, at the first instance itself. But if you feel that the matter was not handled to your satisfaction, we request you to get in touch with our Customer Service Cell at the below mentioned address-

Redressal of Grievances

If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, You can address Your grievance as follows:

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

Contact Us

For any product or service related information or assistance, here's how you can reach Us.

Contact details for Policy Servicing	Contact details for Claim Servicing
SBI General Insurance Company Limited, **Address**:9th Floor, Wing A & B, Fulcrum, Sahar Road, Andheri (East), Mumbai – 400 099. **Email:** customer.care@sbigeneral.in ; seniorcitizengrievances@sbigeneral.in (for Senior Citizens) **Toll free number** 1800 102 1111 (Available 24/7) For agents and intermediaries 1800 22 1111 (Available 24/7) **Website:** www.sbigeneral.in **Fax No:** 1800227244, 18001027244	**Accident & Health claims team,** **SBI General Insurance Company Limited,** **Address:** 9th Floor, Westport, Pan Card Club Road, Baner, Pune, Maharashtra – 411 045. **Email:** sbig.health@sbigeneral.in **Toll Free number:** 1800 210 3366, 1800 210 6366 **Website:** www.sbigeneral.in **Fax No:** +91 20 49334525