SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

SBIG Health Super Top-Up

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>SBIG Health Super Top-Up</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 and Benefit both</td><td></td></tr>
<tr><td>4.</td><td>Sum Insured (Basis)</td><td>
<table>
<tr><td colspan="4">Individual Sum Insured</td></tr>
<tr><td>Sr. No.</td><td>Insured Name</td><td>Base Sum Insured</td><td>Deductible</td></tr>
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Note: This is the base Sum Insured for policy. Please refer the policy schedule for cover wise limits.
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<tr><td>5.</td><td>Policy Coverage (What the Policy Covers)</td><td>1. In patient Treatment – Admission in hospital beyond 24 hours.
2. Pre-Hospitalisation – Treatment prior to admission in a hospital up to 60 days
3. Post-Hospitalisation – Treatment after discharge from the hospital within 90 /180 days as specified in the policy schedule.
4. Day care Treatment – We will indemnify the Medical Expenses for day care procedures up to sum insured.</td><td>3.1
3.1.1
3.1.2
3.2</td></tr>
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Sl. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		5. **Organ Donor** – We will indemnity Medical Expenses up to the Sum Insured as specified in the Policy Schedule, towards organ donor's Hospitalization for harvesting of the donated organ.	3.3
		6. **Modern Treatments** –We will indemnity Medical Expenses up to the Sum Insured.	3.4
		7. **AYUSH Treatment (In-patient hospitalization)** – We will indemnity Medical Expenses up to the Sum Insured	3.5
		8. **Domiciliary Hospitalization** – We will Reimburse the Medical Expenses incurred for the Insured Person's Domiciliary Hospitalization during the Policy Period following an Illness or Injury.	3.6
		9. **Road Ambulance** – We will indemnify the Medical Expenses related to Road Ambulance services as specified in the policy schedule.	3.7
		10. **Home Health Care** – We will indemnify the Medical Expenses incurred by the Insured Person on availing treatment at Home during the Policy Year as specified in the policy schedule.	3.8
		Optional Covers-	
		1. **Maternity Expenses** – We will indemnify the Medical Expenses incurred up to the amount specified against this Benefit in the Policy Schedule for the Maternity Expenses.	3.9
		2. **New-Born Baby Cover** – We will indemnify up to the amount specified against this Benefit in the Policy Schedule for the Medical Expenses incurred in respect of a New Born Baby.	3.10
		3. **Hospital Daily Cash** – We will pay the Insured an amount equal to the Hospital Daily Cash amount specified in the Policy Schedule per day of Hospitalization	3.11
		4. **Consumables** – If We have accepted a Hospitalization claim, then the items which are not payable as per List I – 'Expenses not covered' under Annexure II related to that particular claim will become payable.	3.12
		5. **Global Cover** – We will indemnify the Medical Expenses incurred towards the Insured Person's Inpatient Care outside India caused solely and directly due to any of the listed Illness/Procedures.	3.13
		6. **Radio Cab** – We shall indemnify the Insured up to the amount specified in the Policy Schedule, per Hospitalization, for the expenses incurred on availing registered Radio cab operator services.	3.14
		7. **Air Ambulance** – We will indemnify expenses incurred by the Insured Person during the Policy Year towards Ambulance transportation in an airplane or helicopter for Emergency Care as specified in the policy schedule.	3.15
		8. **Recovery Benefit** – We will pay a lump sum amount as specified in the Policy Schedule upon Your Medically Necessary Hospitalization exceeding 5 consecutive and continuous days, as specified in the policy schedule.	3.16

Sl. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		9. **Personal Accident Cover (Accidental Death & Permanent Total Disability)** – If the Primary Insured Person, sustains an injury, from an Accident, during the Policy Period and if such injury shall within twelve calendar months of its occurrence be the sole and direct cause of Death or Permanent Total Disablement of the Insured, then we shall be liable to pay 100% of Sum Insured to the Insured Person/ Nominee /Legal Heir/Assignee.	3.17
		10. **Unlimited Restore Benefit** – We shall restore the Base Sum Insured unlimited times during the Policy Year after occurrence and payment of claim amount under the Policy.	3.18
		11. **Reduction in Room Rent** – We shall allow the insured to opt the Room Rent category Actuals to Single Private A.C Room or Twin Sharing Room for hospitalizations.	3.19
		12. **Change in Pre-Existing Waiting Period** – We shall allow the insured to change the 24 months Waiting Period for Pre-Existing Diseases to 36 months or 12 months.	3.20
		13. **Change in Maternity Waiting Period** – We shall allow the insured to change the 36 months Waiting Period for Maternity Expenses to 48 months, 24 months or 12 months.	3.21
		14. **Reduction in Specific Disease Waiting Period** – We shall reduce the 24 months Waiting Period for Specific Diseases to 12 months.	3.22
		Value Added Services-	
		1. **E-Opinion** – We shall allow the insured to avail E-Opinion on his/ her medical condition occurring during the Policy Year from a Medical Practitioner from our empanelled network.	3.23
		2. **Stay Fit Health Check-up** – The Insured Person may avail a health check-up, only for Preventive purposes, up to a sub-limit as specified in Your Policy Schedule	3.24
		Renewal Benefits	
		Cumulative Bonus- At the end of each completed and continuous Policy Year, We will provide Cumulative Bonus which will increase 10% of the Sum Insured of immediate preceding Policy Year provided the Policy is renewed with Us without a break, subject to maximum cap of 100% of the Sum Insured under the current Policy Year. If a claim is made in any particular Policy Year, the Cumulative Bonus accrued shall not be reduced and no Cumulative Bonus will be earned on the Policy Renewal.	3.25
6.	Exclusions (What the policy does not cover)	Following is a partial list of the policy exclusions. Please refer to the policy wording for the complete list of exclusions. 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)	Section 5: Exclusions

Sl. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		5) Cosmetic or Plastic Surgery (Code: Excl08) 6) Hazardous or Adventure sports (Code: Excl09) 7) Breach of law (Code: Excl10) 8) Excluded Providers (Code:Excl11) 9) Substance Abuse and Alcohol (Code: Excl12) 10) Wellness and Rejuvenation (Code:Excl13) 11) Dietary Supplements & Substances (Code: Excl14) 12) Refractive Error (Code: Excl15) 13) Unproven Treatments-Code (Code: Excl16) 14) Sterility and Infertility (Code: Excl17) 15) Maternity (Code-Excl 18)	
7.	Waiting period	**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, Diseases of gall bladder including cholecystitis, Pancreatitis, All forms of Cirrhosis, Perineal Abscesses, Cataract, Pilonidal sinus, Benign tumors, Cysts, Nodules, Polyps including breast lumps, Polycystic ovarian diseases, Sinusitis, Rhinitis, Skin tumors, Genetic Disorder etc • 36 months for Maternity Expenses • 36 months for Global Treatment • 90 days for Hypertension, Diabetes and related complications. **Pre-Existing diseases:** Covered after 24 months.	Section 4: Waiting Period
8.	Financial Limits of the Coverage	In case of a claim, this policy requires you to share the following costs: <u>Sub-Limit</u> 1. Maternity Expenses: Upto INR 2 Lacs for deductible 5 L and above 2. Road Ambulance- Up to INR 5000 per hospitalization 3. Radio Cab - Upto INR 3000 per hospitalization 4. Air Ambulance- Upto INR 5 Lacs 5. Recovery Benefit – INR 5000/ 10000/ 25000 6. Hospital Daily Cash- INR 500/ 1000 per day upto 10 days maximum ICU- 2 times of Hospital Daily Cash 7. Personal Accident – INR 10 Lacs/ INR 20 Lacs 8. Stay Fit Health Check Up – Upto INR 5000(Annual) In case of a claim, this policy requires you to share the following costs: Deductible: As specified in the policy schedule	

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<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>Procedures</th><th>Cashless Hospitalization</th><th>Reimbursement Claims</th></tr>
<tr><td>Claim Intimation</td><td colspan="2">You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website or Our TPAs Website</td></tr>
<tr><td>Claim Intimation timelines</td><td>Within 24 hours of the Emergency Hospitalization
At least 72 hours prior to the planned Hospitalization</td><td>Within 48 hours of admission or before discharge from the Hospital, whichever is earlier</td></tr>
</table>
Turn Around Time (TAT) for claims settlement:
TAT for pre-authorization of cashless facility - within 1 hour from receipt of complete documents.
TAT for cashless final bill settlement - within 3 hours from receipt of complete documents

Hospital Network details can be obtained from: 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 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.</td><td>Section 6.2 10) Specific Terms and Clauses</td></tr>
<tr><td>10.</td><td>Policy Servicing</td><td>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</td><td></td></tr>
<tr><td>11.</td><td>Grievances /Complaints</td><td>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</td><td>Section 6.2 17) Specific Terms and Clauses</td></tr>
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		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	
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 misrepresentation by the insured person on grounds of fraud. 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	Section 6.1 15 Section 6.1 10 Section 6.1 8

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		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	Section 6.1 9
		5. Change of Sum Insured: Sum Insured/ Deductible/ Plan can be changed (increase / decrease) only at the time of Renewal 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.	Section 6.2 1
		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 6.1 12
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.	Section 6.1 1

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