SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

SUPER HEALTH 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>Super Health 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>
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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>
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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><u>Covers Expenses in respect of:</u>
1. In-patient Hospitalization Treatment - Admission in hospital beyond 24 hours.
2. Shared accommodation Cash Benefit - pays daily cash amount on continuous and completed 24 hours of hospitalization in the event of opting shared accommodation.
3. Health Multiplier (Listed 37 Serious Illness)- Sum Insured for serious Illness (listed in Policy wordings) would be enhanced by a multiplier as mentioned in the Policy Schedule.</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
		4. Pre-Hospitalisation Medical Expenses - covered prior to 60 days of hospitalization 5. Post-Hospitalisation Medical Expenses - covered post 90/ 180 days of hospitalization. 6. Day Care Treatment - Medical Expenses for day care procedures up to sum insured. 7. Domiciliary Hospitalization- Medical Expenses incurred for the Insured Person's Domiciliary Hospitalization during the Policy Period following an Illness or Injury. 8. Home Health Care- on availing treatment at Home during the Policy Year. 9. Emergency Road Ambulance Cover (per hospitalization) Medical Expenses related to Road Ambulance services 10. Air Ambulance Cover (Domestic)- Expenses incurred by the Insured Person on availing Air Ambulance services. 11. Organ Donor Expenses- Medical Expenses towards organ donor's Hospitalization for harvesting of the donated organ. 12. ReInsure Benefit (Related and Unrelated illness both)- Sum insured will get reinstated unlimited times upto 100%/200% of Sum Insured for subsequent claims in a Policy Year. 13. Bariatric Surgery Cover- Medical Expenses incurred up to the limit ₹ 50,000/2,00,000 towards Bariatric Surgery. 14. Modern Treatments/Advanced Procedures-Covers Medical Expenses for listed Modern treatments up to the Sum Insured. 15. AYUSH Treatment- Covers Medical Expenses up to the Sum Insured towards Inpatient hospitalization under AYUSH Hospital. 16. 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. 17. Claims Shield - 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. 18. E-Opinion - We will facilitate E-Opinion from Our panel of Medical Practitioner under this cover. 19. Annual Health Check-up - Avail a health check-up for listed Preventive purposes. **Maternity and Related Expenses Cover** 20. Maternity Expenses (including Pre and Post Natal check-ups)- Medical Expenses incurred towards Maternity Expenses including Pre-natal Medical Expenses & Post-natal check-ups incurred in respect of the Hospitalization of the Insured Person for the delivery of the	

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		child during the Policy Period. 21. New Born Baby Cover - Up to the amount specified for the Medical Expenses incurred in respect of a New Born Baby. 22. Child Vaccination Cover The expenses towards vaccination of child till he/she completes 12 years of Age. 23. Enhanced Cumulative Bonus- We will increase 50% of the Base Sum Insured respect of each claim free Policy Year 24. Loyalty Credit (Sum Insured Enhancement irrespective of claim) - We will increase the Base Sum Insured by 50% for each successive renewal. 25. Medical Treatment abroad (Listed Major illness, Diagnosis in India) - Medical Expenses incurred towards the Insured Person's Inpatient Care outside India caused solely and directly due to any of the listed Illness/Procedures. 26. Out-Patient (OPD) Cover (Including Diagnostics and Pharmacy Expenses)- Covers Medical Expenses incurred against OPD expenses including Diagnostics and Pharmacy. 27. Out-Patient (OPD) - Dental and Vision Cover- Medical Expenses incurred against OPD- Dental and Vision Cover up to the limit specified in the Policy Schedule. 28. Out-Patient and Prescribed Diagnostic test (Cancer Diagnosed Patients)- Covers Medical Expenses incurred for the Out Patient and Prescribed Diagnostic test. **Optional Cover** 1. Enhanced ReInsure Benefit- We will refill up to 200% Basic Sum Insured on complete or partial utilization of Your existing Policy Sum Insured including Enhanced Cumulative Bonus. 2. Enhanced Cumulative Bonus Safeguard (if claim amount is ₹1 Lac or less, No reduction in Enhanced Cumulative Bonus) - We will protect the percentage of Enhanced Cumulative Bonus, if Claim amount is not exceeding 100,000 in expiring Policy. 3. Co-payment- 10% or 20% Co-Payment as specified in the Policy Schedule, shall be applied on each and every admissible claim 4. Aggregate Deductible- The Insured Person shall bear on his/her own account an amount equal to the opted deductible specified in the Policy Schedule 5. Domestic Help/Staff Indemnity - We will indemnify Reasonable and Customary Charges up to ₹50,000 OR ₹1,00,000 incurred towards Medically Necessary Treatment taken by the Insured Person. 6. Additional Basic Sum Insured for Accident related hospitalization- We will provide an additional 2 times of	

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number
		base Sum Insured towards Medical Expenses incurred for In-Patient Hospitalization Treatment. 7. Wellness Benefit- This benefit provides listed Wellness services. Early Start Add on (UIN - XXXX) - Reduction of Waiting Period for Hypertension, Diabetes and Cardiac Conditions to 30/60 days	
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) n) Sterility and Infertility (Code-Excl 17) o) Maternity (Code-Excl 18)	F. General Exclusions
7.	**Waiting period**	**Initial Waiting Period:** 30 days for all illnesses (not applicable in case of continuous renewal or accidents) **Specific Waiting Periods** o 12/24 months (as per plan opted) 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 (GERD) etc. (not applicable for claims arising due to accident). o 48 months for Maternity and Related Expenses in case Single Adult and 24 months in case of all other Family Combinations o 36 months for Medical Treatment Abroad o 30/60/ 90 days (as per Add on opted) for Hypertension, Diabetes, Cardiac Condition. **Pre-Existing diseases:** Covered after 24 months.	E. WAITING PERIOD

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8.	**Financial Limits of the Coverage**	In case of a claim, this policy requires you to share the following costs: **Sub-Limit** • Bariatric Surgery Cover- Medical Expenses incurred up to the limit ₹50,0 00/2,00,000 towards Bariatric Surgery. • Domestic Help/Staff Indemnity - We will indemnify Reasonable and Customary Charges up to ₹50,000 OR ₹1,00,000 incurred towards Medically Necessary Treatment taken by the Insured Person. **Co-Payment** • Co-payment -10% or 20% Co-Payment as specified in the Policy Schedule, shall be applied on each and every admissible claim after Deductible (if applicable) • OPD Cover (excluding dental and Vision) - On availing this option, the insured person shall bear on his/her own account an amount equal to 30% co-payment for Pharmacy and Diagnostics, and 20% Co-Payment for consultation as specified in the Policy Schedule, shall be applied on each and every admissible claim after Deductible. • Out -Patient (OPD) - Dental and Vision Cover - On availing this option, the insured person shall bear on his/her own account an amount equal to the 50% Co-Payment as specified in the Policy Schedule, shall be applied on each and every admissible claim after Deductible **Deductible** • Aggregate Deductible - On availing this option, The Insured Person shall bear on his/her own account an amount equal to the opted deductible specified in the Policy Schedule for all admissible claims	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	II. Conditions applicable during the contract, clause b

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		• 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 • 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 Note: For cover wise claims procedure, please refer to policy wordings	
10.	**Policy Servicing**	**Email:** sbig.health@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.		**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	D. Grievances Redressal Procedure

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		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. Change of Sum Insured: 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.	I. Condition Precedent to the contract, clause 2 C. Standard Conditions for renewal of

13.	**Your Obligations**	The Policy shall be void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription, or non-disclosure of any Material Fact by the Insured Person.	I. Condition Precedent to the contract, clause a

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