

SBI GENERAL AROGYA GOLD - GROUP

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.

Sl. No.	Title	Description (Please refer to applicable policy clause number in next column)	Policy Clause Number												
1.	Name of Insurance Product/ Policy	SBI General Arogya Gold- Group													
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXXXXXX													
3.	Type of Insurance Product/ Policy	Indemnity and Benefit both													
4.	Sum Insured (Basis)	<p>Individual Sum Insured</p> <table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Insured Name</th> <th>Base Sum Insured</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>Hospitalization Sum Insured Rs. XX Personal Accident Sum Insured Rs. XX Cancer Care Sum Insured Rs. XX</td> </tr> </tbody> </table> <p>Family Floater Sum Insured</p> <table border="1"> <thead> <tr> <th>Sr. No.</th> <th>Insured Name</th> <th>Base Sum Insured</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>Hospitalization Sum Insured Rs. XX Personal Accident Sum Insured Rs. XX Cancer Care Sum Insured Rs. XX</td> </tr> </tbody> </table> <p>Note:- 1. Personal Accident Sum Insured and Cancer Care Sum Insured are available only for the Primary Insured 2. This is the Sum Insured for Policy. Please refer the Policy Schedule for cover wise limits.</p>	Sr. No.	Insured Name	Base Sum Insured			Hospitalization Sum Insured Rs. XX Personal Accident Sum Insured Rs. XX Cancer Care Sum Insured Rs. XX	Sr. No.	Insured Name	Base Sum Insured			Hospitalization Sum Insured Rs. XX Personal Accident Sum Insured Rs. XX Cancer Care Sum Insured Rs. XX	
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5.	Policy Coverage (What the Policy Covers)	<p>Section 1: Hospitalization Cover</p> <p>1. In-Patient Care-Covers admission in Hospital beyond 24 hours.</p> <p>2. Day Care Treatment-Covers Medical Expenses for Day Care procedures.</p>	<p>1.1</p> <p>1.2</p>												

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		3. Organ Donor Expenses-Covers Medical Expenses of donor for any organ transplant surgery conducted on Insured.	1.3
		4. Inpatient Care under Alternative Treatment (AYUSH)- Covers Medical Expenses for In-Patient Treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy.	1.4
		5. Domiciliary Treatment-Covers Medical Expenses of Domiciliary Hospitalization.	1.5
		6. Pre-Hospitalization Medical Expenses-Covers Medical Expenses for 30/60/90 days[SK1.1] prior to admission in a Hospital.	1.6
		7. Post-Hospitalization Medical Expenses – Covers Medical Expenses for 60/90/180 days[SK2.1] after discharge from the Hospital.	1.7
		8. Modern Treatments- Covers Medical Expenses of any Modern Treatments availed by Insured.	1.8
		9. OPD Cover- Covers Medical Expenses of OPD Treatment.	1.9
		10. Emergency Ground Ambulance- Covers expenses on availing Road Ambulance for Insured's Illness or Accident.	1.10
		11. Weekly Benefit- Payment of fixed amount per week if Hospitalization of Insured exceeds days as specified in the Policy Schedule/Certificate of Insurance.	1.11
		12. Home Health Care- Covers Medical Expenses of In-Patient Treatment taken at home.	1.12
		13. Common Disease Cover- Covers Medical Expenses if Insured is Hospitalized for listed diseases.	1.13
		14. Health Check-up – Covers expenses of preventive Health Check Up tests.	1.14
		15. E- Opinion- Covers E-Opinion availed by Insured on medical condition from our empanelled network.	1.15
		16. Wellness Care- Covers Wellness Care services availed by Insured from our empanelled network.	1.16
		Section 2: Personal Accident (For Primary Insured Only)	
		1. Accidental Death (AD)- Lump sum payment to the Nominee/Legal Heir/Assignee on Death of Insured within 12 months from the date of Accident.	2.1
		2. Permanent Total Disability (PTD)- Lump sum payment to Insured, if PTD occurs within 12 months from the date of Accident.	2.2
		3. Permanent Partial Disability (PPD)- Lump sum payment as specified, if PPD occurs within 12 months from the date of Accident.	2.3
		4. Repatriation and Funeral Expenses- Lump sum payment on Death of the Insured for expenses of funeral and transportation of mortal remains.	2.4
		5. Child Education- Lump sum payment on Death or PTD or PPD of the Insured for education support of Insured's child(ren).	2.5
		6. Adaptation Allowance (Home & Vehicle)- Lump sum payment on PTD or PPD of Insured for expenses of improvements carried out in residence or his/her vehicle to adjust to the disability.	2.6

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		<p>7. Ambulance Cover- Covers expenses on availing Road Ambulance for Insured's Accident.</p> <p>8. Broken Bones/Fracture- Lump sum payment in case of Broken Bones/ Fracture to Insured within 90 days of occurrence.</p> <p>9. Loss of Income- Monthly Payment on Insured's PTD or PPD for Loss of Income.</p> <p>Section 3: Cancer Care (For Primary Insured Only)</p> <p>1. Cancer Care Benefit- Lump sum payment to Insured on diagnosis of listed.</p> <p>a. Cancer</p> <p>b. Cancer + Cardiac</p>	<p>2.7</p> <p>2.8</p> <p>2.9</p> <p>3.1</p>
6.	Exclusions (What the policy does not cover)	<p>Following is a partial list of the policy exclusions. Please refer to the Policy Wording for complete list of exclusions.</p> <p>1. Investigation & Evaluation (Code: Excl04)</p> <p>2. Rest Cure, rehabilitation and respite care (Code: Excl05)</p> <p>3. Obesity/ Weight Control (Code: Excl06)</p> <p>4. Change-of-Gender treatments (Code: Excl07)</p> <p>5. Cosmetic or Plastic Surgery (Code: Excl08)</p> <p>6. Hazardous or Adventure sports (Code: Excl09)</p> <p>7. Breach of law (Code: Excl10)</p> <p>8. Excluded Providers (Code: Excl11)</p> <p>9. Substance Abuse and Alcohol (Code: Excl12)</p> <p>10. Wellness and Rejuvenation (Code: Excl13)</p> <p>11. Dietary Supplements & Substances (Code: Excl14)</p> <p>12. Refractive Error (Code: Excl15)</p> <p>13. Unproven Treatments-Code (Code: Excl16)</p> <p>14. Sterility and Infertility (Code: Excl17)</p> <p>15. Maternity (Code-Excl 18)</p>	<p>5.1(a).</p> <p>5.1(b).</p> <p>5.1(c).</p> <p>5.1(d).</p> <p>5.1(e).</p> <p>5.1(f).</p> <p>5.1(g).</p> <p>5.1(h).</p> <p>5.1(i).</p> <p>5.1(j).</p> <p>5.1(k).</p> <p>5.1(l).</p> <p>5.1(m).</p> <p>5.1(n).</p> <p>5.1(o).</p>
7.	Waiting period	<p>1. Initial Waiting Period - 30 days (not applicable in case of continuous renewal or Accidents).</p> <p>2. Specified Disease/Procedure Waiting Period - 12 months for listed conditions.</p> <p>3. Pre-Existing Diseases Waiting Period- 12/24/36 months.</p> <p>4. Cancer Care Waiting Period- 30/60/90 days</p>	<p>4.3</p> <p>4.2</p> <p>4.1</p> <p>4.4</p>
8.	Financial Limits of the Coverage	<p>In case of a Claim, this Policy requires you to share the following costs:</p> <p>Sub-Limits</p> <p>1. Organ Donor Expenses- Up to 1% to 90% of Hospitalization Cover Sum Insured.</p> <p>2. Modern Treatment- Up to 50% of Hospitalization Cover Sum insured.</p> <p>3. Emergency Ground Ambulance- Up to Rs. 1000 to Rs. 5 Lacs.</p> <p>4. Health Check-up- Up to Rs. 1,000 to Rs. 25,000.</p> <p>5. Ambulance Cover- Up to Rs. 1,500 / 2,000 / 2,500 / 3,000 / 3,500 / 5,000 / 7,500 / 10,000.</p> <p>6. Broken Bones/Fracture- Maximum of 10% of Personal Accident Sum Insured or Rs.50,000, whichever is less.</p>	

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		7. Room Rent- Actuals/Single Private AC Room										
9.	Claims/ Claims Procedure	<p>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/portal/contact-us/hospital</p> <p>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.</p> <table border="1" data-bbox="355 600 1249 1066"> <thead> <tr> <th data-bbox="355 600 568 689">Procedures</th> <th data-bbox="568 600 874 689">Cashless Hospitalization</th> <th data-bbox="874 600 1249 689">Reimbursement Claims</th> </tr> </thead> <tbody> <tr> <td data-bbox="355 689 568 846">Claim Intimation</td> <td colspan="2" data-bbox="568 689 1249 846">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 data-bbox="355 846 568 1066">Claim Intimation Timelines</td> <td data-bbox="568 846 874 1066">Within 24 hours of the Emergency Hospitalization At least 72 hours prior to the planned Hospitalization</td> <td data-bbox="874 846 1249 1066">Within 48 hours of admission or before discharge from the Hospital, whichever is earlier</td> </tr> </tbody> </table> <p>Turn Around Time (TAT) for claims settlement:</p> <p>i. TAT for pre-authorization of cashless facility - within 1 hour from receipt of complete documents.</p> <p>ii. TAT for cashless final bill settlement - within 3 hours from receipt of complete documents.</p> <ul style="list-style-type: none"> Hospital Network details can be obtained from: https://www.sbigeneral.in/portal/contact-us/hospital 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 <p>Note: For cover wise Claims procedure, please refer to Policy Wordings.</p>	Procedures	Cashless Hospitalization	Reimbursement Claims	Claim Intimation	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.		Claim Intimation Timelines	Within 24 hours of the Emergency Hospitalization At least 72 hours prior to the planned Hospitalization	Within 48 hours of admission or before discharge from the Hospital, whichever is earlier	6.3(f). & 6.3(g).
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10.	Policy Servicing	Email: customer.care@sbigeneral.in Toll-Free number 1800221111, 18001021111 (24/7). Website: www.sbigeneral.in	
11.	Grievances/ Complaints	<p>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.</p> <p>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)</p> <p>Details of our Grievance Redressal Officer is mentioned on our website https://www.sbigeneral.in/grievance-redressal</p> <p>Note: The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving Your grievances.</p> <p>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</p> <p>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.</p> <p>Submit Your Grievance online: https://www.cioins.co.in/Ombudsman</p>	6.6(a).

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12.	Things to remember	<ol style="list-style-type: none"> <li data-bbox="352 181 1252 365">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. <li data-bbox="352 371 1252 483">2. Policy renewal: The policy shall ordinarily be renewable except on misrepresentation by the insured person on grounds of fraud. <li data-bbox="352 490 1252 745">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 <li data-bbox="352 752 1252 1043">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 <li data-bbox="352 1050 1252 1234">5. Change of Sum Insured: Sum Insured/ 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. <li data-bbox="352 1240 1252 1648">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. 	<p data-bbox="1331 181 1422 215">6.2(c).</p> <p data-bbox="1331 371 1422 405">6.4(c).</p> <p data-bbox="1331 450 1422 483">6.4(a).</p> <p data-bbox="1331 752 1422 786">6.4(b).</p> <p data-bbox="1331 1055 1422 1088">6.2(d).</p> <p data-bbox="1331 1240 1422 1274">6.2(b).</p>
13.	Your Obligations	<p data-bbox="352 1682 1252 1749">Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p data-bbox="352 1756 715 1789">Disclosure of Information:</p> <p data-bbox="352 1796 1252 1948">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.</p>	6.1(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