

AROGYA PLUS POLICY

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

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	Arogya Plus Policy																									
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXXXXXX																									
3.	Type of Insurance Product/ Policy	Both Indemnity and Benefit																									
4.	Sum Insured (Basis)	<p>Individual Sum Insured</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Sr. No.</th> <th style="width: 45%;">Insured Name</th> <th style="width: 40%;">Base Sum Insured</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Family Floater Sum Insured</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Sr. No.</th> <th style="width: 45%;">Insured Name</th> <th style="width: 40%;">Base Sum Insured</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Note: This is the base Sum Insured for policy. Please refer the policy schedule for cover wise limits.</p>	Sr. No.	Insured Name	Base Sum Insured										Sr. No.	Insured Name	Base Sum Insured										
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5.	Policy Coverage (What the Policy Covers)	<p>Covers Expenses with respect of:</p> <ol style="list-style-type: none"> 1. Eligible Hospitalization Expenses: Admission in hospital beyond 24 hours. 2. OPD Treatment and Teleconsultation: Expenses for OPD consultation and treatment up to limit specified in policy schedule on advice of a medical practitioner. 3. Pre-hospitalization Expenses: Covered prior to 60 days of hospitalisation. 4. Post-hospitalization Expenses: Covered post 90 days of hospitalization 	IV. Scope of Cover																								

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		<ol style="list-style-type: none"> 5. Day care Expenses: Medical Expenses for day care procedures up to sum insured. 6. Ambulance Expenses: Expenses incurred up to Rs. 1500 on Road Ambulance Services. 7. Alternative Treatment: Treatment taken in a government hospital or in any institute recognized by government and/or accredited by quality council of India/national accreditation board on health. 8. Domiciliary Hospitalization: Reasonable and customary charges towards domiciliary hospitalization. 9. Maternity Expenses: Covered but only under OPD section and up to OPD limit specified. 10. Admissibility of certain incidental expenses will be as per Standard List of Excluded expenses in Hospitalisation indemnity policies. 11. HIV/AIDS Cover: Covered up to Sum Insured. 12. Mental Illness: Cover up to Sum Insured (Sub limit - Rs. 50,000 whichever is lower, applicable for few conditions). 13. Genetic Disorders: Covered up to Rs.50,000 14. Internal Congenital Anomaly: Covered up to Rs. 10% of Sum Insured. 15. Specific Procedures: Covered up to 50% of Sum Insured. 	
6.	Exclusions (What the policy does not cover)	<p>Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:</p> <ol style="list-style-type: none"> 1. Investigation & Evaluation (Code- Excl04) 2. Rest Cure, rehabilitation and respite care (Code- Excl05) 3. Change of Gender treatments: Code-(Excl07) 4. Cosmetic or Plastic Surgery: Code- (Excl08) 5. Hazardous or Adventure sports: Code- (Excl09) 6. Breach of law: Code- (Excl10) 7. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof: Code- (Excl12) 8. Refractive Error: Code- (Excl15) 9. Sterility and Infertility: (Code- Excl17) 	V. Exclusions
7.	Waiting period	<p>Initial Waiting Period: 30 Days</p> <p>Specific Waiting Periods</p> <ol style="list-style-type: none"> 1. 12 months for any types of gastric or duodenal ulcers, Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty, Surgery on all internal or external tumour/cysts/nodules/polyps of any kind including breast 	V. Exclusions

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		<p>1. lumps, all types of Hernia and Hydrocele, Anal Fissures, Fistula and Piles, Cataract Benign Prostatic Hypertrophy etc. (not applicable for claims arising due to accident).</p> <p>2. 90 days for Hypertension, Heart Disease and related complications, Diabetes and related complications.</p> <p>Pre-Existing diseases: 36 months</p>										
8.	Financial Limits of the Coverage	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <ol style="list-style-type: none"> Genetic Disorders: Covered up to Rs.50,000. Internal Congenital Anomaly: Covered up to Rs. 10% of Sum Insured. Specific Procedures: Covered up to 50% of Sum Insured. <p>In case of a claim, this policy requires you to share the following costs:</p> <p>Sub-Limits</p> <p>Mental Illness Covered up to Sum Insured (Sub limit - Rs. 50,000 or actual, whichever is lower, applicable for few conditions).</p>	IV. Scope of Cover									
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"> <thead> <tr> <th>Sr. No.</th> <th>Type of Claim</th> <th>Prescribed Time limit</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Reimbursement of hospitalization, day care and pre-hospitalization expenses</td> <td>Within fifteen days from completion of hospitalization</td> </tr> <tr> <td>2.</td> <td>Within fifteen days from completion of hospitalization</td> <td>Within fifteen days from completion of post-hospitalization</td> </tr> </tbody> </table> <p>For details on claim procedure please refer the policy document</p> <p>Turn Around Time (TAT) for claim settlement</p> <ol style="list-style-type: none"> 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. 	Sr. No.	Type of Claim	Prescribed Time limit	1.	Reimbursement of hospitalization, day care and pre-hospitalization expenses	Within fifteen days from completion of hospitalization	2.	Within fifteen days from completion of hospitalization	Within fifteen days from completion of post-hospitalization	VI. Conditions, Clause 11
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		<ul style="list-style-type: none"> Hospital Network details can be obtained from link: https://www.sbigeneral.in/portal/contact-us/hospital 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/hospital 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>	
10.	Policy Servicing	<p>Email: customer.care@sbigeneral.in</p> <p>Toll-Free number (24x7) 1800102111</p> <p>Website: www.sbigeneral.in</p>	
11.	Grievances/ Complaints	<p>Stage 1: If you are dissatisfied with the resolution provided above or for lack of response, you may write to head.customercare@sbigeneral.in We will look into the matter and decide the same expeditiously within 14 days from the date of receipt of your complaint.</p> <p>For Senior Citizens: Senior Citizens can reach us at seniorcitizengrievances@sbigeneral.in; Toll Free - 1800 22 1111 / 1800 102 1111 Monday to Saturday (8 am - 8 pm)</p> <p>Stage 2: In case, you are not satisfied with the decision/resolution communicated by the above office, or have not received any response within 14 days, you may send your Appeal addressed to the Grievance Redressal Officer at : gro@sbigeneral.in or contact at 022-45138021.</p> <p>Address: Grievance Redressal Officer, 9th Floor, A & B Wing, Fulcrum Building, Sahar Road, Andheri (East), Mumbai 400 099. List of Grievance Redressal Officers at Branch: https://content.sbigeneral.in/uploads/0449cac1bcd144bbb160d3f6b714fbbd.pdf</p> <p>Stage 3: In case, you are not satisfied with the decision/resolution communicated by the above office, or have not received any response within 14 days, you may Register your complaint with</p>	VI. Conditions

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		<p>IRDAI on the below given link https://bimabharosa.irdai.gov.in/Home/Home Stage 4: If your grievance remains unresolved from the date of filing your first complaint or is partially resolved, you may approach the Insurance Ombudsman falling in your jurisdiction for Redressal of your Grievance. The details of the Insurance Ombudsman can be accessed at (https://www.cioins.co.in/Ombudsman)</p>	
12.	Things to remember	<ol style="list-style-type: none"> 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 45 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. 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 	VI. Conditions

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		Insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of Sums Insured only on the enhanced limits.	
13.	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of Information:</p> <p>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>	VI. Conditions

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