SURAKSHA AUR BHAROSA DONO

Hospicash Flexi Insurance

PROSPECTUS

This product 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.

Scope of Cover

We hereby agree subject to the terms, conditions and exclusions contained or expressed herein, to compensate the Insured Person as per the covers and limits specified in the Policy Schedule/ Certificate of Insurance.

A. Base Cover

A.1 Accident and Sickness Hospital Cash Benefit – Pays the Daily Allowance for each calendar day of Hospitalization due to Accidental Bodily Injury or illness.

B. Optional Cover

B.1 Accident hospital cash benefit – 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.

B.2 ICU cash benefit – Twice the Hospital Daily Cash benefit for each continuous and completed period of 24 hours of Hospitalisation within the Intensive Care Unit

B.3 Convalescence benefit – Five times Hospital Daily Cash benefit is payable upon completion of 10 consecutive days of hospitalization in a single admission for convalescence.

B.4 Compassionate benefit – Ten times Hospital Daily Cash Allowance towards expenses as a Compassionate Benefit to the Nominee in case of Accidental Death of the Insured Person whilst in Hospital.

B.5 Day care treatment benefit – Five times Hospital Daily Cash Allowance subject to maximum of Rs 10,000 per claim towards Day Care Treatment.

B.6 Maternity hospital cash benefit – Daily fixed benefit amount, in case an Insured Person is hospitalized for delivery of a child / Medically Necessary Treatment during pregnancy/ lawful medical termination of pregnancy restricted to pay for first 2 deliveries only.

Options available to reduce the waiting period of maternity.

i. Option 1 - 9 months waiting period
ii. Option 2 - 1 year waiting period
iii. Option 3 - 2 years waiting period
iv. Option 4 - No waiting period.

B.7 Other waiting periods

Hospital Daily Cash Policy is extended to reduce waiting period mentioned in Pre-Existing Diseases (Code- Excl01), Specified disease/ procedure waiting period- Code- Excl 02 &30-day waiting period- Code- Excl 03 i.e. Disease Specific and Pre-Existing Waiting Period up to the option opted by Insured Beneficiary and as specified in the Policy Schedule.

Options available to reduce the waiting period

i. Option 1 – 30 days waiver
ii. Option 2 - 2 years Specific illness waiting period
iii. Option 3 - Specific illness Waiting Period Waiver
iv. Option 4 - 1 year waiting period for Pre-Existing Diseases.
v. Option 5 - 2 years waiting period for Pre-Existing Diseases
vi. Option 6 - 3 years waiting period for Pre-Existing Diseases
vii. Option 7 - No waiting period for Pre-Existing Diseases

B.8 Increased deductible/ franchise

On opting the cover of increased deductible/franchise we will provide discount mentioned and time bound deductible/franchise of day(s)

Age Criteria

Entry Age – Adult	18 years – 65 years
Entry Age – Child	91 days – 25 years
Max Renewal Age	Lifelong

Who Can Buy This Policy

Hospicash Flexi Insurance can be bought by any group of individuals between the age of 18 Years to 65 Years on Individual and Family floater basis.

Family means, the Family that consists of the proposer and any one or more of the family members as mentioned below:

i. Legally wedded spouse
ii. Parents and Parents-in-law
iii. Dependent Children (i.e. natural or legally adopted) between the age 91 days to 25 years
iv. Maximum family size will be 7

Period of Insurance

Minimum 12 months, after 12 months, in multiples of 1 month, Maximum up to 60 months

Waiting Period

We are not liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

1. **Pre-Existing Diseases (Code- Excl01)**
   a. Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
   b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
   c. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.
2. **Specified disease/procedure waiting period- Code- Excl02**
   a. Expenses related to the treatment of the listed conditions; surgeries/treatments shall be excluded until the expiry of 1 Year of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
   b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
   c. If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
   d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
   e. List of specific diseases/procedures
      - Cataract
      - Benign Prostatic Hypertrophy
      - Hysterectomy/myomectomy for menorrhagia or fibro- myoma or prolapse of uterus
      - Non infective Arthritis, Treatment of Spondylosis / Spondylitis, Gout & Rheumatism
      - Surgery of Genitourinary tract
      - Calculus Diseases of any etiology
      - Sinusitis and related disorders
      - Surgery for prolapsed intervertebral disc unless arising from accident
      - Surgery of varicose veins and varicose ulcers
      - Chronic Renal failure including dialysis
3. **30-day waiting period- Code- Excl03**
   i. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
   ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
   iii. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.
4. **Maternity Waiting period** (applicable only if optional cover "Maternity Hospital Cash Benefit" is opted) – 36 months waiting period applicable in case an Insured Person is hospitalized for delivery of a child / Medically Necessary Treatment during pregnancy/ lawful medical termination of pregnancy.

Exclusions

1. **Investigation & Evaluation (Code- Excl04)**
   a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
   b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

2. **Rest Cure, rehabilitation and respite care (Code- Excl05)**
   a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
      i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
      ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
3. **Obesity/ Weight Control (Code- Excl06)**

   Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

   1. Surgery to be conducted is upon the advice of the Doctor
   2. The surgery/Procedure conducted should be supported by clinical protocols
   3. The member has to be 18 years of age or older and
   4. Body Mass Index (BMI);
      a) greater than or equal to 40 or
      b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
         i. Obesity-related cardiomyopathy
         ii. Coronary heart disease.
4. **Change of Gender Treatments (Code- Excl 07)**

   Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. However, such exclusion shall not be applicable to respective Insured Person to comply with Transgender Persons (Protection of Rights) Act, 2019.
5. **Cosmetic or Plastic Surgery: (Code- Excl08)**

   Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
6. **Hazardous or Adventure sports: (Code- Excl09)**

   Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
7. **Breach of law: (Code- Excl10)**

   Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
8. **Excluded Providers: (Code-Excl 11)**

   Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/ notified to the policyholders are not admissible. However, in case of lifethreatening situations following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code- Excl 12)
10. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)
11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14)
12. **Refractive Error:(Code- Excl15)**

    Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptres.
13. **Unproven Treatments:(Code- Excl16)**

    Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
14. **Sterility and Infertility: (Code- Excl17)**

    Expenses related to sterility and infertility. This includes:
    i. Any type of contraception, sterilization
    ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
    iii. Gestational Surrogacy
    iv. Reversal of sterilization
15. **Maternity (Code-Excl 18)**
    i. Medical treatment expenses traceable to child-birth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy;
    ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy Period.

16. Any medical treatment outside India.
17. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.
18. 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.
19. 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.
20. Injury or Disease caused by or contributed to by nuclear weapons/materials.
21. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or, as may be necessitated due to an accident.
22. 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.
23. Treatments in health hydro, spas, nature care clinics and the like.
24. Treatment with alternative medicines and other treatment methods including but not limited to acupuncture, acupressure, osteopath, chiropractic, reflexology and aromatherapy.
25. 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.
26. Vaccination or inoculation except as post bite treatment for animal bite.
27. Convalescence (unless opted), general debility, "Run-down" condition, rest cure, Congenital external illness/disease/defect.
28. Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy.

Renewal Conditions

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.

Alterations in the Policy

The Proposal Form, Certificate, and Policy Schedule constitute the complete contract of insurance. This Policy constitutes the complete contract of insurance between the Policyholder and Us. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed, and stamped by Us. All endorsement requests will be made by the Policy Holder and/or the Insured Person only. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us.

Cancellation

a. Cancellation by you:

I. You may cancel this policy at any time by giving Us written notice in 15-days by recorded delivery. In the event of such cancellation, We shall refund premium for the unexpired Policy Period as detailed below.

1 Year Policy Period:

Policy Period	1
Period of Cancellation	**% Return Premium**
1 – 3 months	75%
4 – 6 months	50%
6 – 9 months	25%
9 – 12 months	0%

b. Cancellation by us:

We reserve the right to cancel this Policy from inception immediately upon becoming aware of any misrepresentation, fraud, non-disclosure of material facts or non-cooperation by or on behalf of You. No refund of premium shall be allowed in such cases.

Free Look Period

(1) Every Policyholder of new individual health insurance policies except those with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such Policy.

(2) In the event a Policyholder disagrees to any of the Policy terms or conditions, or otherwise and has not made any claim, he shall have the option to return the Policy to the insurer for cancellation, stating the reasons for the same.

(3) Irrespective of the reasons mentioned, the Policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges.

(4) A request received by insurer for cancellation of the Policy during free look period shall be processed and premium shall be refunded within 7 days of receipt of such request, as stated at sub regulation (3) above.

Grievances Redressal Procedure

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.

For Senior Citizens: Senior Citizens can reach us at seniorcitizengrievances@sbigeneral.in;
Toll Free - 1800 22 1111 / 1800 102 1111 (24*7)

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.

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/

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 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)

Claim Procedure

On the occurrence of that may give rise to a claim under this Policy, the claim procedures set out below shall be followed.

Procedures	Reimbursement Claims
Claim Intimation	If you meet with any Accidental bodily Injury or suffer an Illness that may result in a claim, then as a Condition Precedent to Our liability, you must comply with the following claim procedures. • Call Toll free customer care number 1800 210 3366 / 1800 210 6366 • e-mail to sbig.health@sbigeneral.in • SMS "HEALTHCLAIM" to 561612 • website (www.sbigeneral.in) -> Claim Intimation (Section)
Claim Intimation timelines	Within 48 hours of admission or before discharge from the Hospital, whichever is earlier
Particulars to be provided to us for Claim notification	1. Policy Number 2. Name of the Insured Person(s) named in the Policy schedule /Certificate of Insurance availing treatment, 3. Nature of disease/illness/injury, 4. Name and address of the attending Medical Practitioner Hospital 5. Date and time of event if applicable 6. Date of admission
Turn Around Time (TAT) for claim settlement	1. Acceptance of cashless claims by TPA /Company to Hospital and communicate to them – 1 hour 2. TPA's offer of settlement to the Company/ Hospital after 3 hours submission of document – 3 hours 3. Settlement of claims (other than cashless) – 15 days
List of Documents	As listed below

- List of necessary claim documents/information to be submitted for reimbursement are as following:
  1. Duly filled and signed claim form
  2. Certified copy of Hospital discharge Summary with first consultation paper (if any)
  3. Certified copy of Diagnostic report confirming diagnosis.

4. Certified copy of final hospital bill with detailed break up
5. KYC documents of primary insured/beneficiary
6. Beneficiary (Primary Insured) bank account / NEFT details

Any additional documents may be called as required based on the circumstances of the claim.

- **Claim documents submission**

  All claim related documents need to be sent to below address within 30 days of date of discharge from hospital.Please do mention appropriate claim number on claim documents dispatched.

  Accident & Health claims team:

  SBI General Insurance Co Ltd

  9th Floor, Westport, Pan Card Club Road, Baner, Pune, Maharashtra – 411 045

- **Scrutiny and Investigation of Claim**

  We will scrutinize the claim based on submission of above claim documents by you and if any deficiency in document we will intimate You in writing within 7 days from the date of submission of claim documents. We will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document.

- **Claim Assessment**

  We will pay fixed amounts as specified in the applicable Sections in accordance with the terms of this Policy. We are not liable to make any payments that are not specified in the Policy.

- **Condonation of delay**

  If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

Revision and Modification of the Policy Product

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates The insured person shall be notified three months before the changes are affected.

Withdrawal of the Product

In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the policy.

Premium Rates

As per Rating Chart attached

Section 41 of the Insurance Act 1938 prohibition of Rebates

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows:

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing (or continuing) a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh rupees.

Disclaimer

For more details on risk factors, terms and conditions, please read the sales brochure before concluding the sale.

Coverage Summary

Product Type	Individual and Floater basis
Basis of Payment	Benefit basis
Policy Period	Minimum 12 months, after 12 months, in multiples of 1month, Maximum up to 60 months

Sr. No	Coverage Name	Benefit Amount/ Sum Insured limit/ Sub-limit	Deductible/ Co-Payment	Hospital Daily Cash Limit Basis	Admissibility under Base cover
	Base Cover				
1.	Accident and Sickness Hospital Cash Benefit	Per Day Hospital Daily Cash(HDC) limit 500/750/ 1000/1500/2000/ 2500/3000/ 3500/ 4000/4500/5000. Maximum no. of days options – 10/ 15/20/30/60/90/ 100	Base Deductible - 1 day Options: Deductible-2 days Franchise-1 day Franchise-2 days	Inbuilt	Yes
2.	Accident Hospital Cash Benefit	Twice the HDC limit per day Maximum no. of days options - 10/ 15/ 20/ 30/ 60/ 90/ 100	Base Deductible - 1 day Options: Deductible-2 days Franchise-1 day Franchise-2 days	Inbuilt	Yes
3.	ICU Cash Benefit	Twice the HDC limit per day max upto 15 days	Base Deductible - 1 day Options: Deductible-2 days Franchise-1 day Franchise-2 days	Inbuilt	Yes
4.	Convalescence Benefit	5x HDC if hospitalization is more than 10 days Payable once in Policy Year per Person	NA	Over and Above	Yes
5.	Compassionate Benefit	10x HDC if accidental death whilst in hospital. Payable once in lifetime of the Insured Person	NA	Over and Above	Yes
6.	Day Care Treatment Benefit	5x HDC, subject to max of Rs. 10K per claim Maximum 2 Day Care Treatments will be payable per Insured Person in a Policy Year	NA	Over and Above	No
7.	Maternity Hospital Cash Benefit	Per day Hospital Daily Cash (HDC) limits (Rs.) – 500/ 750/ 1000/1500/ 2000/2500/ 3000/ 3500/4000/4500/ 5000 Max no of days - 5, 10 days Waiting period - 36 months	Base Deductible-1 day Options: Deductible-2 days Franchise-1 day Franchise-2 days	Over and Above	No
		Option to reduce Maternity waiting period: **Option 1**. 2 years **Option 2**. 1 year **Option 3**. 9months **Option 4**. No maternity waiting period	NA		
8.	Other Waiting Period	**Option 1**: 30 days Waiting Period waiver **Option 2**: 2 years Specific illness waiting period **Option 3**: Specific illness Waiting Period Waiver **Option 4**: 1 year waiting period for Pre-Existing Diseases **Option 5**: 2 years waiting period for Pre-Existing Diseases **Option 6**: No waiting period for Pre-Existing Diseases	NA	Not Applicable	Yes

9.	Increased Deductible / Franchise	Increase/Decrease Deductible/ Franchise for each and every claim Options: Deductible-2 days Franchise-1 day Franchise-2 days	NA	Not Applicable	Yes