

AROGYA PLUS POLICY

PROSPECTUS

Serious Illness or accident along with routine health problem may disturb the financial planning of an individual. SBI General Insurance brings for you Arogya Plus Policy to provide financial protection against medical costs due to hospitalisation along with routine OPD medical expenses.

Who can take this insurance

Any Individual can take this Policy for himself and/or his family. Floater option is also available for self, spouse and maximum two children.

1. "Family" means the spouse, dependent children, parents and parents in law.
2. Minimum entry age is 3 months and maximum entry age is 65 years. There is no exit age.

Age Criteria

Minimum Entry Age: Adult - 18 Years, Dependent Children: 3 months

Maximum Entry Age: 65 Years, Dependent Children: 25 Years

There is no exit age applicable to the policy. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals under family floater.

Scope of Cover

If the Insured suffers an illness/ disease and/ or injury during the Policy period, this Policy covers below medical expenses incurred for medical treatment arising out of that illness/ disease and/ or injury:

1. **Eligible hospitalisation expenses:** while the Insured was under inpatient care medical expenses incurred for:
 - a. Room rent, boarding expenses
 - b. Medical practitioners fees, (including consultation through telemedicine) Intensive care unit
 - c. Nursing expenses
 - d. Anesthesia, blood, oxygen, operation theatre expenses, surgical appliances, medicines & consumables, diagnostic expenses and x-ray, dialysis, chemotherapy, radiotherapy, cost of pacemaker, prosthesis/internal implants and any medical expenses incurred which is integral part of the operation
 - e. Physiotherapy as inpatient care and being part of the treatment.
 - f. Drugs, medicines and consumables consumed during hospitalization period.
 - g. Diagnostic procedures
 - h. Dressing, ordinary splints and plaster casts.
2. **OPD treatment/Teleconsultation:** expenses for OPD consultation/Teleconsultation and treatment up to limit specified in policy schedule on advice of a medical practitioner because of illness/disease and/or injury sustained or contracted during the Policy Period.
3. **Pre-hospitalisation expenses:** the maximum amount that insurer will reimburse under this head is limited to 60 days for each of the admitted hospitalisation and domiciliary hospitalization claim under the Policy.
4. **Post-hospitalisation expenses:** the maximum amount that insurer will reimburse under this head is limited to 90 days for each of the admitted hospitalisation and domiciliary hospitalization claim under the Policy.
5. **Day care expenses:** insurer shall pay for day care expenses incurred on technological surgeries and procedures requiring less than 24 hours of hospitalisation up to the sum insured.
6. **Ambulance expenses:** insurer will reimburse actual ambulance expenses or INR 1500 whichever is lower for per valid hospitalization claim for transferring insured to or between Hospitals in the Hospital's ambulance or in an ambulance provided by any ambulance service provider.
7. **Alternative treatment:** Insurer will reimburse expenses for alternative 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 hospitalisation:** Insurer will cover reasonable and customary charges towards domiciliary hospitalisation. including pre and post hospitalization expenses.
9. **Maternity Expenses** are covered but only under OPD section and up to OPD Limit specified in policy schedule.
10. **HIV/AIDS Cover:** We will cover expenses incurred for Inpatient treatment due to any condition caused by or associated with human immunodeficiency virus or variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS upto the Sum Insured as specified in Policy Schedule, except for the conditions which are permanently excluded.
11. **Mental Illness Cover:** If Insured is hospitalized for any Mental Illness contracted during the Policy Period, We will pay Medical Expenses -upto the limit as specified in Policy Schedule, under Section 1 in accordance with The Mental Health Care Act, 2017, subsequent amendments and other applicable laws and Rules provided that;

- i. The Hospitalization is prescribed by a Medical Practitioner for Mental Illness
- ii. The Hospitalization is done in Mental Health Establishment

Sub-limit:

- a. The following disorders / conditions shall be covered only up to Rs. 50,000/-. This sub-limit shall apply for all the following disorders / conditions on cumulative basis.
- b. Pre-hospitalization and Post-hospitalization Medical Expenses are also covered within the overall benefit sub-limit as specified above in point (a).

Disorder / Condition	Description
Severe depression	Severe depression is characterized by a persistent feeling of sadness or a lack of interest in outside stimuli. It affects the way one feels, thinks, and behaves.
Schizophrenia	Schizophrenia is mental disorder, that distorts the way a person thinks, acts, expresses emotions, perceives reality, and relates to others. Schizophrenia result in combination of hallucinations, delusions, and extremely disordered thinking and behaviour that impairs daily functioning,
Bipolar disorder	Bipolar disorder is a mental illness that brings severe high and low moods and changes in sleep, energy, thinking, and behaviour. It includes periods of extreme mood swings with emotional highs and lows.
Post-traumatic stress disorder	Post-traumatic stress disorder is an anxiety disorder caused by very stressful, frightening, or distressing events. It includes flashbacks, nightmares, severe anxiety and uncontrollable thoughts about the event.
Eating disorder	Eating disorder is a mental condition where people experience severe disturbances in their eating behaviours and related thoughts and emotions.
Generalized Anxiety Disorder	Generalized Anxiety Disorder is a mental health disorder characterized by a perpetual state of worry, fear, apprehension, inability to relax.
Obsessive-compulsive disorder	Obsessive-compulsive disorder is an anxiety disorder in which people have recurring, unwanted thoughts, ideas or sensations (obsessions) that make them feel driven to do something repetitively (compulsions).
Panic disorder	Panic disorder is an anxiety disorder characterized by reoccurring unexpected panic attacks with sudden periods of intense fear. It may include palpitations, sweating, shaking, shortness of breath, numbness, or a feeling that something terrible is going to happen.
Personality disorder	Personality disorder is a type of mental disorder in which people have a rigid and unhealthy pattern of thinking, functioning and behaving. It includes trouble in perceiving and relating to situations and people.
Conversion disorder	Conversion disorder is a type of mental disorder where mental or emotional distress causes physical symptoms without the existence of an actual physical condition.
Dissociative disorders	Dissociative disorders are mental disorders that involve experiencing a disconnection and lack of continuity between thoughts, memories, surroundings, actions and identity

*ICD codes for the above disorders/conditions are provided below.

What is not covered:

- a. Treatment related to intentional self-inflicted Injury or attempted suicide by any means.
- b. Treatment and complications related to disorders of intoxication, dependence, abuse, and withdrawal caused by drugs and other substances such as alcohol, opioids or nicotine.

ICD Codes	Disorder / Condition
F33.0, F33.1, F33.2, F33.4, F33.5, F33.6, F33.7, F33.8, F33.9, O90.6, F34.1, F32.81, F32.0, F32.1, F32.2, F32.4, F32.5, F32.6, F32.7, 32.8, F32.9, F33.9, F30.0, F30.1, F30.2, F30.4, F30.5, F30.6, F30.7, F30.8, F30.9, F32.3, F33.3, F43.21, F32.8, F33.40, F32.9	Severe Depression
F20.0, F20.1, F20.2, F20.3, F20.5, F21, F22, F23, F24, F20.8, F25.0, F25.1, F25.8, F25.9	Schizophrenia
F31.0, F31.1, F31.2, F31.4, F31.5, F31.6, F31.7, F31.8, F31.9	Bipolar Disorder
F43.0, F43.1, F43.2, F43.8, F43.9	Post-traumatic stress disorder
F40.1, F41.0, F40.2, F40.8, F40.9, F41.1, F41.3, F41.8	Generalized anxiety disorder
F50.0, F50.2, F50.8, F98.3, F98.21, F50.8	Eating disorder
F42	Obsessive compulsive disorders
F41.1, F40.1, F60.7, F93.0, F94.0	Panic disorders
F60.0, F60.1, F60.2, F60.3, F60.4, F60.8, F60.6, F60.7, F60.5	Personality disorders
F44.4, F44.5, F44.6, F44.7	Conversion disorders
F44.5, F44.8, F48.1, F44.1, F44.2	Dissociative disorders

12. Genetic Disorders or Diseases are covered up to the Limit Rs. 50,000
13. Internal Congenital Diseases are Covered upto the Limit Rs. 10% of Sum Insured.
14. The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to 50% of -of Sum Insured, specified in the policy schedule, during the policy period and not limited to the following:
 - A. Uterine Artery Embolization and HIFU (High Intensity Focused Ultrasound)
 - B. Balloon Sinuplasty
 - C. Deep Brain Stimulation
 - D. Oral Chemotherapy
 - E. Immunotherapy - Monoclonal Antibody to be given as injection
 - F. Intra Vitreal Injections
 - G. Robotic Surgeries
 - H. Stereotactic Radio Surgeries
 - I. Bronchial Thermoplasty
 - J. Vaporisation of the Prostate (Green Laser Treatment or Holmium Laser Treatment)
 - K. IONM - (Intra Operative Neuro Monitoring)
 - L. Stem Cell Therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

III. Change in scope of cover after a certain age or policy duration

OPD limit will change according to age of insured, premium and sum insured. Detailed table is given under Appendix 1

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.

IV. Exclusions – Following exclusions will apply on the claim arising under hospitalisation Time based Exclusions

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) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) 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 90 Days/12 months 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 preExisting 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) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f) List of specific diseases/procedures

i. 12 Months waiting period

- Any types of gastric or duodenal ulcers;
- Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty;

- Surgery on all internal or external tumor /cysts/nodules/polyps of any kind including breast lumps;
- All types of Hernia and Hydrocele;
- Anal Fissures, Fistula and Piles;
- Cataract;
- Benign Prostatic Hypertrophy;
- Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus;
- Non infective Arthritis, Treatment of Spondylosis / Spondylitis, Gout & Rheumatism;
- Surgery of Genitourinary tract;
- Calculus Diseases;
- Sinusitis, nasal disorders and related disorders;
- Surgery for prolapsed intervertebral disc unless arising from accident;
- Vertebro-spinal disorders (including disc) and knee conditions;
- Surgery of varicose veins and varicose ulcers;
- Chronic Renal failure;
- Medical Expenses incurred in connection with joint replacement surgery due to Degenerative condition, Age related osteoarthritis and Osteoporosis unless such Joint replacement surgery unless necessitated by Accidental Bodily Injury.

ii. 90 Days Waiting Period

- Hypertension, Heart Disease and related complications;
- Diabetes and related complications;

3. 30-day waiting period- Code- (Excl03)

- a) 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.
- b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

Other Exclusions:

1. Treatment taken outside India.
2. 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.
3. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials.
4. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or, as may be necessitated due to an accident
5. **Refractive Error:Code- (Excl15)**
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.
6. **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.hh
7. Cost of spectacles, contact lenses, hearing aids, crutches, wheelchairs, artificial limbs, dentures, artificial teeth and all other external appliances , prosthesis and/or devices.
8. Expenses incurred on items for personal comfort like television, telephone, etc. Incurred during hospitalization and which have been specifically charged for in the hospitalisation bills issued by the hospital/nursing home.
9. 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 ambulatory peritoneal dialysis (C.A.P.D) and oxygen concentrator for bronchial asthmatic condition.
10. Dental treatment or surgery of any kind unless required as a result of accidental bodily injury to natural teeth requiring hospitalization treatment.
11. Convalescence, general debility, "run-down" condition, rest cure, external congenital anomaly
12. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
13. **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.

14. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- (Excl12)

15. Venereal disease or any sexually transmitted disease or sickness (excluding HIV / AIDS as mentioned under scope of cover)

16. Sterility and Infertility: (Code- Excl17)

Expenses related to sterility and infertility this includes:

- i. Any type of 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

17. Vaccination or inoculation except as part of post-bite treatment for animal bite.

18. 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)

19. Surgery to correct deviated septum and hypertrophied turbinate unless necessitated by an accidental body injury.

20. Medical practitioner's home visit expenses during pre and post hospitalization period, attendant nursing expenses.

21. 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.

22. 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.

23. Stay in a hospital without undertaking any active regular treatment by the medical practitioner, which ordinarily cannot be given without hospitalization.

24. Treatments received in health spas, 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)

25. 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.

26. Investigation & Evaluation (Code- Excl04)

a) Expenses related to any admission primarily for diagnostics and evaluation purposes.

b) Any diagnostic expenses which are not related or not incidental to the Current diagnosis and treatment

27. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.

28. Obesity/ Weight Control: Code- (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
 - iii. Severe Sleep Apn
 - iv. Uncontrolled Type2 Diabetes

29. 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.

30. Disease / illness or injury whilst performing duties as a serving member of a military or police force.

31. Any kind of, surcharges, admission fees / registration charges etc levied by the hospital.

32. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.

V. Basis of Claim Settlement

Claim will be settled on indemnity basis maximum up to the sum insured.

VI. Position after a claim

As from the day of receipt of the claim amount by the Insured, the Sum Insured for the remainder of the Policy Period shall stand reduced by a corresponding amount. In case claim is made for maternity benefit or OPD, then both sum insured and OPD limit will get reduced by corresponding amount.

VII. Deductible/Co-Pay

No Co-Pay or Deductible

VIII. Medical Examination

Proposer with age over 55 years will be subjected to pre-acceptance medical examination. Underwriter will decide acceptance or rejection of the proposal based on relevant tests from the list below.

However, if the proposal is accepted the Insurer will reimburse 50% of the cost incurred towards the medical tests so undertaken at the advice of the Insurer.

Medical Test

Medical Examination	Fasting Blood Sugar
Complete Blood Count	Routine Urine Examination
Erythrocyte Sedimentation Rate	Electrocardiogram
Complete Eye Test	Treadmill Test
Chest X-Ray	Liver function tests
Glycosylated Haemoglobin A1C	Lipid profile test
Total proteins(Serum Albumin+ Globulin)	Serum creatinine test
Australia Antigen Test	

IX. Sum Insured

Minimum SI: INR.1,00,000 to Maximum SI: INR 3,00,000 in multiples of INR 100000

Sum Insured of dependents will either be less than or equal to Proposer/Primary Insured's Sum Insured.

X. Mid-term increase and decrease in Sum Insured

Mid-term increase and decrease in Sum Insured is not allowed

XI. Short period scale

Period on Risk	Required % of Annual Premium
Not exceeding 1 month	25%
Exceeding 1 month but not exceeding 3 months	50%
Exceeding 3 month but not exceeding 6 months	75%
Exceeding 6 months	100%

XII. Policy period

OPD Health Insurance to Individual will be issued for period of one year, two years or three years and OPD Health Insurance to group will be issued only for one year.

XIII. Cancellation

The Policyholder may cancel his/her Policy at any time during the term, by giving 7 days' notice in writing. The Insurer shall:

- refund proportionate premium for unexpired Policy Period, if the term of Policy upto one year and there is no Claim (s) made during the Policy Period.
- refund premium for the unexpired Policy Period, in respect of policies with term more than 1 year and risk coverage for such Policy years has not commenced.
- The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds or misrepresentation, non-disclosure of material facts or fraud.

XIV. Termination of Policy

This Policy terminates on earliest of the following events-

- Cancellation of policy as per the cancellation provision.
- On the policy expiry date.

XV. Tax Relief under Income-Tax Act –

Certificate of premium paid will be issued to avail Tax deduction under relevant section of income-tax act.

XVI. Cumulative Bonus

Cumulative bonus is not applicable for this product.

XVII. Renewal

- 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.

XVIII. Renewal Premium -guaranteed or not

Renewal premium will remain fixed for respective plan. However OPD limit will change as age progresses and premium rate may be changed as mentioned under heading of "Revision in policy and rates".

XIX. Enhancing Scope of cover and Sum Insured

Midterm revision of Sum Insured and scope of cover are not allowed, change in sum insured and scope of cover are allowed only on renewals after medical underwriting applicable to similar new business proposal of comparative age.

XX. Additions/Deletions of insured during the Policy Period

Inclusion of family members for the proposed coverage is allowed only at application time or when one becomes eligible to be insured (eg, new-born after 90 days). Premium for such addition during the policy period will be charged on pro-rata basis. Otherwise inclusion should only be done at renewal time. Cover from any Insured Person can be withdrawn by Insured giving 15 days written notice in this regard to the Insurer and premium will be refunded on short period scale.

XXI. Payment of Premium

Premium should be paid in advance and payment of premium in instalment is not allowed.

XXII. Premium

The rate of premium will remain fixed with progression of age of the Insured but always subject to "Revision in policy and rates".

XXIII. Withdrawal of product:

- i. 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. ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

XXIV. 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.

XXV. Loading

Basic Premium will be loaded by 5% each for habit of smoking, alcohol and any other type of tobacco including betel nut in any form.

XXVI. Discount

Based on type of Family cover (if any), No of family member covered and policy duration etc following discount will applied.

1. Family (non floater) discount
 - 2 member = 5%.
 - >2 members = 7.5%.
2. Long term discount
 - 2 yea = 5%
 - 3 year = 7.5%
3. Discount for Direct Business = 15%

XXVII. Possibility of Revision of Terms of the Policy Including the Premium Rates

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

XXVIII. 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. If such person is presently covered and has been continuously covered without any lapses under any health insurance Policy with an Indian General/Health Insurer, the proposed Insured Person is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting Period for Pre-existing Diseases, Moratorium Period, etc. from the existing Insurer to the acquiring Insurer in the previous Policy.

For Detailed Guidelines on Portability, kindly refer the link-

<https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf>

XXIX. 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. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting Period for Pre-existing Diseases, Moratorium Period etc. in the previous Policy to the Migrated Policy.

For Detailed Guidelines on Migration, kindly refer the link-

<https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf>

XXX. Claims Procedures :

a. Claims Procedure for Reimbursement :

- i) The Insured shall without any delay consult a doctor and follow the advice and treatment recommended, take reasonable step to minimize the quantum of any claim that might be made under this Policy and intimation to this effect must be forwarded to Insurer accordingly.
Insured must provide intimation to Insurer immediately and in any event within 48 hours from the date of Hospitalisation. However the Insurer at his sole discretion may relax this condition subject to a justifiable reason/evidence being produced by the Insured on the reasons for such a delay beyond the stipulated 48 hours up to a maximum period of 7 days.
- ii) Insured has to file the claim with all necessary documentation within 15 days of discharge from the hospital, provide Insurer with written details of the quantum of any claim along with all the original bills, receipts and other documents upon which a claim is based and shall also give Insurer such additional information and assistance as Insurer may require in dealing with the claim. In case of delayed submission of claim and in absence of a justified reason for delayed submission of claim, the Insurer would have the right of not considering the claim for reimbursement.
- iii) In respect of post hospitalization claims, the claims must be lodged within 15 days from the completion of post hospitalisation treatment subject to maximum of 105 days from the date of discharge from hospital.
- iv) The Insured shall submit himself for examination by the Insurer's medical advisors as often as may be considered necessary by the Insurer for establishing the liability under the Policy. The Insurer will reimburse the amount towards the expenses incurred for the said medical examination to the Insured.
- v) Insured must submit all original bills, receipts, certificates, information and evidences from the attending medical practitioner /hospital /diagnostic laboratory as required by Insurer.
- vi) On receipt of intimation from Insured regarding a claim under the Policy, Insurer/administrator is entitled to carry out examination and obtain information on any alleged Injury or disease requiring hospitalisation if and when Insurer may reasonably require.

b. Claims procedure for Cashless:

- i) Prior to taking treatment and/or incurring medical expenses at a network hospital, Insured must call Insurer and request pre-authorisation by way of the written form Insurer will provide.
- ii) After considering Insured's request and after obtaining any further information or documentation Insurer has sought, Insurer may if satisfied send Insured or the network hospital, an authorisation letter. The authorisation letter, the ID card issued to Insured along with this Policy and any other information or documentation that Insurer has specified must be produced to the network hospital identified in the pre-authorisation letter at the time of Insured's admission to the same.
- iii) If the procedure above is followed, Insured will not be required to directly pay for the medical expenses in the network hospital that Insurer is liable to indemnify under cover IV.1 above and the original bills and evidence of treatment in respect of the same shall be left with the network hospital. Pre-authorisation does not guarantee that all costs and expenses will be covered. Insurer reserves the right to review each claim for medical expenses and accordingly coverage will be determined according to the terms and conditions of this Policy. Insured will, in any event, be required to settle all other expenses directly.

c. Claims Submission:

Insured will submit the claim documents to administrator. Following is the document list for claim submission:

- i) Duly filled Claim form,
- ii) Valid Photo Identity Card, residence proof and 2 recent photos of Insured and/or his nominee.
- iii) Original Discharge card/certificate/ death summary
- iv) Copies of prescription for diagnostic test, treatment advise, medical references v) Original set of investigation reports

vi) Itemized original hospital bill and receipts Hospital and related original medical expense receipt Pharmacy bills in original with prescriptions

d. Claims processing:

on receipt of claim documents from Insured, Insurer/administrator shall assess the admissibility of claim as per policy terms and conditions. Upon satisfactory completion of assessment and admission of claim, the Insurer will make the payment of claim as per the contract only in Indian Rupees and within India only. In case if the claim is repudiated Insurer will inform the claimant about the same in writing with reason for repudiation.

e. Penal interest provision:

- The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 20/o above the bank rate.
- However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall 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- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 20/o above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: Bank Rate means Bank rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1st day of the financial year in which the claim has fallen due.)

f. Position after a claim:

As from the day of receipt of the claim amount by the Insured, the Sum insured for the remainder of the Policy Period shall stand reduced by a corresponding amount. In case claim is made for maternity benefit or OPD, then both Sum insured and OPD limit will get reduced by corresponding amount.

Redressal of Grievances

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 number 1800 102 1111 (Available 24/7)

For agents and intermediaries 1800 22 1111 (Available 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>)

Contact Us

For any product or service related information or assistance, here's how you can reach Us.

Contact details for Policy Servicing	Contact details for Claim Servicing
SBI General Insurance Company Limited, Address: 9th Floor, Wing A & B, Fulcrum, Sahar Road, Andheri (East), Mumbai – 400 099. Email: customer.care@sbigeneral.in ; seniorcitizengrievances@sbigeneral.in (for Senior Citizens) Toll free number 1800 102 1111 (Available 24/7) For agents and intermediaries 1800 22 1111 (Available 24/7) Website: www.sbigeneral.in Fax No: 1800227244, 18001027244	Accident & Health claims team, SBI General Insurance Company Limited, Address: 9th Floor, Westport, Pan Card Club Road, Baner, Pune, Maharashtra – 411 045. Email: sbig.health@sbigeneral.in Toll Free number: 1800 210 3366, 1800 210 6366 Website: www.sbigeneral.in Fax No: +91 20 49334525

Appendix 1 Premium

Exclusive of GST:

Premium before Service Tax ₹ 8,900

Age / Sum Insured	Self			1 Adults + 1 Kid			2 Adults			1 Adults + 2 Kid			2 Adults + 1 Kid			2 Adults + 2 Kid		
	100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000
0.25-18	7000	5500	4000	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
19-35	7000	5500	4000	6000	4500	2500	6000	4500	2000	5000	3000	500	5000	2500	500	4000	1500	500
36-40	6500	5500	4000	5500	4000	1500	5000	3500	500	5000	2500	500	4500	1500	500	3500	500	500
41-45	6500	3500	2000	5500	3500	1000	4500	3000	500	4500	2000	500	4000	1000	500	3000	500	500
46-55	5500	3500	2000	4500	2000	500	3500	1500	500	4000	1000	500	2500	500	500	2000	500	500
56-60	3500	500	500	3000	500	500	1000	500	500	2000	500	500	500	500	500	500	500	500
61 - 65	2000	500	500	1500	500	500	500	500	500	1000	500	500	500	500	500	500	500	500
66 - 70	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500
71 - 75	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500

Premium before Service Tax ₹ 13,350

Age / Sum Insured	Self			1 Adults + 1 Kid			2 Adults			1 Adults + 2 Kid			2 Adults + 1 Kid			2 Adults + 2 Kid		
	100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000
0.25-18	10000	10000	8500	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
19-35	10000	10000	8500	10000	9000	7000	10000	8500	6500	9500	7500	5000	9500	7000	4500	8500	6000	2500
36-40	10000	10000	8500	10000	8500	6000	9500	7500	5000	9000	7000	4000	8500	6000	3000	8000	5000	1000
41-45	10000	8500	7500	10000	8000	5500	9000	6500	4000	9000	6500	3500	8500	5500	2000	7500	4000	500
46-55	10000	7500	5500	9000	6500	3500	8000	5000	1000	8000	5500	1500	7000	3500	500	6500	2500	500
56-60	8000	4500	1500	7500	4000	500	5000	500	500	6500	2500	500	4500	500	500	4000	500	500
61 - 65	6500	2500	500	6000	1500	500	2500	500	500	5500	500	500	2000	500	500	1500	500	500
66 - 70	3500	500	500	3500	500	500	500	500	500	3000	500	500	500	500	500	500	500	500
71 - 75	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500

Premium before Service Tax ₹ 17,800

Age / Sum Insured	Self			1 Adults + 1 Kid			2 Adults			1 Adults + 2 Kid			2 Adults + 1 Kid			2 Adults + 2 Kid		
	100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000
0.25-18	10000	10000	10000	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
19-35	10000	10000	10000	10000	10000	10000	10000	10000	10000	10000	10000	9000	10000	10000	8500	10000	10000	7000
36-40	10000	10000	10000	10000	10000	10000	10000	10000	9500	10000	10000	8500	10000	10000	7500	10000	9500	5500
41-45	10000	10000	10000	10000	10000	10000	10000	10000	8000	10000	10000	8000	10000	10000	6000	10000	8500	4500
46-55	10000	10000	10000	10000	10000	8000	10000	9500	5500	10000	9500	6000	10000	8000	3500	10000	7000	2000
56-60	10000	8500	5000	10000	8000	4000	9500	4500	500	10000	7000	2000	8500	3500	500	7500	3000	500
61 - 65	10000	7000	2000	10000	6000	1000	7000	500	500	9500	5000	500	6000	500	500	6000	500	500
66 - 70	8000	2500	500	8000	2000	500	3000	500	500	7500	1500	500	2000	500	500	2000	500	500
71 - 75	5000	500	500	5000	500	500	500	500	500	5000	500	500	500	500	500	500	500	500

Premium before Service Tax ₹ 10,502

Age / Sum Insured	Self			1 Adults + 1 Kid			2 Adults			1 Adults + 2 Kid			2 Adults + 1 Kid			2 Adults + 2 Kid		
	100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000
0.25-18	7000	5500	4000	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
19-35	7000	5500	4000	6000	4500	2500	6000	4500	2000	5000	3000	500	5000	2500	500	4000	1500	500
36-40	6500	5500	4000	5500	4000	1500	5000	3500	500	5000	2500	500	4500	1500	500	3500	500	500
41-45	6500	3500	2000	5500	3500	1000	4500	3000	500	4500	2000	500	4000	1000	500	3000	500	500
46-55	5500	3500	2000	4500	2000	500	3500	1500	500	4000	1000	500	2500	500	500	2000	500	500
56-60	3500	500	500	3000	500	500	1000	500	500	2000	500	500	500	500	500	500	500	500
61 - 65	2000	500	500	1500	500	500	500	500	500	1000	500	500	500	500	500	500	500	500
66 - 70	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500
71 - 75	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500

Premium before Service Tax ₹ 15,753

Age / Sum Insured	Self			1 Adults + 1 Kid			2 Adults			1 Adults + 2 Kid			2 Adults + 1 Kid			2 Adults + 2 Kid		
	100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000
0.25-18	10000	10000	8500	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
19-35	10000	10000	8500	10000	9000	7000	10000	8500	6500	9500	7500	5000	9500	7000	4500	8500	6000	2500
36-40	10000	10000	8500	10000	8500	6000	9500	7500	5000	9000	7000	4000	8500	6000	3000	8000	5000	1000
41-45	10000	8500	7500	10000	8000	5500	9000	6500	4000	9000	6500	3500	8500	5500	2000	7500	4000	500
46-55	10000	7500	5500	9000	6500	3500	8000	5000	1000	8000	5500	1500	7000	3500	500	6500	2500	500
56-60	8000	4500	1500	7500	4000	500	5000	500	500	6500	2500	500	4500	500	500	4000	500	500
61-65	6500	2500	500	6000	1500	500	2500	500	500	5500	500	500	2000	500	500	1500	500	500
66-70	3500	500	500	3500	500	500	500	500	500	3000	500	500	500	500	500	500	500	500
71-75	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500

Premium before Service Tax ₹ 21,004

Age / Sum Insured	Self			1 Adults + 1 Kid			2 Adults			1 Adults + 2 Kid			2 Adults + 1 Kid			2 Adults + 2 Kid		
	100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000
0.25-18	10000	10000	10000	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
19-35	10000	10000	10000	10000	10000	10000	10000	10000	10000	10000	10000	9000	10000	10000	8500	10000	10000	7000
36-40	10000	10000	10000	10000	10000	10000	10000	10000	9500	10000	10000	8500	10000	10000	7500	10000	9500	5500
41-45	10000	10000	10000	10000	10000	10000	10000	10000	8000	10000	10000	8000	10000	10000	6000	10000	8500	4500
46-55	10000	10000	10000	10000	10000	8000	10000	9500	5500	10000	9500	6000	10000	8000	3500	10000	7000	2000
56-60	10000	8500	5000	10000	8000	4000	9500	4500	500	10000	7000	2000	8500	3500	500	7500	3000	500
61-65	10000	7000	2000	10000	6000	1000	7000	500	500	9500	5000	500	6000	500	500	6000	500	500
66-70	8000	2500	500	8000	2000	500	3000	500	500	7500	1500	500	2000	500	500	2000	500	500
71-75	5000	500	500	5000	500	500	500	500	500	5000	500	500	500	500	500	500	500	500

Note: - If we have a policy holder beyond age of 75 years, we will continue to charge premiums applicable for age of 75 years unless we request for change and IRDA approves it.

Insurance Act, 1938, Section 41-Prohibition of Rebates

- 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 or 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 prospectuses or tables of the Insurer
- 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.

Benefit Illustration

Arogya Plus

Coverage opted on individual basis covering each member of the family separately (at a single point in time)			Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)		
Premium (₹)	Sum Insured (₹)	Premium (₹)	Discount, if any Family member discount)	Premium after Discount (₹)	Sum Insured (₹)	Premium or consolidated premium for all members of family (₹)	Floater discount if any	Premium after discount (₹)	Sum Insured (₹)
8,900	3,00,000	8,900	7.50%	8,232.5	3,00,000	8,900	0	8,900	3,00,000
8,900	3,00,000	8,900	7.50%	8,232.5	3,00,000				
8,900	3,00,000	8,900	7.50%	8,232.5	3,00,000				
8,900	3,00,000	8,900	7.50%	8,232.5	3,00,000				
Total Premium for all members of the Family is ₹36,600/- when each member is covered separately. Sum Insured available for each individual is ₹3,00,000/-		Total Premium for all members of the Family is ₹32,930/- when they are covered under a single policy. Sum Insured available for each family member is ₹3,00,000/-				Total Premium when policy is opted on floater basis is ₹8,900/- Sum Insured of ₹3,00,000/- is available for the entire family.			

- Note:**
- Premium rates are specified in the above illustration is standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable.
 - The above illustration is for Arogya Plus
 - Family size is considered 4 members = 2A + 2 Dependent Child
 - Illustration is given for Sum Insured 3 lac
 - Please note above rates are exclusive GST.