



SURAKSHA AUR BHAROSA DONO

SBI GENERAL'S RETAIL HEALTH INSURANCE POLICY

Ensure Your Family's Happiness



SBI General's Retail Health Insurance Policy

Life is a wonderful journey, full of twists and turns. How wonderful it would be to have someone to keep you safe in all the challenges life throws at you?

SBI General's Retail Health Insurance Policy! Ensuring your peace of mind by offering financial protection in case you fall sick.

Who Can Buy This Policy?

- ▶ Any individual above 18 years can buy this Policy for themselves and/or their family.
- ▶ By Family we mean Insured, Insured's legal Spouse, Legal, Dependent Children & Dependent Parents. The dependent parents can't be covered under the floater option available under the Policy.

What Are The Key Benefits Of This Policy?



No pre-policy medical test up to the age of 45 for people with no medical history



Wide Coverage - From ₹50,000 up to ₹5,00,000



Family Floater benefit – family floater only allows self, spouse & 2 children, parents are not covered under family floater



Flexible Plan Options -
Plan A (Mumbai & Delhi),
Plan B (Chennai, Kolkata, Bangalore,
Ahmedabad, Hyderabad)
Plan C (Rest of India)



Add-on Covers available



Coverage of 30 days Pre and 60 days Post Hospitalisation Expenses



Free Medical check-up for every 4 claim free years up to a maximum limit of ₹2,500



Premium exempt from Income Tax under Sec 80 D of Income Tax Act

Parents' and Child Attendant Care Covered

What Does The Policy Cover?



Eligible hospitalisation expenses:

- ▶ Room, Board & Nursing Expenses & Service Charges Etc - Up to 1% of the SI per day.
- ▶ Intensive Care Unit - Up to 2% of the SI per day.
- ▶ All admissible claims under the points above during the policy period - Up to 25% of the SI per illness/injury per claim.
- ▶ Surgeon, Anaesthetist, Consultants (Including Teleconsultation), Specialists Fees - Up to 40% of the SI per illness/injury per claim.
- ▶ Anaesthesia, Blood, Oxygen, OT Charges, Surgical Appliances - Up to 40% of the SI per illness/injury per claim.



Pre-hospitalisation expenses coverage: Up to 10% of the eligible hospitalisation expenses incurred within 30 days prior to date of admission into the hospital or in case of domiciliary hospitalisation.



Post-hospitalisation expenses coverage: Up to 10% of the eligible hospitalisation expenses incurred within 60 days after the date of discharge from the hospital or in case of domiciliary hospitalisation.



Ambulance expenses: Ambulance charges - 1% of SI up to a maximum of ₹1500.



Free Medical Check up: 1% of SI up to a maximum of ₹2500 For every 4 claim free years.



Parental Care: Available for persons above 60 years. Attendant nursing charges after discharge from the hospital for ₹500 per day or actual whichever is less, up to a maximum 10 days per hospitalisation. The charges can be reimbursed for a period not exceeding 15 days during the entire Policy period.



Child Care: Available for a child below 10 years of age. Attendant escort charges of ₹500 for each completed day of hospitalisation subject to maximum of 30 days during the Policy Period.



Cataract: 15% of SI subject to maximum of ₹25,000 per eye subject to first two years exclusion.

Alternative Treatment Covered



Accidental Hospitalisation: In case of hospitalization following an Accident, SI limit available for the Insured Person will be 125% of the amount arrived after deducting the claims paid and/or outstanding from sum insured for the Insured Person under the policy excluding cumulative bonus component and subject to a maximum of ₹1,00,000.



Alternative Treatment (Subject to Treatment taken in a government hospital or in any institute recognised by government and/or accredited by Quality Council of India/National Accreditation Board on Health): Ayurvedic Treatment covered maximum 15% of SI per Policy period up to a maximum of ₹20,000 & Homeopathy and Unani Treatment covered maximum 10% of SI per Policy period upto a maximum of ₹15,000.



Domiciliary Hospitalisation: Reasonable and Customary Charges towards Domiciliary Hospitalisation exceeding 3 days as defined in Policy definition subject to 20% of the SI maximum up to ₹20,000.



Convalescence Benefit: Benefit available for Insured above 10 years & below 60 years. Compensation to the Insured, up to an amount not exceeding ₹5000/- per Insured, for a period of 10 consecutive days or more. This benefit is payable only once per Insured during the Period of Insurance.



Day Surgery: Day Care Expenses incurred on technological surgeries and procedures requiring less than 24 hours of Hospitalisation covered as per Annexure A mentioned in Policy wordings.



Co-Pay: In case of non-network hospitalization, 10% co-pay will be applicable on admissible claim in addition to the deductible.



Cumulative Bonus: A bonus equaling 5% of SI on renewal for every claim-free year. Cumulative bonus can be accumulated up to 25% of SI and will get reduced by 5% in case of claims.



HIV/AIDS Cover: Up to the limit ₹50000 except for the conditions which are permanently excluded.



Mental Illness: Cover up to the limit ₹50,000.



Genetic Disorders: Cover up to ₹50000.



Internal Congenital Diseases: Covered up to 10% of Sum Insured.



12 Advanced treatments procedures: Covered up to 50% of SI.

From 3 months to 65 years

What Is The Minimum & Maximum Coverage Possible Under This Policy?



What Are The Add-on Covers Available With This Policy?

On payment of additional premium the following Add-on Covers are available with this Policy.

- ▶ Removal of Room & ICU rent sub-limits.
- ▶ Removal of sub-limits on Operation and Consultancy charges.

What Is The Minimum & Maximum Entry Age For This Policy?



Minimum age of entry

Maximum age of entry

Children from the age of 3months can be covered if either of the parents is concurrently covered with SBI General's Retail Health Insurance Policy.

What Are The Tenure Plan Options Available Under This Policy?



How Is The Premium For A Family Floater Policy Calculated?

Premium for Family Floater Policy is calculated basis the age of the oldest family member to be insured.

Does The Plan Differ Based On Where I Stay?

In case you live in a Metro or in a Semi Metro, the Policy provides you with an option to choose a plan which is more appropriate to your need and hence priced accordingly.

Is Pre-acceptance Health Check Up Compulsory?

If you are younger than 45 years and have no history of illness, then pre-acceptance health check up is not compulsory for you. For others, a medical examination is mandatory as per SBI General's requirements.

Pre-acceptance medical tests will be done at the cost of the proposer. However, if the proposal is accepted SBI General will reimburse 50% of the cost incurred.

Differentiated Plans Based On City Type

Benefit Plan	Treatment Location A - Mumbai and Delhi	Treatment Location B - Chennai, Kolkata, Bangalore, Ahmedabad, Hyderabad	Treatment Location C - Rest of India
Plan A (Normal residential location - Mumbai & Delhi)	100%	100%	100%
Plan B (Normal residential location - Chennai, Kolkata, Bangalore, Ahmedabad, Hyderabad)	80%	100%	100%
Plan C (Normal residential location - Rest of India)	70%	80%	100%

- ▶ Plan A - 100% of the admissible claim amount for all Locations subject to the Policy terms and conditions.
- ▶ Plan B - 100% of the admissible claim amount for Locations B and C, and 80% for Location A subject to the Policy terms and conditions.
- ▶ Plan C - 100% of the admissible claim amount for Locations C, 80% for Location B and 70% for Location A subject to the Policy terms and conditions.

The percentage of amount shown in the above table is with respect to the admissible claim amount.

The Company will make payments only after being satisfied, with the necessary bills and documents.

What Is SBI General's Renewal Policy?

- ▶ This Policy may be renewed by mutual consent every year.
- ▶ If renewed, the renewal premium needs to be paid to the Insurer on or before the expiry or renewal date.
- ▶ Lifelong Renewability (subject to terms and conditions).
- ▶ A Grace Period of 30 days is allowed for renewal of the Policy. During this period a payment can be made to continue the Policy without losing any benefit.
- ▶ Coverage is not available for the period for which no premium is received.

Fast, Fair & Transparent Claim Procedure

What are the Waiting Periods?

Pre-existing Diseases	48 Months
First Thirty-days period	30 Days, except for Accidents
Certain Specific Illnesses	90 Days, 1 Year, 2 Years, 3 Years

What Is Not Covered In The Policy?

- ▶ Treatment taken outside India.
- ▶ Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials.
- ▶ Admission primarily for investigation & evaluation
- ▶ Admission primarily for rest Cure, rehabilitation and respite care
- ▶ Expenses related to the surgical treatment of obesity that do not fulfill certain conditions
- ▶ Change-of-Gender treatments
- ▶ Expenses for cosmetic or plastic surgery
- ▶ Expenses related to any treatment necessitated due to participation in hazardous or adventure sports
- ▶ Refractive Error
- ▶ Breach of Law
- ▶ Sterility and Infertility
- ▶ Unproven Treatments
- ▶ War and war-like situations

Note: The above information on exclusions is only indicative in nature. For details please read the policy wordings available on our website (www.sbigeneral.in)

What Is The Claim Procedure?

Our dedicated and experienced claims team aim to deliver you superlative customer service with a fast, fair, convenient and transparent claims process so your claim is settled without any hassle.

Our Claims Team Will:

Our dedicated and experienced claims team aim to deliver you



Provide assistance in
emergency situations



Keep you informed of the progress
of your claim

How Do You Make A Claim?

In case of an accident or illness that requires hospitalization or daycare, please notify us by phone or email.

The above information is indicative in nature, for more details on complete coverage and terms & conditions, please read the policy document carefully before concluding a sale.

Prohibition of Rebates

Section 41 in The Insurance Act, 1938 as amended by Insurance Law (Amendment) Act, 2015:

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 prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ₹10 lakhs.



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**SBI General Insurance Company Limited
Corporate & Registered Office:**

'Natraj', 301, Junction of Western Express Highway &
Andheri - Kurla Road, Andheri (East), Mumbai - 400 069.

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Contact Us

1800 22 1111 | 1800 102 1111 www.sbigeneral.in