

Prospectus

This document is only a summary of the features of the Policy. Actual benefits available are as mentioned in the Policy, and are subject to its terms, conditions and exclusions.

AROGYA PLUS POLICY

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



I. 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.

II. Scope of cover

1. **Eligible hospitalisation expenses:** - Insurer will reimburse following medical expenses while insured was under inpatient care:
 - a. Room rent, boarding expenses
 - b. Medical practitioners fees
 - c. Intensive care unit
 - d. Nursing expenses
 - e. 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
 - f. Physiotherapy as inpatient care and being part of the treatment.
 - g. Drugs, medicines and consumables consumed during hospitalization period.
 - h. Diagnostic procedures
 - i. Dressing, ordinary splints and plaster casts.



SBI General Insurance Co Limited (SBI General) is a Joint Venture between State Bank of India (SBI) and Insurance Australia Group (IAG).

SBI is the largest commercial bank of India and traces its roots back over 200 years. SBI and its 6 associate banks have over 15,000 branches across India. Also SBI has international presence in several countries across all time zones.

IAG (Insurance Australia Group) has leading and established non life insurance brands across Australia, New Zealand and Asia. IAG has a large suite of general insurance products catering to all commercial and retail segments.

SBI General has a large range of Commercial products such as Fire, Engineering, Construction, Motor, Marine, Group Health, and Business Package.

SBI General caters for all customer segments - Corporate, Retail and SME.

2. **OPD treatment:** - expenses for OPD consultation 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 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 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.
9. **Maternity Expenses** are covered but only under OPD section and up to OPD Limit specified in policy schedule.

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

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

Time based Exclusions

1. Pre existing diseases exclusion:- Any illness/disease/injuries/health condition which are pre-existing (treated/untreated, declared/not declared in the proposal form), when the cover incepts for the first time are excluded up to 4 years of this Policy being in force continuously.
However this exclusion would not be applicable from fourth continuous renewal up to minimum of sum insured and/or limit under four previous policies.
2. Without derogation from above exclusion 1, during the first year of operation of the insurance cover any Medical Expenses incurred on below treatment of illness. However this exclusion would not be applicable in case of continuous renewal within grace period, up to sum insured and/or limit under previous policy.
 - 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 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;
 - Hypertension, Heart Disease and related complications;
 - Diabetes and related complications;
 - 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.

3. Exclusions applicable to first 30 days of cover from commencement of policy:- Insurer shall not be liable to make any payment under this Policy in connection with or in respect of Insured's hospitalisation due to sickness / illness, as stated in this section, arising within the first 30 days of the commencement of the Policy Period.

However this exclusion would not be applicable:

- For hospitalisation due to injury within first 30 days of commencement of cover.
- In case of continuous renewal within grace period, up to sum insured and/or limit under previous policy.

Other Exclusions:

4. Treatment taken outside India.
5. Epidemic disease recognized by WHO or Indian government
6. 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.
7. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials.
8. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or, as may be necessitated due to an accident
9. Cosmetic or aesthetic treatments of any description, lasik treatment for refractive error. Any form of plastic surgery (unless necessary for the treatment of illness or accidental bodily injury).
10. The cost of spectacles, contact lenses, hearing aids, crutches, wheelchairs, artificial limbs, dentures, artificial teeth and all other external appliances, prosthesis and/or devices.
11. 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.
12. 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.
13. Dental treatment or surgery of any kind unless required as a result of accidental bodily injury to natural teeth requiring hospitalization treatment.
14. Convalescence, general debility, "run-down" condition, rest cure, internal/external congenital anomaly.
15. 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.
16. Treatment for de-addiction from drug or alcohol or other substance.
17. Any condition directly or indirectly 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.
18. Venereal disease or any sexually transmitted disease or sickness.
19. Any fertility, sub fertility or assisted conception operation or sterilization procedure and related treatment.
20. Vaccination or inoculation except as part of post-bite treatment for animal bite.
21. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending medical practitioner.
22. Surgery to correct deviated septum and hypertrophied turbinate unless necessitated by an accidental body injury.
23. Treatment for any mental illness or psychiatric or psychological ailment / condition.
24. Medical practitioner's home visit expenses during pre and post hospitalization period, attendant nursing expenses.
25. All medical expenses which results from or is in any way related to sex change.
26. Any treatment arising from insured's participation in any hazardous activity including but not limited to all forms of skiing, scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc unless specifically agreed by the insurer.
27. Genetic disorders and stem cell implantation / surgery/storage.
28. Stay in a hospital without undertaking any active regular treatment by the medical practitioner, which ordinarily cannot be given without hospitalization.
29. Expenses incurred at hospital or nursing home primarily for diagnosis irrespective of 24 hours hospitalization without diagnosis of any disease which does require any follow up treatment covered under this policy.
30. Treatments in health hydro, spas, nature care clinics and the like.
31. Treatments taken at any institution which is primarily a rest home or convalescent facility or a place for custodial care or a facility for the aged or alcoholic or drug addicts or for the treatment of psychiatric or mental disorders; even if the institution has been registered as a hospital or nursing home with the appropriate authorities
32. Expenses incurred primarily for diagnostics, x-ray or laboratory examinations, or other diagnostics studies not consistent with or incidental to diagnosis and treatment of the positive existence or presence of any

disease, illness or injury, for which confinement is required at a hospital or nursing home or at home under domiciliary hospitalization as defined.

33. Hospitalization for donation of any body organs by an insured including complications arising from the donation of organs.
34. Treatment for obesity, weight reduction or weight management.
35. Experimental and unproven treatment.
36. Disease / illness or injury whilst performing duties as a serving member of a military or police force.
37. Any kind of, surcharges, admission fees / registration charges etc levied by the hospital.

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

in case of any fraud, misrepresentation, or suppression of any material fact either at the time of taking the Policy or any time during the currency of the earlier policies, Insurer may at any time cancel this Policy by sending the Insured 15 days notice by registered letter, at the Insured's last known address and in such event Insurer shall refund to the Insured a pro-rata' premium for unexpired Policy Period subject to no claim having occurred up to date of cancellation. Insurer shall, however, remain liable for any claim which arose prior to the date of cancellation. The Insured may at any time cancel this Policy by giving a written notice to the Insurer and in such event Insurer shall allow refund of premium at Insured's short period rate only provided no claim has occurred up to the date of cancellation.

XIV. Termination of Policy

This Policy terminates on earliest of the following events-

- a. Cancellation of policy as per the cancellation provision.
- b. 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

This Policy may be renewed every year and in such event, the renewal premium shall be paid to Insurer on or before the date of expiry of the Policy or of the subsequent renewal thereof. However Insurer shall not be bound to give notice that such renewal premium is due. Also Insurer may exercise Insurer's option not to renew the Policy on grounds of fraud misrepresentation, or suppression of any material fact either at the time of taking the Policy or any time during the currency of the earlier policies.

A grace period of 30 days is allowed for renewal of the Policy. This will be counted from the day immediately following the premium due date during which a payment can be made to renew or continue the Health Insurance Plus Tax Benefit Policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. The continuity of coverage for all the covers under the expiring policy will be subject to receiving appropriate premium for the same. Coverage is not available for the period for which no premium is received and Insurer has no liability for the claims arising during this period.

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. 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.

XXIV. 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%

XXV. Revision in policy and rates

In case of revision of this Policy and rate we will communicate to you at least 3 months prior to the revision. Existing policy will continue to remain in force till its expiry, and for existing policyholders the revision will be applicable only from the date of renewal.

XXVI. Portability

This Policy is portable as per Insurance Regulatory and Development Authority (Health Insurance) Regulation, 2013 and you should initiate action to approach another insurer, to take advantage of portability, well before the renewal date to avoid any break in the Policy coverage due to delay in acceptance of the proposal by the other insurer.

Appendix 1

Premium before Service Tax	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
8900	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	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
13350	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	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
17800	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.