PREMIUM RATE CALCULATION CHART

	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)			
Age of the members insured	**Premium (₹)**	**Sum Insured (₹)/ Deductible (₹)**	**Premium (₹)**	**Discount, if any Family member discount)**	**Premium after Discount (₹)**	**Sum Insured (₹)/ Deductible (₹)**	**Premium or consolidated premium for all members of family (₹)**	**Floater discount if any**	**Premium after discount (₹)**	**Sum Insured (₹)/ Deductible (₹)**
35 yrs.	2,624	5 Lacs /1Lac	2,624	7.50%	2427	5 Lacs /1Lac	2,624	20%	7573	5 Lacs / 1 Lac
30 yrs.	2,624	5 Lacs /1Lac	2,624	7.50%	2427	5 Lacs /1Lac	2,624			
15 yrs.	2,109	5 Lacs /1Lac	2,109	7.50%	1951	5 Lacs /1Lac	2,109			
10 yrs.	2,109	5 Lacs /1Lac	2,109	7.50%	1951	5 Lacs /1Lac	2,109			
	Total Premium for all members of the Family is ₹ 9,466/- when each member is covered separately. Sum Insured available for each individual is ₹ 5,00,000/- with 1 lac deductible		Total Premium for all members of the Family is ₹ 8,756/- when they are covered under a single policy. Sum Insured available for each family member is ₹ 5,00,000/- with 1 lac deductible				Total Premium when policy is opted on floater basis is ₹ 7,573/- Sum Insured of ₹ 5,00,000/- with 1 lac deductible is available for he 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 Top-Up Policy
- Family size is considered 4 members = 2 A + 2 Dependent Child
- Illustration is given for Sum Insured ₹ 5 Lac with ₹ 1 Lac deductible
- Please note above rates are exclusive GST.

Prohibition of Rebates

Section 80D of the Income Tax Act, 1961 (covering deductions for health insurance premiums) has been renumbered as Section 126 under the new Income Tax Act, 2025, effective 01-Apr-2026:

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 liable for a penalty which may extend to ten lakh rupees.

SBI general INSURANCE

SURAKSHA AUR BHAROSA DONO

SBI General Insurance Company Limited
Corporate & Registered Office:
Fulcrum Building, 9th Floor, A & B Wing,
Sahar Road, Andheri (East), Mumbai - 400 099.

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SBI general INSURANCE

SURAKSHA AUR BHAROSA DONO

SBI GENERAL'S AROGYA TOP UP POLICY

Enhance your Health Insurance Cover



SBI General's Arogya Top Up Policy

You have a health insurance, and you are secure in the knowledge that all your medical expenses will be covered by it. But in these days of rising medical costs and increasing incidence of lifestyle diseases, medical costs can often exceed the insurance coverage you have. What do you do then? Pay the extra from your own pocket?

SBI General's **Arogya Top Up Policy**! To help you get enhanced protection at a low premium so you can meet rising medical costs without burning a hole in your pocket.

Who Can Buy This Policy?

Any Individual can take this Policy for himself and/or his family.

"Family" means self, spouse, dependent children, parents and parents-in-law.

What Are the Key Benefits of SBI General's Arogya Top Up Policy?

- No pre-policy medical test up to the age of 55 years for
- Coverage of 60 days Pre and 90 days Post Hospitalisation Expenses
- 141 Day Care expenses covered
- Wide coverage – From ₹ 1,00,000/- to ₹ 50,00,000/- with deductible option of ₹ 1,00,000/- to ₹ 10,00,000/- (in multiples of 1 Lakh)
- Maternity Expenses covered after first 9 months
- Premium exempt from Income Tax under Sec 80 D of Income Tax Act
- Covers organ donor expenses
- Option for Reinstatement of Sum Insured
- Ambulance expenses upto ₹ 5000/- per event
- Alternative treatment under AYUSH covered

60/90 Days Pre And Post-Hospitalisation Covered

What Does The Policy Cover?

Eligible hospitalisation expenses:

- Room rent, boarding expenses, Medical Practitioners' fees (Including Teleconsultation).
- Medical practitioners' fees.
- Intensive care unit.
- Nursing expenses.
- 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.
- Physiotherapy as inpatient care and being part of the treatment.
- Drugs, medicines and consumables consumed during hospitalisation period.

Pre-hospitalisation expenses coverage - 60 days prior to date of admission in hospital or in case of domiciliary hospitalisation.

Post-hospitalisation - 90 days after date of discharge from the hospital, or in case of domiciliary hospitalisation.

141 Day Care surgeries and procedures requiring less than 24 hours of hospitalisation.

Ambulance expenses up to ₹ 5000 per valid hospitalisation claim event.

Ayurvedic, Homeopathy, Siddha and Unani treatment in an institute recognised by government and/or accredited by authorities.

Reasonable and customary charges towards domiciliary hospitalisation.

Maternity expenses after first 9 months.

Organ donor: Medical expenses for an organ donor's treatment for harvesting of organ donated including pre and post hospitalisation as stated in scope of cover.

Coverage From ₹ 1,00,000 To ₹ 50,00,000

- HIV / AIDS covered upto the Sum Insured as specified in Policy Schedule, except for the conditions which are permanently excluded.
- Mental illness covers Inpatient Treatment upto Sum Insured.
- Internal Congenital Diseases Covered upto 10% of SI.
- 12 Advanced treatments procedures covered upto 50% of SI.

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

Sum Insured
₹ 1 Lakh to ₹ 50 Lakh (in multiples of ₹ 1 Lakh)

Deductible
₹ 1 Lakh to ₹ 10 Lakh (in multiples of ₹ 1 Lakh)
(Deductible is applicable on per claim basis)

What Is The Minimum & Maximum Entry Age Limit?

3 months
Minimum Entry Age

65 years
Maximum Entry Age

Age limit Extended up to 70 years with minimum deductible of ₹5 lakh

What Are The Tenure Plan Options Available Under This Policy?

Tenure options- 1 year / 2years / 3 years

What Is The Renewal Policy?

- This Policy may be renewed by mutual consent every year.
- If renewed, the renewal premium must be paid to the Insurer on or before the expiry date or renewal date.
- Lifelong Renewability (subject to terms and conditions).
- 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 the Grace Period a payment can be made to renew/continue the Policy without losing any benefit.
- Continuity of coverage will be given only if premium is received on time. Coverage is not available for the period for which no premium is received.

Fast, Fair & Transparent Claim Process

What are the Waiting Periods?

Pre-existing Diseases	36 Months
First Thirty-days period	30 Days, except for Accidents
Certain Specific Illnesses	12 Months and 90 Days
Maternity Waiting Period	9 Months

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 exclusions are only indicative in nature. For complete details please read the policy wordings 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:

- Provide assistance in emergency situations
- Keep you informed of the progress of your claim

How Do You Make A Claim?

1800 210 3366 / 1800 210 6366
sbig.health@sbigeneral.in
"HEALTHCLAIM" to 561612
www.sbigeneral.in