SBI general INSURANCE

SURAKSHA AUR BHAROSA DONO

Sirf **health insurance**
hona sufficient nahi,
sufficient health insurance
hona bhi zaroori hai!



SBIG HEALTH SUPER TOP-UP

- Works with **any existing health insurance** plan (both corporate & personal)
- Get a **high sum insured** at a very **low cost.**

SBIG Health Super Top-Up

Your greatest wealth is your health & everybody has differing levels of control over their own wellbeing. Life follows no fixed plan and sudden Illnesses, or accidental injury can sometimes leave you financially hurt and highly stressed.

We introduce the SBIG Health Super Top-Up product which protects you and your family.

If you or your family members are Hospitalized during Policy Period and your base sum insured exhausts, this product helps you to reduce your financial stress.

Key Feature:

- Comprehensive Policy with 11 Base Covers and 16 Optional covers
- Multiple Sum Insured range from 5 Lakhs to 4 Crores
- Multiple Deductible range from 2 Lakhs to 2 Crores
- Long term Policy options are available up to 3 years
- Flexible plans options of Annual Aggregate Deductible and Long-Term Aggregate Deductible are available.
- Enhances any existing health policy from any insurance provider - corporate or personal

What does the policy cover?

- **In Patient Treatment:** If an insured person requires inpatient treatment for an illness or injury during the policy year, expenses beyond the deductible are covered up to the sum insured as opted.
- **Pre-hospitalization Medical Expenses:** Covered prior to 60 days of hospitalization.
- **Post-hospitalization Medical Expenses:** Covered post 90/180 days of hospitalization (as specified in Policy Schedule).
- **Day Care treatment:** Medical Expenses incurred for Day Care Treatment/ Procedure will be covered up to the Limits specified in the Policy Schedule.
- **Organ Donor:** Medical expenses incurred for organ donor expenses are covered up to the sum insured.
- **Modern Treatment:** Medical Expenses are covered as up to Sum Insured towards Modern Treatment.
- **AYUSH Treatment:** Medical expenses for Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homeopathy treatments are covered up to the sum insured if carried out in an AYUSH hospital or day care centre as defined in the policy.
- **Domiciliary Hospitalization:** The Medical expenses are covered up to the sum insured, subject to the deductible, for treatments lasting at least twenty-four hours.
- **Road Ambulance:** Expenses are covered up to INR 5000 per hospitalization for availing ambulance services offered by a hospital or an ambulance service provider.

Home Health Care: We will indemnify the Medical Expenses incurred by the Insured for Home Health Care Services during the Policy Year, up to the Sum Insured in excess of Deductible, provided that

i. The treatment in normal course would require In Patient Treatment at a Hospital and be admissible under In Patient Treatment but is actually taken while confined at home.

ii. The benefit shall not be available for any emergency treatment/care.

iii. The treatment is availed from Our empanelled service provider on Cashless basis

iv. Records of the treatment administered, duly signed by the treating Medical Practitioner, are maintained for each day of the Home treatment.

Optional Covers-**

Maternity Expenses:

Maternity expenses for inpatient treatment are covered up to ₹2 Lakhs for policies with a deductible of ₹5 Lakhs and above, provided:

- The benefit is for female members aged 18 to 45.
- It includes medically recommended, lawful termination of pregnancy in life-threatening situations under the advice of Medical Practitioner
- It is available only after 36 months from the policy's start date.
- It covers a maximum of two deliveries or terminations; those with two or more children are not eligible.

New Born Baby Cover:

Medical expenses for a newborn baby are covered up to the sum insured, provided the mother is covered under the policy. Coverage is available from birth up to 90 days.

Hospital Daily Cash:

We will pay an amount equal to the Hospital Daily Cash amount specified in the Policy Schedule per day of Hospitalization, provided

i. A deductible of 24 hours shall apply under this Benefit.

ii. In a given Policy Year, the amount shall be payable for a maximum of no. of days as specified in the Policy Schedule.

iii. In case of ICU hospitalization, We will pay per day Hospital Daily Cash amount maximum of 2 times of Hospital Cash Limit as specified in the Policy Schedule

iv. Irrespective of Policy type, this benefit shall be available on an individual basis.

v. The payment under this benefit shall not reduce the Sum Insured.

Consumables:

Expenses for consumables such as gloves, masks, cotton, bandages, and similar items are covered up to the sum insured.

Global Cover:

Medical expenses incurred for the insured person's inpatient or daycare treatment outside India during the policy year are covered up to the sum insured.

Provided that:

i. The listed Illness must be diagnosed in India.

ii. The symptoms of the listed Illness first occur or manifest itself during the Policy Year and after completion of the applicable Waiting Period as specified in the Policy Schedule.

iii. This benefit is available on Reimbursement basis

iv. Our maximum liability under this benefit shall be limited to Sum Insured in excess of Deductible as specified in the Policy Schedule.

v. The treating Medical Practitioner must recommend the necessity of treatment abroad, considering the medical condition and availability of treatment at an international center of excellence which is best in class.

vi. The Hospitalization is towards Medically Necessary Treatment and follows the written advice of the treating Medical Practitioner.

vii. For the purpose of this Benefit, the treatment should be taken in a registered Hospital or clinic as per law, rules and/ or regulations applicable to the country where the treatment is taken.

viii. The claim payment under this benefit shall be payable in Indian Rupees.

Radio Cab

Expenses up to ₹3000 per hospitalization are covered for availing registered radio cab operator services.

Air Ambulance

During the policy year, expenses for availing air ambulance services are covered up to ₹5 Lakhs within the sum insured.

Recovery Benefit

A lump sum amount as specified in the Policy Schedule will be paid to the insured for medically necessary hospitalization exceeding 5 consecutive days during the policy year.

Personal Accident cover

In case of injury-related death within twelve months, 100% of the sum insured is payable, and for permanent total disability, 100% of the sum insured is paid within the same period.

Unlimited Restore Benefit

The base sum insured is restored unlimited times during the policy year after the occurrence and payment of a claim.

Reduction in Room Rent

By availing this cover, the insured can choose room rent coverage for a single private A.C. room or a twin sharing room instead of actuals for hospitalizations.

Change in Pre-Existing Waiting Period

By availing this cover, the insured can change the 24-months waiting period for pre-existing diseases to either 12 months or 36 months.

Change in Maternity Waiting Period

By availing this cover, the insured can change the 36-months waiting period for maternity to either 48 months, 24 months or 12 Months

Reduction in Specific Disease Waiting Period

By availing this cover, the insured can change the 24-months waiting period for Specific Disease to 12 Months

Value Added Services

E-Opinion

Under this benefit, the Insured Person may avail E-Opinion on his/her medical condition occurring during the Policy Year from a Medical Practitioner from our empanelled network. Provided, It is agreed and understood that the E- Opinion will be based only on the information and documentation provided to Us, which will be shared with the Medical Practitioner and is subject to the conditions specified below:

i. The Insured Person may have an option to choose E-Opinion from the list of Specialist as provided by Us on Our Website/App.

ii. It is agreed and understood that Insured Person is free to choose whether or not to obtain the expert opinion, and if obtained then whether or not to act on it.

iii. Appointments to avail this benefit shall be requested through Our Website/App or by calling Our call center on the toll-free number specified in the Policy Schedule.

iv. Under this benefit, we are only providing Insured with access to an E-opinion, and We shall not be deemed to substitute the Insured's visit or consultation to an independent Medical Practitioner

v. The E-Opinion provided under this benefit is not for emergency care and shall not be valid for any medico legal purposes.

vi. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.

vii. The Deductible shall not be applicable on this benefit.

Stay Fit Health Check Up

The Insured may avail a health check-up, only for Preventive Test, up to a limit specified in the Policy Schedule, provided

i. This benefit is available only once in a Policy Year and all tests must have been done on the same date subject to the conditions mentioned in the Policy Schedule.

ii. The list of tests covered under this benefit will be Complete Blood Count (CBC), Urine Routine, Erythrocyte Sedimentation Rate (ESR), Fasting Blood Glucose, Electrocardiogram, S Cholesterol, Complete Physical Examination by Physician, Postprandial/lunch blood sugar (PPBS / PLBS), Uric Acid, Lipid Profile, Kidney function test, Serum Vitamin D, Serum Electrolytes, HbA1C, Thyroid profile (TSH), Liver Function Test (LFT), Treadmill test (TMT) and Ultrasound test.

iii. Irrespective of Individual or Family Floater, this benefit is available to all adult members above 18 years of age on an individual basis.

iv. The benefit shall be available on a Cashless basis and arranged with Our Network Provider. Where the test(s) cannot be arranged by the Network Provider, We may provide a Reimbursement facility on an approval basis.

v. Availing of the Claim under this benefit will not impact the Sum Insured or the Cumulative Bonus.

vi. The Deductible shall not be applicable on this benefit.

vii. This benefit is over and above the Sum Insured.

Cumulative Bonus:

For every claim free policy year, there will be increase of 10% of the Sum Insured, maximum up to 100%. If a claim is made in any particular Policy Year, the Cumulative Bonus accrued shall not be reduced.

Waiting Period

Initial Waiting Period	30 Days
Pre-Existing Disease	24 Months
Specific Illness/Disease	24 Months

What is not covered in the policy?

- Investigation & Evaluation
- Rest Cure, rehabilitation, and respite care
- Obesity/ Weight Control
- Change of Gender treatments
- Cosmetic or plastic Surgery
- Hazardous or Adventure sports
- Breach of law
- Excluded Providers
- Substance Abuse and Alcohol
- Wellness and Rejuvenation
- Dietary Supplements & Substances
- Refractive Error
- Unproven Treatments
- Sterility and Infertility
- Maternity (Not Applicable if 'Maternity Expenses' benefit is opted)

Note: The above exclusions are only indictive in nature. For Complete details please read the policy wordings on our website (www. sbigeneral.in)

What is a Minimum and Maximum Entry Age limit?



Minimum



Maximum

What are the sum Insured options available?

5 Lakh to 4 Crores

What are the Deductible options available?

Deductible (in lacs)	Sum Insured (in lacs)							
2	5	8	13					
3	5	7	12	22				
4	6	11	16	21				
5	5	10	15	20	25	45	70	95
6	14	19	44	69	94			
7	8	13	18	23	43	68	93	
7.5	7.5	12.5	17.5	22.5	42.5	67.5	92.5	
8	7	12	17	22	42	67	92	
9	6	11	16	21	41	66	91	
10	10	15	20	30	40	50	65	90
12.5	7.5	12.5	17.5	27.5	42.5	62.5	87.5	
15	15	25	35	60	85			
20	20	30	55	80	105	130		
25	25	50	75	100	125			
30	70	120						
50	50	100	150	200	250			
75	75	125	175	225				
100	100	150	200	400				
200	300							

What is the tenure option available?

1/2/3 years

What Is The Renewal Policy?

- The Policy shall ordinarily be renewable except on grounds of fraud, or non-disclosure or misrepresentation by the Insured Person.
- The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- Request for renewal along with the requisite premium shall be received by the Company before the end of the Policy Period
- 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.
- No loading shall apply on renewals based on individual claims experience.

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 about 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

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

For More Details Contact

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