

Key Feature Document

SBI General Insurance: Super Health Insurance

UIN: SBIHLIP24141V022232

- This Key Features Document has been prepared to assist you in understanding this Insurance product. It should be read in concurrence with the Policy documents that is received by you after the policy is issued.
- **The IRDAI licensed sales staff of The Hong Kong and Shanghai Banking Corporation Limited, India (“Bank”) must go through this document with You once You have decided to purchase this insurance product from SBI General Insurance Company Limited.**
- **We recommend that you keep this Key Features Document and sales illustrations for future reference.**

What is Super Health Insurance

SBI General ‘s Super Health Insurance brings a ‘first of its kind’ product that offers an all-inclusive insurance cover to cater insured’s health & fitness needs.

This is a comprehensive plan with a wide range of coverage to fulfil all healthcare needs, at every stage of life, protecting insured and his/her family, if they are hospitalized during policy period and thereby reducing the financial stress.

Key things you should know:

- ✓ Comprehensive Policy with 27 Base Covers and 7 Optional covers.
- ✓ Multiple Sum Insured range from Rs. 3Lacs to Rs. 2Cr available under the Policy.
- ✓ Long term Policy options are available up to 3 years.
- ✓ Pre-existing illnesses and injuries are covered after a period of 2 years from the inception of the policy.
- ✓ Pre-existing illnesses and injuries if not disclosed at the time of buying the policy will not be covered even after the waiting period.
- ✓ Flexi benefit option of co-pay and aggregate deductible are available to avail discount in premium.
- ✓ There is a 30 day free look period under the policy which means that the policy can be returned within 30 days of the receipt of the policy document. However, refund on cancellation of policy will be made only if no claim has occurred up to the date of cancellation of this Policy.
- ✓ Exclusive covers like Health Multiplier (Listed 37 serious illness), Reinsure Benefit, Enhanced Cumulative Bonus, Claims Shield Benefit, Annual Health Check-up, Outpatient (OPD) Cover and Medical Treatment abroad (for listed 16 Major Illness).
- ✓ Optional Covers like Wellness Benefit, Domestic Help/Staff Indemnity, Additional Sum Insured for Accident-related hospitalization, Enhanced Cumulative Bonus Safeguard, Enhanced Reinsure are available.
- ✓ E-Opinion and Annual Health check-up are available as Value Added Services.
- ✓ Enhanced Cumulative Bonus available as Renewal Benefit.
- ✓ Various discount options like Family Individual Discount, Long term discount are available.
- ✓ This policy also provides for cashless servicing across India. Kindly refer to SBI general insurance website - **www.sbigenral.com**, for the list of empaneled hospitals for cashless servicing.
- ✓ Purchase of the insurance product is purely voluntary and is not linked to availment of any other facility from the Bank.
- ✓ Kindly refer to the following sections in this document for a better understanding:
 - ✓ a. “What is covered under this policy” section to understand details.
 - ✓ b. “What are the exclusions under this Policy” section for understanding what is not covered by this policy.
 - ✓ c. “What are the cancellation terms under the Policy” section.

Who can be covered under this Policy?

- In a family floater Policy, a maximum of 4 adults and any number of children can be included in a single policy.
- Individual: Self, legally married spouse, son, son-in-law, daughter, daughter-in-law, father, mother, brother, brother-in-law, sister, sister-in-law, mother-in-law, father-in-law, grandmother, grandfather, grandson, granddaughter, uncle, aunt, nephew, niece, or any other relationship having an insurable interest.
- Family Floater: Self, legally married spouse, dependent children (natural/legally adopted), parents and/or parents-in-law.
- Only Resident of India can be covered under this policy.

What is the entry and renewal age?

- Adults - Entry age for adults is 18 years & for dependent children is 91 days to 30 years
- No restriction on the maximum limit for the entry age for proposer and his/her family members.
- Renewal - Lifelong

What is Covered under this policy?

A. Basic cover up to the Sum Insured limit applicable to all plans:

The Policy provides for;

In-patient hospitalisation Treatment:

If You are hospitalized for a minimum of 24 hours on the advice of Medical Practitioner as defined under the policy due to illness or accidental bodily injury, sustained or contracted during the policy period, then the insurance company will pay You below listed medical expenses up to the Base Sum Insured and enhanced limits as specified in policy schedule.

- a) Room rent and boarding expenses as provided by the hospital/nursing home up to the room rent limit as specific in the policy schedule.
- b) Intensive Care Unit expenses/ Intensive Cardiac Care Unit (ICCU) expenses.
- c) Nursing expenses as provided by the hospital
- d) Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees
- e) Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances
- f) Consultation fees including Telemedicine by Medical Practitioner
- g) Medicines, drugs, and consumables
- h) Diagnostic procedures
- i) The Cost of prosthetic and other devices or equipment if implanted internally during a surgical procedure.

Pre-hospitalization Medical Expenses - The insurance company shall indemnify the Pre-Hospitalization medical expenses incurred by the insured person, related to an admissible hospitalization under hospitalization expenses, for the duration (as specified in the policy schedule) immediately prior to the date of admissible hospitalization covered under the policy.

Post-hospitalization Medical Expenses - The insurance company shall indemnify the Post-Hospitalization medical expenses incurred by the Insured Person, related to an admissible hospitalization under Hospitalization Expenses, for the duration (as specified in the policy schedule) from the date of discharge from the hospital, following an admissible hospitalization claim under the policy.

Day Care Treatment - Medical expenses incurred under any Day Care Treatment during the policy period following an

illness or injury, up to the base sum insured.

Domiciliary Hospitalization

The insurance company will indemnify on reimbursement basis only, the medical expenses incurred for the Insured Person's domiciliary hospitalization during the policy period following an illness or injury.

Organ Donor Expenses

The insurance company will pay medical expenses up to the sum insured as specified in the policy schedule, towards organ donor's hospitalization for harvesting of the donated organ where an Insured Person is the recipient.

Home Health Care

The insurance company shall indemnify the medical expenses incurred by the Insured Person on availing treatment at home during the policy year, if prescribed in writing by the treating Medical Practitioner.

Modern Treatments/Advanced Procedures

The following procedures / treatments will be covered either as Inpatient Care or as part of Day Care Treatment in a hospital:

- 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) Bronchical Thermoplasty
- j) Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- k) IONM - (Intra Operative Neuro Monitoring)

l) Stem cell therapy

The insurance company will also indemnify the Insured Person's Pre-hospitalization medical expenses and Post-hospitalization medical expenses.

AYUSH Treatment

The insurance company shall indemnify the medical expenses incurred by the Insured Person for Inpatient Care under Ayurveda, Unani, Siddha and Homeopathy systems of medicines during each policy year up to the sub-limit specified against this cover in the policy schedule, in any AYUSH hospital.

Shared accommodation Cash Benefit

The insurance company shall pay a daily cash amount as specified in policy schedule on per hospitalization basis for each continuous and completed 24 hours of hospitalization during the policy year if the Insured Person is hospitalised in shared accommodation in a network provider hospital and such hospitalization exceeds 48 consecutive hours.

Emergency Road Ambulance Cover

Cover for expenses incurred from ₹ 3,000 up to the limit of base sum insured, as per the plan opted, per hospitalisation, on Road Ambulance Services.

Air Ambulance Cover (Domestic)

Expenses incurred, up to maximum of Rs 10 lacs, as per plan opted, during the policy year, towards ambulance transportation in an airplane or helicopter for Emergency Care.

ReInsure Benefit (Related and Unrelated illness both)

Refill up to maximum of 200% of base sum insured, as per the plan opted, unlimited times in a policy year. This benefit is triggered and becomes payable for each and every claim from the first claim itself in a policy year.

Bariatric Surgery Cover

Coverage for medical expenses, in case of hospitalisation on the advice of a medical practitioner, because of conditions which require Bariatric Surgery, coverage up to 2 Lacs.

Claims Shield

Expenses related to listed non payable items related to hospitalisation/ in-patient claims become payable under this benefit.

Annual Health Check-up

The Insured Person may avail a health check-up, only for preventive purposes, up to Rs 10,000 (Inception/1st renewal onwards/year) as per the plan opted.

Enhanced Cumulative Bonus

Enhanced Cumulative Bonus (ECB) will be applied by 50% of the base sum insured of immediately preceding policy year in respect of each claim free policy year.

B. Other Benefits available on the basis of the selected plan**Health Multiplier**

When diagnosed with a serious illness, no need to worry about the inflated hospital bills, health multiplier will multiply your coverage up to 3 times at no additional cost. (Health Multiplier is applicable only for the listed 37 Serious Illnesses.)

Recovery Benefit

In case of hospitalisation exceeding 5 consecutive days, this cover will pay a lump sum amount, maximum of Rs 10,000 as per the plan opted. This benefit is over and above the base sum insured.

E-Opinion

The Insured Person may choose E-Opinion and the insurance company will facilitate E-Opinion from their panel of medical practitioner under this cover.

Maternity Expenses

Medical expenses incurred up to Rs 2,00,000, including Pre-natal & Post-natal check-up and medical expenses.

New born Baby Cover

Medical expenses incurred in respect of a New Born Baby whose claim under Maternity Expenses is admissible.

Child Vaccination (Up to 12 years of age)

Expenses up to the limits specified in policy schedule till the child completes 12 years of age.

Loyalty Credit

If the Insured Person's cover under the policy is renewed without a break, the insurance company will increase the base sum insured (only for Platinum Infinite Plan) applicable under the policy by 50% of base sum insured of immediate preceding policy year for each successive renewal.

Medical Treatment abroad

Medical Expenses incurred towards the Insured Person's Inpatient Care outside India during the policy period caused solely and directly due to the 16 listed illness/ procedures which are diagnosed in India.

Out-Patient (OPD) Cover

Medical Expenses incurred under OPD will be covered up to ₹10,000/single adult & up to ₹20,000/family as per plan opted.

Out-Patient Dental / Vision Cover

Medical Expenses incurred under Dental / Vision OPD will be covered up to ₹5,000/ family as per plan opted.

Out-Patient and Prescribed Diagnostic test for Cancer Diagnosed Patients

Medical expenses incurred up to the limit specified against this benefit (if applicable) in the policy schedule for the Out-Patient and Prescribed Diagnostic test up to ₹15,000/ policy as per plan opted.

C. Optional Cover:**Enhanced ReInsure Benefit**

Refills up to 200% of the base sum insured instead of up to 100% (on complete or partial utilization of your existing policy sum insured, including enhanced cumulative bonus).

Enhanced Cumulative Bonus Safeguard

Protects the percentage of enhanced cumulative bonus as specified in the policy schedule at subsequent renewal. This optional cover is not applicable for Platinum Infinite plan (applicable if claim amount is Rs 1 lakh or less).

Co-payment

10% or 20% Co-Payment as specified in the policy schedule, shall be applied on each and every admissible claim after deductible.

Aggregate Deductible

The Insured Person shall bear on his/her own account an amount equal to the opted deductible specified in the policy schedule for all admissible claims made by the Insured Person and assessed by the insurance company in a policy year.

Domestic help/staff Indemnity

On availing of this option, the insurance company will indemnify the reasonable and customary charges incurred towards medically necessary treatment taken by the insured person i.e. domestic help in this case, during the policy period for an illness, injury or condition as mentioned in policy schedule.

Additional Basic Sum Insured

Provides an additional double of base sum insured towards medical expenses incurred for In-Patient hospitalisation treatment. This cover is applicable only for an emergency caused solely and directly due to an accident-causing Injury, of the Insured Person who is hospitalised for the treatment of such injury.

Wellness

The Insured Person may avail wellness services as mentioned in the policy schedule. The services may include any or all as specified in the policy schedule:

Health Assistance Covered (A.I. Personal Fitness coaching)

Dietician and Nutrition E-consultation

Walk Healthy Benefit covered (Collect health benefits by taking steps counted on our App and get discount up to 30% on renewal premium) unlimited gym membership.

What are the additional benefits in the policy ?

Income Tax benefit

Premium paid under the policy shall be eligible for income tax deduction benefit under Sec 80 D as per the Income tax Act as amended from time to time.

Terms and Conditions;

Pre Policy-Medical Check-up: Medical Tests are applicable to all insured person(s), as per plan, sum insured chosen and age of insured person. Also, in case of any adverse disclosure by insured member, underwriters may ask for additional medical test as suitable to take prudent underwriting decision.

Initial waiting Period: 30 days for all diseases except hospitalization due to accident.

Pre-Existing Diseases waiting period: 24 months waiting period on pre-existing diseases.

90 Days Waiting Period: A waiting period of 90 days shall apply for all claims of Hypertension, Diabetes, Cardiac Condition except if these diseases are pre-existing and disclosed at the time of policy.

Specified diseases and Procedures Waiting Period: Expenses related to the treatment of listed conditions; surgeries/treatments shall be excluded until the expiry of 24/12 months (as specified in the table of benefits) of continuous coverage after the date of inception of the first policy with the insurance company.

i. Illnesses

Internal Congenital diseases	Non infective Arthritis
Diseases of gall bladder including cholecystitis	Urogenital system e.g. Kidney stone, Urinary Bladder Stone
Pancreatitis	Ulcer and erosion of stomach and duodenum
All forms of Cirrhosis	Gastro Esophageal Reflux Disorder (GERD)
Perineal Abscesses	Perianal Abscesses
Cataract	Fissure/fistula in anus, Hemorrhoids including
Pilonidal sinus	Gout and rheumatism
Benign tumors, cysts, nodules, polyps including breast lumps	Osteoarthritis and osteoporosis
Polycystic ovarian diseases	Fibroids (fibromyoma)
Sinusitis, Rhinitis	Tonsillitis
Skin tumors	Benign Hyperplasia of Prostate
Genetic Disorder	

ii. Surgical Procedures

Adenoidectomy, tonsillectomy	Tympanoplasty, Mastoidectomy
Dilatation and curettage (D&C)	Nasal concha resection
Myomectomy for fibroids	Surgery of Genito urinary system
Surgery on prostate	Cholecystectomy
Hernia	Hydrocele/Rectocele
Surgery for prolapsed inter vertebral disc	Joint replacement surgeries
Surgery for varicose veins and varicose ulcers	Surgery for Nasal septum deviation
Surgery for Perianal Abscesses	Fissurectomy, Haemorrhoidectomy, Fistulectomy, ENT surgeries

Medical Treatment Abroad Waiting Period: Expenses related to the treatment taken abroad for any listed major illness under this benefit within 36 months from the first policy commencement date shall be excluded.

Maternity and Related Expenses Cover Waiting Period: Single Adult - 48 months and all other family combinations - 24 months

What are the Plan/SI options available?

1. Prime – 3/5/7/10/15/20/25 Lacs
2. Elite – 3/5/7/10/15/20/25 Lacs
3. Premier – 3/5/7/10 Lacs
4. Platinum – 10/15/20/25/30/40/50 Lacs
5. Platinum Infinite – 50/75 Lacs, 1 and 2 Crores

The coverage under this Policy is available for different combinations:

- Self
- In a family floater policy, a maximum of 4 adults & any number of children can be covered

BASE COVERS					
Plan	PRIME	ELITE	PREMIER	PLATINUM	PLATINUM INFINITE
Inpatient Hospitalization Treatment	Actuals up to Sum Insured				
Room Rent	Actuals up to Sum Insured				
ICU Charges	Actuals up to Sum Insured				
Shared accommodation Cash Benefit	Rs 500 per day, maximum Rs 4000			Rs 500 per day, maximum Rs 8000	Rs 1000 per day, maximum Rs 15000

Health Multiplier	NA	For SI:3 Lacs to 10 Lacs - 2X of Sum Insured	2X of Base Sum Insured	For SI:10 Lacs – 2X of Sum Insured	3X of Base Sum Insured
		For SI:15 Lacs and above - 3X of Sum Insured		For SI: 15 Lacs and above - 3X of Sum Insured	
Pre-hospitalization Medical Expenses	60 days				
Post-hospitalization Medical Expenses	90 days			180 days	
Day Care Treatment	All day care covered				
Domiciliary Hospitalization	Actuals up to Sum Insured				
Home Health Care	Actuals up to Sum Insured				
Emergency Road Ambulance Cover (per hospitalization)	Rs 3000	Rs 3000	Rs 4000	Rs 5000	Covered up to SI
Air Ambulance Cover (Domestic)	Up to 2 Lacs				Up to 10 Lacs
Organ Donor Expenses	Actuals up to Sum Insured				
ReInsure Benefit (Related and Unrelated illness both)	Unlimited up to 100%				Unlimited up to 200%
Bariatric Surgery Cover	Up to Rs 50,000			Up to Rs 2 Lacs	
Modern Treatments/Advanced Procedures	Actuals up to Sum Insured				
AYUSH (In-patient hospitalization)	Actuals up to Sum Insured				
Recovery Benefit	NA	NA	Rs 2500	Rs 5000	Rs 10,000
Claims Shield	Non-payable Items (paid up to Sum Insured)				
VALUE ADDED SERVICES					
Plan	PRIME	ELITE	PREMIER	PLATINUM	PLATINUM INFINITE
E-Opinion	NA			4 - Per Member	Unlimited
Annual Health Check-up	Up to Rs 2500 (1st renewal onwards/year)			Up to Rs 5000 (since inception)	Up to Rs 10,000 (since inception)
MATERNITY					
Plan	PRIME	ELITE	PREMIER	PLATINUM	PLATINUM INFINITE
Maternity Expenses	NA	NA	Up to Rs 25,000 (N)/Rs 50,000(C-sec)	Up to Rs 50,000 (N)/Rs 75,000(C-sec)	Up to 2 Lac
Newborn Baby Cover	NA	NA	Up to Maternity SI		
Child Vaccination (Up to 12 years of age)	NA	NA	NA	5000 per annum	10,000 per annum

RENEWAL BENEFITS					
Plan	PRIME	ELITE	PREMIER	PLATINUM	PLATINUM INFINITE
Enhanced Cumulative Bonus (reduction is same proportion in case claim is settled)	50% of Base Sum Insured up to 100%	50% of Base Sum Insured up to 100%	50% of Base Sum Insured up to 100%	50% of Base Sum Insured up to 200%	NA
Loyalty Credit (SI enhancement irrespective of claim)	NA				50% of Base Sum Insured up to 100%
GLOBAL COVER					
Plan	PRIME	ELITE	PREMIER	PLATINUM	PLATINUM INFINITE
Medical Treatment abroad (Listed illness, Diagnosis in India)	NA			Actuals up to Sum Insured	
OUTPATIENT COVER					
Plan	PRIME	ELITE	PREMIER	PLATINUM	PLATINUM INFINITE
Out-Patient (OPD) Cover	NA			<ul style="list-style-type: none"> · Single Adult – Rs 5,000 · All other family combinations - Up to Rs 10,000/Family 	<ul style="list-style-type: none"> · Single Adult – Rs 10,000 · All other family combinations - Up to Rs 20,000/Family
Out-Patient Dental / Vision Cover	NA				Up to Rs 5000/Family
Out-Patient and Prescribed Diagnostic test (Cancer Diagnosed Patients)	NA	NA	Rs 5000/Policy	Rs 10000/Policy	Rs 15000/Policy
OPTIONAL COVERS					
Enhanced Reinsure Benefit (Refill up to 200% Basic Sum Insured instead of up to 100% (as mentioned in Policy Schedule under section Reinsure Benefit) on complete or partial utilization of existing Policy Sum Insured including Enhanced Cumulative Bonus (if applicable) during the Policy Year.	Unlimited up to 200%				NA
Enhanced Cumulative Bonus Safeguard (if claim amount is 1Lac or less, No reduction in Enhanced Cumulative Bonus)	Covered				NA

Co-Payment	10/20%				
Aggregate Deductible	1 / 2 / 3 Lacs	3 / 5 Lacs	5 /10 Lacs		
Domestic help/staff Indemnity [Room Rent - 2%, ICU - 4%, Bariatric - Rs 50,000, (Day Care Treatment, AYUSH, Modern Treatment-up to Sum Insured), Emergency Road Ambulance - Rs 3000/Hospitalization] [Min - 18 years/Max - 65 years]	Up to Rs 50,000/1 Lac				
Additional Basic Sum Insured (for Accident-related hospitalization)	2x of Sum Insured				
WELLNESS					
Plan	PRIME	ELITE	PREMIER	PLATINUM	PLATINUM INFINITE
Health Assistance (A.I. Personal Fitness coaching)	Covered				
Dietician and Nutrition E- consultation	Covered				
Walk Healthy Benefit (Collect health benefits by taking steps counted on our App and get discount up to 30% on renewal premium)	Covered				
Unlimited Gym Membership	Covered (3+3+3+3 option)			Covered (6+6 option)	

What is the premium applicable?

Premium:

Premium would depend on sum insured opted under various sections and same needs to be derived basis the premium calculator.

Premium are exclusive of taxes*, as applicable and amended from time to time, which will be borne by You. Kindly collect a copy of the premium calculation for your records.

* Please note that basis Goods and Services Tax (GST) regulations and notified GST rates, Central GST, State/Union Territory GST, or Inter-State GST, as applicable, and Cess as applicable would apply on the fees and charges

What are the exclusions under this Policy?

A. Standard Exclusions

- I. Investigation and Evaluation (Code-Excl 04):
 - 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.

II. Rest Cure, rehabilitation, and respite care (Code- Excl 05)

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

a) 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.

b) Any services for people who are terminally ill to address physical, social, emotional, and spiritual needs.

III. Obesity / Weight Control (Code- Excl 06)

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:

- Obesity-related cardiomyopathy
- Coronary heart disease
- Severe Sleep Apnea
- Uncontrolled Type 2 Diabetes

IV. 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.

V. Cosmetic or Plastic Surgery (Code- Excl 08)

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.

VI. Hazardous or Adventure Sports (Code- Excl 09)

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.

VII. Breach of Law (Code- Excl 10)

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

VIII. Excluded Providers (Code-Excl 11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the insurance company and disclosed in its website / notified to the policyholders are not admissible.

However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

IX. Treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code- Excl 12)

X. Treatments received in health hydros, 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- Excl 13)

XI. 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 Procedures. (Code- Excl 14)

XII. Refractive Error (Code-Excl 15)

Expenses related to the treatment for correction of eye-sight due to refractive error less than 7.5 dioptrics

XIII. Unproven Treatments (Code- Excl 16)

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.

XIV. Sterility and Infertility (Code-Excl 17)

Expenses related to sterility and infertility. This includes:

- a) Any type of contraception, sterilization
- b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- c) Gestational surrogacy
- d) Reversal of sterilization

XV. Maternity (Code-Excl 18) (Not Applicable for Section C.20 - Maternity and Related Expenses Cover)

a) Medical treatment expenses traceable to child-birth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy;

b) Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

B. Specific Exclusions

I. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

II. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

1. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.

2. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.

3. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease

producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

- III. Treatment taken outside India (Section C.24 - Not applicable for product plan variants wherein Medical Treatment Abroad is covered).
- IV. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or, as may be necessitated due to an accident
- V. Convalescence, general debility, "run-down" condition, rest cure, external congenital anomaly.
- VI. Vaccination or inoculation except as part of post-bite treatment for animal bite or for product plan variants wherein child vaccination cover is covered.
- VII. Medical practitioner's home visit expenses during Pre and Post hospitalization period, attendant nursing expenses.
- VIII. An Insured Person committing or attempting to commit a breach of law with criminal intent, intentional self-injury, or attempted suicide while sane or insane.
- IX. 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.
- X. If as per any or all of the medical references herein below containing guidelines and protocols for evidence-based medicines, the Hospitalization for treatment under claim is not necessary or the stay at the hospital is found unduly long:
 - a. Medical text books,
 - b. Standard treatment guidelines as stated in clinical establishment act of Government of India,
 - c. World Health Organisation (WHO) protocols,
 - d. Published guidelines by healthcare providers,
 - e. Guidelines set by medical societies like cardiological society of India, neurological society of India etc.
- XI. Any permanent exclusion applied on any medical or physical condition or treatment of an Insured Person as specifically mentioned in the policy schedule and as specifically accepted by policyholder/Insured Person. Such exclusions shall be applied for the condition(s) or treatment(s) that otherwise would have resulted in rejection of insurance coverage under this policy to such Insured Person as per Insurance Company's Underwriting policy.

Claim submission clause

In case of any Claim, the list of documents as mentioned in the policy wording shall be provided by the policy holder/ Insured Person to the insurance company within 30 days of date of discharge from hospital.

What Are the terms of renewal under the Policy?

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.

- i. The insurance company shall endeavor to give notice for renewal. however, the insurance company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the insurance company before the end of the policy period
- iv. At the end of the policy period the policy shall terminate and can be renewed within the grace period of 30 days/15 days (as per the opted premium payment basis) to maintain continuity of benefits without break in policy. Coverage in not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience.

What are the cancellation terms under the Policy ?

The policyholder may cancel this policy by giving 30days’ written notice and in such an event, the Insurance Company shall refund premium for the unexpired policy period as detailed in below table. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured under this policy.

The insurance 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 of misrepresentation, non-disclosure of material facts or fraud.

Refund of Premium (Basis Policy Period) in %			
Month	Policy Tenure 1 Year	Policy Tenure 2 Year	Policy Tenure 3 Year
Up to 1 Month	85.00%	92.50%	95.00%
Up to 3 Month	70.00%	85.00%	90.00%
Up to 6 Month	45.00%	70.00%	80.00%
Up to 12 Month	0.00%	45.00%	60.00%
Up to 15 Month	NA	30.00%	50.00%
Up to 18 Month	NA	20.00%	45.00%
Up to 24 Month	NA	0.00%	30.00%
Up to 27 Month	NA	NA	20.00%
Up to 30 Month	NA	NA	12.50%
Up to 36 Month	NA	NA	0.00%

Grievance Redressal:

You can register your grievance or feedback to the Grievance Redressal Officer of SBI General Insurance Company Limited by sending an email at gro@sbigeneral.in or by sending a letter to the address of SBI General Insurance Company Limited - 9th Floor, Wing A& B, Fulcrum, Sahar Road, Andheri (East), Mumbai - 400 099.

Additionally, you can approach your HSBC RM or visit your nearest HSBC India Branch to register any grievance or feedback about the policy.

You can also lodge the grievance through IRDAI's Integrated Grievance Management System (IGMS).

If You are not satisfied with the resolution provided by SBI General Insurance company, You can approach the Insurance Ombudsman, depending on the nature of the grievance and the financial implication, if any. You can find more details about Insurance Ombudsmen at www.gbic.co.in or www.irdai.gov.in.

Disclaimer: In the event of any question relating to interpretation of the insurance coverage, the policy document will prevail.

Important notice:

1. The purchase of this insurance policy is voluntary and is not linked to the availment of any other facility from The Hongkong and Shanghai Banking Corporation Limited, India, ("the Bank" or "HSBC") or its affiliates.
2. SBI General Insurance Company Limited is the name of the Insurance Company registered with IRDAI with Registration No.144, having its registered office at, Registered and Corporate Office: 9th Floor, Wing A& B, Fulcrum, Sahar Road, Andheri (East), Mumbai - 400 099. The coverage on the plan is effective subject to acceptance by SBI General Insurance Company, who reserves the right to accept or reject any application without assigning any reason.
3. HSBC (IRDAI Regn.no. CA0016) is a corporate agent of SBI General Insurance Company Limited having its India corporate office at 52/60, MG Road, Fort, Mumbai - 400 001. HSBC does not act as an insurer or underwrite the risks and does not accept any responsibility for any decision made by SBI General Insurance Company. Settlement of claims is not the obligation of HSBC. The contract of insurance is between the Insurance Company and the insured and not between the Bank and the insured.
4. All claims would solely be settled by SBI General Insurance Company Limited. If any claim or dispute is received by HSBC, it will forward the same to SBI General Insurance Company Limited and would assist the policy holder/ claimant in trying towards earliest settlement of claim/ dispute by SBI General Insurance Company Limited.
5. You authorize HSBC to provide information concerning your HSBC bank account to SBI General Insurance Company in connection with your application for insurance products of SBI General Insurance Company. You acknowledge that HSBC remains entitled to assign any activities to third party agencies/service providers at

its sole discretion. You further acknowledge the right of HSBC to provide details of your account and sharing or transfer of information, which will be on a confidential basis to HSBC Group offices or other third party agencies/service providers, whether located in India or overseas, including but not limited for the purpose of availing of support services of any nature by HSBC, and also may disclose information, if required or permitted by any law, rule or regulation or at the request of any public or regulatory authority or if such disclosure is required for the purposes of preventing fraud, without any further specific consent or authorisation from you.

6. Please note that this document is for reference only and is not to be construed as a contract of insurance and/or professional advice. For more details on risk factors, terms, conditions and exclusions, please read the sales brochure carefully before concluding a sale.
7. HSBC will receive 30% of the premium paid as commission from SBI General Insurance Company for this policy.
8. IRDA regulations do not permit HSBC or its employees to pay commission, whether in part or whole, as an inducement to any person to take out or renew or continue an insurance policy of any kind. (Sec 41 of the Insurance Act, 1938 as amended from time to time).
9. Insurance is a subject matter of solicitation.
10. Tax benefits are as per the Income Tax Act, 1961 and are subject to amendments made therein from time to time and therefore there is no assurance that the given tax information will remain valid post any amendment. Before using the tax information, we suggest that professional advice may be sought from your independent tax consultant / chartered accountant. No obligation or liability of any nature whatsoever is assumed by the Bank or its affiliates by quoting information on taxation provided herein.
11. This product is underwritten by: SBI General Insurance Company Limited.
12. All premiums are subject to applicable taxes and cesses, which are subject to change from time to time. Basis Goods and Services Tax (GST) regulations and notified GST rates, Central GST, State/Union Territory GST, or Inter-State GST, as applicable, and Cess as applicable, would apply on the fees and charges.

I/We have been briefed on the benefits, features, coverage, limitation, premium and terms and conditions of the insurance plan mentioned above. I/We understand this information and the risks associated with this plan.

I/We confirm my/our understanding of:

- Premium payment and discounts, if applicable
- Product features, coverage and exclusions under the policy
- Policy conditions and terms of cancellation of this policy

I/We also confirm that the Bank Staff has provided me with a copy of this Key Feature Document for my/our records and future reference. I/We confirm that towards this policy cover, the premium to be paid is INR _____,

INR _____ (in words)

I/ We are aware that role of HSBC is limited towards processing of the policy application and any dispute/claim / concerns arising out from issuance/ non-issuance of this policy would be taken up by me/us directly against SBI General Insurance Company Limited

I/We hereby authorise HSBC to provide information concerning my/our HSBC bank account to SBI General Insurance Company in connection with my/our application for insurance products of SBI General Insurance Company. I/We also authorise HSBC to disclose information held (contained in the application or otherwise provided) to enable HSBC, its associated and group entities or independent third parties, within or outside the country, to provide information concerning products and services that HSBC believes may be of interest to me/us.

I/We further acknowledge that, subject to advance notice, HSBC India remains entitled to assign any activities to a third party agencies/service providers at its sole discretion. I/We further acknowledge the right of HSBC India to provide details of my/our account and sharing or transfer of information which will be on a confidential basis to HSBC Group offices or other third party agencies/service providers, whether located in India or overseas for the purpose of availing of support services of any nature by HSBC India and also may disclose information, if required or permitted by any law, rule or regulation or at the request of any public or regulatory authority or if such disclosure is required for the purposes of preventing fraud, without any further specific consent or authorisation from me/us.

Signature:

Customer's Name:

Customer ID:

Date:

I have briefed the customer/s on the benefits, features coverage, premium and terms and conditions of this insurance plan.

Signature of staff:

Staff Name:

Designation:

Date:

SBIG_Super Health Ins_Jul'24