

Date: 16-01-2021

To,
State Bank of India,
16TH Floor, Corporate Centre, State Bank Bhavan,
Madame Cama Road, Nariman Point,
Mumbai 400 021

Subject: Policy Number:

Dear Customer,

Welcome to SBI General. Thank you for choosing SBI General's Group Health Insurance Policy. We are delighted to have you as our esteemed Customer.

We enclose the following documents pertaining to your Policy:

- Policy Schedule
- Policy Clauses & Wordings
- Grievance Redressal Letter

We have taken care that the documents reflect details of risk and cover as proposed by you. We request you to verify and confirm that the documents are in order. Please ensure safety of these documents as they form part of our contract with you. For all your future correspondence you may have with us, kindly quote your Customer ID and Policy Number.

Your Customer ID : C04304

Your Policy Number : As per Annexure for Policy No.

The Postal Address of your SBI General Branch that will service you in future is:

SBI General Insurance Company Limited.
Ground Floor, People's Education Society, Advocate Balasaheb Apte College of Law,
Prin. N.M. Kale Marg, Gokhale Road (S), Dadar (West), Mumbai - 400028, Maharashtra.

In case of any queries or suggestions, please do not hesitate to get in touch with us. You can contact us at customer.care@sbigeneral.in or call our Customer Care Number **1800-102-1111 / 1800-22-1111**

We look forward to a continuing and mutually beneficial relationship.

Yours sincerely,

Authorized Signatory



SBI General Insurance Company Ltd., Registered Office: & Corporate Office: SBI General Insurance Company Ltd. 301, Natraj, Junction of Western Express Highway & Andheri Kurla Road, Andheri (East), Mumbai – 400069.



GROUP HEALTH INSURANCE POLICY – POLICY SCHEDULE SURAKSHA AUR BHAROSA DONO
UIN - IRDA/NL-HLT/SBIGI/P-H/V.1/39/13-14

SCHEDULE

Policy No:	Servicing Branch Office: SBI General Insurance Company Ltd. 301, Natraj, Junction of Western Express Highway & Andheri Kurla Road, Andheri (East), Mumbai – 400069., Maharashtra.	Issue Date: 16-01-2021
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Intermediary Details:

Intermediary Name	AnandRathi Insurance Brokers Ltd
Intermediary Code	119637
Intermediary Contact Details	Contact Person : Mr. Rajan , Sr.V.P. : Contact No : 09810553569 E-mail ID : rajansrivastava@rathi.com

Insured Details:

Name of the Insured/Proposer	State Bank Of India
Address	16 TH Floor, Corporate Centre, State Bank Bhavan, Madame Cama Road, Nariman Point, Mumbai 400 021
Period of Insurance	From: 16-01-2021 (00.00 Hrs) To:15-01-2022 Midnight
Previous insurance policy no, if any	As per annexure for Policy No.
Name of the Administrator / TPA	As per annexure for Policy No.
No of Primary Insured Persons covered	As per annexure for Policy No.
Total No of Insured Persons Covered	As per annexure for Policy No.
Total Sum Insured	-
Details of Insured Persons	-
Compulsory Co-pay (If Applicable)	As per Category Sheet (Annexure A).
Add on Covers Opted:	As per Category Sheet (Annexure A).
GST No	

Additional Conditions: Subject to the following additional Conditions and attached Clauses / Endorsements / Warranties:

Annexure A:

1. Pre/Post Hospitalization covers for 30/90 days respectively. The Policy will pay for the services of actual charges of qualified and registered nurse benefit for the medically necessary provision of continuing care, at the members home, immediately following Hospitalization for a maximum period of 90 days on submission of proper serial numbered receipts and subject to maximum of 10% of Sum Insured for each hospitalization. The said expenses would form part of total Sum Insured. The same should be prescribed by the treating doctor and for the same disease subject to per day limit Rs.1,000/- per person.
2. Cashless and Reimbursement Hospitalization Policy.
3. The policy also covers hospitalization expenses incurred in connection with accidents caused due to terrorism within India only.
4. Pre-Existing Diseases and 1 st year exclusion waived for all members. First 30 days waiting period exclusion waived for all members excluding old retirees who had opted out of the scheme in the past for any reason and now joined the scheme. This waiting period of 30 days would also not be applicable to those members who were the members of the expired policy but did not renew the policy in time and joined the Policy in the extended window period.
5. The cover is for Retired Employee and their Spouse/Financially Dependent Disabled Child /Children (if any) with minimum 40% disability as certified by the civil surgeon and the monthly income of such disabled dependent child does not exceed Rs. 10, 000/- per month. Family Floater for SBI Retired Employees (Except For Discharge/Dismissed/ CRS/Terminated from Service & Officers in Whose Case Rule 19(3) Are/Where Subsequently Discharged/Dismissed/Compulsorily Retired from Service.)



GROUP HEALTH INSURANCE POLICY – POLICY SCHEDULE

Attached to and forming part of Group Health

<p>6. Fresh retirees can enrol within 90 days from the date of retirement.</p> <p>In case of death of employee during the service period, spouse of deceased employee can be covered within 120 days as family pensioner along with disabled child, if any.</p> <p>In case of death of Retiree during the policy period, spouse of deceased retired employee will also be covered as Family Pensioner along with disabled child, if any.</p> <p>The Policy A member can join the Policy B any time during the currency of Policy B for a Sum Insured of Rs. 3 or 5 lacs irrespective of their residual balance under Policy A by paying full premium.</p> <p>However, there would be a waiting period of 30 days from the date of joining the Policy, The Sum Insured under new Policy B for such enrollee will not be available for reimbursement of expenses incurred on the treatment of on-going hospitalization. Any reimbursement or cashless will be extended for the hospitalization where date of admission is post enrolment in the policy.</p>
7. Mid term increase in SI is not allowed. Exit from the scheme – Only by way of Death.
8. Mid term inclusion of missed out dependent allowed within 60 days of date of joining of newly retired (16 th January 2020) employee in the scheme.
9. Treatment of only Congenital Internal diseases are covered. Congenital External diseases are excluded from the scope of cover for all family members including the disabled child, if any.
<p>10. Ambulance Charges - Actual with a maximum of Rs. 2,500/- per trip in case of Medical emergency to and fro to the hospital.</p> <p>Air Ambulance Charges are covered for a limit of Rs. 5 lacs in case of Medical Emergency for those opting for Sum Insured of 5 lacs.</p>
11. Rs. 10,000/- on expenses incurred for transportation of the mortal remains of the insured/insured person from hospital to his/ her place of residence/ Cremation Place in the event of death of insured person at the hospital while under treatment for diseases / illness / injury etc. Other than Transportation expenses, no other expenses would be admissible.
12. Dental Treatment (RCT covered): This policy covers root canal treatment with a limit of Rs 7500/- Per annum per family. It does not include procedure like extraction, filling, crowning, restoration if performed on standalone basis. However, these procedures are covered if done along with RCT within the overall limit of Rs. 7500/- per annum per family. The amount fixed is overall limit for entire family unit, not forming part of Hospitalization but within the total Sum Insured.
<p>13. Advanced Medical treatment is allowed for the following twelve (12) procedures.</p> <ul style="list-style-type: none"> • Uterine Artery Embolization & HIFU • Balloon Sinuplasty • Deep Brain Stimulation • Oral Chemotherapy Covered only when administered in Hospital under Day Care or as part of pre & post hospitalization claim, if the Main Hospitalization claim is admissible. • Immunotherapy-Monoclonal Antibody to be given as injection. • Intra Vitreal Injections • Robotic Surgeries • Stereotactic Radio Surgeries • Bronchial Thermoplasty • Vaporisation of prostate (Green Laser treatment or holmium laser treatment) • IONM-(Intra Operative Neuro Monitoring) • Stem Cell Therapy: Hematopoietic Stem Cells for bone marrow transplant for haematological conditions.
14. The policy covers Reasonable and Customary charges incurred towards the medical treatment taken by the insured person during the policy period following an illness or injury that occurs during the policy period, subject to availability of the Sum insured and any specific limits specified in the Schedule of Benefits and the terms, conditions and exclusions specified in the policy document.
15. The notice or communication regarding hospitalization to be given within 7 days from the time of hospitalization or before the discharge whichever is earlier.



Claims must be filed within 30 days from the date of discharge. Post-hospitalization claims to be submitted within 30 days of the completion of the treatment or within 90 days after post hospitalization period of 90 days whichever is earlier.

GROUP HEALTH INSURANCE POLICY – POLICY SCHEDULE

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16. Cancer treatment (Advanced): Adjuvant/Neo-adjuvant cancer treatment is covered under Hospitalization / Day care.

1. Naturopathy is not covered. Reimbursement of Expenses for Hospitalization under the recognized system of medicines (AYUSH), viz., Ayurveda, Unani, Siddha & Homeopathy is Covered, if such treatment is taken only in a Clinic /Hospital / Nursing Home registered by the Central/ State government.
2. Change of treatment is covered subject to recommendation by treating doctor.
3. Treatment for all neurological/ macular degenerative disorders- Treatment for Age Related Macular Degeneration (ARMD), treatment such as Rotational Field Quantum Magnetic Resonance (RFQMR) are covered.
4. Enhanced External Counter Pulsation (EECP): It is covered for specific indications viz.:
 - I. Angina or Angina equivalents with poor response to medical treatment and when patient is unwilling to undergo invasive revascularization procedures.
 - II. Ejection fraction is less than 35%.
 - III. Co-morbid conditions co-exist which increase the risk of surgery e.g. DM, Congestive Cardiac Failure, Cor. Pulmonale, Renal dysfunction, Ischemic or Idiopathic Cardio Myopathy.

17. Room Rent Capping / ICU Rent capping Per Day for different Sum Insured Plans:

Basic Sum Insured (Rs.)	Room Rent Per Day (Rs.)	ICU Rent Per Day (Rs.)
300000	5000	9500
500000	7500	12000

In case one opts for room category higher than his eligibility, one will have to bear along with the differential amount on room rent, proportionate deduction on defined Associate Medical Expenses.

1) For Normal Room : Associate Medical Expenses shall include room rent, nursing charges, operation theatre charges, fees of Medical Practitioner/Surgeon/Anaesthetists /Specialists conducted within the same Hospital where the Insured person has been admitted. The below expenses are not part of associate medical expenses:

- a. Cost of Pharmacy & Consumables
- b. Cost of Implants & Medical devices
- c. Cost of diagnostics

2) For admission in ICU/ICCU- There will be only deduction of the differential amount if the ICU/ICCU Rent is higher than the eligibility and there will not be any proportionate deduction on Associate Medical Expenses.

3) Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category.

18. Disease wise capping:

The maximum liability under the 8 major diseases shall be restricted as per the table given below for each member of the family for each hospitalization:



SURAKSHA AUR BHAROS

Surgical Procedure +Implant (If any)+Pre & Post Hospitalization expenses subject to limit of 10% of Sum Insured for each Hospitalization	Limits for Basic Sum Insured of Rs. 3.00 Lakhs (Rs.)	Limits for Basic Sum Insured of Rs. 5.00 Lakhs (Rs.)
Angioplasty	200000	225000
CA BG	300000	325000
Cataract	45000	50000
Cholecystectomy	100000	125000
Hernia	100000	125000
Knee Replacement-Unilateral	200000	225000
Knee Replacement-Bilateral	325000	350000
Prostrate (other than treatment of prostate Cancer)	100000	125000

19. All Taxes, Surcharges, Service Charges, Registration Charges, Admission Charges , Nursing and Administrative charges are admissible.

20. Non network co pay not applicable.

21. All terms & conditions other than mentioned under this Policy Schedule are as per attached Group Health Insurance Policy wordings.

22. Sum Insured for Policy:

Basic Sum Insured	Super Top Up
Rs. 300000	Rs. 600000
Rs. 500000	Rs. 600000

Sum Insured under Super Top will be Rs. 6 Lakhs. There is a deductible threshold of Rs. 2.50 lakhs under the Super Top Policy. Further Super Top Policy would be activated /utilised only after the Sum Insured under the Basic Policy is completely exhausted.

23. Obesity Treatment is Covered if it fulfils following conditions.

I. Surgery to be conducted upon the advice of the Doctor.

II. The surgery/procedure conducted should be supported by clinical protocols.

III. The member has to be 18 years of age or older and

IV. 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:

i. Obesity related cardiomyopathy

ii. Coronary Heart disease

iii. Severe Sleep Apnea

iv. Uncontrolled Type 2 Diabetes

24. Rental charges for CPAP, CAPD, BI-PAP & Infusion Pump used for diagnosis and or treatment arising out of hospitalization is covered during the post hospitalization period for a maximum number of 90 days within the overall limit of pre & post hospitalization expenses of 10% of Sum Insured for each Hospitalization.

25. Physiotherapy charges shall be covered for the period specified under the Discharge Summary or for a period of post hospitalization period of 90 days whichever is earlier within the overall limit of pre & post hospitalization expenses of 10% of Sum Insured for each hospitalization.

26. Reimbursement of expenses for Hospitalization under the recognized system of medicines viz. Ayurvedic, Unani ,Sidha& Homeopathy is covered provided such treatment is taken in a Hospital /Nursing Home / Clinic registered with the Central / State Government.

27. All Taxes, Surcharges, Service Charges, Registration Charges, Admission Charges , Nursing and Administrative charges are admissible.



28. Genetic Disorders and Stem Cell Surgery is covered only for cases involving Hematopoietic Stem Cell Transplantation for Blood & Bone Marrow Cancers like Leukemia, Lymphoma and Multiple Myeloma.

Exclusion: The Insurance Company will not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

1. War like Operations: Injury/disease directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy and War like operations (whether war be declared or not).

2. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.

3. Vaccination or inoculation.

4. Cosmetic Surgeries: Change of life or cosmetic or aesthetic treatment of any description.

5. Plastic surgery other than as may be necessitated due to an accident or as part of any illness.

6. Cost of spectacles, contact lenses, hearing aids and cochlear implant

7. Dental treatment or surgery of any kind unless arising out of accident and necessitating hospitalization or as permitted for Root canal Treatment.

8. Convalescence, rest cure, treatment relating disorders, venereal disease, intentional self-injury and use of intoxication drugs / alcohol.

9. Hospitalization for investigations only: Charges incurred at Hospital or Nursing home primarily for diagnosis, X ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing home.

10. Expenses on Vitamins and tonics unless forming part of treatment for injury or disease as certified by attending physician.

11. Injury or disease directly or indirectly caused by or contributed to by Nuclear weapons /materials.

12. All Non-medical expenses as per IRDA guidelines including convenience items for personal comfort such as charges of telephone, television, barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items, and similar incidental expenses.

13. HIV/AIDS Cover: We will cover expenses incurred for Inpatient treatment due to any condition 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 upto the Sum Insured or as specified in the policy schedule except for the conditions which are permanently excluded.

14. Naturopathy Treatment, acupressure, acupuncture, magnetic therapies, experimental and unproven treatment/therapies. Treatment including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.




Attached to and forming part of Group Health

Premium Computation

Particulars	Amount (Rs)
Gross Premium	Rs. 10,61,79,447.80
CGST: 9%	Rs. 95,56,150.30
SGST: 9%	Rs. 95,56,150.30
Final Premium	Rs. 12,52,91,748.40

Consolidated Stamp Duty paid Rs. 30/- towards Insurance Policy Stamps vide Order No. CSD/293/2019&CSD/295/2019/176 Dated 21-01-2019 of General Stamps Office Mumbai.

P.S. If premium paid through cheque, the policy is void abinitio in case of dishonour of cheque.

Signed at : Mumbai HO	For SBI General Insurance Company Limited
Date : 16-01-2021	Signatory : 

Important Note:

Please examine this Policy including its attached Schedules/ Annexure if any. In the event of any discrepancy, contact the office of the Company immediately, it being noted that this Policy shall be otherwise considered as being entirely in order.

In case of payment by cheque, in the event of dishonor of cheque for any reason whatsoever, insurance provided under this document automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not.

Any claim arising or related to consequences of the pre-existing diseases is excluded from the scope of policy cover unless the same is covered on payment of premium and coverage terms mentioned in the schedule.

This is a Contract between the Company and the Insured Person(s). The Insured Person(s) shall not transfer, assign, alienate or in any way pass the benefits and /or liabilities to any other person, institution, hospital, company or body corporate without specific approval in writing by a duly authorised officer of the company. However, if the Insured Person(s) is permanently incapacitated or deceased, the legal heirs of the insured may represent him in respect of claim under the policy.

All terms, conditions and exclusions as per standard policy wordings attached with this schedule.

Attached to and forming part of Group Health

INTIMATING A CLAIM

For Intimating a Claim with us please contact us through the following channels:

Phone: 1800-102-1111/1800-22-1111(Toll Free 8:00 am to 8:00 pm from Monday to Saturday)

E mail - customer.care@sbigeneral.in

Facsimile - 1800-102-7244/1800-22-7244(Toll Free)

CLAIM SETTLEMENT

The Company will settle the claim under this policy within 30 days from the date of receipt of necessary documents required for assessing the claim. In the event that the Company decides to reject a claim made under this policy, the Company shall do so within a period of thirty days of the Investigation Report or the additional Investigation Report, as the case may be, in accordance with the provisions of Protection of Policyholders' Interest Regulations 2017



GROUP HEALTH INSURANCE POLICY – POLICY SCHEDULE

Annexure for Policy Nos.

Policy No	Previous Policy No	Type	TPA Name	LHO	Self Count	Total Lives
410120010000005 8-01	410120010000005 8-00	Top up	Raksha	LHO AHMEDABAD	676	1264
410120010000005 9-01	410120010000005 9-00	Top up	Medi Assist	LHO BANGALORE	1396	2647
410120010000006 1-01	410120010000006 1-00	Top up	Raksha	LHO CHANDIGARH	661	1264
410120010000005 7-01	410120010000005 7-00	Top up	FHPL	LHO AMRAVATI	569	1086
410120010000007 2-01	410120010000007 2-00	Top up	FHPL	LHO BHOPAL	837	1581
410120010000006 0-01	410120010000006 0-00	Top up	FHPL	LHO BHUBHANESHWAR	232	456
410120010000006 9-01	410120010000006 9-00	Top up	Vidal	LHO CHENNAI	1284	2416
410120010000006 4-01	410120010000006 4-00	Top up	FHPL	LHO GUWAHATI	130	245
410120010000006 5-01	410120010000006 5-00	Top up	Medi Assist	LHO HYDERABAD	1041	1974
410120010000006 6-01	410120010000006 6-00	Top up	Raksha	LHO JAIPUR	496	936
410120010000006 7-01	410120010000006 7-00	Top up	Vidal	LHO KERALA	754	1430
410120010000006 8-01	410120010000006 8-00	Top up	Medi Assist	LHO MAHARASHTRA	272	513
410120010000007 0-01	410120010000007 0-00	Top up	Medi Assist	LHO LUCKNOW	308	584
410120010000008 7-01	410120010000008 7-00	Top up	Medi Assist	LHO Mumbai	3232	5900
410120010000007 1-01	410120010000007 1-00	Top up	FHPL	LHO PATNA	385	730
410120010000007 4-01	410120010000007 4-00	Top up	Raksha	LHO Delhi	649	1231
410120010000000 75-01	410120010000000 75-00	Top up	FHPL	LHO Kolkata	3093	5818

