Premium Chart

Annual Premium per individual

Age	Deductible/Sum Insured	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	30,00,000
3M-18Y	1,00,000	999	1,496	1,787	1,975	2,109	2,418	2,642	2,817	2,952	3,063
3M-18Y	2,00,000	497	788	976	1,110	1,208	1,449	1,617	1,736	1,828	1,903
3M-18Y	3,00,000	291	479	613	710	783	975	1,104	1,190	1,257	1,312
3M-18Y	4,00,000	200	322	419	492	549	704	803	868	919	960
3M-18Y	5,00,000	200	231	304	361	407	533	611	662	701	733

Age	Deductible/Sum Insured	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	30,00,000
46Y-55Y	1,00,000	2,405	3,603	4,304	4,757	5,080	5,826	6,365	6,786	7,112	7,379
46Y-55Y	2,00,000	1,198	1,899	2,352	2,675	2,909	3,490	3,895	4,181	4,403	4,585
46Y-55Y	3,00,000	701	1,154	1,477	1,711	1,887	2,349	2,659	2,867	3,028	3,160
46Y-55Y	4,00,000	453	775	1,010	1,186	1,323	1,696	1,934	2,092	2,214	2,313
46Y-55Y	5,00,000	323	557	733	870	980	1,284	1,472	1,594	1,688	1,766

Age	Deductible/Sum Insured	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	30,00,000
19Y-35Y	1,00,000	1,242	1,861	2,223	2,457	2,624	3,009	3,288	3,505	3,673	3,811
19Y-35Y	2,00,000	619	981	1,215	1,381	1,503	1,802	2,012	2,159	2,274	2,368
19Y-35Y	3,00,000	362	596	763	884	975	1,213	1,373	1,481	1,564	1,632
19Y-35Y	4,00,000	234	401	522	613	683	876	999	1,080	1,143	1,195
19Y-35Y	5,00,000	200	288	379	449	506	663	760	823	872	912

Age	Deductible/Sum Insured	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	30,00,000
36Y-40Y	1,00,000	1,533	2,297	2,744	3,032	3,238	3,713	4,057	4,325	4,533	4,703
36Y-40Y	2,00,000	764	1,210	1,499	1,705	1,854	2,224	2,482	2,665	2,807	2,922
36Y-40Y	3,00,000	447	736	941	1,091	1,203	1,497	1,695	1,827	1,930	2,014
36Y-40Y	4,00,000	289	494	644	756	843	1,081	1,233	1,333	1,411	1,475
36Y-40Y	5,00,000	206	355	467	555	625	818	938	1,016	1,076	1,126

Age	Deductible/Sum Insured	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	30,00,000
41Y-45Y	1,00,000	1,781	2,668	3,187	3,522	3,761	4,313	4,713	5,024	5,266	5,463
41Y-45Y	2,00,000	887	1,406	1,741	1,980	2,154	2,584	2,883	3,096	3,260	3,394
41Y-45Y	3,00,000	519	854	1,093	1,267	1,397	1,739	1,969	2,123	2,242	2,340
41Y-45Y	4,00,000	335	574	748	878	980	1,255	1,432	1,549	1,639	1,713
41Y-45Y	5,00,000	239	413	543	644	726	951	1,090	1,180	1,250	1,307

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Age	Deductible / Sum Insured	100000	200000	300000	400000	500000	1000000	1500000	2000000	2500000	3000000
56Y-60Y	100000	3910	5857	6997	7733	8257	9469	10347	11030	11561	11994
56Y-60Y	200000	1947	3087	3823	4347	4729	5672	6330	6796	7157	7452
56Y-60Y	300000	1140	1876	2400	2782	3068	3817	4322	4660	4922	5136
56Y-60Y	400000	736	1261	1642	1928	2151	2756	3144	3400	3598	3760
56Y-60Y	500000	524	906	1192	1414	1593	2087	2392	2591	2744	2870
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Age	Deductible / Sum Insured	100000	200000	300000	400000	500000	1000000	1500000	2000000	2500000	3000000
61Y-65Y	100000	4987	7470	8924	9863	10532	12077	13197	14069	14745	15298
61Y-65Y	200000	2484	3937	4876	5545	6031	7235	8074	8668	9129	9505
61Y-65Y	300000	1453	2392	3061	3548	3913	4869	5512	5943	6278	6551
61Y-65Y	400000	939	1608	2094	2459	2743	3516	4010	4336	4589	4796
61Y-65Y	500000	669	1155	1520	1804	2032	2662	3051	3304	3500	3661

Loading: Basic premium will be loaded by 5% each for habit of smoking, alcohol and consumption of any other type of tobacco including betel nut in any form.

Discount		
1 Family (Floater) discount	2. Family (Non Floater) discount	3
2 member = 10%	2 member = 5%	2
3 member =15%	>2 member =7.5%	3
4 or more members = 20%		

Notes: - • The premium chart is indicated for the limited Sum Insured & deductibles. Please contact the nearest branch to get the premium for the Sum Insured & deductible net shown in the above premium chart.

• All the premiums are in Indian Rupees & are excluding service tax. Service tax as applicable will be charged extra. • The premium indicated are for single individuals and on an annual basis.

Annual Premium per individual

3. Long term discount

2 years= 5% 5 years =7.5%

We also offer the following Policies for Individual & Families:

• Health Insurance Policy

- Critical Illness Insurance Policy
- Personal Accident Insurance Policy
- Private Car Insurance Policy-Package
- Travel Insurance Policy
- Long Term Home Insurance Policy

Disclaime

The information in this document is indicative in nature. For more details on risk factors, coverage, terms and conditions, please read the sales brochure and policy wordings carefully before concluding a sale.

For more details, contact:



SBI General Insurance Company Limited Corporate & Registered Office: 'Natraj', 101, 201 & 301, Junction of Western Express Highway & Andheri - Kurla Road, Andheri (East), Mumbai - 400 069.

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When medical costs exceed your expectation, get additional coverage.

SBI General's Arogya Top Up Policy



142 Day Care expenses covered

Cover Alternative treatments

Life is unpredictable and so are medical costs, especially in case of serious illness or accident. Medical costs sometime surpass the insured value of your normal health policy. SBI General's Arogya Top Up Policy lets you add extra protection at low premium so you can smoothly overcome the rising medical costs over and above your pre-decided medical cost.

What are the key benefits of the Policy?

- No pre-policy medical test up to the age of 55 years for people with no medical history.
- 142 Day Care expenses covered.
- Coverage of 60 days for Pre Hospitalisation & 90 days for Post Hospitalisation expenses.
- Maternity Expenses covered after first 9 months waiting period
- Covers organ donor expenses.
- Option for Reinstatement of Sum Insured on payment of additional premium.
- Wide coverage From ₹1,00,000/- up to ₹50,00,000/- with deductible option of ₹1,00,000/- to ₹10,00,000/- (in the multiples of 1Lac)
- Save tax under Sec. 80 D (Tax benefits are subject to change in tax laws)
- Ambulance expenses upto Rs.5000/- per valid hospitalisation claim event
- Alternative treatment under AYUSH covered

What is the scope of cover of SBI General's Arogya Top Up **Policy?**

- Eligible hospitalisation expenses: The following medical expenses will be covered while the insured was under inpatient care:
- Room rent, boarding expenses.
- 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 into the hospital.
- Post-hospitalisation expenses coverage: 90 days after the date of discharge from the hospital.
- Day Care expenses: Covers 142 Day Care expenses incurred on technological surgeries and procedures requiring less than 24 hours of hospitalisation up to the sum insured.
- Ambulance expenses up to ₹5000 per valid hospitalisation claim event.
- Alternative treatment: Reimbursement of alternative treatment like Ayurvedic, Homeopathy Siddha and Unani taken in a government hospital or in any institute recognised by government and/or accredited by quality council of India/national accreditation board on health.
- Domiciliary hospitalisation: Reasonable and customary charges towards domiciliary hospitalisation.
- Maternity Expenses: Covers maternity expenses after first 9 months



Covers Maternity expenses

- Organ donor: The medical expenses for an organ donor's treatment for the harvesting of the organ donated including pre and post hospitalisation as stated in scope of cover above, provided that:
- a. The organ donor is any person whose organ has been made available in accordance and in compliance with the Transplantation of Human Organs Act 1994 and the organ donated is for the use of the Insured, and
- b. Insurer has accepted an inpatient hospitalisation claim under "Inpatient care" as mentioned under "Eligible hospitalisation expenses".

What is the min & max age at which one can enter & buy this policy?

Minimum Entry Age- 3 months Maximum Entry Age- 65 years For the deductible - ₹5 Lac, the max entry age will be 70 vrs

What are the tenure plan options available under this **Policy?**

Tenure options-1 year/2year/3 year

What is the minimum & maximum coverage possible under this Policy?

S.I. options-₹ 1 Lac to ₹ 50 Lac (in the multiples of ₹ 1 Lac)

Deductible - ₹ 1 Lac to ₹ 10 Lac (in the multiples of ₹ 1 Lac)

Who can buy this policy?

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

- "Family" means the self, spouse, dependent children, parents and parents-in-law.
- Familyfloater plan covers only self, spouse and dependant children.

What is SBI General's Policy on 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

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Save Tax under Sec. 80D (Tax benefits are subject to change in tax laws) Wide coverage – From ₹ 1 Lac up to ₹ 50 Lac

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 Arogya Top Up 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.

What are the major Exclusions of the Policy?

The following exclusions shall apply to the benefits admissible under this policy and No benefit shall be paid for the following circumstances and for the following conditions / tests / treatments.

- Any condition, ailment or injury or related condition(s) for which you can have been diagnosed, received medical treatment had signs and/or symptoms, prior to inception of your first policy, until 48 consecutive months have elapsed, after the date of inception or the first policy.
- First 30 days exclusion for illness/sickness except hospitalisation due to injury.
- First 9 months exclusion for Maternity expenses.
- Treatment taken outside India.
- Injury/disease directly or indirectly caused or contributed due to nuclear weapons/materials.
- War, invasion, acts of foreign enemy, hostilities, etc.
- Epidemic disease recognised by WHO or Indian Government.
- Intentional self injury or violation of any law.

- 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).
- Treatment for de-addiction from drug or alcohol or other substance.
- 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.
- Vaccination or inoculation except as part of post-bite treatment for animal bite.
- Treatment for any mental illness or psychiatric or psychological ailment/condition.
- Outpatient department treatment.
- Genetic disorders and stem cell implantation / surgery / storaae.
- Treatments in health hydro, spas, nature care clinics and the like.
- Experimental and unproven treatment.
- Disease / illness or injury whilst performing duties as a serving member of a military or police force.

Note: The above information on exclusions is only indicative in nature. For details please read the policy wordings available on our website (www.sbigeneral.in)

The Fast, Fair & Transparent Claim procedure that will keep you in control.

SBI General's dedicated and experienced claims team aim to deliver you a differentiated customer service of a fast, fair, convenient and transparent claims process for the management and settlement of your claim.

At SBI General, our philosophy is to always look for ways to pay valid claims in a fair and timely manner. Our claims service will:

Provide assistance in emergency situations.

Reinstatement of Sum Insured

• Keep you informed of the progress of your claim.

What's more. Our skilled staffs are empowered to act and make decisions, so that your claim is processed as quickly and efficiently as possible. This should help you get back in control as quickly as possible.

About SBI General Insurance

SBI General Insurance is a joint venture between State Bank of India and Insurance Australia Group (IAG). State Bank of India enjoys the largest banking franchise in India. Along with its associate Banks, State Bank Group has the unrivalled strength of over 19,600 branches across the country, arguably one of the largest banking networks in the world.

IAG is one of the largest non life Insurance company in Australia. Insurance Australia Group Limited (IAG) is an international General Insurance group, with operations in Australia, New Zealand and Asia. IAG's businesses underwrite around A\$11 billion of premium annually.

SBI General's current geographical coverage extends to 60+ cities pan India. We are currently serving 3 key customer segments i.e. Retail Segment (catering to Individual & Families), Corporate Segment (catering mid to large size Companies) and SME Segment. Current Policy offering of SBI General covers Motor, Health, Personal Accident & Home Insurance for Individuals and Aviation, Fire, Marine, Package, Construction & Engineering, Liability, Group Health, Group Personal Accident & Miscellaneous Insurance for Businesses.