



SURAKSHA AUR BHAROSA DONO

CORONA KAVACH POLICY SBI GENERAL INSURANCE COMPANY LIMITED

Shield yourself and your family
against COVID19



CORONA KAVACH POLICY, SBI GENERAL INSURANCE COMPANY LIMITED

As the current pandemic keeps on affecting lives and livelihoods, it is more important than ever to be financially ready against a COVID-19 crisis. Introducing **Corona Kavach Policy, SBI General Insurance Company Limited** that protects you against the financial implications and stress, incase of a COVID-19 diagnosis and hospitalization. Investing in this policy means your family need not worry about paying for the emergency medical expenses.

Who can buy this policy?

Corona Kavach Policy, SBI General Insurance Company Limited, can be bought by any individual between the age of 18 years to 65 years on Individual and family floater basis.

(Family means self, legally wedded spouse, dependent children, parents, parents-in-law)



SINGLE PREMIUM MODE

What is the minimum & maximum age for entering this policy?

1 day

Minimum Entry Age:

Adult: 18 years

Dependent Children: Day 1

65 years

Maximum Entry Age: 65 years

Dependent Children: 25 years

If the child above 18 years of age is financially independent, he or she shall be ineligible, to be covered under floater plan.

WHAT ARE THE SUM INSURED OPTIONS AVAILABLE?

₹ 50,000/- (Fifty Thousand) to ₹ 5,00,000/- (Five Lakh)- (in the multiples of Fifty Thousand)

On Individual basis – Sum Insured shall apply to each individual family member

On Floater basis – Sum Insured shall apply to the entire family

WHAT DOES THE POLICY COVER?

A. BASE COVER

COVID-19 HOSPITALIZATION COVER



The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy period for the treatment of Covid on Positive diagnosis of Covid in a government authorized Diagnostic Centre including the expenses incurred on treatment of any co-morbidity along with the treatment for Covid up to the Sum Insured specified in the policy schedule, for,

- i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home
- ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses
- iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital

- iv. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, ventilator charges, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, PPE Kit, gloves, mask and similar other expenses
- v. Road Ambulance subject to a maximum of ₹ 2000/- per hospitalization for the Ambulance services offered by a Hospital or by an Ambulance service provider, availed only in relation to Covid Hospitalization for which the Company has accepted a claim under section. This also includes the cost of the transportation of the Insured Person from one Hospital to another Hospital as prescribed by a Medical Practitioner.

Note:

- I. Expenses of Hospitalization, for a minimum period of 24 consecutive hours only, shall be admissible.

A.2 – HOME CARE TREATMENT EXPENSES



Home Care Treatment means Treatment availed by the Insured Person at home for Covid on positive diagnosis of Covid in a Government authorized Diagnostic Centre, which in normal course would require care and treatment at a hospital but is actually taken at home, maximum up to 14 days per incident, provided that:

- a) The Medical Practitioner advises the insured person to undergo treatment at home
- b) There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment
- c) Daily monitoring chart including records of treatment administered, duly signed by the treating doctor, is maintained
- d) Insured shall be permitted to avail the services as prescribed by the medical practitioner. Cashless or reimbursement facility shall be offered under Home Care expenses, subject to claim settlement policy disclosed in the website
- e) In case the insured intends to avail the services of non-network provider, claim shall be subject to reimbursement, a prior approval from the Insurer needs to be taken before availing such services.

In this benefit, the following shall be covered if prescribed by the treating medical practitioner and is related to treatment of COVID:

- a. Diagnostic tests undergone at home or at diagnostics centre
- b. Medicines prescribed in writing
- c. Consultation charges of the medical practitioner
- d. Nursing charges related to medical staff
- e. Medical procedures limited to parental administration of medicines
- f. Cost of Pulse Oximeter, Oxygen cylinder and Nebulizer.

A.3 – AYUSH TREATMENTS



The Company shall indemnify medical expenses incurred for inpatient care treatment for Covid on Positive diagnosis of COVID test in a government authorized Diagnostic Centre including the expenses incurred on treatment of any co-morbidity along with the treatment for Covid under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during the Policy Period up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital.

Covered expenses shall be as specified under Covid Hospitalization Expenses (Section A.1)

A.4 – PRE-HOSPITALIZATION MEDICAL EXPENSES



The company shall indemnify pre-hospitalization/home care treatment medical expenses incurred, related to an admissible hospitalization/home care treatment, for a fixed period of 15 days prior to the date of admissible hospitalization/home care treatment covered under the policy.

15 DAYS WAITING PERIOD

A.5 – POST-HOSPITALIZATION MEDICAL EXPENSES



The company shall indemnify post-hospitalization/home care treatment medical expenses incurred, related to an admissible hospitalization/home care treatment, for a fixed period of 30 days from the date of discharge from the hospital, following an admissible hospitalization covered under the policy.

The expenses that are not covered in this policy are placed under List-I of Annexure-A. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-A respectively.

B. ADD-ON COVER:

The cover listed below is Optional Policy benefit and shall be available to Insured Persons in accordance with the terms set out in the Policy, if the listed cover is opted.

HOSPITAL DAILY CASH



The Company shall pay the Insured Person 0.5% of sum insured per day for each 24 hours of continuous hospitalization for which the Company has accepted a claim under Section- A.1 Hospitalization Cover.

The benefit shall be payable maximum up to 15 days during a policy period in respect of every insured person.

The total amount payable in respect of Covers A.1,A.2, A.3,A.4,A.5,B.1 shall not exceed 100% of the Sum Insured during a policy period.

WHAT IS THE POLICY TENURE?



The policy can be issued for Three and a half months (3 ½ months), Six and a half months (6 ½ months) & Nine and a half months (9 ½ months)

WHAT IS THE WAITING PERIOD?

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

First fifteen days waiting period: Expenses related to the treatment of Covid within 15 days, from the policy commencement date, shall be excluded.

EXCLUSIONS

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

1. INVESTIGATION & EVALUATION (CODE- EXCL04)

- 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.



5% DISCOUNT FOR HEALTH CARE WORKERS

2. REST CURE, REHABILITATION AND RESPITE CARE (CODE- EXCL05)

- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. 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 assistants or non-skilled persons
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
3. 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 Home Care treatment.
4. 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. However, treatment authorized by the government for the treatment of COVID shall be covered.
5. Any claim in relation to Covid where it has been diagnosed prior to Policy Start Date.
6. Any expenses incurred on Day Care treatment and OPD treatment.
7. Diagnosis /Treatment outside the geographical limits of India.
8. Testing done at a Diagnostic Centre which is not authorized by the Government shall not be recognized under this Policy.
9. All covers under this Policy shall cease if the Insured Person travels to any country placed under travel restriction by the Government of India.

FAST, FAIR AND TRANSPARENT CLAIM MANAGEMENT

1. PROCEDURE FOR CASHLESS CLAIMS:

- i. Treatment may be taken in a network provider and is subject to pre-authorization by the Company or its authorized TPA
- ii. Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization
- iii. The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification
- iv. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses
- v. The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details
- vi. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement.

2. PROCEDURE FOR REIMBURSEMENT OF CLAIMS:

For reimbursement of Claims, the insured person may submit the necessary documents to TPA (if applicable)/Company within the prescribed time limit as specified hereunder:

Sr. No.	Type of Claim	Prescribed Time limit
1	Reimbursement of hospitalization and pre-hospitalization expenses	Within thirty days of date of discharge from the hospital
2	Reimbursement of post-hospitalization expenses	Within fifteen days from completion of post-hospitalization treatment
3	Reimbursement of Home Care Expenses	Within thirty days from completion of home care treatment

NOTIFICATION OF CLAIM

Notice with full particulars shall be sent to the Company/TPA (if applicable) as under:



Within 24 hours from the date of emergency hospitalization/cashless home care treatment.



At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

CLAIM SETTLEMENT (PROVISION FOR PENAL INTEREST)

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle the claim within 45 days from the date of receipt of last necessary document
- iv. In case of delay beyond stipulated 45 days, the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

ANTI-REBATING WARNING

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows:

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 prospectus or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Ten Lakh rupees.





SURAKSHA AUR BHAROSA DONO

SBI General Insurance Company Limited

Corporate & Registered Office:

**'Natraj', 301, Junction of Western Express Highway &
Andheri - Kurla Road, Andheri (East), Mumbai - 400 069.**

Disclaimer : SBI General Insurance Company Limited | Corporate & Registered Office: 'Natraj', 301, Junction of Western Express Highway & Andheri - Kurla Road, Andheri (East), Mumbai - 400 069. | The information in the advertisement is indicative in nature. For more details on the risk factor, terms and conditions, please refer to the Sales Brochure and Policy Wordings carefully before concluding a sale. * 'Tax benefits are subject to changes in tax laws' | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Co. Ltd. under license. | UIN : SBIHLIP21090V012021 | ADVERTISEMENT NUMBER: ADBRO/20-21/JUL/494

Call Now (Toll Free)

 **1800 22 1111 | 1800 102 1111**  **www.sbigeneral.in**