

#Zindagi Ab Let's Go
Health aur Life Dono
Arogya Shield from **SBI General Insurance** & **SBI Life Insurance**



AROGYA SHIELD - SBI GENERAL INSURANCE AND SBI LIFE INSURANCE

SBI General Insurance Company Ltd and SBI Life Insurance Company Ltd have joined hands to offer Arogya Shield, a product which offers dual benefits of health insurance and pure term life insurance in a single plan which will protect you and your family's Sehat and provide financial Suraksha for your dear ones, even when you are not around.

WHY AROGYA SHIELD / ADVANTAGES OF AROGYA SHIELD

- 1) Individual/Family Health and Individual Pure Term Life Cover under a single plan
- 2) Affordable premiums
- 3) Additional discount of 5% on Health and Life insurance premiums
- 4) Cashless claims for Health cover
- 5) Save Tax - Avail tax benefits on premiums paid under Sections 80C, 80D and benefits received under section 10(10D) of the Income Tax Act, as per prevailing tax laws.*

* Tax benefits are as per Income Tax laws & are subject to change from time to time. Please consult your Tax Advisor for details.

KEY BENEFITS / FEATURES

HEALTH INSURANCE



Comprehensive plan providing Hospitalization coverage to you and your family



Multiple Sum Insured Options – ₹100,000
₹200,000 and ₹300,000



Coverage for Pre and Post hospitalisation expenses up to 60 and 90 days respectively



Alternative treatment taken in accredited or recognised hospitals is covered.



Coverage for Domiciliary hospitalization



141 Day care procedures covered.



Outpatient treatment cover (up to a sublimit)

PURE TERM LIFE INSURANCE



Individual, Non-Linked, Non-Participating Life Insurance Pure Risk Premium Product



Security for your family with a standard term insurance plan at an affordable cost.



Ease of understanding with standard terms and conditions.

ELIGIBILITY CRITERIA

Eligibility Criteria	Health Insurance Coverage	Pure Term Life Insurance Coverage
Min Age at Entry ¹	91 days ¹ , 65 years	18 years
Max Age at Entry ¹		65 years
Min Policy Term ²	1 / 2 / 3 years	5 years
Max Policy Term		40 years
Premium Payment Mode	Single	Regular
Premium Payment Frequency		Annual
Min age at Maturity	Life Long on continuous Renewals	23 years
Max age at Maturity		70 years
Min-Max Sum Insured/Assured	₹100,000; ₹200,000; ₹300,000	Minimum: ₹500,000 & Maximum: ₹2,500,000 ³
Who can be covered	Primary insured i.e. Self + Spouse and up to 2 dependent children	The primary insured only

1 – At least 1 insured person of age 18 years or above

2 – The combination of Premium Payment Term and Policy Term for Life Insurance Cover are as follows:

For Regular Premium – 5 years to 40 years ;

3- The maximum Basic Sum Assured allowed shall be as per the Board approved underwriting policy

¹ - All the references to age are age as on last birthday

HOW AROGYA SHIELD WORKS / ILLUSTRATION

Mr. Kumar opts for Arogya Shield (Health and Pure Term Life Insurance cover) as per details mentioned below:

Category	Sum Assured (₹)	Policy Term (yrs)	Premium (₹) ^{^^^}
Health	300,000	Annual with Lifelong Renewal ^{^^}	8,900
Pure Term Life	2,000,000	30	8,460
		Combi Product Discount	868
		Total Payable Premium ^{^^}	16,492

^{^^} - Policyholder has the right to continue with health cover of policy even after completion of life cover through Portability option as a standalone product

^{^^} - Premium calculated for healthy male life age 30 yrs (single life). All premiums shown are exclusive of GST

^{^^^} - premiums for Health Cover are revised from time to time based on the experience of the overall product

Mr. Kumar meets with an accident in the 6th Policy year and is hospitalized for the same.



NOTE

- 1) You will get two policies, 1) Arogya Plus & 2) SBI Life - Saral Jeevan Bima as part of this combi solution [each of these two policies are also referred to as 'individual policy'].
- 2) Arogya Plus (health cover) is being offered by SBI General Insurance Company Ltd and SBI Life - Saral Jeevan Bima (life cover) is being offered by SBI Life Insurance Company Ltd
- 3) You will receive the policy benefits as applicable for respective two policies as per standard terms & conditions of the respective individual policies/plans
- 4) We, Us, Our shall mean both SBI General Insurance Company Ltd and SBI Life Insurance Company Ltd for their respective individual policies. You shall mean the proposer/person proposing for this Combi Product. All terms and conditions and the definition of words not specifically defined herein shall bear the same definitions and explanations as in the policy wordings in the respective individual plans
- 5) The risks under the components of the Combi Product(s) are distinct. SBI Life Insurance Company Limited shall assume/accept the risk only in relation to the life insurance component of the Combi Product and SBI General Insurance Company Limited shall assume/accept the risk only in relation to the health insurance component of the Combi Product
- 6) A discount of 5% on annual premiums payable towards both the life and health components of the Combi Product (s) is available. This discount will not be available if life insurance & health insurance policies are purchased individually from either of the insurers.
- 7) The premium of the life insurance and health insurance components of the Combi Product(s) is separate and have been separately identified and disclosed in the Combi Product(s) policy documents. The health insurance component of the Combi Product is entitled to be renewed annually at the option of the policyholder.
- 8) The provision of Free Look Period shall be applicable on new policies and not on renewals or at the time of porting/migrating (health insurance) policy.

The insured person shall be allowed free look period of fifteen (15) days thirty (30) days (in case of electronic policies and policies obtained through distance mode) from date of receipt of the policy documents to review the terms and conditions of the policies, and where you disagree with any of those terms and conditions, you have the option to return the policies to the companies for cancellation, stating the reasons for your objection.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- a. a refund of the premium paid less any expenses incurred by the Companies on medical examination of the insured person and the stamp duty charges or

- b. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
 - c. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;
- 9) During the Free-look period, if you wish to discontinue either portion of the risk coverage, then both the coverages will be cancelled.
 - 10) After the free-look period, you have the option to continue with either cover of the policy and discontinuing the other cover during the policy term. The policy termination will be as per the underlying policy issued. For Health Cover the customer will be offered continuity benefit. However, in the event you opt out of the coverage of either the life or health insurance component, the discount, being offered to you under the Combi Product shall not be available going forward. Where the risk is not accepted by either SBI Life Insurance Company Limited or SBI General Insurance Company Limited, the Combi Product shall not be issued and the other Insurer shall be free to issue their respective policy individually to you, if you so desire, as if the business was done by that respective Insurer individually without any obligation of confirmation being taken from the other Insurer. In such a scenario, the discount, being offered to you under the Combi Product shall not be available.
 - 11) The liability to settle health insurance claims under Health Insurance Coverage vests with SBI General Insurance Company Limited and the liability to settle pure term life insurance claim vests with SBI Life Insurance Company Limited
 - 12) All policy servicing requests pertaining to the Combi Product(s) shall be received by either of the Insurers. However, SBI General, as the Lead Insurer of the Combi Product(s), shall play a facilitative role in policy servicing and shall be the nodal point for receiving the servicing requests, executing these requests, and issuing acknowledgements as required.
 - 13) The tie-up between SBI General Insurance Company Limited and SBI Life Insurance Company Limited may be withdrawn at any time with the prior approval of the Regulator.
In the likelihood of this tie-up being withdrawn in future, the Companies will intimate the insured person about the same 90 days in advance. In such an event all the policies issued will continue until renewal for Arogya Plus and till end of policy term for SBI Life- Saral Jeevan Bima, subject to payment of due premiums.
In case of withdrawal of tie-up, the Insured Person will have the option of continuing with either of the coverage with the respective insurers. In so far as Health Coverage is concerned the continuity benefits such as waiver of waiting period will be available as per IRDAI guidelines, subject to adherence of policy terms & conditions.
 - 14) The legal / quasi legal disputes, if any, shall be dealt by the respective insurers for respective benefits.
 - 15) Policyholders are to be advised to familiarize themselves with the policy benefits and policy service structure of the 'Combi Product' before deciding to purchase the policy.

HEALTH INSURANCE COVER (AROGYA PLUS BY SBI GENERAL)

Serious Illness or accident along with routine health problem may disturb the financial planning of an individual. SBI General Insurance brings for you Arogya Plus Policy to assist meet medical costs due to hospitalisation along with routine OPD medical expenses up to sublimit.

SCOPE OF COVER

1. Eligible hospitalisation expenses

Insurer will reimburse following medical expenses while insured was under inpatient care:

- a. Room rent, boarding expenses.
- b. Medical practitioners' fees (Including Teleconsultation)
- c. Intensive care unit
- d. Nursing expenses
- e. Anaesthesia, 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
- f. Physiotherapy as inpatient care and being part of the treatment.
- g. Drugs, medicines and consumables consumed during hospitalization period.
- h. Diagnostic procedures
- i. Dressing, ordinary splints and plaster casts

2. OPD treatment/Teleconsultation

Expenses for OPD consultation/Teleconsultation and treatment up to limit specified in policy schedule on advice of a medical practitioner because of illness/disease and/or injury sustained or contracted during the Policy Period

3. Pre-hospitalisation expenses

The maximum amount that insurer will reimburse under this head is limited to 60 days for each of the admitted hospitalisation and domiciliary hospitalization claim under the Policy.

4. Post-hospitalisation expenses

The maximum amount that insurer will reimburse under this head is limited to 90 days for each of the admitted hospitalisation and domiciliary hospitalization claim under the Policy.

5. Day care expenses

Insurer shall pay for day care expenses incurred on technological surgeries and procedures requiring less than 24 hours of hospitalisation up to the sum insured.

6. Ambulance expenses

Insurer will reimburse actual ambulance expenses or INR 1500 whichever is lower for per valid hospitalization claim for transferring insured to or between Hospitals in the Hospital's ambulance or in an ambulance provided by any ambulance service provider.

7. Alternative treatment

Insurer will reimburse expenses for alternative treatment taken in a government hospital or in any institute recognized by government and/or accredited by quality council of India/national accreditation board on health.

8. Domiciliary hospitalisation

Insurer will cover reasonable and customary charges towards domiciliary hospitalisation. including pre and post hospitalization expenses.

9. Maternity Expenses

Are covered but only under OPD section and up to OPD Limit specified in policy schedule.

10. 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 similar kind commonly referred to as AIDS up to the Sum Insured as specified in Policy Schedule, except for the conditions which are permanently excluded.

11. Mental Illness Cover

If Insured is hospitalized for any Mental Illness contracted during the Policy Period, We will pay Medical Expenses -upto the limit as specified in Policy Schedule, under Section 1 in accordance with The Mental Health Care Act, 2017, subsequent amendments and other applicable laws and Rules provided that;

- i. The Hospitalization is prescribed by a Medical Practitioner for Mental Illness
- ii. The Hospitalization is done in Mental Health Establishment

SUB-LIMIT

- a. The following disorders / conditions shall be covered only up to Rs. 50,000/- . This sub-limit shall apply for all the following disorders / conditions on cumulative basis.
- b. Pre-hospitalization and Post-hospitalization Medical Expenses are also covered within the overall benefit sub-limit as specified above in point (a).

Disorder / Condition	Description
Severe Depression	Severe depression is characterized by a persistent feeling of sadness or a lack of interest in outside stimuli. It affects the way one feels, thinks, and behaves.
Schizophrenia	Schizophrenia is mental disorder, that distorts the way a person thinks, acts, expresses emotions, perceives reality, and relates to others. Schizophrenia result in combination of hallucinations, delusions, and extremely disordered thinking and behaviour that impairs daily functioning,
Bipolar Disorder	Bipolar disorder is a mental illness that brings severe high and low moods and changes in sleep, energy, thinking, and behaviour. It includes periods of extreme mood swings with emotional highs and lows.
Post-traumatic stress disorder	Post-traumatic stress disorder is an anxiety disorder caused by very stressful, frightening, or distressing events. It includes flashbacks, nightmares, severe anxiety and uncontrollable thoughts about the event.
Eating disorder	Eating disorder is a mental condition where people experience severe disturbances in their eating behaviours and related thoughts and emotions.
Generalized anxiety disorder	Generalized Anxiety Disorder is a mental health disorder characterized by a perpetual state of worry, fear, apprehension, inability to relax.
Obsessive compulsive disorders	Obsessive-compulsive disorder is an anxiety disorder in which people have recurring, unwanted thoughts, ideas or sensations (obsessions) that make them feel driven to do something repetitively (compulsions).
Panic disorders	Panic disorder is an anxiety disorder characterized by reoccurring unexpected panic attacks with sudden periods of intense fear. It may include palpitations, sweating, shaking, shortness of breath, numbness, or a feeling that something terrible is going to happen.
Personality disorders	Personality disorder is a type of mental disorder in which people have a rigid and unhealthy pattern of thinking, functioning and behaving. It includes trouble in perceiving and relating to situations and people.

Conversion disorders	Conversion disorder is a type of mental disorder where mental or emotional distress causes physical symptoms without the existence of an actual physical condition.
Dissociative disorders	Dissociative disorders are mental disorders that involve experiencing a disconnection and lack of continuity between thoughts, memories, surroundings, actions and identity
Note: ICD codes for the above disorders / conditions are provided below.	

WHAT IS NOT COVERED:

- a. Treatment related to intentional self-inflicted Injury or attempted suicide by any means.
- b. Treatment and complications related to disorders of intoxication, dependence, abuse, and withdrawal caused by drugs and other substances such as alcohol, opioids or nicotine.

ICD Codes	Disorder / Condition
F33.0, F33.1, F33.2, F33.4, F33.5, F33.6, F33.7, F33.8, F33.9, O90.6, F34.1, F32.81, F32.0, F32.1, F32.2, F32.4, F32.5, F32.6, F32.7, 32.8, F32.9, F33.9, F30.0, F30.1, F30.2, F30.4, F30.5, F30.6, F30.7, F30.8, F30.9, F32.3, F33.3, F43.21, F32.8, F33.40, F32.9	Severe Depression
F20.0, F20.1, F20.2, F20.3, F20.5, F21, F22, F23, F24, F20.8, F25.0, F25.1, F25.8, F25.9	Schizophrenia
F31.0, F31.1, F31.2, F31.4, F31.5, F31.6, F31.7, F31.8, F31.9	Bipolar Disorder
F43.0, F43.1, F43.2, F43.8, F43.9	Post-traumatic stress disorder
F40.1, F41.0, F40.2, F40.8, F40.9, F41.1, F41.3, F41.8	Generalized anxiety disorder
F50.0, F50.2, F50.8, F98.3, F98.21, F50.8	Eating disorder

F42	Obsessive compulsive disorders
F41.1, F40.1, F60.7, F93.0, F94.0	Panic disorders
F60.0, F60.1, F60.2, F60.3, F60.4, F60.8, F60.6, F60.7, F60.5	Personality disorders
F44.4, F44.5, F44.6, F44.7	Conversion disorders
F44.5, F44.8, F48.1, F44.1, F44.2	Dissociative disorders

12. **Genetic Disorders or Diseases** are covered up to the Limit ₹ 50,000
13. **Internal Congenital Diseases** are Covered upto the Limit ₹ 10% of Sum Insured.
14. The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to 50% of -of Sum Insured, specified in the policy schedule, during the policy period:
 - 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. Bronchial Thermoplasty
 - J. Vaporisation of the Prostate (Green Laser Treatment or Holmium Laser Treatment)
 - K. IONM - (Intra Operative Neuro Monitoring)
 - L. Stem Cell Therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

CHANGE IN SCOPE OF COVER AFTER A CERTAIN AGE OR POLICY DURATION

OPD limit will change according to age of insured, premium and sum insured.

EXCLUSIONS –



Time Based exclusions

1. Pre-Existing Diseases – (Code- Excl01)

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer

2. Specified disease/procedure waiting period- Code- (Excl02)

- a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 90 Days/12 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f) List of specific diseases/procedures
 - i. **12 Months waiting period**
 - Any types of gastric or duodenal ulcers;
 - Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty;
 - Surgery on all internal or external tumor /cysts/nodules/polyps of any kind including breast lumps;
 - All types of Hernia and Hydrocele;
 - Anal Fissures, Fistula and Piles;
 - Cataract;
 - Benign Prostatic Hypertrophy;

- Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus;
- Non infective Arthritis, Treatment of Spondylosis / Spondylitis, Gout & Rheumatism;
- Surgery of Genitourinary tract;
- Calculus Diseases;
- Sinusitis, nasal disorders and related disorders;
- Surgery for prolapsed intervertebral disc unless arising from accident;
- Vertebro-spinal disorders (including disc) and knee conditions;
- Surgery of varicose veins and varicose ulcers;
- Chronic Renal failure;
- Medical Expenses incurred in connection with joint replacement surgery due to Degenerative condition, Age related osteoarthritis and Osteoporosis unless such Joint replacement surgery unless necessitated by Accidental Bodily Injury.

ii. 90 Days Waiting Period

- Hypertension, Heart Disease and related complications;
- Diabetes and related complications;

3. 30-day waiting period- Code- (Excl03)

- Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.



Other Exclusions

- Treatment taken outside India.
- War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.
- Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials.
- Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or, as may be necessitated due to an accident
- Refractive Error:Code- (Excl15) - Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.
- Cosmetic or plastic Surgery:Code- (Excl08) - 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.

7. Cost of spectacles, contact lenses, hearing aids, crutches, wheelchairs, artificial limbs, dentures, artificial teeth and all other external appliances, prosthesis and/or devices.
8. Expenses incurred on items for personal comfort like television, telephone, etc. Incurred during hospitalization and which have been specifically charged for in the hospitalisation bills issued by the hospital/nursing home.
9. External medical equipment of any kind used at home as post hospitalisation care including cost of instrument used in the treatment of sleep apnoea syndrome (C.P.A.P), continuous ambulatory peritoneal dialysis (C.A.P.D) and oxygen concentrator for bronchial asthmatic condition.
10. Dental treatment or surgery of any kind unless required as a result of accidental bodily injury to natural teeth requiring hospitalization treatment.
11. Convalescence, general debility, "run-down" condition, rest cure, external congenital anomaly.
12. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
13. Breach of law: Code- (Excl10) - Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
14. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12)
15. Venereal disease or any sexually transmitted disease or sickness (excluding HIV / AIDS as mentioned under scope of cover)
16. Sterility and Infertility: (Code- Excl17) – Expenses related to sterility and infertility includes:
 - i. Any type of sterilization
 - ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT ICSI
 - iii. Gestational Surrogacy
 - iv. Reversal of sterilization
17. Vaccination or inoculation except as part of post-bite treatment for animal bite.
18. 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 procedure. (Code- Excl14)
19. Surgery to correct deviated septum and hypertrophied turbinate unless necessitated by an accidental body injury.
20. Medical practitioner's home visit expenses during pre and post hospitalization period, attendant nursing expenses.
21. Change-of-Gender treatments: Code-(Excl07) - Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
22. Hazardous or Adventure sports: Code- (Excl09) - 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.
23. Stay in a hospital without undertaking any active regular treatment by the medical practitioner, which ordinarily cannot be given without hospitalization.

24. Treatments received in health spas, 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- Excl13)
25. Rest Cure, rehabilitation and respite care (Code- Excl05)
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 assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
26. 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
27. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.
28. Obesity/ Weight Control: Code- (Code-Excl06)
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
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apn
 - iv. Uncontrolled Type2 Diabetes
29. Unproven Treatments: (Code- Excl16)
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.
30. Disease / illness or injury whilst performing duties as a serving member of a military or police force.
31. Any kind of, surcharges, admission fees / registration charges etc levied by the hospital.
32. 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.

BASIS OF CLAIM SETTLEMENT

Claim will be settled on indemnity basis maximum up to the sum insured.

POSITION AFTER A CLAIM

As from the day of receipt of the claim amount by the Insured, the Sum Insured for the remainder of the Policy Period shall stand reduced by a corresponding amount. In case claim is made for maternity benefit or OPD, then both sum insured and OPD limit will get reduced by corresponding amount.

DEDUCTIBLE OR CO-PAY

No Co-Pay or Deductible

SUM INSURED

Minimum SI: INR.1,00, 000 to Maximum SI: INR 3, 00,000 in multiples of INR 100,000
Sum Insured of dependents will either be less than or equal to Proposer/Primary Insured’s Sum Insured.

MID TERM INCREASE AND DECREASE IN SUM INSURED

Mid-term increase and decrease in Sum Insured is not allowed

POLICY PERIOD

The Health Insurance to Individual will be issued for period of one year, two years or three years

CANCELLATION

- i. The policyholder may cancel this policy by giving 15 days written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Period on risk	Rate of premium refunded
Up to one month	75% of annual rate
Up to three months	50%of annual rate
Up to six months	25% of annual rate
Exceeding six months	Nil

- 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 person under the policy.
- ii. The 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 or misrepresentation, non-disclosure of material facts or fraud.

TERMINATION OF POLICY

This Policy terminates on earliest of the following events-

- a. Cancellation of policy as per the cancellation provision.
- b. On the policy expiry date.

TAX RELIEF UNDER INCOME TAX ACT

Certificate of premium paid will be issued to avail Tax deduction under relevant section of income-tax act.

CUMULATIVE BONUS

Cumulative bonus is not applicable for this product.

RENEWAL

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

- i. The Company shall endeavour to give notice for renewal. However, the 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 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 to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience.

RENEWAL PREMIUM – GURANTEED OR NOT

Renewal premium will remain fixed for respective plan. However OPD limit will change as age progresses and premium rate may be changed as mentioned under heading of "Revision of terms of the Policy including premium rates"

ENHANCING SCOPE OF COVER AND SUM INSURED

Midterm revision of Sum Insured and scope of cover are not allowed, change in sum insured and scope of cover are allowed only on renewals after medical underwriting applicable to similar new business proposal of comparative age.

ADDITIONS / DELETIONS OF INSURED DURING THE POLICY PERIOD

Inclusion of family members for the proposed coverage is allowed only at application time or when one becomes eligible to be insured (eg, new-born after 90 days). Premium for such addition during the policy period will be charged on pro-rata basis. Otherwise inclusion should only be done at renewal time. Cover from any Insured Person can be withdrawn by Insured giving 15 days written notice in this regard to the Insurer and premium will be refunded on short period scale.

PAYMENT OF PREMIUM

Premium should be paid in advance and payment of premium in instalment is not allowed.

PREMIUM

The rate of premium will remain fixed with progression of age of the Insured but always subject to "Revision of terms of the Policy including premium rates".

WITHDRAWAL OF PRODUCT

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

DISCOUNT

Based on type of Family cover (if any), No of family member covered and policy duration etc following discount will applied.

1. Family (non floater) discount
 - 2 members = 5%.
 - >2 members = 7.5%.
2. Long term discount
 - 2 years = 5%
 - 3 years = 7.5%
3. Discount for Direct Business = 15%

REVISION OF TERMS OF THE POLICY INCLUDING PREMIUM RATES

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

PORTABILITY

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link .

https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

MIGRATION

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such

person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

CLAIMS PROCEDURE

a. Claims Procedure for Reimbursement :

- i) The Insured shall without any delay consult a doctor and follow the advice and treatment recommended, take reasonable step to minimize the quantum of any claim that might be made under this Policy and intimation to this effect must be forwarded to Insurer accordingly.
- ii) Insured must provide intimation to Insurer immediately and in any event within 48 hours from the date of Hospitalisation. However the Insurer at his sole discretion may relax this condition subject to a justifiable reason/evidence being produced by the Insured on the reasons for such a delay beyond the stipulated 48 hours up to a maximum period of 7 days.
- iii) Insured has to file the claim with all necessary documentation within 15 days of discharge from the hospital, provide Insurer with written details of the quantum of any claim along with all the original bills, receipts and other documents upon which a claim is based and shall also give Insurer such additional information and assistance as Insurer may require in dealing with the claim. In case of delayed submission of claim and in absence of a justified reason for delayed submission of claim, the Insurer would have the right of not considering the claim for reimbursement.
- iv) In respect of post hospitalization claims, the claims must be lodged within 15 days from the completion of post hospitalisation treatment subject to maximum of 105 days from the date of discharge from hospital.
- v) The Insured shall submit himself for examination by the Insurer's medical advisors as often as may be considered necessary by the Insurer for establishing the liability under the Policy. The Insurer will reimburse the amount towards the expenses incurred for the said medical examination to the Insured.
- vi) Insured must submit all original bills, receipts, certificates, information and evidences from the attending medical practitioner /hospital /diagnostic laboratory as required by Insurer.
- vii) On receipt of intimation from Insured regarding a claim under the Policy, Insurer/administrator is entitled to carry out examination and obtain information on any alleged Injury or disease requiring hospitalisation if and when Insurer may reasonably require.

b. Claims procedure for Cashless:

- i) Prior to taking treatment and/or incurring medical expenses at a network hospital, Insured must call Insurer and request pre-authorisation by way of the written form Insurer will provide.
- ii) After considering Insured's request and after obtaining any further information or documentation Insurer has sought, Insurer may if satisfied send Insured or the network hospital, an authorisation letter. The authorisation letter, the ID card issued to Insured along with this Policy and any other information or documentation that Insurer has specified must be produced to the network hospital identified in the pre-authorisation letter at the time of Insured's admission to the same.

- iii) If the procedure above is followed, Insured will not be required to directly pay for the medical expenses in the network hospital that Insurer is liable to indemnify under cover IV.1 above and the original bills and evidence of treatment in respect of the same shall be left with the network hospital. Pre-authorisation does not guarantee that all costs and expenses will be covered. Insurer reserves the right to review each claim for medical expenses and accordingly coverage will be determined according to the terms and conditions of this Policy. Insured will, in any event, be required to settle all other expenses directly.

c. Claims Submission:

Insured will submit the claim documents to administrator. Following is the document list for claim submission:

- i) Duly filled Claim form,
- ii) Valid Photo Identity Card, residence proof and 2 recent photos of Insured and/or his nominee.
- iii) Original Discharge card/certificate/ death summary
- iv) Copies of prescription for diagnostic test, treatment advise, medical references
- v) Original set of investigation reports
- vi) Itemized original hospital bill and receipts Hospital and related original medical expense receipt Pharmacy bills in original with prescriptions

d. Claims processing:

On receipt of claim documents from Insured, Insurer/administrator shall assess the admissibility of claim as per policy terms and conditions. Upon satisfactory completion of assessment and admission of claim, the Insurer will make the payment of claim as per the contract only in Indian Rupees and within India only. In case if the claim is repudiated Insurer will inform the claimant about the same in writing with reason for repudiation.

e. Penal interest provision:

- 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 to the policyholder 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 or reject 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 to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

BENEFIT ILLUSTRATION

AROGYA PLUS

Coverage opted on individual basis covering each member of the family separately (at a single point in time)			Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)			
Age of the members insured	Premium (₹)	Sum Insured (₹)	Premium (₹)	Discount, if any (Family member discount)	Premium after Discount (₹)	Sum Insured (₹)	Premium or consolidated premium for all members of family (₹)	Floater discount if any	Premium after discount (₹)	Sum Insured (₹)
35 years	8900	3,00,000	8900	7.50%	8232.5	3,00,000	8900	0	8900	3,00,000
30 years	8900	3,00,000	8900	7.50%	8232.5	3,00,000				
15 years	8900	3,00,000	8900	7.50%	8232.5	3,00,000				
10 years	8900	3,00,000	8900	7.50%	8232.5	3,00,000				
Total Premium for all members of the Family is ₹35,600/- when each member is covered separately. Sum Insured available for each individual is ₹3,00,000/-			Total Premium for all members of the Family is ₹32,930/- when they are covered under a single policy. Sum Insured available for each family member is ₹3,00,000/-				Total Premium when policy is opted on floater basis is ₹8,900/- Sum Insured of ₹3,00,000/- is available for the entire family			

Note:

- Premium rates are specified in the above illustration is standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable.
- The above illustration is for Arogya Plus
- Family size is considered 4 members = 2A + 2 Dependent Child
- Illustration is given for Sum Insured 3 Lac
- Please note above rates are exclusive GST

PURE TERM LIFE INSURANCE COVER (SBI LIFE –SARAL JEEVAN BIMA - BY SBI LIFE)

SBI Life –Saral Jeevan Bima is an Individual, Non-Linked, Non-Participating Life Insurance Pure Risk Premium Product.

It is apt for those looking for pure protection cover and are first time buyers in search of a simple plan. Thus, your family stays financially protected, even in unforeseen circumstances.

SCOPE OF COVER



Death Benefit

- **On death of the life assured during the policy term after the expiry of the waiting period or due to accident during the waiting period**, the nominee/beneficiary will receive the **Sum assured on death**, in lumpsum which is:
 - A. 10 times the Annualized¹ premium
 - B. 105% of all premiums paid as on the date of death
 - C. Absolute amount assured* to be paid on death
- **On death of the life assured due to other than accident, during the waiting period**, the nominee/beneficiary will receive the Death Benefit, which is equal to 100% of all the premiums paid, excluding taxes, if any.

¹Annualized Premium is the total amount of premium payable in a policy year, excluding taxes, underwriting extra premiums and loadings for modal premiums, if any.

*Absolute amount assured to be paid on death shall be an amount equal to Basic Sum Assured.

NOTE - The premiums referred above shall not include any extra amount chargeable under the policy due to underwriting decision, if any.

WAITING PERIOD

45 days from date of commencement of risk.

This policy will only cover death due to accident during the waiting period of 45 days from the date of commencement of risk.

In case of death of the life assured other than due to accident, during the waiting period, an amount equal to 100% of all premiums excluding taxes, if any, shall be paid.

SURVIVAL BENEFIT

This plan provides no survival benefit.

MATURITY BENEFIT

This plan provides no maturity benefit.

SURRENDER BENEFIT

This plan provides no surrender benefit.

POLICY LOAN

No loan facility is available against this plan.

RIDER BENEFITS

No rider benefits are available under this product.

OTHER BENEFITS

LARGE SUM ASSURED DISCOUNT

Sum Assured	Regular Premium
≥ ₹ 15.00 Lac	0.20 per 1000 Basic Sum assured

GRACE PERIOD (APPLICABLE FOR REGULAR PREMIUM PAYMENT POLICIES)

We offer you 30 days grace period from the premium due date where the mode of payment of Premium is yearly or half-yearly and 15 days in case of monthly, for the payment of each renewal premium. If the premium is not paid before the expiry of the days of grace, the Policy shall lapse.

If the death of the life assured occurs within the grace period but before the payment of the premium then due, the policy will still be valid and the benefits shall be paid after deduction of the said unpaid premium as also the balance premium(s), if any, falling due from the date of death and before the next policy anniversary.

REVIVAL FACILITY (APPLICABLE FOR REGULAR PREMIUM PAYMENT POLICIES)

- a) If the Policy has lapsed due to non-payment of due premium within the days of grace, it may be revived during the life time of the Life Assured, but within the Revival Period of 5 consecutive years from the date of the first unpaid premium and before the date of maturity, as the case may be, on payment of all the arrears of premium(s) together with interest at a rate which shall be determined as follows:

The interest will be charged at a rate declared by the company from time to time. The company's policy is currently based on the nominal interest rate per annum and is 250 basis points greater than the benchmark yield of repo rate as on 1st April of each of the financial year and it will be compounding on half-yearly basis. The repo rate as on the 1st April 2020 is 4.40% and hence the applicable interest rate for the Financial Year 2020-2021 is 6.90%.

Any change in the basis for determining interest rate for revival would be done only after prior approval from the authority.

- b) In addition to the arrears of premium with interest, proof of continued insurability may be required for revival of the discontinued policy. The Company, however, reserves the right to accept at original terms, accept with modified terms or decline the revival of a discontinued policy. The revival of the discontinued policy shall take effect only after the same is approved by the Company and is specifically communicated to the Policyholder. The revival will be effected subject to underwriting based on Company's Board approved underwriting policy.
- c) If a lapsed policy is not revived within the revival period but before the Date of Maturity, the policy will automatically terminate. In case of Regular Premium policies, nothing shall be payable. In case of revival of policy, the waiting period shall not be applicable.

NOMINATION AND ASSIGNMENT

Nomination by the holder of a policy of life insurance on his/her own life is allowed as per Section 39 of the Insurance Act 1938, as amended from time to time.

Assignment is allowed under this plan as per Section 38 of the Insurance Act 1938, as amended from time to time.

FREE LOOK PERIOD

You have a free look period of 15 days (30 days in case of electronic policies and policies obtained through distance mode) from the date of receipt of the policy document, to review the terms and conditions of the policy and where you disagree to any of those terms and conditions, you have the option to return the policy to the Company for cancellation, stating the reasons for objection. You will be entitled to a refund of the premium paid subject only to deduction of a proportionate risk premium for the period of cover and expenses incurred by the Company on medical examination of the Proposer and stamp duty charges.

A request received by the Company for free look cancellation of the policy shall be processed and premium refunded within 15 days of receipt of the request, as stated above. The policy shall terminate on payment for this amount and all the rights, benefits and interest under this policy will stand extinguished.

TAX BENEFIT

You may be eligible for Income Tax benefits/exemptions as per the applicable Income Tax Laws in India, which are subject to change from time to time. You may visit our website for further details. Please consult your Tax Advisor for details.

STAFF DISCOUNT

Staff discount is applicable for employees, retired employees, VRS holders, minor children and spouse of employees of SBI Life Insurance Co. Ltd, State Bank of India, RRBs sponsored by State Bank of India and subsidiaries of State Bank group.

For Regular Premium

5% of premium

EXCLUSIONS

- A waiting period of 45 days from the date of commencement of risk is applicable. In case of revival of Policy, the Waiting Period shall not be applicable.
- Suicide Claim provision:

Under Regular Premium Policy:

This policy shall be void if the Life Assured commits suicide at any time, within 12 months from the date of commencement of risk, provided the policy is in-force or within 12 months from the date of revival and the Company will not entertain any claim except 80% of the Premium paid (excluding any extra amount if charged under the policy due to underwriting decisions and taxes, if any) till the date of death. This clause shall not be applicable for a lapsed policy as nothing is payable under such policies.

AROGYA PLUS - PREMIUM RATE TABLE

APPENDIX 1 PREMIUM EXCLUSIVE OF GST:

OPD LIMITS - AGE BAND AND SUM INSURED WISE

Premi um before Service Tax	Age/ Sum Insured	Self			1 Adults + 1 Kid			2 Adults			1 Adults + 2 Kid			2 Adults + 1 Kid			2 Adults + 2 Kid		
		100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000
8900	0.25-18	7000	5500	4000	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	19-35	7000	5500	4000	6000	4500	2500	6000	4500	2000	5000	3000	500	5000	2500	500	4000	1500	500
	36-40	6500	5500	4000	5500	4000	1500	5000	3500	500	5000	2500	500	4500	1500	500	3500	500	500
	41-45	6500	3500	2000	5500	3500	1000	4500	3000	500	4500	2000	500	4000	1000	500	3000	500	500
	46-55	5500	3500	2000	4500	2000	500	3500	1500	500	4000	1000	500	2500	500	500	2000	500	500
	56-60	3500	500	500	3000	500	500	1000	500	500	2000	500	500	500	500	500	500	500	500
	61-65	2000	500	500	1500	500	500	500	500	500	1000	500	500	500	500	500	500	500	500
	66-70	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500
	71-75	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500

OPD LIMITS - AGE BAND AND SUM INSURED WISE

Premi um before Service Tax	Age/ Sum Insured	Self			1 Adults + 1 Kid			2 Adults			1 Adults + 2 Kid			2 Adults + 1 Kid			2 Adults + 2 Kid		
		100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000
13350	0.25-18	10000	10000	8500	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	19-35	10000	10000	8500	10000	9000	7000	10000	8500	6500	9500	7500	5000	9500	7000	4500	8500	6000	2500
	36-40	10000	10000	8500	10000	8500	6000	9500	7500	5000	9000	7000	4000	8500	6000	3000	8000	5000	1000
	41-45	10000	8500	7500	10000	8000	5500	9000	6500	4000	9000	6500	3500	8500	5500	2000	7500	4000	500
	46-55	10000	7500	5500	9000	6500	3500	8000	5000	1000	8000	5500	1500	7000	3500	500	6500	2500	500
	56-60	8000	4500	1500	7500	4000	500	5000	500	500	6500	2500	500	4500	500	500	4000	500	500
	61-65	6500	2500	500	6000	1500	500	2500	500	500	5500	500	500	2000	500	500	1500	500	500
	66-70	3500	500	500	3500	500	500	500	500	500	3000	500	500	500	500	500	500	500	500
	71 - 75	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500

OPD LIMITS - AGE BAND AND SUM INSURED WISE

Premium before Service Tax	Age/ Sum Insured	Self			1 Adults + 1 Kid			2 Adults			1 Adults + 2 Kid			2 Adults + 1 Kid			2 Adults + 2 Kid		
		100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000
17800	0.25-18	10000	10000	10000	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	19-35	10000	10000	10000	10000	10000	10000	10000	10000	10000	10000	10000	9000	10000	10000	8500	10000	10000	7000
	36-40	10000	10000	10000	10000	10000	10000	10000	10000	9500	10000	10000	8500	10000	10000	7500	10000	9500	5500
	41-45	10000	10000	10000	10000	10000	10000	10000	10000	8000	10000	10000	8000	10000	10000	6000	10000	8500	4500
	46-55	10000	10000	10000	10000	10000	8000	10000	9500	5500	10000	9500	6000	10000	8000	3500	10000	7000	2000
	56-60	10000	8500	5000	10000	8000	4000	9500	4500	500	10000	7000	2000	8500	3500	500	7500	3000	500
	61-65	10000	7000	2000	10000	6000	1000	7000	500	500	9500	5000	500	6000	500	500	6000	500	500
	66-70	8000	2500	500	8000	2000	500	3000	500	500	7500	1500	500	2000	500	500	2000	500	500
	71-75	5000	500	500	5000	500	500	500	500	500	5000	500	500	500	500	500	500	500	500

Note: If we have a policy holder beyond age of 75 years, we will continue to charge premiums applicable for age of 75 years unless we request for change and IRDA approves it.

PREMIUM INCLUSIVE OF GST:

OPD LIMITS - AGE BAND AND SUM INSURED WISE

Premium after Service Tax	Age/ Sum Insured	Self			1 Adults + 1 Kid			2 Adults			1 Adults + 2 Kid			2 Adults + 1 Kid			2 Adults + 2 Kid		
		100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000
10502	0.25-18	7000	5500	4000	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	19-35	7000	5500	4000	6000	4500	2500	6000	4500	2000	5000	3000	500	5000	2500	500	4000	1500	500
	36-40	6500	5500	4000	5500	4000	1500	5000	3500	500	5000	2500	500	4500	1500	500	3500	500	500
	41-45	6500	3500	2000	5500	3500	1000	4500	3000	500	4500	2000	500	4000	1000	500	3000	500	500
	46-55	5500	3500	2000	4500	2000	500	3500	1500	500	4000	1000	500	2500	500	500	2000	500	500
	56-60	3500	500	500	3000	500	500	1000	500	500	2000	500	500	500	500	500	500	500	500
	61-65	2000	500	500	1500	500	500	500	500	500	1000	500	500	500	500	500	500	500	500
	66-70	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500
	71-75	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500

OPD LIMITS - AGE BAND AND SUM INSURED WISE

Premi um after Service Tax	Age/ Sum Insured	Self			1 Adults + 1 Kid			2 Adults			1 Adults + 2 Kid			2 Adults + 1 Kid			2 Adults + 2 Kid		
		100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000
15753	0.25-18	10000	10000	8500	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	19-35	10000	10000	8500	10000	9000	7000	10000	8500	6500	9500	7500	5000	9500	7000	4500	8500	6000	2500
	36-40	10000	10000	8500	10000	8500	6000	9500	7500	5000	9000	7000	4000	8500	6000	3000	8000	5000	1000
	41-45	10000	8500	7500	10000	8000	5500	9000	6500	4000	9000	6500	3500	8500	5500	2000	7500	4000	500
	46-55	10000	7500	5500	9000	6500	3500	8000	5000	1000	8000	5500	1500	7000	3500	500	6500	2500	500
	56-60	8000	4500	1500	7500	4000	500	5000	500	500	6500	2500	500	4500	500	500	4000	500	500
	61-65	6500	2500	500	6000	1500	500	2500	500	500	5500	500	500	2000	500	500	1500	500	500
	66-70	3500	500	500	3500	500	500	500	500	500	3000	500	500	500	500	500	500	500	500
	71-75	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500	500

OPD LIMITS - AGE BAND AND SUM INSURED WISE

Premi um after Service Tax	Age/ Sum Insured	Self			1 Adults + 1 Kid			2 Adults			1 Adults + 2 Kid			2 Adults + 1 Kid			2 Adults + 2 Kid		
		100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000	100000	200000	300000
21004	0.25-18	10000	10000	10000	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	19-35	10000	10000	10000	10000	10000	10000	10000	10000	10000	10000	10000	9000	10000	10000	8500	10000	10000	7000
	36-40	10000	10000	10000	10000	10000	10000	10000	10000	9500	10000	10000	8500	10000	10000	7500	10000	9500	5500
	41-45	10000	10000	10000	10000	10000	10000	10000	10000	8000	10000	10000	8000	10000	10000	6000	10000	8500	4500
	46-55	10000	10000	10000	10000	10000	8000	10000	9500	5500	10000	9500	6000	10000	8000	3500	10000	7000	2000
	56-60	10000	8500	5000	10000	8000	4000	9500	4500	500	10000	7000	2000	8500	3500	500	7500	3000	500
	61-65	10000	7000	2000	10000	6000	1000	7000	500	500	9500	5000	500	6000	500	500	6000	500	500
	66-70	8000	2500	500	8000	2000	500	3000	500	500	7500	1500	500	2000	500	500	2000	500	500
	71-75	5000	500	500	5000	500	500	500	500	500	5000	500	500	500	500	500	500	500	500

Note: If we have a policy holder beyond age of 75 years, we will continue to charge premiums applicable for age of 75 years unless we request for change and IRDA approves it.

SARAL JEEVAN BIMA - PREMIUM RATE TABLE

PREMIUM RATES PER ₹1,000 BASIC SUM ASSURED (EXCLUSIVE OF TAXES)

Mode	Regular																	
PPT	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Age/Term	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
18	3.17	3.04	2.94	2.88	2.83	2.87	3.07	3.05	3.03	3.01	3.02	3.02	3.02	3.02	3.02	3.02	3.02	3.02
19	3.19	3.06	2.96	2.89	2.85	2.89	3.09	3.06	3.05	3.03	3.05	3.05	3.05	3.05	3.05	3.05	3.05	3.05
20	3.21	3.07	2.97	2.90	2.85	2.90	3.10	3.08	3.06	3.05	3.07	3.07	3.07	3.07	3.07	3.07	3.07	3.08
21	3.21	3.07	2.97	2.91	2.86	2.90	3.11	3.09	3.07	3.06	3.09	3.09	3.09	3.09	3.09	3.09	3.09	3.10
22	3.21	3.07	2.98	2.91	2.86	2.91	3.12	3.09	3.08	3.07	3.10	3.10	3.10	3.10	3.10	3.11	3.11	3.12
23	3.21	3.07	2.98	2.91	2.87	2.92	3.12	3.10	3.09	3.08	3.12	3.12	3.12	3.12	3.13	3.13	3.14	3.15
24	3.21	3.07	2.98	2.92	2.88	2.93	3.14	3.12	3.11	3.10	3.14	3.14	3.14	3.15	3.16	3.16	3.17	3.18
25	3.21	3.08	2.99	2.93	2.89	2.95	3.15	3.14	3.13	3.12	3.17	3.17	3.17	3.18	3.19	3.20	3.22	3.24
26	3.22	3.09	3.01	2.95	2.92	2.98	3.18	3.17	3.16	3.15	3.20	3.20	3.22	3.23	3.24	3.25	3.28	3.30
27	3.24	3.12	3.03	2.98	2.95	3.01	3.21	3.20	3.20	3.20	3.25	3.26	3.27	3.28	3.30	3.32	3.35	3.38
28	3.27	3.15	3.07	3.02	2.99	3.05	3.26	3.25	3.25	3.25	3.31	3.32	3.33	3.35	3.37	3.40	3.44	3.47
29	3.31	3.19	3.12	3.07	3.04	3.11	3.32	3.31	3.31	3.32	3.38	3.39	3.41	3.44	3.47	3.50	3.54	3.60
30	3.36	3.24	3.17	3.13	3.11	3.18	3.39	3.39	3.39	3.40	3.47	3.49	3.51	3.54	3.58	3.63	3.68	3.74
31	3.42	3.31	3.24	3.21	3.19	3.27	3.47	3.47	3.48	3.50	3.57	3.60	3.63	3.67	3.72	3.78	3.84	3.91
32	3.50	3.39	3.33	3.30	3.28	3.37	3.57	3.58	3.59	3.61	3.69	3.73	3.77	3.82	3.88	3.95	4.02	4.11
33	3.59	3.48	3.43	3.40	3.39	3.48	3.69	3.70	3.72	3.75	3.84	3.89	3.94	4.00	4.07	4.15	4.24	4.33
34	3.69	3.59	3.54	3.52	3.51	3.62	3.82	3.84	3.87	3.91	4.01	4.07	4.13	4.21	4.29	4.38	4.48	4.59
35	3.81	3.72	3.67	3.65	3.65	3.77	3.97	4.01	4.04	4.09	4.21	4.28	4.35	4.44	4.54	4.65	4.76	4.89
36	3.95	3.86	3.82	3.81	3.82	3.95	4.16	4.19	4.24	4.30	4.44	4.52	4.61	4.71	4.83	4.95	5.08	5.21
37	4.10	4.02	3.99	3.99	4.01	4.15	4.36	4.41	4.47	4.55	4.70	4.79	4.90	5.02	5.15	5.29	5.43	5.58
38	4.28	4.20	4.18	4.19	4.22	4.38	4.60	4.66	4.74	4.83	5.00	5.11	5.24	5.37	5.52	5.67	5.82	5.98
39	4.48	4.41	4.40	4.42	4.46	4.65	4.87	4.95	5.04	5.15	5.34	5.47	5.62	5.77	5.92	6.09	6.25	6.41
40	4.71	4.65	4.65	4.68	4.75	4.95	5.18	5.28	5.39	5.52	5.73	5.88	6.04	6.20	6.37	6.54	6.72	6.89
41	4.97	4.92	4.94	4.99	5.07	5.30	5.54	5.65	5.79	5.94	6.17	6.33	6.51	6.69	6.86	7.04	7.22	7.41
42	5.26	5.24	5.27	5.34	5.45	5.71	5.95	6.09	6.24	6.41	6.66	6.84	7.03	7.21	7.40	7.59	7.78	7.97
43	5.61	5.60	5.65	5.75	5.88	6.18	6.42	6.58	6.75	6.94	7.21	7.40	7.60	7.79	7.99	8.19	8.39	8.59
44	6.01	6.03	6.10	6.22	6.38	6.70	6.96	7.13	7.32	7.52	7.81	8.01	8.22	8.43	8.63	8.84	9.05	9.26
45	6.48	6.52	6.62	6.76	6.94	7.30	7.56	7.75	7.95	8.16	8.47	8.68	8.90	9.11	9.33	9.55	9.77	9.99
46	7.02	7.08	7.20	7.37	7.57	7.96	8.23	8.43	8.65	8.87	9.19	9.41	9.64	9.86	10.09	10.32	10.56	10.79
47	7.64	7.72	7.87	8.06	8.27	8.70	8.96	9.18	9.40	9.63	9.97	10.21	10.44	10.68	10.92	11.16	11.41	11.66
48	8.34	8.44	8.61	8.81	9.04	9.50	9.77	9.99	10.22	10.46	10.82	11.06	11.31	11.55	11.81	12.07	12.33	12.60
49	9.12	9.23	9.42	9.63	9.88	10.35	10.63	10.86	11.10	11.35	11.73	11.98	12.24	12.50	12.77	13.05	13.33	NA
50	9.98	10.10	10.29	10.52	10.76	11.27	11.56	11.80	12.04	12.30	12.70	12.96	13.24	13.52	13.81	14.10	NA	NA
51	10.90	11.03	11.22	11.45	11.70	12.24	12.54	12.78	13.04	13.30	13.73	14.01	14.30	14.60	14.91	NA	NA	NA
52	11.88	12.01	12.20	12.43	12.69	13.25	13.57	13.82	14.09	14.37	14.82	15.12	15.44	15.76	NA	NA	NA	NA
53	12.91	13.03	13.22	13.45	13.71	14.31	14.64	14.91	15.19	15.49	15.98	16.30	16.64	NA	NA	NA	NA	NA
54	13.97	14.08	14.27	14.51	14.77	15.40	15.77	16.05	16.35	16.67	17.20	17.55	NA	NA	NA	NA	NA	NA
55	15.05	15.16	15.35	15.59	15.87	16.55	16.94	17.24	17.57	17.91	18.49	NA	NA	NA	NA	NA	NA	NA
56	16.17	16.27	16.47	16.72	17.02	17.75	18.17	18.50	18.86	19.24	NA	NA	NA	NA	NA	NA	NA	NA
57	17.31	17.42	17.63	17.90	18.22	19.01	19.47	19.83	20.22	NA	NA	NA	NA	NA	NA	NA	NA	NA
58	18.50	18.62	18.84	19.14	19.50	20.35	20.85	21.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
59	19.74	19.88	20.13	20.47	20.87	21.80	22.34	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
60	21.06	21.23	21.52	21.90	22.35	23.37	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
61	22.48	22.69	23.03	23.47	23.97	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
62	24.04	24.29	24.69	25.19	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
63	25.76	26.07	26.54	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
64	27.68	28.05	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
65	29.82	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Mode	Regular																	
PPT	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
AgeTerm	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
18	3.03	3.03	3.04	3.04	3.05	3.06	3.07	3.08	3.10	3.11	3.14	3.16	3.19	3.22	3.25	3.29	3.33	3.36
19	3.06	3.06	3.07	3.07	3.08	3.10	3.11	3.13	3.14	3.17	3.19	3.22	3.25	3.29	3.33	3.37	3.41	3.46
20	3.08	3.09	3.10	3.10	3.12	3.13	3.15	3.17	3.19	3.22	3.25	3.29	3.33	3.37	3.41	3.46	3.51	3.57
21	3.11	3.11	3.13	3.14	3.15	3.17	3.20	3.22	3.25	3.28	3.32	3.36	3.41	3.46	3.51	3.56	3.62	3.68
22	3.13	3.15	3.16	3.18	3.20	3.22	3.25	3.28	3.32	3.36	3.40	3.45	3.51	3.56	3.62	3.68	3.74	3.81
23	3.16	3.18	3.20	3.22	3.25	3.28	3.31	3.35	3.40	3.44	3.50	3.56	3.62	3.68	3.74	3.81	3.88	3.95
24	3.21	3.23	3.25	3.28	3.31	3.35	3.39	3.44	3.49	3.55	3.61	3.68	3.74	3.81	3.89	3.96	4.03	4.11
25	3.26	3.29	3.32	3.35	3.39	3.44	3.49	3.55	3.61	3.68	3.75	3.82	3.89	3.97	4.05	4.12	4.20	4.28
26	3.33	3.36	3.40	3.44	3.49	3.55	3.61	3.68	3.75	3.82	3.90	3.98	4.06	4.14	4.22	4.31	4.39	4.47
27	3.41	3.46	3.50	3.56	3.62	3.68	3.75	3.83	3.91	3.99	4.08	4.16	4.25	4.33	4.42	4.51	4.59	4.68
28	3.52	3.57	3.63	3.70	3.77	3.84	3.92	4.00	4.09	4.18	4.27	4.36	4.46	4.55	4.64	4.73	4.82	4.92
29	3.65	3.71	3.78	3.86	3.94	4.02	4.11	4.21	4.30	4.40	4.49	4.59	4.68	4.78	4.88	4.98	5.07	5.17
30	3.81	3.88	3.96	4.04	4.13	4.23	4.33	4.43	4.53	4.63	4.73	4.84	4.94	5.04	5.14	5.25	5.35	5.46
31	3.99	4.07	4.16	4.26	4.36	4.47	4.57	4.68	4.79	4.89	5.00	5.11	5.22	5.32	5.43	5.54	5.65	NA
32	4.20	4.29	4.40	4.50	4.61	4.73	4.84	4.95	5.06	5.18	5.29	5.41	5.52	5.63	5.75	5.87	NA	NA
33	4.44	4.55	4.66	4.78	4.89	5.01	5.13	5.25	5.37	5.49	5.61	5.73	5.85	5.98	6.10	NA	NA	NA
34	4.71	4.83	4.95	5.08	5.20	5.33	5.45	5.58	5.71	5.83	5.96	6.09	6.22	6.35	NA	NA	NA	NA
35	5.01	5.14	5.28	5.41	5.54	5.67	5.81	5.94	6.07	6.21	6.34	6.48	6.62	NA	NA	NA	NA	NA
36	5.35	5.49	5.63	5.77	5.91	6.05	6.19	6.33	6.47	6.61	6.76	6.90	NA	NA	NA	NA	NA	NA
37	5.72	5.87	6.02	6.16	6.31	6.46	6.61	6.76	6.91	7.06	7.21	NA	NA	NA	NA	NA	NA	NA
38	6.13	6.28	6.44	6.59	6.75	6.91	7.06	7.22	7.38	7.54	NA	NA	NA	NA	NA	NA	NA	NA
39	6.57	6.74	6.90	7.06	7.23	7.39	7.56	7.73	7.90	NA	NA	NA	NA	NA	NA	NA	NA	NA
40	7.06	7.23	7.40	7.57	7.75	7.92	8.10	8.28	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
41	7.59	7.77	7.95	8.13	8.32	8.50	8.69	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
42	8.16	8.35	8.54	8.74	8.94	9.14	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
43	8.79	8.99	9.20	9.40	9.61	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
44	9.47	9.69	9.91	10.13	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
45	10.22	10.45	10.68	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
46	11.03	11.28	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
47	11.92	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
48	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
49	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
50	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
51	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
52	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
53	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
54	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
55	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
56	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
57	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
58	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
59	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
60	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
61	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
62	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
63	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
64	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
65	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA



PROHIBITION OF REBATES

Section 41 of Insurance Act 1938, as amended from time-to-time states:

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 or 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 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.

NON-DISCLOSURE

Extract of Section 45, as amended from time to time

No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy. A policy of life insurance may be called in question at any time within three years from the date of the policy, on the ground of fraud or on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued. The insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured, the grounds and materials on which such decision is based.

No insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement or suppression are within the knowledge of the insurer. In case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

In case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the grounds of fraud, the premiums collected on the policy till the date of repudiation shall be paid.

Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

For complete details of the section and the definition of 'date of policy', please refer Section 45 of the Insurance Act, 1938, as amended from time to time.

Note: This document does not purport to contain all conditions governing this product. The contract will be governed by the terms expressed in the policy document.

BEWARE OF SPURIOUS PHONE CALLS AND FICTITIOUS / FRAUDULENT OFFERS

IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

This advertisement is designed for combination of Benefits of two or more individual and separate products named SBI General - Arogya Plus Policy (UIN: SBIHLIP22135V032122) & SBI Life – Saral Jeevan Bima (UIN: 111N128V01) which is an Individual, Non linked, Non-participating, Life Insurance, Pure Risk Premium Product. These products are also available for sale individually without the combination offered/suggested.

1. Arogya Shield is a Combi Insurance Plan (UIN: SBIHLIP22158V012122). 2. This product is jointly offered by 'SBI General Insurance Company Limited' and 'SBI Life Insurance Company Limited'. SBI General Insurance Company Limited is a lead insurer for this product. 3. The risks of products offered in the combi product are distinct and are assumed / accepted by respective insurance companies as per their underwriting guidelines. 4. The liability to settle the claim vests with respective insurers, i.e., for health insurance benefits 'SBI General Insurance Company Limited' and for life insurance benefits 'SBI Life Insurance Company Limited'. 5. SBI General Insurance Company Limited | Corporate & Registered Office: 'Natraj', 301, Junction of Western Express Highway & Andheri - Kurla Road, Andheri (East), Mumbai - 400 069. | 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. Website : www.sbigeneral.in, Tollfree: 18001021111 6. SBI Life Insurance Company Limited | Registered & Corporate Office: Natraj, M. V. Road and Western Express Highway Junction, Andheri (East), Mumbai - 400 069 | IRDAI Regn. No.111 | CIN: L99999MH2000PLC129113. The trade logo displayed above belongs to State Bank of India and is used by SBI Life under license. Website: www.sbilife.co.in, Tollfree: 1800 267 9090 (Between 9am to 9pm) | E-mail: info@sbilife.co.in. | Advertisement Number: ADBRO/SEP/2021-22/3373