

Madam / Dear Sir,

MEDICAL BENEFIT SCHEMES FOR RETIREES

RENEWAL OF “SBI HEALTH ASSIST (POLICY ‘B’)” & “SBI HEALTH CARE (POLICY ‘A’)” ON MODIFIED TERMS & CONDITIONS

Please refer to e-circular No. CDO/P&HRD-PPFG/76/2021-22 dated 16th December, 2021 advising renewal of “SBI Health Assist (Policy ‘B’)” & “SBI Health Care (Policy ‘A’)” with effect from January 16, 2022. The policy is due for renewal on 16.01.2023.

SBI GENERAL INSURANCE CO. LTD. has been selected for serving both the policies **for the next three years**. M/s Anand Rathi Insurance Brokers Ltd. has been selected as the mandated Broker for serving both the Policies. The Policies have been renewed on modified terms and conditions as under :

A. “SBI Health Assist” (Policy ‘B’)

Membership of “SBI Health Assist” (Policy ‘B’) will be voluntary and those eligible can obtain membership of the same by paying the annual premium from their own sources.

Policy covers retiree or family pensioner, spouse of retiree and disabled child/ children (if any) as declared to the Bank.

Eligibility for Membership in SBI Health Assist

- a) Existing members under SBI Health Assist for Policy year 2022-23 would be eligible to renew the policy till 15th January 2023 by paying annual premium.
- b) Employees who retired on or after 17th October till 15th January 2023 and who have not taken membership of SBI Health Assist 2022-23 would be eligible to join the policy till 15th January 2023 by paying annual premium.
- c) Eligible new retirees (retired on or after 16.01.2023) may join SBI Health Assist within 90 days from the date of retirement by paying the premium from their own sources. Pro-rata premium would be applicable in case of such retirees.
- d) Spouses of deceased employees may join SBI Health Assist (Policy ‘B’) within 120 days from the date of death by paying the premium from their own sources. Pro-rata premium would be payable in such cases.
- e) e-AB Retirees (members of IBA policy 2021-22) who opted for SBI Health Assist Policy on or before 31st October 2022 and who are not member of IBA Mediclaim Policy 2022-23 as on 31st December 2022, would be eligible to join the policy till 15th January 2023 by paying annual premium.

No waiting period clause will be applicable to the above categories [(a) to (e)] of eligible retirees/ family pensioners.

- f) Those who join SBI Health Assist Policy for the Year 2023-24 and do not renew their policy in the Policy Year 2024-25, will not be eligible to apply for membership under Policy Year 2025-26.
- g) Those who opt for any of the Additional Super Top-up Cover in the Policy Year 2023-24 can renew their policy with any options of Additional Super Top-up Cover against the Base Plan opted in Policy Year 2024-25. Members who do not renew their Additional Super Top-up Cover in Policy Year 2024-25, will not be eligible to opt for Additional Super Top-up Cover in Policy year 2025-26.

Option for Left Out Retirees / e-AB Retirees / Spouses of Left Out Retirees and e-ABs Retirees / Members of REMBS

All members of SBI REMBS, left out retirees/ spouses of left out retirees & e-AB retirees/ spouses of e-AB retirees (who are not member of IBA Mediclaim Policy as on 31st December 2022) will be eligible to become members of SBI Health Assist by paying annual premium from their own sources till 15th January 2023. However, for these members, there will be a waiting period of 30 days from the date of their joining or date of inception of policy, whichever is later.

Exclusions

- a) Employees who are/ were discharged / dismissed / removed/ compulsorily retired / terminated from service will not be eligible to join the policy.
- b) Officers in whose case Rule 19(3) are/ were invoked on attaining the age of retirement and they are/ were subsequently discharged / dismissed / removed/ compulsorily retired from service.

i. Base Plans of “SBI Health Assist”

The existing structure of two base plans will continue. There will be no bar for retirees in opting for any Basic Sum Insured :

Basic Sum Insured	Basic Premium (Rs.)	GST(@18%) (Rs.)	Gross Premium Rounded off (Rs.)
3.00 lacs	16,517	2,973.08	19,490
5.00 lacs	36,716	6,608.82	43,325

ii. Super Top-up Plan

Super Top-up plan for Rs. 6 lacs will be available to all members as an additional health cover along with the Base Plans. **Cost of premium for Super Top-up cover will be borne by the Bank.**

Debit Credit Administration of premium of Super Top-up

Premium amount for Super Top-up Cover (including GST) will be debited to member's account and then will again be re-credited in the member's account. This exercise will be done to enable the members to claim tax benefits for the premium amount paid for Super Top-up plan. This activity will be done in batches in the succeeding month of receipt of enrolment data and details of this transaction will also reflect in pension slip.

Basic Sum Insured	Super Top-up Sum Insured	Total cover to member
3.00 lacs	6.00 lacs	9.00 lacs
5.00 lacs	6.00 lacs	11.00 lacs

iii. Additional Super Top-up:

Any eligible retiree (irrespective of whether he/ she had been a member of the SBI Health Assist earlier or not) can opt for Basic Sum Insured of Rs. 3.00 lacs or Rs.5.00 lacs, with or without Additional Super Top-up as per the two options available under each of the Base Plans. Additional Super Top-up Cover can be taken only in conjunction with Base Plan and not on standalone basis, as under :

Table Part I

Basic Sum Insured	Super Top-up Sum Insured	Additional Super Top-up Sum Insured	Total cover to member
3.00 lacs	6.00 lacs	11.00 lacs	20.00 lacs
		16.00 lacs	25.00 lacs
5.00 lacs	6.00 lacs	14.00 lacs	25.00 lacs
		19.00 lacs	30.00 lacs

Table Part II

Additional Super Top-up Sum Insured	Basic Premium (Rs.)	GST (@18%) (Rs.)	Gross Premium Rounded off (Rs.)
11.00 lacs	5,015	902.78	5,918
16.00 lacs	6,220	1,119.53	7,339
14.00 lacs	9,516	1,712.82	11,228
19.00 lacs	10,876	1,957.61	12,833

Members who do not apply for Additional Super Top-up Cover in the Policy Year 2023-24, will not be eligible to opt for Additional Super Top-up Cover in Policy Year 2024-25 and 2025-26.

iv. Critical Illness: The policy covers Critical Illness for under noted **14 (Fourteen) ailments** for a Sum Insured of **Rs. 5.00 lacs:**

- I. Stroke resulting in permanent symptoms**
- II. Cancer of specified severity**

- III. Kidney failure requiring regular dialysis
- IV. Major organ / bone marrow transplant
- V. Multiple sclerosis with persisting symptoms
- VI. Open chest CABG (Coronary Artery Surgery)
- VII. First Heart attack
- VIII. Coma of specified severity
- IX. Heart valve replacement
- X. Permanent paralysis of limbs
- XI. Motor neuron disease with permanent symptoms
- XII. Aorta Graft surgery
- XIII. Total blindness
- XIV. Open heart replacement or repair of heart valves

Critical illness Cover	Basic Premium (Rs.)	GST (@18%) (Rs.)	Gross Premium Rounded off (Rs.)
5.00 lacs	13,753	2,475.59	16,229

The cover for Critical Illness Plan is optional in nature and can be opted only in conjunction with Base Plan and not separately on standalone basis. Members should have **completed age** below 65 years as on 15th January 2023 to opt for Critical Illness Plan. Those who are already the members of Critical Illness Plan in the policy year 2022-23 can continue to renew their Critical Illness Plan even beyond the age of 65 years.

Other terms & conditions for availing Critical Illness cover shall be as under:

- (a) Pre-existing diseases will not be covered.
- (b) There will be a waiting period of 90 days, from date of joining or date of inception of the policy whichever is later, for members who opt for critical illness during policy year 2023-24 and had not opted for critical illness during policy year 2022-23.
- (c) If the member or eligible dependents of his/her family is diagnosed with any of the 14 listed ailments and he/she survives for 30 days after first detection of the disease, the whole amount under the critical illness plan will become admissible.
- (d) The critical illness cover is available to the entire family (Retiree/ Family pensioner and other eligible dependents) on floater basis.
- (e) The Insurance company shall pay the insured person only once in respect of any one of the covered illness under the policy. The critical illness cover ceases after admission of any claim of the member and no further claim are admissible under the said cover during the policy year.

The benefits under the Base Plan or the Super Top-up Plan or Additional Super Top-up Plan would continue as per the terms & conditions of the said coverage & the available sum insured.

v. Subsidization of premium & Administration of subsidy

As a measure of financial support to family pensioners / senior retirees, it has been decided to continue 50% subsidy on Base Premium of Rs. 3.00 lacs to all Family Pensioners and to retirees with 70 years of completed age and above on the date of renewal (i.e. on 15.01.2023).

(Amount in Rupees)

Basic Sum Insured	Basic Premium	Subsidy to Family Pensioners & Retirees 70 years of completed age and above as on 15.01.2023
3.00 lacs	16,517	8,259
5.00 lacs	36,716	8,259

GST or other taxes / surcharges, if any, on premium will be borne by the member.

Members would be required to make payment of premium in full. After completion of renewal process, member wise list of eligible retirees and Family pensioners will be prepared by Corporate Centre for reimbursement of subsidy to eligible members. Reimbursement of subsidy will be done along with pension of the succeeding month after receipt of premium for enrolment and it will be included in the pension slip.

vi. Three-year Arrangement

With a view to ensure continuity of Insurance Company/ TPAs etc., premium quotes have been obtained for a three year period with a provision of 5% increase every year in annual premium for policy renewal in policy year 2024-25 and 2025-26. Annual renewal will be done as per the terms of the RFQ accepted by SBI General Insurance Co. Ltd.

vii. Coverage provision in case a member is deceased

In case of death of a member, coverage of deceased member will cease automatically from that date. However, there will be no refund of premium irrespective of a claim having been preferred or not. But the cover will be extended to the other eligible family members of the deceased covered in the policy till the end of the policy period so long as the sum insured is not exhausted in Base policy plus Super Top-up plus additional covers (if any).

viii.e-Pharmacy Scheme

The existing arrangement with Lifetime Wellness Rx International Limited, popularly known as M/s Apollo Life, for providing pharmacy services to the members of SBI Health Assist is valid till 15.01.2023. Bank is in the process of selection of e-Pharmacy vendor for next three-year period, starting from policy year 2023-24 through RFP process. The details of the modus operandi, SOP etc. will be circularized separately after selection of the new vendor.

As the selection of new vendor and launch of the app for SBI retirees by the new vendor may take some time, retirees are advised to order medicines required, if any, well before 15th January 2023 from the existing vendor. Order will not be accepted by the existing vendor after 15th January 2023.

B. "SBI Health Care" (Policy 'A')

Insurance cover for SBI REMBS members w.e.f. 16th January, 2023 will be as under:

- a. Insurance cover will be obtained only for the members whose residual balance is Rs. 3.00 lakhs and above.

- b. If the claim exceeds the total sum insured allocated under the Policy, the balance amount of claim up to the residual limit will be processed by REMB Trust.
- c. Medical claims of members having balance below Rs. 3.00 lakhs will be paid by the Trust and they will be out of the insurance scheme.
- d. SBI REMBS/SBI Health Care Policy Members cannot join SBI Health Assist Policy mid-term during the currency of the Policy. They can join only at the commencement of cover i.e., before 16th January'2023.

i. Covers under SBI Health Care (Policy-A)

Proposed insurance cover under “SBI Health Care” (Policy ‘A’) will be as under w.e.f. 16.01.2023:

Residual balance under REMBS	Basic Sum Insured	Super Top-up sum Insured
Rs. 3.00 lacs	Rs. 3.00 lacs	0.00
Above Rs. 3.00 lacs to below Rs. 10.00 lacs	Rs. 3.00 lacs	Rs. 6.00 lacs
Rs. 10.00 lacs and above	Rs. 5.00 lacs	Rs. 6.00 lacs

Premium on both the Base Plan and Super Top-up cover will be paid by the Trust. The liability of the Insurance Co. would be restricted to Base Plan plus Super Top-up or Residual Limit under SBI REMBS whichever is less. Members, whose residual limit is above Rs. 11.00 lacs, would be covered for the amount beyond Rs. 11.00 lacs and up to their residual limit under SBI REMBS by the REMB Trust. For e.g., if a member is having residual balance of Rs. 15.00 lacs in SBI REMBS, submits a claim for Rs. 14.00 lacs to Insurance Company under SBI Health Care, Insurance company will pay the claim for Rs. 11.00 lacs (as per terms and conditions of the Policy) which is up to Maximum coverage limit under the Insurance policy. Member can submit the claim for remaining amount of Rs. 3.00 lacs under SBI REMBS for reimbursement. It will be paid by REMB Trust with deductions of non-payable / medical expenses as per rules and regulations of SBI REMBS.

C. Procedure for Renewal / Enrolment for SBI Health Assist (Policy ‘B’) for pensioners/ family pensioners receiving pension through HRMS

In view of digital advancement, online process has been introduced for applying for membership of SBI Health Assist for retirees receiving pension through HRMS to make the process fast and paperless. Accordingly, a new functionality “SBI Health Assist (enrolment/renewal)” has been introduced in HRMS. Details of the pensioners/ family pensioners will be auto fetched from HRMS data base.

- Employees retiring/ pensioners/ family pensioners will be able to apply through HRMS/ select plans only if they are eligible to apply/ select the specific plan.
- Any adverse development in the status of any employee/ pensioner (viz., dismissal, retirement under Section 19(3) etc., which renders an employee/pensioner ineligible for membership under the scheme) must be arranged to be captured in HRMS immediately by the AO concerned.

- Online Application for SBI Health Assist membership/renewal will be submitted by the eligible employee/ pensioner in HRMS and requirement of submission of physical declaration is dispensed with.
- Required declaration of the applicant for enrolment under the scheme shall be obtained online and submission of physical declaration is dispensed with.
- Premium will be auto calculated and payment of premium will be debited to the pension account of the applicant, authorization for which will be obtained digitally from the applicant under the functionality.
- The concerned AO can approve/reject individual request.
- If any application is to be rejected due to any adverse development subsequently in status of the employee/ pensioner, rendering him/ her ineligible under the scheme, Circles shall immediately intimate P&PM Department at Corporate Centre for rejection of the application.
- Corporate Centre will finally approve the applications and send consolidated premium to SBI General Insurance Company Ltd.

Detailed step-by-step guide for applying enrolment/renewal of SBI Health Assist through HRMS in this regard is attached as **Annexure-I**.

D. Procedure for Renewal / Membership for SBI Health Assist (Policy 'B') for retirees/ spouses of deceased retirees not receiving pension

There are some eligible retirees who do not receive pension through HRMS and hence do not have HRMS ID/ access to HRMS portal. Such members will continue to submit physical application forms for enrolment and renewal, as hitherto.

a) Procedure to be followed by Various categories of applicants :

- I. All eligible retirees/ spouses of deceased retirees who are not member of expiring SBI Health Assist Policy (2022-23) will fill up the Application Form (enclosed as **Annexure - II**) and submit to the pension paying branch along with cheque/ debit authority for applicable premium amount as per premium chart.
- II. Existing members of SBI Health Assist (2022-23) willing to renew their policy will fill up the simplified Consent Form (enclosed as **Annexure - III**) and will submit to the pension paying branch along with cheque/ debit authority for applicable premium amount as per premium chart.
- III. New retirees who retire/have retired on or after 16.01.2023 and not eligible for pension but eligible for enrolment under SBI Health Assist, willing to enroll for the policy, will also be required to fill up the Application Form (enclosed as **Annexure - II**) and submit to the pension paying branch along with cheque/ debit authority for applicable **pro-rata premium** amount as per premium chart. Branches can contact CM (HR) at their respective A.O. to obtain exact pro-rata premium applicable to the new retiree. The Pro-rata calculator shall be shared with all CMs(HR).

- b) The branch will arrange for debiting the applicant's account with the amount of gross premium (i.e. Basic Premium plus GST) and credit the same to Current Account opened by each A.O. for collection of premium.
- c) Retirees of e-ABs not receiving pension, who do not have HRMS ID should mention the name of the e-AB (SBM, SBT, SBBJ, SBP, SBIN, SBS & SBH) before their PF ID (for example if PF ID of a retiree of SBM is 1234 then "**SBM1234**" is to be mentioned) in column no. 1B.
- d) Once amount of premium is credited in the designated account at the A.O., branch will forward duly filled-in application forms [mentioning (a) Transaction No. (b) Date of Transaction; and (c) Amount] to the concerned A.O. for further action.
- e) AOs on receiving the application form, will verify the application/ consent forms and check the eligibility of the applicant, eligible family members, ensure that all necessary details have been filled and correct amount of premium has been deposited in the Current Account maintained at A.O.
- f) AOs will simultaneously prepare a list (as per **Annexure-VI**) containing details of the applicants and send the soft copy through email to HR Department at their respective LHO and also transfer the consolidated amount to Main Collection Account maintained by P & PM department, Corporate Centre, Mumbai. Specific dates for transfer of consolidated premium to Corporate Centre and data file sharing will be communicated by Corporate Centre to the LHOs / A.Os.
- g) The AOs should ensure that the amount remitted to Corporate Centre tallies with the column total of 'Premium Paid by pensioners' in the excel file sent by them to their respective LHO. **AOs should not send data files directly to Corporate Centre.**
- h) HR Department at each LHO, on receiving the enrolment details / files from the AOs will verify and collate the details in a single excel file in different sheets (as per **Annexure-VI**) for each AOs and send the same to P & PM Department, Corporate Centre on the dates communicated to them.
- i) P&PM Department, Corporate Centre, on receiving the files from each LHO, will prepare a consolidated list and send the same to the Insurance Company along with the total premium amount including GST.

E. Delivery of the Welcome kit of SBI Health Assist and SBI Health Care

- a) Welcome kit containing Physical copy of Insurance cards, Brochure of Policy features, List of network hospitals and claim form will be delivered by Speed Post to the registered address of the members in the Policy.
- b) Once the welcome kit is dispatched, TPA will share speed post tracking ID with member through SMS /Whatsapp. In case of non-receipt of welcome kits, members may take up the matter with the TPA representative stationed at respective AO/ representative of the Broker (M/S Anand Rathi Insurance Broker Ltd.) stationed at Selected AOs.

- c) Soft copy of the cards will be shared by concerned TPA on registered email id of the members.

F. Terms and Conditions of the Policies

The other detailed terms and conditions of the Group Mediclaim Policies is furnished as **Annexure V**

- G.** CGM (HR) is authorised to issue clarifications/ guidelines in the matter, if any.

Please bring the contents of the circular to the knowledge of all concerned.

Encl : Annexures as under:

Annexure-I : Step-by-step guide for applying enrolment/
Renewal through HRMS

Annexure-II : Application form for manual process

Annexure-III: Consent form for renewal through manual process

Annexure-IV: Premium Chart

Annexure-V : Terms & conditions of the Policies

Annexure-I

SBI HEALTH ASSIST POLICY -YEAR 2023-24

STEP BY STEP GUIDE FOR ONLINE ENROLEMENT/ RENEWAL THROUGH HRMS

After sanction of Pension Proposal and execution of separation action in HRMS, employee can enrol for SBI Health Assist Policy (Yearly Payment Plan) through HRMS portal only. The applicant should verify his address/Mobile No. and email since these will be shared for delivery of services, with SBI General Insurance Co. Ltd., Insurance Broker, respective TPA and e-Pharmacy vendor. The step-by-step guide is as under:

Steps to be followed by Applicant for SBI Health Assist Plan-B membership/ renewal:

1. Pensioner can apply through Pension Self Service→SBI Health Assist (Plan-B) - Apply
2. System displays personal details - details to be checked

(The employee/ pensioner to check for accuracy of the personal details displayed. For any changes required in the personal details, the same can be changed in the portal, before proceeding to apply for enrolment)

3. Suitable plan to be selected from “Select Plan”

(Plan details can be viewed by pressing the “click here to view plan details”)

4. Family details fetched from system is displayed
5. Final overview page displays selected plan and payment details
6. Undertaking for payment to be ticked before submission for debit.
7. OTP sent to be registered mobile number is to be submitted.
8. Payment reference number and journal number is displayed.
9. By selecting “Download Application Form”, the generated SBI Health Assist application form along with payment receipt can be downloaded (The form and payment receipt can also be downloaded by selecting “View” option on the main page any time subsequently)

STEPS TO BE FOLLOWED AT CONCERNED AOs.

AO level: After submission of Applications by retiree, concern AO has to follow undermentioned steps for Approval of membership:

1. Authorised approver at AO/CC level can access through the same menu

Manager Approvals → PF/Pension/Gratuity → SBI Health Assist (Plan-B) Approve.

Authorised user at AO level can:

- a. Approve/Reject individual request.
- b. Generate Batch file B1 for onward submission to CC for approval.
- c. View Status / Download -Application submitted by pensioner /employee and payment receipt is available for authorised user at AO/CC through the same menu.
- d. Download/View B1 report and mail it to medicclaim@sbi.co.in, as is being reported presently.

ANNEXURE-II

“SBI Health Assist” Scheme

GROUP MEDICLAIM POLICY ‘B’ FOR SBI RETIREES

APPLICATION FORM FOR Policy ‘B’ (16.01.2023 – 15.01.2024)

Date of payment of premium
Journal No.
Amount paid

Chief Manager
State Bank of India,
Branch / Administrative office,

Dear Sir,

Affix coloured joint photograph
of the member and spouse

SUB: Family Floater Group Health Insurance Policy ‘B’ for SBI Retirees

Policy Period : 16.01.2023 – 15.01.2024

I am interested in joining the Family Floater Group Health Insurance Policy of State Bank of India (Policy B – SBI Health Assist Scheme) and furnish the required information as under:

Sl.	Particulars	Remarks
1 A	P.F Index No./ HRMS ID	
1 B	PF ID (for pre-merger retirees of e-Abs who don't have HRMS ID) for example “ SBM1234/ SBH1234, SBP1234..... ”	
2	Name of retiree / Family pensioner	
3	Date of Birth of retiree / Family pensioner	dd/mm/yyyy
4	Date of joining the Bank	
5	Date of Retirement	
6	Date of Death of deceased employee/ pensioner (applicable for Family pensioners)	
7	Retired as Clerical/Sub-staff/JMGS-I/MMGS-II/MMGS-III/SMGS-	

	IV/SMGS-V/TEGS-VI/TEGS-VII/TEGSS-I/TEGSS-II	
8	Age (in years) as on the date of retirement	
9	Gender	i. Male ii. Female
10	Type (please write Pensioner / Family pensioner / Retiree)	
11	Category (Please tick mark)	i. SBI retirees on completion of pensionable service in the Bank. ii. Surviving spouses of SBI employee who died whilst in service or after retirement. iii. Existing members of SBI Health care / Policy-A. iv. Old retiree/ surviving spouses / family pensioners of erstwhile Associate Banks of SBI (e-ABs) v. Pensioners removed from service and receiving pension. vi. Pensioners / Retirees who could not join 'SBI Health Assist' in the Policy year 2022-23
12	Whether dismissed or terminated from service. (Tick)	Yes / No
13	Whether Rule 19(3) was invoked on attaining the age of retirement (If yes, please furnish the details of the disciplinary case, date of its conclusion and penalty, if any imposed)	Yes / No
14	Address for communication	Address
		Nearest Landmark
		Post Office
		City / District
		State

		Pin Code									
15	Landline No. (with STD code)										
16	Mobile No. (it will be used for registration under e-Pharmacy scheme)										
17	Alternate Mobile no. (if any)										
18	Email ID										
19	Name of Spouse (if any)										
20	Date of Birth of Spouse (dd/mm/yyyy)										
21	Name of disabled Child / Children (if any). (As declared to the Bank)	Sl	Name of the disabled child	Date of Birth (dd/mm/yyyy)	Gender						
		1.									
		2.									
22	Name of the pension/family pension paying branch	Name of the Branch				Branch Code No.					
23	Pension Account No. (11 digit)										
24	IFSC Code										
BASIC COVER PLANS											
25	Sum Insured	Basic Premium	GST @ 18%	Gross Premium (A)	Please Tick Opted Plan						
	3,00,000										
	5,00,000										
ADDITIONAL SUPER TOP-UP COVER**											

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Base plan	Sum Insured of Additional Super top-up	Basic Premium	GST @ 18%	Gross Premium (B)	Please Tick Opted Plan
3,00,000	11,00,000				
	16,00,000				
5,00,000	14,00,000				
	19,00,000				

CRITICAL ILLNESS COVER **

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Sum Insured	Basic Premium	GST @ 18%	Gross Premium (C)	Please Tick if applied
5,00,000				

**** Critical Illness Cover and Additional Super top-up cover will not be available separately and can be taken only with a Base Plan**

**** Members should have completed age below 65 years as on 15th January 2023 to opt for critical Illness Plan**

N.B. : Pro-rata premium for new retirees will be applicable in all the plans i.e. Basic Cover Plans Additional super top up and Critical Illness Plans.

Employees retiring during currency of the policy should apply by paying the pro-rata premium within 90 days from the date of their of retirement.

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CALCULATION OF TOTAL PREMIUM (with GST)			
Premium for Base Plan	Premium for Additional Super top-up Plan (if any)	Premium for Critical Illness (if any)	Total Premium Paid (with GST)
(A)	(B)	(C)	A + B + C

29. Declaration Nominee/s :

I, Mr./Mrs./Ms. _____, a pensioner of the Bank/ a retired employee / spouse of the deceased employee do hereby assign the money payable by “**SBI General Insurance Co. Ltd.**” in case of my death to Mr. / Mrs./ Ms. _____ Relation _____ and further declare that his/her receipt shall be sufficient discharge of the company.

30. Debit Authority for Super Top-up Premium

I hereby authorize Bank to debit and credit premium of Super Top-up cover of 6 Lacs from my pension account.

31. Debit Authority:

I am aware that I along with my spouse and disabled child/children (if any) will be eligible for a health insurance cover under the Family Floater Group Health Insurance ‘Health Assist’. I hereby authorize the Bank to debit the insurance premium amount of Rs. _____ to my pension / family pension account No. _____

I undertake to keep sufficient balance in my above account for debiting insurance premium for the policy year 2023-24 failing which the policy may not be issued to me. I am also aware that Bank may at its sole discretion can modify the terms and conditions of the policy from time to time.

32. Consent-cum- undertaking:

I am desirous of availing the “SBI Health Assist” Scheme (“Services”) offered by the Bank through third-party agencies/service providers/vendors (“Third Party Entities”). The Bank may also at its sole discretion offer certain additional services, (information regarding such service/s will be Circulated subsequently by Bank) (“Additional Services”) through Third Party Entities selected by the Bank. For the purpose of rendering Services and/or Additional Services, I do hereby expressly authorize the Bank to share, disclose or exchange my PF ID/ contact details and details of my/ my family members to Third Party Entities.

I understand that availing of Additional Services will be on voluntary and chargeable basis. I undertake that I will use aforesaid additional services for my genuine personal purpose and for the declared family members only. In case of any misuse of the facility is reported and/or the facility is used for commercial purposes, Bank/ Third Party Entities are free to take appropriate measures including to suspend the services if so warranted.

Also, I undertake that any liability, damage, claim, loss etc. that the Bank may suffer or incur, on account of any acts of omission on my part in connection with the use of Additional Services, shall be recoverable from me on first demand made by the Bank.

I understand that the Additional Services are provided by Third Party Entities and any issues/concerns related thereto need to be taken up with Third Party Entities only. The Bank shall

not be responsible for any loss incurred by me on account of use of such Additional Services provided by Third Party Entities.

I have read, understood and accept the contents of this 'Consent-cum-Undertaking'.

Place :

Date :

Signature of Retired Employee / Spouse

For office use only

Certified that Shri / Smt. _____ is a retired employee / spouse of the retired / deceased employee of SBI / e-ABs and he / she has remitted the insurance premium as per the following details:

Transaction No. (Journal No.)

Date : _____

Amount : _____

State Bank of India

Name of the Forwarding Branch (Code No.) :

Place :

Date :

Signature of the Branch Manager with seal

(On Branch Letter head)

ACKNOWLEDGEMENT OF PREMIUM PAID

(Year 2023-24)

'SBI Health Assist'

GROUP MEDICLAIM POLICY FOR RETIREES

(to be given to the applicant by the Branch receiving this Application Form)

Received from Shri/Smt. _____

PF Index No. _____

This is to certify that Insurance Premium including GST for Rs _____

(Base Plan & Critical Illness Cover) + Rs. _____ (Super Top-up Cover) =

_____ **(in words**

Rupees _____

_____ **)has been received for enrolment in above Mediclaim Policy.**

Date _____

**Signature of the Branch official
issuing the certificate**

“SBI HEALTH ASSIST” SCHEME (2023-24)**CONSENT FOR RENEWAL**

Date of payment of premium
Journal No.
Amount paid

The Branch Manager
State Bank of India,
_____ Office/ Branch

Dear Sir,

SUB: Family Floater Group Health Insurance Policy ‘B’ for SBI Retirees.
Policy Period: 16.01.2023 –15.01.2024

PF No. /HRMS ID		
Pensioner Type (Pensioner / Retiree / Family Pensioner)		
Name of Retiree/ Spouse of Deceased Retiree (Family pensioner)	Gender (M/F)	Dt. of Birth (dd/mm/yyyy)
Name of Spouse	Gender (M/F)	Dt. of Birth (dd/mm/yyyy)
Name of disabled child (if any) 1. 2.	Gender (M/F)	Dt. of Birth (dd/mm/yyyy)
Name of the Nominee	Relationship of Nominee	
Date of Retirement :		
Address of pensioner		
City		
State		
Pin code		
Mobile No. (For E-pharmacy Scheme)		
Landline No.		
Email Id.		
Name of Zonal/Administrative office		
Name of LHO		

Name of Pension Branch	
Pension Branch code	
Pension Account no.	
IFSC code	

I intend to join the Family Floater Group Health Insurance under SBI Health Assist scheme of State Bank of India. I hereby exercise my options as per the following :

Sum Insured (Rs. in Lakhs)	Premium details for Basic Cover			
	Basic Premium (Amt. in Rs.)	GST @ 18% (Amt. in Rs.)	Gross Premium (Rounded off) (A) (Amt. in Rs.)	Please Tick Opted Plan
3.00	16,517	2,973.08	19,490	
5.00	36,716	6,608.82	43,325	

Premium details for Additional Super Top cover					
Base plan (Amt. in lakhs)	Additional Super Top-up (Amt. in lakhs)	Basic premium (Amt. in Rs.)	GST @ 18 % (Amt. in Rs.)	Gross Premium (Rounded off) (B) (Amt. in Rs.)	Please Tick Opted Plan
3.00	11.00	5,015	902.78	5,918	
	16.00	6,220	1,119.53	7,339	
5.00	14.00	9,516	1,712.82	11,228	
	19.00	10,876	1,957.61	12,833	

Sum Insured	Basic Premium (Amt. in Rs.)	GST @ 18% (Amt. in Rs.)	Gross Premium (Rounded off) (C) (Amt. in Rs.)	Please Tick Opted Plan
5,00,000**	13,753	2,475.59	16,229	

****Critical Illness Cover will not be available separately and can be taken only with a base plan.**

Calculation of Total Premium :

Premium for Basic Plan Opted with GST (A)	Additional Super top-up Premium (If any) with GST (B)	Critical Illness Plan Premium (If any) with GST (C)	Total Premium (with GST) A+B+C = D

Consent-cum- undertaking:

I am desirous of availing the "SBI Health Assist" Scheme ("Services") offered by the Bank through third-party agencies/service providers/vendors ("Third Party Entities"). The Bank may also at its sole discretion offer certain additional services, (information regarding such service/s will be Circulated subsequently by Bank) ("Additional Services") through Third Party Entities selected by the Bank. For the purpose of rendering Services and/or Additional Services, I do hereby expressly authorize the Bank to share, disclose or exchange my PF ID/ contact details and details of my/ my family members to Third Party Entities.

I understand that availing of Additional Services will be on voluntary and chargeable basis. I undertake that I will use aforesaid additional services for my genuine personal purpose and for the declared family members only. In case of any misuse of the facility is reported and/or the facility is used for commercial purposes, Bank/ Third Party Entities are free to take appropriate measures including to suspend the services if so warranted.

Also, I undertake that any liability, damage, claim, loss etc. that the Bank may suffer or incur, on account of any acts of omission on my part in connection with the use of Additional Services, shall be recoverable from me on first demand made by the Bank.

I understand that the Additional Services are provided by Third Party Entities and any issues/concerns related thereto need to be taken up with Third Party Entities only. The Bank shall not be responsible for any loss incurred by me on account of use of such Additional Services provided by Third Party Entities.

I have read, understood and accept the contents of this 'Consent-cum-Undertaking'.

Debit Authority :

I am aware that I along with my spouse and disabled child/children will be eligible for a health insurance cover of Rs. _____ lakhs under the Family Floater Group Health Insurance policy 'B'. I hereby authorize the Bank to debit the insurance premium amount of Rs. _____ to my pension / family pension account / Savings Bank Account No. _____.

Debit Authority for Super Top-up Premium

I hereby authorize Bank to debit and re-credit the premium for Super Top-up cover of 6 Lacs from my pension account.

Date :

Signature of Retired Employee/ Spouse

ACKNOWLEDGEMENT OF PREMIUM PAID

Year (2023-24)

'SBI Health Assist'

GROUP MEDICLAIM POLICY FOR RETIREES

(to be given to the applicant by the branch receiving this Application Form)

Received from Shri/Smt. _____

PF Index No. _____

This is to certify that Insurance Premium including GST for Rs. _____ (in
word Rupees)

has been received for enrollment in above Mediclaim Policy.

Date _____

Stamp of the Branch

Signature of the officer
receiving the Form

'SBI HEALTH ASSIST' POLICY (2023-24)

Premium Chart

A. Base plan

(All amount in Rs.)

Basic Sum insured	Basic Premium	GST (@18%)	Gross Premium (Rounded off)
3,00,000	16,517	2,973.08	19,490
5,00,000	36,716	6,608.82	43,325

B. Additional Super Top Plan

Basic Sum Insured	Additional Super Top-up Cover	Basic premium	GST (@18%)	Gross Premium (Rounded off)
3,00,000	11,00,000	5,015	902.78	5,918
	16,00,000	6,220	1,119.53	7,339
5,00,000	14,00,000	9,516	1,712.82	11,228
	19,00,000	10,876	1,957.61	12,833

C. Critical Illness Plan

Critical illness Cover	Basic premium	GST (@18%)	Gross Premium (Rounded off)
5,00,000	13,753	2,475.59	16,229

Annexure-V

Terms and conditions of the Policies

FEATURES OF SBI HEALTH CARE

Domiciliary Cover:

There will be a provision of domiciliary cover of 1 % of the lifetime limit (in SBI-REMBS) under **SBI Health Care**.

Existing domiciliary limits against the lifetime SBI-REMBS plans and number of members under such limits are as under:

Lifetime Limit under SBI – REMBS	Annual Domiciliary Limit 1% of Life time limit
3,00,000	3,000
4,00,000	4,000
5,00,000	5,000
7,00,000	7,000
10,00,000	10,000
15,00,000	15,000
20,00,000	20,000

Domiciliary cover will be available for 63 listed diseases only enumerated as below:

Animal/reptile/insect bite or sting including Dengue & Chikangunya	Hepatitis – C	Psychiatric disorder including Schizophrenia and Psychotherapy
Aplastic Anaemia	Hypertension	Purpura
Arthritis	Hyperthyroidism	Accidents serious in nature & Fracture including hair line fracture / dislocation
Asthma	Hypothyroidism	Seizure disorders
Cancer	Immuno Suppressants	Sequalea of Meningitis

Cardiac Ailments	Kidney Ailment	Sickle cell disease
Cerebral Palsy	Leprosy	Sleep apnea syndrome (not related to obesity)
Chronic Bronchitis	Leukemia	Status Asthmatics
Chronic pancreatitis	Malaria	Strokes Leading to Paralysis
Chronic Pulmonary Disease	Multiple sclerosis / motor neuron Disease	Swine flu
Connective tissue disorder	Muscular Dystrophies	Systemic lupus Erythematosus (SLE)
Diabetes	Myasthenia gravis	Thalassemia
Diphtheria	Non-Alcoholic Cirrhosis of Liver	Third Degree burns
Epidermolysis bullosa	Osteoporosis	Thrombo Embolism Venous Thrombosis / Venous Thromboembolism (VTE)
Expenses incurred on Radiotherapy and Chemotherapy in the treatment of Cancer and Leukemia	Paralysis	Tuberculosis
Glaucoma	Prostate	Tumor
Graves' disease	Parkinson's diseases	Typhoid,
Growth disorders	Physiotherapy	Ulcerative Colitis
Hemophilia	Pleurisy	Varicose veins
Hemorrhages caused by accidents	Polio	Venous Thrombosis (not caused by smoking)
Hepatitis – B	Psoriasis	Wilson's disease

The cost of Medicines, Investigations, and consultations, etc. in respect of domiciliary treatment shall be reimbursed for the period stated by the Registered Medical Practitioner in Prescription or 90 days whichever is earlier. If the treatment continues beyond 90 days, a fresh prescription has to be submitted. In case the doctor advises lifelong medicine or follow up after one year or six months, the validity of the prescription would be maximum of 180 days.

Domiciliary claim under SBI Health Care Policy can be settled from Super Top, if the Base Sum Insured is already exhausted and domiciliary limit for the year is available.

COMMON FEATURES OF SBI HEALTH ASSIST & SBI HEALTH CARE

Coverage:

- (i) Hospital Charges:** The Policy will cover Hospital charges for:
 - (a) Operation Theatre, OT Consumables and Recovery Room.
 - (b) Prescribed medicines, drugs and dressing for in-patient.
 - (c) Expenses incurred during the Pre-Hospitalization and Post Hospitalization period for 30 days prior to hospitalization and 90 days after discharge respectively subject to limit of 10 % of Base Sum Insured for each Hospitalization.
 - (d) Visiting and treating Doctor's fees are covered only as a part of the hospitalization bill.
- (ii) Pre- Existing Diseases / Ailments:** All Pre-existing diseases and ailments are covered under the scheme.
- (iii)** The Room rent capping will be as under :

A . Room rent / ICU rent/ ICCU rent per day:

Basic Sum Insured (Rs.)	Room Rent Per Day (Rs.)	ICU/ICCU Rent Per Day (Rs.)
3,00,000	5,000	9,500
5,00,000	7,500	12,000

Room Charges include Nursing care, RMO Charges, IV Fluids / Blood transfusion / Injection administration charges and similar other expenses.

Isolation Room: It may be noted that Tariff for Isolation Room would be treated at par with ICU and the Tariff & other conditions including proportionate condition on defined associated medical expenses would apply accordingly.

In case one opts for room category higher than his eligibility, the policy would be subject to deduction on all defined associated medical expenses in the same ratio as the eligibility of the room rent bears to the actual room rent availed.

For example, as against an eligibility of room rent of Rs. 5000 per day, a member availed a room of rent of Rs.10,000 per day. The associated medical expenses would be paid as under :

$$(5000 / 10,000) \times \text{Associated Medical expenses}$$

For Normal Room: Associate Medical Expenses shall include room rent, nursing charges, operation theatre charges, fees of Medical Practitioner /Surgeon/Anesthetists' /Specialists conducted within the same Hospital where the Insured person has been admitted.

The below expenses are not part of Associate Medical Expenses:

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

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

Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted.

Further if the Hospital is having defined rate structure for different expenses depending upon the Room Rent, the Pensioner will get the entire expenses as per the Hospital tariff corresponding to his eligible room rent. Example given below:

A pensioner is having base Sum Insured of Rs. 3 lacs and Room rent eligibility of Rs. 5000 per day. He availed a room with tariff of Rs. 10000 a day. He incurred associated medical expenses of Rs. 70000.

Scenario 1: Hospital is NOT having system of differential structure of all medical expenses depending upon the room rent availed. The admissible associated medical expenses would be as below:

Rs. 5000/ 10000* 70000 = Rs. 35000.

Scenario 2: Hospital is HAVING defined rate structure depending upon the room rent like below,

Room Rent Rs. 5000 a day: Hospital tariff for other medical expenses: Rs. 50000

Room Rent Rs. 10000 a day: Hospital tariff for other medical expenses: Rs.70000.

The admissible associated medical expenses would be Rs. 50000 as the patient's eligible room rent is Rs. 5000 a day and the corresponding tariff for the associated medical expenses is Rs. 50000.

Special Condition: There will not be any Proportionate Deduction on Associated Medical Expenses due to availing room rent higher than the eligibility in case of DEATH of any of the insured member before being discharged from Hospital.

B) Disease wise capping:

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

Sl.	Surgical Procedure + Implant (if any) + Pre & Post Hospitalization expenses (subject to limit of 10% of Base Sum Insured for each hospitalization)	Limits for Basic Sum Insured of Rs. 3 lacs	Limits for Basic Sum Insured of Rs. 5 lacs
1	Angioplasty	2,00,000	2,25,000
2	CA BG	4,00,000	4,50,000
3	Cataract	45,000	50,000

4	Cholecystectomy	1,00,000	1,25,000
5	Hernia involving single repair	1,00,000	1,25,000
6	Knee Replacement – Unilateral	2,00,000	2,25,000
7	Knee replacement –Bilateral	4,00,000	4,50,000
8	Prostrate (other than treatment of Prostate cancer)	1,00,000	1,25,000

In case of CA BG & Knee replacement – Bilateral for a Base Sum Insured of Rs. 3 lacs, the balance amount of Rs. 1 lakh would be paid from Super Top Up.

In case of complications arising out of any of the above capped ailments or if there is a multiple surgery involving any of the above capped ailments under the same hospitalization, the cost of such additional procedure would be considered separately as per actuals within the total sum insured.

C) Coverage

(i) Dental Treatment: Both the policies will cover Root Canal Treatment (RCT) with a limit of Rs. 7,500/- per annum per family. It includes RCT and other associated expenses e.g., extraction, filling, crowning, restoration, casting etc. However, these associated expenses are not covered on standalone basis. The amount fixed is overall limit for the entire family unit not forming part of domiciliary treatment but within the total Sum Insured.

(ii) Congenital Anomalies: Expenses for Treatment of only Congenital Internal defects & anomalies are covered under the policy. Congenital external diseases are not covered.

(iii) Psychiatric diseases: The expenses incurred for treatment of psychiatric and psychosomatic diseases will be covered under the IPD as well as under domiciliary treatment (Domiciliary treatment is applicable for SBI Health Care Policy members only)

(iv) Nursing: The policy will pay for the services of actual charges of qualified & registered Nurse benefit for the medically necessary provision of continuing care at the Member's Home immediately following Hospitalization for a maximum number of 90 days on submission of proper serial numbered receipt and subject to maximum of 10 % of Base Sum Insured of each hospitalization. It should be prescribed by the same doctor and for the same accident / injury for which Hospitalization took place subject to limit of Rs. 1000 per day.

(v) Advanced Medical Treatment: All new kinds of approved advanced medical procedures for treatment as defined below are required to be covered with or without hospitalization.

- I. Uterine Artery Embolization & HIFU
- II. Balloon Sinuplasty
- III. Deep Brain Stimulation
- IV. Oral Chemotherapy
- V. Peritoneal Dialysis
- VI. Immunotherapy- Monoclonal Antibody to be given as injection.
- VII. Intra Vitreal injections
- VIII. Laser Surgeries

- IX. Robotic Surgeries
- X. Stereotactic Radio Surgeries
- XI. Bronchial Thermoplasty.
- XII. Vaporisation of prostate (Green Laser treatment or holmium laser treatment)
- XIII. IONM- (Intra Operative Neuro Monitoring)
- XIV. Stem Cell Therapy: Hematopoietic Stem Cells for bone marrow transplant for hematological conditions.

(vi) Obesity Treatment: Obesity treatment and its complications including morbid obesity will be covered if it fulfills all the following conditions:

- i) Surgery to be conducted upon the advice of the Doctor.
- ii) The surgery/procedure conducted should be supported by clinical protocols.
- iii) The member must be 18 years of age or older and
- iv) Body Mass Index (BMI)
 - i. Greater than or equal to 40 or
 - ii. Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - Obesity related cardiomyopathy
 - Coronary Heart disease
 - Severe Sleep Apnea
 - Uncontrolled Type 2 Diabetes

(vii) Cancer Treatment: Cancer coverage for advanced cancer treatments (Adjuvant / neo-adjuvant cancer treatments including Zoledronic Acid Injection) will be covered with or without Hospitalization / Day care treatment involved.

(viii) Treatment for Age related Macular Degeneration (ARMD), treatment such as Rotational Field Quantum Magnetic Resonance (RFQMR), Enhanced External Counter pulsation (EECP), are covered under the scheme. Treatment for all neurological/ macular degenerative disorders shall be covered under the scheme under IPD.

(ix) Enhanced External Counter Pulsation (EECP): It will be covered for specific indications viz.:

- a. Angina or Angina equivalents with poor response to medical treatment and when patient is unwilling to undergo invasive revascularization procedures.
- b. Ejection fraction is less than 35%.
- c. Co-morbid conditions co-exist which increase the risk of surgery e.g., DM, Congestive Cardiac Failure, Cor. Pulmonale, Renal dysfunction, Ischemic or Idiopathic Cardio Myopathy.

(x) Genetic Disorders and Stem Cell Surgery is covered only for cases involving Hematopoietic Stem Cell Transplantation for Blood & Bone Marrow Cancers like Leukemia, Lymphoma and Multiple Myeloma and poly cystic kidney disease.

(xi) **Rental Charges for CPAP, CAPD, Bi-PAP and Infusion pump** used for diagnosis and or treatment arising out of hospitalization during the Post hospitalization period for a maximum number of 90 days is covered within the overall limit of pre-and post-hospitalization expenses of 10% of Base Sum insured for each hospitalization.

(xii) **Physiotherapy Charges:** Physiotherapy charges shall be covered for the period specified under the Discharge Summary or for a maximum period of post hospitalization period of 90 days within the overall limit of pre-and post-hospitalization expenses of 10% of Base Sum insured for each hospitalization.

(xiii) **Day Care Benefits:** Condition for Hospitalization for minimum period of 24 hrs is not applicable for the following specific treatments / investigations:

Sr.	Name of Disease
1	Adenoidectomy
2	Appendectomy
3	Ascitis / Plural Tapping
4	Auroplasty not Cosmetic in nature
5	Coronary and CT angiography /Renal
6	Coronary angioplasty
7	Dental Surgery
8	D&C (Dilation & Curettage)
9	Excision of cyst / granuloma / lump / tumor
10	Eye surgery
11	Fracture including hairline fracture /dislocation
12	Radiotherapy
13	Chemotherapy including parental chemotherapy (Both Conventional & Unconventional treatment including Herclon Injection)
14	Lithotripsy
15	Incision and drainage of abscess
16	Varicocelectomy
17	Wound suturing
18	FESS
19	Operations / Micro surgical operations on the nose, middle ear / internal ear, tongue, mouth, face, tonsils & adenoids, salivary glands and salivary ducts, breasts, skin & subcutaneous tissues, digestive tract, female / male sexual organs.
20	Haemo dialysis including arising out of polycystic Kidney disease
21	Fissurectomy / Fistulectomy
22	Mastoidectomy

23	Hydrocele
24	Hysterectomy
25	Inguinal / Vejntral / Umbilica / Femoral Hernia
26	Parenteral chemotherapy
27	Polypectomy
28	Septoplasty
29	Piles / fistula
30	Prostrate surgeries
31	Sinusitis surgeries
32	Tonsillectomy
33	Lever aspirations
34	Sclerotherapy
35	Varicose Vein Ligation
36	All scopies and / or Biopsies
37	Lumbar puncture
ENT: Operation of the ear	
1	Stapedotomy or Stapedectomy
2	Myringoplasty (Type –I Tympanoplasty)
3	Tympanoplasty (closure of an eardrum perforation)
4	Reconstruction and other Procedures of the auditory ossicles
5	Myringotomy
6	Removal of a tympanic drain
7	Mastoidectomy
8	Reconstruction of the middle ear
9	Fenestration of the inner ear
10	Incision (opening) and destruction (elimination) of the inner ear
ENT: Procedures on the nose & the nasal sinuses	
1	Excision and destruction of diseased tissue of the nose
2	Procedures on the turbinates (nasal concha)
3	Nasal sinus aspiration
ENT: Procedures on the tonsils & adenoids	
1	Transoral incision and drainage of a pharyngeal abscess
2	Tonsillectomy and / or adenoidectomy
3	Excision and destruction of a lingual tonsil
4	Quinsy drainage
OPHTHALMOLOGY : Procedure on the eyes	
1	Incision of tear glands
2	Excision and destruction of diseased tissue of the eyelid
3	Procedures on the canthus and epicanthus
4	Corrective surgery for entropion and ectropion
5	Corrective surgery for blepharoptosis
6	Removal of a foreign body from the conjunctiva
7	Removal of a foreign body from the cornea
8	Incision of the cornea
9	Procedures for pterygium
10	Removal of a foreign body from the lens of the eye
11	Removal of a foreign body from the posterior chamber of the eye
12	Removal of a foreign body from the orbit and eyeball
13	Operation of cataract
14	Chalazion removal
15	Glaucoma Surgery

16	Surgery of Retinal Detachment
17	Treatment of AMD /ARMD
Procedures on the skin & subcutaneous tissues	
1	Incision of a pilonidal sinus
2	Other incisions of the skin and subcutaneous tissues
3	Surgical wound toilet (wound debridement)
4	Local excision or destruction of diseased tissue of the skin and subcutaneous tissues
5	Simple restoration of surface continuity of the skin and subcutaneous tissues
6	Free skin transplantation, donor site
7	Free skin transplantation, recipient site
8	Revision of skin plasty
9	Restoration and reconstruction of the skin and subcutaneous tissues
10	Chemosurgery to the skin
11	Excision of Granuloma 17
12	Incision and drainage of abscess
Procedures on the tongue	
1	Incision, excision and destruction of diseased tissue of the tongue
2	Partial glossectomy
3	Glossectomy
4	Reconstruction of the tongue
Procedures on the salivary glands & salivary ducts	
1	Incision and lancing of a salivary gland and a salivary duct
2	Excision of diseased tissue of a salivary gland and a salivary duct
3	Resection of a salivary gland
4	Reconstruction of a salivary gland and a salivary duct
Procedures on the mouth & face	
1	External incision and drainage in the region of the mouth, jaw and face
2	Incision of the hard and soft palate
3	Excision and destruction of diseased hard and soft palate
4	Incision, excision and destruction in the mouth
5	Plastic surgery to the floor of the mouth
6	Palatoplasty
Trauma surgery and orthopaedics	
1	Incision on bone, septic and aseptic
2	Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
3	Suture and other Procedures on tendons and tendon sheath
4	Reduction of dislocation under GA
5	Arthroscopic knee aspiration
6	Aspiration of hematoma
7	Excision of dupuytren's contracture
8	Carpal tunnel decompression
9	Surgery for ligament tear
10	Surgery for meniscus tear
11	Surgery for hemoarthrosis /pyoarthrosis
12	Removal of fracture pins/nails
13	Removal of metal wire
14	Joint Aspiration – Diagnostic / therapeutic

Procedures on the breast	
1	Incision of the breast
2	Procedures on the nipple
3	Excision of breast lump /Fibro adenoma
Procedures on the digestive tract	
1	Incision and excision of tissue in the perianal region
2	Surgical treatment of anal fistulas
3	Surgical treatment of haemorrhoids
4	Division of the anal sphincter (sphincterotomy)
5	Ultrasound guided aspirations
6	Sclerotherapy
7	Therapeutic Ascitic Tapping
8	Endoscopic ligation /banding
9	Dilatation of digestive tract strictures
10	Endoscopic ultrasonography and biopsy
11	Replacement of Gastrostomy tube
12	Endoscopic decompression of colon
13	Therapeutic ERCP 18
14	Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux Disease
15	Endoscopic Gastrostomy
16	Laparoscopic procedures e.g. cholecystectomy, appendicectomy etc.
17	Endoscopic Drainage of Pseudopancreatic cyst
18	Hernia Repair (Herniotomy / herniography / hernioplasty)
Procedures on the female sexual organs	
1	Incision of the ovary
2	Insufflation of the Fallopian tubes
3	Dilatation of the cervical canal
4	Conisation of the uterine cervix
5	Incision of the uterus (hysterotomy)
6	Therapeutic curettage
7	Culdotomy
8	Local excision and destruction of diseased tissue of vagina and Pouch of Douglas
9	Procedures on Bartholin's glands (cyst)
10	Endoscopic polypectomy
11	Myomectomy , hysteroscopic or laparoscopic biopsy or removal
Procedures on the prostate seminal vesicles	
1	Incision of the prostate
2	Transurethral excision and destruction of prostate tissue
3	Open surgical excision and destruction of prostate tissue
4	Radical prostatovesiculectomy
5	Incision and excision of periprostatic tissue
Procedures on the scrotum & tunica vaginalis testis	
1	Incision of the scrotum and tunica vaginalis testis
2	Operation on a testicular hydrocele

3	Excision and destruction of diseased scrotal tissue
4	Plastic reconstruction of the scrotum and tunica vaginalis testis
Procedures on the testes	
1	Incision of the testes
2	Excision and destruction of diseased tissue of the testes
3	Orchidectomy- Unilateral / Bilateral
4	Orchidopexy
5	Abdominal exploration in cryptorchidism
6	Surgical repositioning of an abdominal testis
7	Reconstruction of the testis
8	Implantation, exchange and removal of a testicular prosthesis
Procedures on the spermatic cord, epididymis and Ductus Deferans	
1	Surgical treatment of a varicocele and hydrocele of spermatic cord
2	Excision in the area of the epididymis
3	Epididymectomy
4	Reconstruction of the spermatic cord
5	Reconstruction of the ductus deferens and epididymis
Procedures on the penis	
1	Procedures on the foreskin
2	Local excision and destruction of diseased tissue of the penis
3	Amputation of the penis
4	Plastic reconstruction of the penis
Procedures on the urinary system	
1	Cystoscopical removal of stones
2	Lithotripsy 19
3	Haemodialysis
4	PCNS (Percutaneous nephrostomy)
5	PCNL (Percutaneous Nephro-Lithotomy)
6	Tran urethral resection of bladder tumor
7	Suprapubic cystostomy
Procedure of Respiratory System	
1	Brochosopic treatment of bleeding lesion
2	Brochosopic treatment of fistula /stenting
3	Bronchoalveolar lavage 8i biopsy
4	Direct Laryngoscopy with biopsy
5	Therapeutic Pleural Tapping
Procedures of Heart and Blood vessels	
1	CT & Coronary angiography (CAG)
2	Coronary Angioplasty (PTCA)
3	Insertion of filter in inferior vena cava
4	TIPS procedure for portal hypertension
5	Blood transfusion for recipient
6	Therapeutic Phlebotomy
7	Pericardiocentesis
8	Insertion of gel foam in artery or vein
9	Carotid angioplasty
10	Renal angioplasty
11	Varicose vein stripping or ligation
OTHER Procedures	

1	Radiotherapy for Cancer
2	Cancer Chemotherapy
3	True cut Biopsy
4	Endoscopic Foreign Body Removal
5	Vaccination / Inoculation – Post Dog bite or Snake bite
6	Endoscopic placement/removal of stents
7	Tumor embolization
8	Aspiration of an internal abscess under ultrasound guidance
Obesity treatment and its complications including morbid obesity	
1	Surgery to be conducted 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 Apnea iv. Uncontrolled Type 2 Diabetes
Modern Treatment Methods	
I	Uterine Artery Embolization & HIFU
II	Balloon Sinuplasty
III	Deep Brain Stimulation
IV	Oral Chemotherapy
V	Peritoneal Dialysis
VI	Immunotherapy- Monoclonal Antibody to be given as injection.
VII	Intra vitreal injections
VIII	Laser Surgeries
IX	Robotic Surgeries
X	Stereotactic Radio Surgeries
XI	Bronchial Thermoplasty.
XII	Vaporisation of prostate (Green Laser treatment or holmium laser treatment)
XIII	IONM- (Intra Operative Neuro Monitoring)
XIV	Stem Cell Therapy: Hematopoietic Stem Cells for bone marrow transplant for haematological conditions.

Apart from the above listed procedure in the Day care treatment, the condition of minimum 24 hrs. Hospitalization would not be applicable under the following circumstances also: The treatment is undertaken under General or Local Anesthesia in a hospital /day care Centre in less than a day because of technological advancement; and which would have otherwise required hospitalization of more than a day.

- (xiv) **Alternative Treatment:** Reimbursement of Expenses for Hospitalization & Domiciliary treatment (Applicable for SBI Health Care Policy members) under the recognized system of medicines, viz. Ayurvedic, Unani, Siddha, Homeopathy is covered provided such treatment is taken in a Hospital / Nursing Home / Clinic registered with the Central / State

government.

- (xv) Change of Treatment:** Change of treatment from one system of medicine to another is permitted in the policy subject to recommendation by the treating doctor.
- (xvi) Ambulatory Devices:** Rental charges for external and or durable Medical equipment CPAP, CAPD, Bi-PAP and Infusion pump used for diagnosis or treatment arising out of hospitalization only during the post hospitalization period are covered subject to maximum period of 90 days and also within the overall limit of 10% of Base Sum Insured for each hospitalization.
- (xvii) Mortal Remains:** This benefit provides for reimbursement of Rs. 10,000/- as expenses incurred for transportation of the mortal remains of the Insured / Insured Person from Hospital to his / her place of residence or the cremation ground in the event of death of the Insured / Insured Person at the Hospital while under treatment for disease / illness / injury etc.
- (xviii) Ambulance Charges:** Ambulance charges are payable up to Rs 2500/- per trip to hospital and / or transfer to another hospital or transfer from hospital to home. In case of intercity movement exceeding 50 Kms. the amount would be maximum of Rs. 5000/- per trip. The limit for cardiac ambulance would be maximum of Rs. 7500/- per trip for both within the city and intercity movement.
- (xix) Air Ambulance Charges** are covered for a limit of Rs. 5,00,000/- for the plan having Base Sum Insured of Rs 5 lacs and above. The Air ambulance cost would be within the overall Sum Insured.
- (xx) Taxes and other Charges:** All Taxes, Surcharges, Service Charges, Registration charges, Admission Charges, Administration charges and TPA processing charges are admissible.
- (xxi) Geographical Limit:** India only

D) EXCLUSIONS:

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

- i. War like Operations: Injury/disease directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy and War like operations {whether war be declared or not}.
- ii. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.
- iii. Vaccination or inoculation.
- iv. Cosmetic Surgeries: Change of life or cosmetic or aesthetic treatment of any description.
- v. Plastic surgery other than as may be necessitated due to an accident or as part of any illness.
- vi. Cost of spectacles, contact lenses, hearing aids and cochlear implant.
- vii. Dental treatment or surgery of any kind unless arising out of accident and necessitating hospitalization or as permitted for Root canal Treatment.
- viii. Convalescence, rest cure, treatment relating disorders, venereal disease, Intentional self-injury and use of intoxication drugs/ alcohol.
- ix. Hospitalization for investigations only: Charges incurred at Hospital or Nursing home primarily for diagnosis, X ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing home.
- x. Expenses on Vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.
- xi. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons /materials.
- xii. All Non-medical expenses as per IRDAI guidelines including convenience items for personal comfort such as charges of telephone, television, barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items, and similar incidental expenses.
- xiii. All expenses arising out of any condition directly or indirectly caused to or associated with human T- Cell Lymphotropic Virus Type III (HTLB-III) or lymphadenopathy Associated Virus (LAV) or Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind referred to as AIDS.
- xiv. Naturopathy Treatment, Acupressure, Acupuncture, Magnetic therapies, Experimental and Unproven treatment/therapies. Treatment including drug Experimental therapy, which is

not based on established medical practice in India, is experimental or unproven line of treatment.

- xv. No claim is admissible for Prosthetic Devices whether arising out of Hospitalization or without it.
- xvi. In case of organ transplant, no cost of organ is allowed. However, the cost of treatment of the Donor & the Recipient would be allowed within the Sum Insured.