

Madam/ Dear Sir,

FAMILY FLOATER GROUP MEDICLAIM POLICY FOR SBI RETIREES

RENEWAL OF SBI HEALTH CARE (ONE TIME PAYMENT PLAN)

FOR CONTINUATION OF MEDICAL INSURANCE COVER FOR THE MEMBERS

Please refer to e-circular No. CDO/P&HRD-PPFG/65/2019-20 dated 27th December, 2019 advising renewal of Group Mediclaim Policies for SBI retirees i.e. SBI Health Assist (Annual Payment Plan) & SBI Health Care (One Time Payment Plan) with modified terms and conditions. The Policy SBI Health Care (One Time Payment Plan) is due for renewal on 1st June, 2020.

Selection of the Insurance Company / Brokers / Third Party Administrators (TPAs)

During the renewal process of SBI Health Assist (Annual Payment Plan) this year, SBI General Insurance Company Ltd. (SBIGIL) has been selected through RFQ process to serve the above policy also. SBIGIL has been selected for serving both the policies i.e. SBI Health Assist (Annual Payment Plan) and SBI Health Care (One Time Payment Plan) for the next three years with a provision of annual renewal. As per the selection process, M/S Anand Rathi Insurance Brokers Ltd. (ARIBL) has been selected as Brokers in the policy. Area wise names of TPAs will be finalized by SBIGIL after renewal of the policy in consultation with the Bank.

Inclusion of new as well as existing members

The Policy will continue to be available to new as well as existing members of SBI Health Care (One Time Payment Plan), their spouses and disabled child / children, if any, whose residual balances as on 15th May, 2020 are Rs. 3.00 lakhs and above. Members with residual balance below Rs. 3.00 lakhs will avail facilities as per the provisions of SBI Health Care through concerned Administrative Offices and they would not be covered under the insurance. List of members enrolled under SBI Health Care w.e.f. 1st June, 2020 is being placed in SBI times under 'PM & PPG' tab of Human Resources section. List is also being shared in Pension Seva Portal. New members approved in SBI Health Care upto 15th May, 2020 have been included in the list of enrolment into the policy.

Debiting of bills paid by TPAs in SBI Health Care account

Administrative Office wise details of claims paid by Third Party Administrators (TPAs) are shared with Circles on quarterly basis for updating in the SBI Health Care accounts of members to match the outstandings with Insurance Company. CMs (HR) who are the Nodal Officers in the scheme should ensure that every claim paid by TPA is updated in the Portal without exception.

Intimation of residual balance to Policy 'A' members

Circle Authorities / Zonal functionaries are advised to extract membership data as on 15th May, 2020 pertaining to their Zone from the SBI Times (Human Resources) and arrange placing the same in the Circle website to facilitate advising present residual balances to pensioners. However, we are also arranging to send individual SMS messages to these members advising their Basic Sum Insured and residual balance in the renewal policy.

Fixation of Basic Covers under SBI Health Care

As a measure to allocate justified Basic Covers, members having residual balances of Rs. 3.00 lakhs to less than Rs. 10.00 lakhs will be provided Basic Cover of Rs. 3.00 lakhs with a Super Top Up cover of 6.00 lakhs and members having residual balances of Rs. 10.00 lakhs and above, will be provided Basic Cover of Rs. 5.00 lakhs with a Super Top Up cover of 6.00 lakhs. Proposed insurance cover under the SBI Health Care (One Time Payment Plan) will be as under w.e.f. 01.06.2020, however, maximum insurance cover will be upto one's residual balance in the SBI Health Care (One Time Payment Plan) or the amount of Base Plan plus Super Top-up, whichever is lower :

(Rupees in lakhs)

Residual balance under SBI Health Care (OTPP)	Base Plan	Super Top-up	Maximum Cover to a member or up to Residual Balance in OTPP, whichever lower
3.00	3.00	0.00	3.00
Above 3.00 to below 10.00	3.00	6.00	9.00
10.00 and above	5.00	6.00	11.00

Premium on both the Base Plan and Super Top-up cover will be paid by the REMB Trust.

Discontinuation of Corporate Buffer Limit

A Corporate Buffer limit was arranged in the previous policy for claims exceeding Basic Sum Insured (BSI) allocated by Insurance Co. Looking to the additional burden of cost on Corporate Buffer factored in the basic premium, it has been decided to discontinue the same and to purchase a Super Top-up cover to address the issue of claims going beyond the BSI for members who are having their residual balances more than the allocated BSI. However, claims will be settled only upto one's residual balance under the SBI Health Care.

Change in Domiciliary Cover Limit

There is a provision of 1% of limit as domiciliary benefit in the the SBI Health Care scheme. So, to bring parity between SBI Health Care provisions and insurance policy, it has been decided to keep Domiciliary Limit @ 1 % of BSI under the insurance policy w.e.f. 01.06.2020. There will be a provision of domiciliary cover of 1 % of the lifetime limit in SBI Health Care (maximum 10% during lifetime) as shown below :

(Amt. in Rupees)

Lifetime limit under SBI Health Care (OTPP)	Domiciliary @ 1% of the Lifetime limit per annum	Life time Domiciliary limit (10% of the Lifetime limit)
3,00,000	3,000	30,000
4,00,000	4,000	40,000
5,00,000	5,000	50,000
7,00,000	7,000	70,000
10,00,000	10,000	1,00,000
15,00,000	15,000	1,50,000
20,00,000	20,000	2,00,000

Increase in Room Rent / ICU Rent / ICCU Rent limits

Presently Room Rents and ICU Rents are fixed from Rs. 4,000/- to 7,500/- in the existing Policy. Based on feedback and requests received from various sources, it has been decided to raise these limits as under :

Plan (lakhs)	Proposed Room Rent (Rs.)	Proposed ICU / ICCU Rent (Rs.)
3.00	5,000/-	9,500/-
5.00	7,500/-	12,000/-

Increase in ailment wise expenditure cappings

Presently under the existing SBI Health care (insurance policy), expenditure on major diseases has been capped to check the claim ratio. These cappings were introduced in the year 2017-18 with the idea of restricting the premium from increasing every year. We have observed that the existing cappings on these diseases are now not commensurate with the present cost for treatment of these ailments. We have also received requests for higher limits from people who have opted for higher Basic Plans. Accordingly, we have raised these limits in SBI Health Assist Plan. We now propose to increase these limits in SBI Health Care also in the same line as under :

(Amount in Rupees)

SI	Name of Ailment	Existing Limits (Rs)	Proposed Limits for Basic Plan of Rs. 3.00 lakhs	Proposed Limits for Basic Plan of Rs. 5.00 lakhs
1	Angioplasty	1,50,000	2,00,000	2,25,000
2	CA-BG	2,50,000	3,00,000	3,25,000
3	Cataract	30,000	45,000	50,000
4	Cholecystectomy	70,000	1,00,000	1,25,000
5	Hernia	70,000	1,00,000	1,25,000
6	Knee Replacement - Unilateral	1,75,000	2,00,000	2,25,000
7	Knee Replacement - Bilateral	2,50,000	3,25,000	3,50,000
8	Prostate (Other than treatment of Prostate Cancer)	80,000	1,00,000	1,25,000

Making SBI Health Care co-terminus with SBI Health Assist

Presently the two policies run on different dates. SBI Health Assist (Annual Payment Plan) starts on 16th January every year while SBI Health care starts on 1st June. It has been observed that retirees / family pensioners face difficulties with the two policies running with two different companies and on two different dates. Operational functionaries at Administrative Offices also face difficulties in identifying the TPA for members. This also creates a lot of confusion in the minds of members as well as TPAs who handle the claims. Therefore, it has been decided to make SBI Health Care co-terminus with SBI Health Assist. Accordingly, SBI Health Care will be renewed this time only for 229 days to expire on 15th January, 2021. From 16th January, 2021, both the policies will run concurrently starting with a single date with SBI General Insurance Company Ltd.

Medical ID Cards

The e-Medical Cards will be uploaded by the TPAs in their respective Portals. Soft copies of Medical Cards will also be available in the Broker's website. Hard copies of these cards will be sent to registered addresses of members by concerned TPAs. However, it may be possible that hard copies of Cards may be delayed abnormally in the present lockdown situation due to COVID-19. In such a situation, members may approach concerned A.O.s for soft copies of the same. Brokers and concerned TPAs may also be contacted for soft copies of Medical Cards.

Undelivered cards will be handed over / sent to CM (HR) of concerned Administrative Office who will arrange for delivery of the same by finding out correct address of the members. Any issue pertaining to Medical Cards may be referred to the Brokers (ARIBL). At the time of need, soft copies of Medical cards may be shown to Hospital Authorities

for availing cashless facility. Additionally, concerned TPA / Brokers may also be contacted if there is a need of hospitalization.

Other provisions in the Policy

Following miscellaneous provisions will apply in the renewed policy :

- (i) Medical claims of members having residual balance below Rs. 3.00 lakhs will be settled by the Administrative Offices by debit to respective SBI Health Care accounts. Members whose residual balance has been rendered below Rs.3.00 lakhs should submit their claims to respective A.Os.
- (ii) Any amount of admissible claim beyond total allocated limit in the Insurance Policy will be settled by the Bank by debit to respective SBI Health Care accounts.
- (iii) The policy will cover reimbursement of expenses on dental treatment only for Root Canal Treatment up to a maximum of **Rs. 7,500/-per annum per family**. Dental cover will not include extraction, filling, crowning or restoration. This will be an add-on benefit to the members and will form part of the Basic Sum Insured / Super Top-up.
- (iv) New members joining the SBI Health Care will be migrated to insurance policy on monthly basis and pro-rata premium will be paid by the Retired Employees' Medical Benefit Trust (REMBT) on their behalf.