

STATE BANK OF INDIA PENSIONERS'
ASSOCIATION (MUMBAI CIRCLE) PUNE

WELCOME YOU ALL

Presentation By- Vilas Gandhe,
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Pune

- FAMILY FLOATER GROUP HEALTH INSURANCE-
- REVAMPING OF MEDICAL BENEFIT SCHEMES FOR RETIREES
- INTRODUCTION OF
- “SBI HEALTH ASSIST” (POLICY B)&
- “SBI HEALTH CARE” (POLICY A)
- RENEWAL OF POLICY ‘B’ AND POLICY ‘A’ ON MODIFIED TERMS & CONDITIONS

- PARTIES INVOLVED-
- STATE BANK OF INDIA (EMPLOYERS)
- SBI GENERAL INSURANCE CO. LTD. (INSURERS – INSURANCE COMPANY)
- M. D. INDIA HEALTH INSURANCE TPA P. LTD. AND PARAMOUNT HEALTH SERVICES P. LTD. (THIRD PARTY ADMINISTRATORS)
- ANAND RATHI INSURANCE BROKERS LTD. (INS. BROKERS)
- PENSIONERS AND FAMILY PENSIONERS (INSURED PERSONS)

- RISING ANNUAL PREMIUM UNDER BOTH THE ABOVE POLICIES COUPLED WITH INFLATION IN COST OF MEDICAL TREATMENT.
- BANK DECIDED TO RECAST THE EXISTING SCHEMES WITH THE FOLLOWING OBJECTIVES-
- I) TO PROVIDE **HOLISTIC SOLUTION** WITH NEW HEALTH CARE PLANS,
- II) TO PROVIDE **GOOD HEALTH CARE** TO OUR RETIREES AT AN AFFORDABLE COST,
- III) TO **SUBSIDIZE** A PART OF THE HEALTH EXPENDITURE OF RETIREES

Existing Names	New Names	
Policy 'B'	Annual Payment Plan (APP)	"SBI Health Assist"
SBI-REMBS Policy (A)	One Time Payment Plan (OTPP)	"SBI Health Care"

ANNUAL PAYMENT PLAN (APP) - “SBI HEALTH ASSIST” (ERSTWHILE POLICY ‘B’)

- SBI GENERAL INSURANCE CO. LTD. - SELECTED FOR SERVING BOTH THE POLICIES – ‘APP’ AND ‘OTPP’,
- FOR THE NEXT THREE YEARS - WITH A PROVISION FOR ANNUAL RENEWAL,
- MEMBERSHIP OF ANNUAL PAYMENT PLAN (APP-EXISTING POLICY ‘B’) WILL BE VOLUNTARY,
- THOSE ELIGIBLE CAN OBTAIN MEMBERSHIP OF THE SAME BY PAYING THE ANNUAL PREMIUM FROM THEIR OWN SOURCES.

ANNUAL PAYMENT PLAN (APP) - “SBI HEALTH ASSIST” (ERSTWHILE POLICY ‘B’)

- **ELIGIBILITY FOR MEMBERSHIP IN ANNUAL PAYMENT PLAN (APP)**
- A) EXISTING MEMBERS UNDER POLICY ‘B’.
- B) EMPLOYEES WHO RETIRED DURING THE MONTHS OF OCTOBER, NOVEMBER & DECEMBER 2019 WOULD BE ELIGIBLE TO JOIN THE POLICY AND NO WAITING PERIOD CLAUSE WILL BE APPLICABLE FOR THEM.
- C) ELIGIBLE NEW RETIREES (RETIRED ON OR AFTER 16.01.2020) MAY JOIN APP (POLICY ‘B’) 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 APP (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.

ANNUAL PAYMENT PLAN (APP) - “SBI HEALTH ASSIST” (ERSTWHILE POLICY ‘B’)

- **OPTION FOR LEFT OUT RETIREES / E-AB RETIREES / SPOUSES OF LEFT OUT RETIREES AND E-ABS RETIREES / MEMBERS OF POLICY-A**
- (A) MEMBERS OF SBI-REMBS (POLICY-A) WILL BE GIVEN THE OPTION TO JOIN ‘APP’ (POLICY-B) IRRESPECTIVE OF THEIR RESIDUAL BALANCES.
- THEY WOULD BE ABLE TO OPT FOR ANY SUM INSURED WITH OR WITHOUT CRITICAL ILLNESS COVER AT ANY POINT OF TIME DURING THE COVER PERIOD BY PAYING FULL YEAR’S PREMIUM AS PER THE PLAN CHOSEN.
- **HOWEVER, FOR SUCH RETIREES, THERE WILL BE 30 DAYS’ WAITING PERIOD FROM THE DATE OF THEIR JOINING ‘APP’ (POLICY-B) AND SUM INSURED UNDER ‘APP’ (POLICY-B) FOR THESE MEMBERS WILL NOT BE AVAILABLE FOR REIMBURSEMENT OF EXPENSES INCURRED ON ONGOING HOSPITALIZATION AT THE TIME OF TAKING SUCH MEMBERSHIP.**

ANNUAL PAYMENT PLAN (APP) - “SBI HEALTH ASSIST” (ERSTWHILE POLICY ‘B’)

- (B) ALL LEFT OUT RETIREES, E-AB RETIREES, SPOUSES OF LEFT OUT RETIREES & E-AB RETIREES WILL BE ELIGIBLE TO BECOME MEMBERS OF ‘APP’ (POLICY-B) BY PAYING PREMIUM FROM THEIR OWN SOURCES. HOWEVER, FOR THESE MEMBERS, THERE WILL BE A WAITING PERIOD OF 30 DAYS FROM THE DATE OF THEIR JOINING APP (POLICY-B).
- **SUM INSURED UNDER ‘APP’ (POLICY-B) FOR THESE MEMBERS WILL NOT BE AVAILABLE FOR REIMBURSEMENT OF EXPENSES INCURRED ON ONGOING HOSPITALIZATION AT THE TIME OF TAKING SUCH MEMBERSHIP.**
- **EXCLUSIONS**
- EMPLOYEES WHO ARE / WERE DISCHARGED / DISMISSED / COMPULSORILY RETIRED / TERMINATED FROM SERVICE WILL NOT BE ELIGIBLE TO JOIN THE POLICY.

ANNUAL PAYMENT PLAN (APP) - “SBI HEALTH ASSIST” (ERSTWHILE POLICY ‘B’)

- **BASIC PLANS OF APP (POLICY ‘B’) - “SBI HEALTH ASSIST”**
- THERE WILL BE ONLY TWO BASIC SUMS INSURED LIMITS OF RS. 3.00 LAKHS & RS. 5.00 LAKHS UNDER THE ‘APP’. THERE WILL BE NO BAR FOR RETIREES IN OPTING FOR ANY SUM INSURED

Basic Sum Insured (Rs. in lakhs)	Basic Premium (Rs.)	GST(@18 %) (Rs.)	Gross Premium (Rs.)
3.00	16,542	2,978	19,520
5.00	36,771	6,619	43,990

SUPER TOP-UP PLAN & DEDUCTIBLE AMOUNT

- SUPER TOP-UP PLAN WILL BE AVAILABLE TO ALL MEMBERS FOR RS.6.00 LAKHS ALONG WITH THE BASIC PLANS AS AN ADDITIONAL HEALTH COVER.
- **COST OF PREMIUM FOR SUPER TOP-UP COVER WILL BE BORNE BY THE BANK.**

RS.IN LAKHS

Basic Sum Insured (BSI)	Super Top-up Cover	Total cover to member	Deductible Amount in Super Top-up Cover
3.00	6.00	9.00	2.50
5.00	6.00	11.00	2.50

SUPER TOP-UP PLAN & DEDUCTIBLE AMOUNT

- THERE WILL BE A 'DEDUCTIBLE' LIMIT OF RS. 2.50 LAKHS UNDER THE SUPER TOP-UP COVER.
- **IN CASE OF A CLAIM BEING RAISED, BASIC SUM INSURED WILL TRIGGER FIRST AND ONLY AFTER BASIC SUM INSURED IS COMPLETELY EXHAUSTED, SUPER TOP UP POLICY WILL BE ACTIVATED / UTILIZED. THE 'DEDUCTIBLE' AMOUNT WILL BE TAKEN FROM THE BASE POLICY, IF TRIGGERED.**
- **WHAT IS DEDUCTIBLE ?**
- THE AMOUNT YOU PAY FOR COVERED HEALTH CARE SERVICES BEFORE YOUR INSURANCE PLAN STARTS TO PAY. WITH A RS. 2.00 LAKHS DEDUCTIBLE, (FOR INSURANCE COVER OF RS. 5 LAKHS) FOR EXAMPLE, YOU PAY THE FIRST RS. 2.00 LAKHS OF COVERED SERVICES YOURSELF.

- **SUPER TOP-UP PLAN & DEDUCTIBLE AMOUNT-**
AFTER YOU PAY YOUR DEDUCTIBLE, YOU USUALLY PAY ONLY A CO-PAYMENT OR CO-INSURANCE FOR COVERED SERVICES. YOUR INSURANCE COMPANY PAYS THE REST. (RS.3 LAKHS IN THE ABOVE EXAMPLE)
- FAMILY PLANS OFTEN HAVE BOTH AN INDIVIDUAL DEDUCTIBLE, WHICH APPLIES TO EACH PERSON, AND A FAMILY DEDUCTIBLE, WHICH APPLIES TO ALL FAMILY MEMBERS.
- **GENERALLY, PLANS WITH LOWER MONTHLY PREMIUMS HAVE HIGHER DEDUCTIBLES. PLANS WITH HIGHER MONTHLY PREMIUMS USUALLY HAVE LOWER DEDUCTIBLES.**

SUPER TOP-UP PLAN & DEDUCTIBLE AMOUNT

- **EXAMPLE-** IN CASE THERE IS A CLAIM OF RS. 5.00 LAKHS UNDER SUPER TOP-UP PLAN OF RS.6.00 LAKHS WITH A BASE POLICY OF RS. 3.00 LAKHS, BASE POLICY OF RS. 3.00 LAKHS WILL BE USED FIRST AND IT WILL BE CONSIDERED THAT THE PENSIONER HAS CONTRIBUTED HIS PORTION OF 'DEDUCTIBLE' AMOUNT OUT OF THE BASE PLAN, AND THEREBY, REMAINING AMOUNT OF RS. 2.00 LAKHS OF THE CLAIM WILL BE SETTLED FROM THE SUPER TOP-UP PLAN.
- **THE RETIREES WILL NOT HAVE TO PAY THE 'DEDUCTIBLE' AMOUNT OF RS. 2.50 LAKHS FROM THEIR OWN POCKET.**

AILMENT WISE EXPENDITURE CAPPINGS: INTRODUCED IN THE YEAR 2017-18 TO RESTRICT THE PREMIUM FROM INCREASING ABNORMALLY. THE CAPPINGS HAVE BEEN REVISED COMMENSURATE WITH THE PRESENT COST FOR TREATMENT OF THESE AILMENTS AS UNDER:

Sr N.	Name of Ailment	Existing Limits	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	Coronary Artery Bypass Graft	2,50,000	3,00,000	3,25,000
3	Cataract	30,000	45,000	50,000
4	Cholecystectomy	70000	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

- **ROOM RENT / ICU RENT / ICCU RENT CAPPINGS:**
- BASED ON REPORTS REGARDING DEDUCTIONS ON ACCOUNT OF LOWER ROOM RENT / ICU RENT / ICCU RENT ELIGIBILITIES, ROOM RENT / ICU RENT / ICCU RENT HAVE BEEN REVISED AS UNDER:
- **CAPS UNDER THE POLICY ARE AS UNDER :**

Basic Plan	Existing	Existing	Proposed	Proposed
(Rs. in Lakhs)	Room Rent Rs.	ICU/ICCU Rent Rs.	Room Rent Rs.	ICU/ICCU RENT Rs.
3.00	4,000	7,500	5,000	9,500
5.00	4,000	7,500	7,500	12,000

SUBSIDIZATION OF PREMIUM & ADMINISTRATION OF SUBSIDY

- **FINANCIAL SUPPORT TO FAMILY PENSIONERS / SENIOR RETIREES.**
- **50 % SUBSIDY ON BASE PREMIUM OF RS. 3.00 LAKHS UNDER 'APP' (POLICY 'B') TO ALL FAMILY PENSIONERS AND TO PENSIONERS 70 YEARS OF AGE AND ABOVE ON THE DATE OF RENEWAL (I.E. ON 16.01.2020).**
- **RETIREES 70 YEARS OF AGE AND ABOVE & FAMILY PENSIONERS, WHO ARE NOT IN THE EXISTING POLICY, SHALL ALSO BE ELIGIBLE TO AVAIL SUBSIDY ON ENROLMENT.**

Basic Plan Rs. In lacs	Basic Premium Rs.	Amt. of Subsidy to above categories only Rs.
3.00	16,542	8271 (50%)
5.00	36,771	8271 (22.5%)

GST or other taxes/surcharge, if any, on premium to be borne by the insured person.

SUBSIDIZATION OF PREMIUM & ADMINISTRATION OF SUBSIDY

- MEMBERS WOULD BE REQUIRED TO MAKE PAYMENT OF PREMIUM IN FULL.
- AFTER COMPLETION OF RENEWAL PROCESS, MEMBER WISE LIST OF ELIGIBLE RETIREES WILL BE PREPARED BY CONCERNED 'AO'S. AND SENT TO THEIR 'LHO'S FOR COMPILATION OF DATA.
- 'LHO'S SHALL SUBMIT THE CONSOLIDATED DATA TO CORPORATE CENTRE FOR REIMBURSEMENT OF SUBSIDY TO ELIGIBLE MEMBERS.
- REIMBURSEMENT OF SUBSIDY WILL BE MADE BY CORPORATE CENTRE DIRECTLY TO THE PENSION ACCOUNTS OF MEMBERS

THREE YEAR ARRANGEMENT

- AS PER THE TERMS AND CONDITIONS, PREMIUM QUOTES OBTAINED FOR THREE YEAR PERIOD WITH A PROVISION OF ANNUAL RENEWAL.
- ANNUAL RENEWAL WILL BE DONE AS PER THE TERMS OF THE RFP (REQUEST FOR PROPOSAL) ACCEPTED BY SBI GENERAL INSURANCE CO. LTD.
- THIS IS DONE WITH A VIEW TO ENSURE CONTINUITY OF INSURANCE CO. / T. P. A.S ETC.
- THE PREMIUM WILL NOT UNDERGO AN UPWARD REVISION DURING THE THREE YEAR PERIOD, IF THE POLICY IS CONTINUED WITH SBI GENERAL INSURANCE CO LTD.

- PENSIONERS AND FUNCTIONARIES WITH A. O. FACE DIFFICULTIES WITH THE TWO POLICIES (POLICY 'B' AND POLICY 'A') RUNNING WITH TWO DIFFERENT COMPANIES. (FOLLOW UP WITH MORE THAN ONE T. P. A.)
- TO MAKE BOTH THE POLICIES CO-TERMINUS FROM 16TH JANUARY, 2021 ONWARDS, 'AAP' (POLICY 'B') WILL BE RENEWED WITH 'SBI GENERAL INSURANCE CO. LTD'. ON ITS DUE DATE I. E. ON 16TH JANUARY, 2020 AND
- 'OTPP' (POLICY 'A') WILL BE RENEWED WITH 'SBI GENERAL INSURANCE CO. LTD'. FROM 1ST JUNE, 2020 TO 15TH JANUARY, 2021.
- FROM 16TH JANUARY, 2021, BOTH THE POLICIES WILL RUN CONCURRENTLY. EXISTING POLICY-A WILL CONTINUE TO BE WITH 'IFFCO TOKIO GENERAL INSURANCE CO. LTD'. UNTIL 31ST MAY, 2020.

DOMICILIARY FACILITY (E-PHARMACY TIE-UP)

- NO PROVISION OF DOMICILIARY COVER IN 'APP' (POLICY 'B').
- TO SUPPORT THE MEMBERS OF 'APP' TO MEET THE DOMICILIARY MEDICAL EXPENSES, IT HAS BEEN DECIDED TO PROVIDE "E-PHARMACY FACILITY" TO ALL MEMBERS OF 'APP' (POLICY 'B') UP TO RS. 18,000/- WITH AN OWN CONTRIBUTION OF RS. 6,000/-.
- BANK IS IN THE PROCESS OF MAKING ARRANGEMENTS WITH A REPUTED COMPANY IN 'E-PHARMACY' FIELD FOR PROVISION OF SUCH SERVICES. DETAILS WILL BE CIRCULATED SEPARATELY.

Total Domiciliary Limit to the members of APP (to be provided outside Insurance Policy)	Initial payment to be made by member Up to	Bank's Contribution after initial payment by the member
Rs.18,000	Rs. 6,000	Rs.12,000

CRITICAL ILLNESS COVER

- AN OPTIONAL CRITICAL ILLNESS COVER FOR RS. 5.00 LAKHS WAS PROVIDED IN THE POLICY DURING THE LAST RENEWAL FOR THE UNDERNOTED SIX SPECIFIED DISEASES:
- 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)

CRITICAL ILLNESS COVER

- IT IS PROPOSED TO INCLUDE THE FOLLOWING ADDITIONAL DISEASES UNDER THE CRITICAL ILLNESS COVER:
- I) FIRST HEART ATTACK
- II) COMA OF SPECIFIED SEVERITY
- III) HEART VALVE REPLACEMENT
- IV) PERMANENT PARALYSIS OF LIMBS
- V) MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS
- VI) AORTA GRAFT SURGERY
- VII) TOTAL BLINDNESS
- VIII) OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

CRITICAL ILLNESS COVER

- THE PREMIUM APPLICABLE FOR THE OPTIONAL CRITICAL ILLNESS COVER IS AS UNDER:

Critical Illness Cover	Basic Premium	GST(@18%)	Gross Premium
Rs.5,00,000	Rs.13,774	Rs.2,479	Rs.16,253

Other terms & conditions for availing Critical Illness cover:

a) Critical Illness Cover will not be available separately and can only be taken with Basic and Super Top up covers taken together.

b) Entry shall be available only up to the age of 65 (as on 16.01.2020). However, renewals can be done beyond 65 years on a continuous basis.

OTHER TERMS & CONDITIONS FOR AVAILING CRITICAL ILLNESS COVER (CONTINUED)

- C) THERE WILL BE A WAITING PERIOD OF 90 DAYS AND SURVIVING PERIOD OF 30 DAYS UNDER THE POLICY.
- D) MEMBERS WHO HAVE OPTED FOR CRITICAL ILLNESS COVER IN THE PAST MAY CONTINUE TO TAKE THE COVER. WAITING PERIOD OF 90 DAYS WILL NOT BE APPLICABLE TO SUCH MEMBERS.
- E) PRE-EXISTING AILMENTS WILL NOT BE COVERED UNDER THE CRITICAL ILLNESS COVER.
- F) CRITICAL ILLNESS COVER WILL BE AVAILABLE ONLY TO THE PRIMARY MEMBER AND NOT TO SPOUSE / DEPENDENT.

OTHER TERMS & CONDITIONS FOR AVAILING CRITICAL ILLNESS COVER (CONTINUED)

- WAITING PERIOD & ENTRY AGE OF 65 YRS. WOULD NOT BE APPLICABLE FOR THOSE RETIREES WHO ARE EXISTING MEMBERS OF CRITICAL ILLNESS COVER UNDER THE EXPIRING POLICY FOR AILMENTS FROM SERIAL NUMBER I TO VI.
- A CLAIM TO BE ADMISSIBLE UNDER CRITICAL ILLNESS COVER, TWO CONDITIONS HAVE TO BE COMPLIED WITH:
 - (I) NO CLAIM WOULD BE ADMISSIBLE FOR FIRST 90 DAYS
 - (II) AFTER THE WAITING PERIOD OF 90 DAYS, IF THE INSURED IS DIAGNOSED WITH ANY OF THE 14 LISTED AILMENTS AND SURVIVES FOR 30 DAYS AFTER THE FIRST DETECTION OF THE DISEASE, TOTAL COVER AMOUNT (RS. 5.00 LAKHS) UNDER THE CRITICAL ILLNESS WILL BECOME ADMISSIBLE.

OTHER TERMS & CONDITIONS FOR AVAILING CRITICAL ILLNESS COVER (CONTINUED)

- INSURANCE COMPANY SHALL PAY THE CLAIM ONLY ONCE IN RESPECT OF **ANY ONE OF THE COVERED ILLNESS.**
- THE **CRITICAL ILLNESS COVER CEASES** AFTER ADMISSION OF ANY CLAIM AND NO FURTHER CLAIM WILL BE ADMISSIBLE.
- HOWEVER, **BENEFITS UNDER THE BASE PLAN OR THE SUPER TOP-UP PLAN WOULD CONTINUE TO BE AVAILABLE** AS PER THE TERMS & CONDITIONS OF THE SAID COVERAGE AND THE AVAILABLE SUM INSURED.
- **THE OPTION FOR CRITICAL ILLNESS PLAN HAS TO BE EXERCISED SIMULTANEOUSLY WITH THE BASE PLAN + SUPER TOP-UP PLAN TAKEN TOGETHER AND THE PREMIUM FOR THE SAME IS TO BE PAID ALONG WITH MAIN POLICY.**
- CRITICAL ILLNESS PLAN CANNOT BE AVAILED AT A LATER DATE IF IT IS NOT OPTED FOR AT THE TIME OF ENROLMENT / RENEWAL.

DENTAL TREATMENT

- 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.

REVAMPING OF SBI-REMBS 'ONE TIME PAYMENT PLAN' (OTPP) – “SBI HEALTH CARE”

- THE MEMBERSHIP UNDER PRESENT STRUCTURE TO 'SBI-REMBS' WILL BE FROZEN AS ON 31ST DECEMBER, 2019.
- MEMBERSHIPS WILL BE ALLOWED TO SUBSEQUENT RETIREES ONLY UNDER A NEW STRUCTURE / PLAN.
- ALL THE MEMBERS (EXISTING & NEW) WILL CONTINUE TO AVAIL THEIR BENEFITS UP TO THEIR RESIDUAL BALANCES UNDER THE 'REMB TRUST RULES' AS AT PRESENT.
- THE PLAN UNDER 'SBI-REMBT' WILL BE APPLICABLE FOR THE EMPLOYEES RETIRING ON OR AFTER 1ST JANUARY, 2020.
- BASED ON ACTUARIAL ASSESSMENT, MEMBER'S CONTRIBUTION TOWARDS THE LIFE TIME LIMITS UNDER THE NEW PLAN HAVE BEEN REVISED AS UNDER :

ONE TIME PAYMENT PLAN (OTPP) – “SBI HEALTH CARE”

Lifetime Limit Rs.in lacs.	Amount of contribution by members Rs. In lacs
7.00	1.63
10.00	2.30
15.00	3.00
20.00	3.75

Eligibility criteria for membership:

- Same as existing SBI Retired Employees’ Medical Benefit Scheme.
- Retirees eligible for cover under OTPP can choose any of the Life time Limits as per their medical need by paying the contribution amount and the same shall not be designation linked. The plan will cover pensioners, their spouses and disabled children, if any.

ONE TIME PAYMENT PLAN (OTPP) – “SBI HEALTH CARE”

- **OTHER TERMS & CONDITIONS OF THE SCHEME-**
- A) NEW MEMBERS UNDER ‘OTPP’ WILL BE MIGRATED TO AN INSURANCE POLICY AS IS DONE IN CASE OF EXISTING MEMBERS OF SBI-REMBS ONE MONTH AFTER RATIFICATION OF THEIR MEMBERSHIP IN THE TRUST.
- B) THE EXISTING POLICY WITH ‘IFFCO TOKIO GENERAL INSURANCE CO. LTD’. WILL CONTINUE UP TO 31ST MAY, 2020 WITH NO CHANGES IN POLICY TERMS.
- C) OLD (POLICY ‘A’ HOLDERS) AND NEW MEMBERS JOINING ‘OTPP’ WILL BE COVERED UNDER THE EXISTING POLICY TILL 31ST MAY, 2020.
- **D) INSURANCE COVER FOR MEMBERS UNDER ‘SBI-REMBS’ / ‘OTPP’ WILL BE PROVIDED BY SBI GENERAL INSURANCE CO. LTD. FROM 1ST JUNE, 2020 ONWARDS.**

MODIFIED POLICY 'A' (OTPP) WITH EFFECT FROM 1ST JUNE, 2020

- INSURANCE COVER FOR 'SBI-REMBS' / 'OTPP' MEMBERS W.E.F. 1ST JUNE, 2020 WILL BE AS UNDER:
- A) THE INSURANCE COVER WILL BE PROVIDED BY 'SBI GENERAL INSURANCE CO. LTD'.
- B) INSURANCE WILL BE TAKEN FOR THE MEMBERS WHOSE RESIDUAL BALANCE IS RS. 3.00 LAKHS AND ABOVE.
- 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) ANY AMOUNT OF CLAIM BEYOND TOTAL ALLOCATED LIMIT IN THE INSURANCE POLICY WILL BE PAID BY THE TRUST.

- **BASIC COVERS UNDER OTTP (ERSTWHILE POLICY-A):**
- AS A MEASURE TO CONTROL THE PREMIUM AND FOR ALLOCATING JUSTIFIED BASIC COVER, MEMBERS HAVING RESIDUAL BALANCE OF RS. 3.00 LAKHS TO RS. 10.00 LAKHS WILL BE PROVIDED BASIC COVER OF RS. 3.00 LAKHS WITH A SUPER TOP UP COVER OF 6.00 LAKHS. **PROPOSED INSURANCE COVER UNDER 'OTTP' WILL BE AS UNDER W.E.F. 01.06.2020:**
- PREMIUM ON BOTH THE BASE PLAN AND SUPER TOP UP COVER WILL BE PAID BY THE BANK. (RUPEES IN LAKHS)

Residual balance under REMBS	Base Plan	Super Top-up (with 'Deductible' of Rs. 2.50 lakhs)	Total Cover to Member
Rs. 3.00 lakhs to below Rs. 10.00 lakhs	3.00	6.00	9.00
Rs. 10.00 lakhs and above	5.00	6.00	11.00

- MODIFIED POLICY 'A' (OTPP) W.E.F. 1ST JUNE 2020: DEDUCTIBLE' PORTION UNDER SUPER TOP-UP COVER:
- THERE WILL BE A 'DEDUCTIBLE' PORTION OF RS. 2.50 LAKHS WITHIN THE SUPER TOP-UP COVER.
- IF SUPER TOP-UP COVER IS TRIGGERED, 'DEDUCTIBLE' PORTION WILL BE TAKEN FROM BASE PLAN, AND MEMBERS WILL NOT HAVE TO PAY FROM THEIR OWN POCKET.

- MODIFIED POLICY 'A' (OTPP) W. E. F. 1ST JUNE 2020: 'DEDUCTIBLE' PORTION UNDER SUPER TOP-UP COVER:
- FOR EXAMPLE, IN CASE THERE IS A CLAIM OF RS. 5.00 LAKHS UNDER SUPER TOP-UP PLAN OF RS.6.00 LAKHS WITH A BASE POLICY OF RS. 3.00 LAKHS, BASE POLICY OF RS. 3.00 LAKHS WILL BE USED FIRST AND IT WILL BE CONSIDERED THAT THE PENSIONER HAS CONTRIBUTED HIS PORTION OF 'DEDUCTIBLE' AMOUNT OUT OF THE BASE PLAN, AND THEREBY, REMAINING AMOUNT OF RS. 2.00 LAKHS OF THE CLAIM WILL BE SETTLED FROM THE SUPER TOP-UP PLAN.
- IN CASE THE CLAIM EXCEEDS TOTAL COVER TAKEN BY THE BANK, (WITH INSURANCE CO.) THE EXCESS AMOUNT OVER AND ABOVE TOTAL COVER WILL BE PAID BY THE TRUST (UP TO THE RESIDUAL AMOUNT OF THE INSURED UNDER 'SBI-REMBS').

- **ANNUAL DOMICILIARY LIMIT UNDER OTPP-**
- THE DOMICILIARY LIMIT UNDER 'OTPP' WILL BE UP TO 1% OF LIFE TIME LIMIT ANNUALLY SUBJECT TO A CAP OF TOTAL 10 % FOR THE LIFE TIME. ANNUAL DOMICILIARY LIMIT UNDER VARIOUS LIFE TIME LIMITS WILL BE AS UNDER :

Lifetime Limit under SBI-REMBS (Existing Pol. A) Rs.	Annual Domiciliary Limit @ 1% of Life time limit Rs.
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

MODIFIED POLICY 'A' (OTPP) W.E.F. 1ST JUNE 2020:

S. N.	Name of Ailment	Existing Limits	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	Coronary Artery Bypass Graft	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

MODIFIED POLICY 'A' (OTPP) W.E.F. 1ST JUNE 2020:

- ROOM RENT / ICU RENT / ICCU RENT CAPPINGS:

Basic Plan (Rs. in Lakhs)	Existing Room Rent Rs.	Existing ICU / ICCU Rent Rs.	Proposed Room Rent Rs.	Proposed ICU/ICCU Rs.
3.00	4,000	7,500	5,000	9,500
5.00	4,000	7,500	7,500	12,000

MODIFIED POLICY 'A' (OTPP) W.E.F. 1ST JUNE 2020:

- DENTAL TREATMENT:
- 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.

PROCEDURE FOR RENEWAL/MEMBERSHIP FOR 'APP' POLICY B APPLICATION FORMS

- FORMS AVAILABLE WITH PENSION PAYING BRANCHES.
- **1) ANNEXURE I TO BE FILLED IN MANUALLY BY:**
- EXISTING MEMBERS OF POLICY 'A' WHO ARE WILLING TO OBTAIN ADDITIONAL COVER UNDER 'APP' (POLICY 'B'),
- OLD RETIREES OF SBI WHO ARE WILLING TO ENROLL IN UNDER 'APP' FOR FIRST TIME AND RETIREES OF E-ABS WHO ARE WILLING FOR ENROLMENT UNDER 'APP',
- NEW RETIREES WHO RETIRE/HAVE RETIRED ON OR AFTER 16.01.2020,

PROCEDURE FOR RENEWAL/MEMBERSHIP FOR 'APP' POLICY B APPLICATION FORMS

- **2) ANNEXURE II (CONSENT FORM) TO BE FILLED IN MANUALLY BY:**
- EXISTING MEMBERS OF POLICY 'B', WILLING TO RENEW THEIR POLICY,
- **3) POST MERGER RETIREES OF E-ASSOCIATE BANKS-**
- SHOULD MENTION THEIR 'HRMS-ID' INSTEAD OF 'PF-ID' ON THE APPLICATION FORM IN COLUMN NO. 1A. OLD RETIREES OF E-ABS WHO RETIRED BEFORE MERGER SHOULD MENTION THE NAME OF THE E-AB (SBM, SBT, SBBJ, SBP, SBIN, & SBH) AGAINST THEIR PF-ID. (E.G."1234SBM) IN COLUMN NO.1B.
- **4) MEMBERS RETIRED ON OR AFTER 16.01.2020 TO PAY PREMIUM ON PRO-RATA BASIS. THE PRO-RATA PREMIUM TO BE OBTAINED FROM THE C M (H R)**

- WE THANK
- STATE BANK OF INDIA, AND IN PARTICULAR
- THE TEAM OF 'P & H R DEPARTMENT', CORPORATE CENTRE MUMBAI AND
- THE FEDERATION OF SBI PENSIONERS' ASSOCIATIONS
- FOR TAKING ALL OUT EFFORTS IN DESIGNING AND ADOPTING THIS REVAMPED FAMILY FLOATER GROUP HEALTH INSURANCE POLICY (A & B) OF SBI
- FOR THE BENEFIT OF
- PENSIONERS AND FAMILY PENSIONERS OF SBI

THANK YOU PARTICIPANTS

-----COURTESY-----

STATE BANK OF INDIA (CORPORATE
CENTRE) &

SBI PENSIONERS' ASSOCIATION
(MUMBAI CIRCLE) PUNE