

Annual Domiciliary Limit under OTTP- SBI HEALTH CARE (POLICY A)

The annual domiciliary limit under OTTP- SBI Health Care (Policy A) will be up to 1 % of Lifetime Limit subject to a cap of total 10 % for the Lifetime. Annual Domiciliary limit under various Lifetime Limits are as under :

Lifetime Limit under SBI-REMBS(INR)	Annual Domiciliary Limit@ 1% of Lifetime Limit (INR)
300000	3000
400000	4000
500000	5000
700000	7000
1000000	10000
1500000	15000
2000000	20000

If the Sum Insured under the Base Plan is totally exhausted under IPD and the Domiciliary treatment limit is still available, then the Domiciliary treatment claim for the specified diseases can be paid from Super Top-up up to the available limit.

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:

- 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).
- Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.
- Vaccination or inoculation
- Cosmetic Surgeries: Change of life or cosmetic or aesthetic treatment of any description.
- Plastic surgery other than as may be necessitated due to an accident or as part of any illness
- Cost of spectacles, contact lenses, hearing aids and cochlear implant
- Dental treatment or surgery of any kind unless arising out of accident and necessitating hospitalization as permitted for Root canal treatment.
- Convalescence, rest cure, treatment relating to disorders, venereal disease, intentional self- injury and use of intoxication drugs/alcohol.
- Hospitalization for investigations only: Charges incurred at a Hospital or a Nursing home primarily for diagnosis, X-ray or laboratory examinations or other diagnostic studies not consistent with 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.
- Expenses on Vitamins and tonics unless forming part of treatment for injury or disease as certified by attending physician.
- Injury or disease directly or indirectly caused by or contributed to by Nuclear weapons/materials
- All non-medical expenses as per IRDA 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.
- HIV/AIDS Cover: Expenses incurred for Inpatient treatment due to any condition caused by or associated with human immune deficiency virus or variant/ mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.
- 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 treated as experimental or unproven.
- No claim is admissible for Prosthetic Devices whether arising out of Hospitalization or without it.
- 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.

Claim Procedure

Cashless Treatment:

All Policy Holders should preferably opt for cashless treatment from the Network Hospitals of TPA (Third Party Administrator) In case of planned hospitalization, the Insured can obtain pre-authorization from TPA, 4 days in advance. This shall enable him to just walk in with the authorization to the hospital for a hassle-free admission Some Hospitals may ask for Security Deposit at the time of admission. Care has to be taken that Deposit amount is adjusted at the time of final discharge.

Reimbursement Treatment

All claim documents in original need to be submitted to the pension paying branch or to the Servicing TPA Help Desk.

Time period for claim intimation and submission of claim documents.

- The communication regarding hospitalization must be given within 7 days from the time of hospitalization or before discharge whichever is earlier.
- Claim documents must be submitted within 30 days of date of discharge or within 30 days of completion of treatment in case of Domiciliary treatment claim.
- Post-hospitalization claims to be submitted within 30 days of the completion of treatment or within 30 days after post-hospitalization period of 90 days whichever is earlier.

P.S. In no case the time period for submission of documents should exceed 3 months from the date of discharge or completion of treatment or completion of 90 days of post hospitalization period whichever is applicable.

Advisories:

- The expenses incurred after the commencement of the Policy shall be covered against the original prescription, original payment receipts and other original documents.
- The Insured should also furnish original of latest cancelled cheque of the Pension Paying Branch, attested photocopy of Aadhaar Card, Pan Card along with all the original documents.

Super Top-up Plans

As an additional cover, Super Top-up plans are available in conjunction with base plan for an amount of Rs. 6 lakhs. A Super Top-up Policy will enable a member to avail higher coverage for hospitalization.

The Policy shall cover aggregate hospitalization expenses reasonably and necessarily incurred in India in respect of all covered hospitalization during the Policy period exceeding the threshold level or any amount reimbursed or reimbursable under any Health Insurance Policies/Reimbursement Scheme whichever is higher, up to the Sum Insured stated in the Policy. The Super Top-up Policy for Retirees will commence along with the main Policy. In case of claim, the Basic Sum Insured will trigger first and only if the Sum Insured under the Basic Policy is completely exhausted, the Super Top-up Policy will be activated/utilized.

The Super Top-up Policy will not take care of the amount excess of the amount fixed under capped ailments under the Base Policy.

Fixation of Sum Insured vis-a-vis Residual Limit:

Residual balance under REMBS	Base Plan	Super Top-up
Rs.3.00 lakhs to below Rs.10.00 lakhs	3.00	6.00
Rs.10.00 lakhs and above	5.00	6.00

The liability of the Insurance Co. would be restricted to Basic+ Super Top-up or Residual Limit whichever is less.

Hospitalization coverage as defined in the scheme and maximum ceiling of Room Rent / ICU Rent / Isolation Rent Per Day:

Room Rent / ICU Rent Capping Per Day				
Basic Sum Insured (Rs.)	Super Top-up (Rs.)	Room Rent Per Day (Rs.)	ICU Rent Per Day (Rs.)	Isolation Room Rent Per Day (Rs.)
3,00,000	6,00,000	5,000	9,500	9,500
5,00,000	6,00,000	7,500	12,000	12,000

Note: In case one opts for a room category higher than his eligibility, one will have to bear along with the differential amount on room rent, proportionate deduction on defined Associate 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
- 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 based on the room category and

There will not be any proportionate deduction on defined Associated Medical Expenses in case of DEATH of any member while undergoing hospitalization.

N.B. 1: Hospital should be registered as a Hospital with local authorities under the clinical establishments (Registration & Regulations Act'2010) OR complies with all the criteria as laid herein viz, minimum 10 inpatient beds in towns with a population less than 10 lacs and minimum of 15 inpatient beds in all other places, should have fully equipped operation theatre, round the clock emergency services and possess qualified registered medical practitioner and nursing facility.

Surgical Procedure+ Implant (If Any)+ Pre and Post Hospitalisation expenses subject to a limit of 10% of Sum Insured for each Hospitalisation up to the capped amount.	Basic Sum Insured of Rs.3.00lakhs	Basic Sum Insured of Rs.5.00lakhs
Angioplasty	2,00,000	2,25,000
CABG	4,00,000	4,50,000
Cataract per eye per member	45,000	50,000
Cholecystectomy	1,00,000	1,25,000
Hernia	1,00,000	1,25,000
Knee Replacement-Unilateral	2,00,000	2,25,000
Knee Replacement-Bilateral	4,00,000	4,50,000
Prostate (other than treatment of Prostate Cancer)	1,00,000	1,25,000

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 ailments under the same hospitalization, the cost of such procedures would be considered separately as per the actuals within the total Sum Insured.

Respective Locations Contact Details:		
LHOs of SBI	TPA Contact Details	ARIBL Contact Details
Chennai & Kochi	Vidal Health Insurance TPA Pvt. Ltd Toll free : 1800 103 5916	TollFree:18001238733 sbigmchelpdesk@rathi.com

N.B. 2 : In the event of the Policy holder having any grievance relating to the Policy, he/she may submit his/her complaint in writing to SBI General Insurance Co. Ltd., Accident & Health Claims Hub: Ground Floor Lotus IT park, plot no 18/19, Road no 16, Wagale Ind estate, Thane 400604 or Email at sbiretiree.escalations@sbgeneral.in / customer.care@sbgeneral.in. If the grievance remains unaddressed, the Insured person may contact the Customer Care Dept. at head. customercare@sbgeneral.in

Disclaimer: SBI General Insurance Company Limited | Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400099. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 and for State Bank of India the IRDAI Reg No CA0003. State Bank of India is a registered corporate agent of SBI General Insurance Company Limited | For Anand Rathi Insurance Brokers Ltd Reg No. 175. Anand Rathi Insurance Brokers Ltd is a broker of State Bank of India |CIN: U66000MH2009PLC190546 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Company Limited under license. | Website: www.sbgeneral.in, Tollfree: 18001021111 |Group Health Insurance Policy UIN: SBHILGP21330V022021 | SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products.



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GOOD HEALTH ENSURES A GREAT RETIRED LIFE.

YOUR HEALTH IS PROTECTED WITH

SBI GENERAL

GROUP HEALTH INSURANCE POLICY

SBI HEALTH CARE (POLICY A)

(Policy Period : 16th Jan 2024 to 15th Jan 2025)



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With Group Health Insurance, your Post-retirement Health Emergencies are well protected with us

SBI has your best interests in mind and always tries to enhance employee experience, even after retirement. Since Health is one of your biggest concerns post-retirement, we offer a Health Insurance Policy that is customized for SBI retired employees.

SBI Health Care Policy for Retired Employees of State Bank of India, Spouse and Financially Dependent Specially abled Child/Children as per the disability defined by SBI.

1	Hospitalisation Expenses: Operation Theatre, OT Consumables and Recovery Room, Prescribed medicines, drugs and dressing for in-patient expenses incurred during the hospitalization. Pre & Post hospitalization expenses admissible for 30 & 90 days respectively subject to maximum of actual expenses or 10% of Base Sum Insured for each hospitalization whichever is less	Covered. In case of 8 capped diseases if expenses go beyond the capped amount, the liability would be restricted to capped amount only.
2	Pre- existing Diseases/Ailments:	Covered.
3	Congenital Anomalies:	Treatment of Congenital Internal defects & anomalies only covered. External Congenital defects are excluded for all the family members including the specially abled child.
4	Nursing & Attendant:	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 Sum Insured for 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.
5	Surgical & Anaesthetist's Fees: Surgeon/Team of Surgeons/ Assistant Surgeon and Anaesthetist's fees in case of hospitalization	Covered, only if forming part of hospitalization bill.
6	Specialist Physician's Fees:	Covered, only if forming part of hospitalization bill. This benefit will be paid in full for regular visits by a specialist physician during stay in the hospital that includes stay in Intensive Care Unit too. The time period is for as long as it is medically required.
7	Surgical Procedures: Surgical procedures(inclusive of Doctor's & Medical Practitioner's Fees) in case of hospitalization	Covered, only if forming part of hospitalization bill
8	Laboratory/Diagnostic Tests, X-Ray, CT Scan, MRI, any other scan:	Covered, if the nature of ailment necessitates hospitalization. Not covered if only for the purpose of investigation.
9	Nebulization, RMO charges, Blood, Oxygen, Dialysis:	Covered in case of hospitalization.
10	Psychiatric diseases:	Covered under OPD & IPD/ Hospitalization both
11	Treatment for all neurological/ macular degenerative disorders- treatment for Age Related Macular Degeneration (ARMD), treatments such as Rotational Field Quantum Magnetic Resonance (RFQMR), Enhanced External Counter Pulsation (EECP), etc.	Covered.
12	Enhanced External counter Pulsation (EECP):	Covered on fulfilment of the following 3 conditions: i. Angina or Angina equivalents with poor response to medical treatment and when patient is unwilling to undergo invasive revascularization procedures. ii. Ejection fraction is less than 35%. iii. 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.
13	Rental Charges: External and/or durable Medical equipment CPAP, CAPD, Bi-PAP & Infusion pump used for treatment.	Covered, arising out of or leading to hospitalization during the Pre-Post hospitalization period for a maximum number of 30 & 90 days respectively, on submission of proper serial numbered receipt. Rental charges during pre and post hospitalization are subject to overall limit of 10% of Sum insured for each hospitalization.
14	Physiotherapy Charges: Applicable for the period specified by the Medical Practitioner treating upon the pensioner.	Covered on submission of proper serial numbered receipt during the Domiciliary treatment and post-hospitalization period of 90 days or as per the discharge summary given by the hospital, whichever is earlier subject to overall limit of 10% of Sum insured for each hospitalization.
15	OPD Treatment:	Covered up to the limit of 1% of Lifetime limit within the overall Sum Insured for 63 listed diseases only

16	Alternative Therapy	Reimbursement of expenses for hospitalization or Domiciliary treatment covered under the recognized system of medicines (AYUSH), viz., Ayurveda, Unani, Siddha & Homeopathy Covered, if such treatment is taken only in a Clinic/Hospital/ Nursing Home registered by the Central/State government.
17	Change of Treatment:	Covered in case recommended by the treating doctor.
18	Root canal Treatment:	This policy covers root canal treatment with a limit of Rs 7500/- Per annum per family. It does not include procedure like extraction, filling, crowning, restoration, casting, etc if performed on standalone basis. However, these procedures are covered, if done along with RCT within the overall limit of Rs. 7500/- per annum per family. The amount fixed is overall limit for entire family unit, not forming part of Hospitalization but within the total Sum Insured.
19	Ambulance Charges:	Admissible up to Rs. 2500 per trip to hospital and / or transfer to another Hospital or transfer from Hospital to Home . In case of inter City 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 & inter city movement.
20	Air Ambulance Charges: (For families having Base Sum Insured of ₹5,00,000)	Covered for a limit of ₹5,00,000 for Base plan of Rs. 5,00,000. The cost would be forming a part of Total Sum Insured.
21	Transportation of Mortal Remains:	Expenses incurred for transportation of the mortal remains of the Insured/Insured person from hospital to his/her place of residence/ mortuary in the event of death of Insured person at the hospital while under treatment for diseases/illness/ injury covered up to a limit of Rs. 10,000/-. Other than transportation expenses, no other expenses would be admissible.
22	Taxes and other Charges:	All Taxes, Surcharges, Service Charges, Registration Charges, Admission Charges, Administration charges & TPA claims processing charges are admissible
23	Obesity Treatment and its Complication(s)	Covered with 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 has to be 18 years of age or older and IV. Body Mass Index (BMI) a. Greater than or equal to 40 or b. Greater than or equal to 35 when patient is suffering from any of the following severe co-morbidities (diseases) that are not treatable by less invasive methods (procedures that do not need surgery) of weight loss: i. Obesity related cardiomyopathy (disease of heart muscle) ii. Coronary heart disease (major blood vessel to the heart or damaged) iii. Severe Sleep Apnea (Sleep disorder) iv. Uncontrolled Type 2 Diabetes (that leads to damage of essential systems in the body).
24	Advance Medical Treatment:	Fourteen (14) new procedures are covered with or without hospitalization. 1. Uterine Artery Embolization (procedure to treat tumors in the uterus) & HIFU (high intensity focused ultrasound to treat tumors) 2. Balloon Sinuplasty (surgery of the nose) 3. Deep Brain Stimulation (implantation of electrodes in brain to stimulate body movement) 4. Oral Chemotherapy (cancer-fighting drug given through the mouth) 5. Peritoneal Dialysis 6. Immunotherapy – Monoclonal Antibody to be given as injection for the treatment of cancer. 7. Intra Vitreal Injections (procedure to provide medication inside) 8. Laser Surgery.

		9. Robotic Surgeries (Surgery assisted by robots for performing complex procedures) 10. Stereotactic Radio Surgeries (therapy to treat small tumors of the brain) 11. Bronchial Thermoplasty (treatment for severe asthma) 12. Vaporization of prostate (Green Laser treatment or holmium laser treatment)- Laser is used to melt away excess prostate tissue. 13. IONM (Intra Operative Neuro Monitoring) (method to monitor neural structures like nerves, spinal cord, etc.) 14. Stem Cell Therapy: Hematopoietic Stem Cells for bone marrow transplant for hematological conditions (usually done for treatment of leukemia)
25	Cancer Treatment	Advanced Cancer Treatments viz. Adjuvant/ Neo Adjuvant Therapy including Zoledronic Acid Injection) is covered with or without hospitalization.
26	Genetic Disorder & Stem Cell Surgery	Covered for cases involving Hematopoietic Stem Cell Transplantation for Blood & Bone Marrow Cancers like Leukemia, Lymphoma, Multiple Myeloma and Poly Cystic Kidney disease.
27	Day care Benefits:	Covered. For any claim to be admissible the hospitalization has to be for a minimum period of 24 hours. However, this time limit is not applied to specific treatments provided under the Day Care list under the Policy. The condition of minimum 24 hours' hospitalization would also not be applicable under the following circumstances: 1) The treatment is undertaken under General or Local anesthesia in a hospital/day care center in less than 24 hours because of technological advancements. 2) Which would have otherwise required hospitalization of more than a day
28	Geographical Limit	India only

Domiciliary treatment on outpatient basis : Medical expenses incurred in case of the following diseases which need Domiciliary treatment as may be certified by the Registered Medical Practitioner shall be reimbursed to the extent of 1% of Lifetime limit subject to a cap of total 10 % for the Lifetime. 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 a maximum of 180 days.

Animal/reptile/insect bite or sting including Dengue & Chikungunya	Hepatitis - C	Psychiatric disorder including Schizophrenia and Psychotherapy
Aplastic Anaemia	Hypertension	Purpura
Arthritis	Hyperthyroidism	Accidents serious in nature Fracture including hairline fracture/dislocation.
Asthma	Hypothyroidism	Seizure disorders
Cancer	Immuno Suppressants	Sequella 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 (SLE)	Muscular Dystrophies	Systemic Lupus Erythematosus
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 disease	Typhoid
Infectious 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