**MEDICLAIM POLICIES FOR SBI RETIREES**

**BASIC FEATURES**

***(A) SBI HEALTH CARE***

The existing SBI-REMBS Policy (Policy-A) is known as **“*SBI Health Care***”- One Time Payment Plan (OTPP) from now onwards. All future retirees would be eligible to opt for different plans under “*SBI Health Care*” depending on their medical need wef 1st January, 2020.

All superannuated employees would be eligible for membership under “***SBI Health Care”*** *except for d*ismissed, discharged, compulsorily retired, terminated and employees retired under section 19/3 of OSR upto clearance of their case.

The scheme shall provide medical cover to retired employees of State Bank of India, their spouses and differently abled child / children (if any). VRS retirees fulfilling two conditions i.e. completion of 30 years of service and 58 years of age will also be eligible to join.

Membership structure in the new **“*SBI Health Care*”** will be as under:

 *(Amount in Rupees)*

|  |  |  |
| --- | --- | --- |
| **Lifetime****Limit** | **Annual Domiciliary Eligibility** | **Amount of contribution by retiring employees on or after 01.01.2020** |
| 7,00,000 | 7000 | 1,63,000 |
| 10,00,000 | 10000 | 2,30,000 |
| 15,00,000 | 15000 | 3,00,000 |
| 20,00,000 | 20000 | 3,75,000 |

*Eligible retirees/ family pensioners can opt for any plan.*

Bank will take insurance cover on behalf of the existing members as well as new members under “***SBI Health Care”*** (OTPP).Members enrolled under OTPP will be migrated to insurance policy one month after ratification of their membership in the Trust. For the purpose of insurance, members having residual balance of Rs.3.00 lakh and below Rs.10.00 lakhs will be allocated Basic insurance Cover of Rs.3.00 lakhs and those having residual balance of Rs.10.00 lakhs and above will be allocated Rs. 5.00 lakhs as Basic Cover. An additional cover of Rs.6.00 lakhs will also be provided to these members as Super-Top Up cover to both categories. However, members will be provided insurance cover only upto their residual balance in OTPP. Premium on the insurance cover (both base plan & Super Top-up Plan) of “***SBI Health Care***” (OTPP) will be paid by the REMB Trust on behalf of members.

Annual domiciliary limit in the policy will be 1 % of life time limit subject to a maximum of 10 % for life time.

Following ailment wise capping under the insurance cover of “***SBI Health Care”*** (OTPP) will be as under:

 *(Rupees in lakhs)*

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

The Room Rent / ICU Rent including nursing charges eligibilities will be as under:

|  |  |  |
| --- | --- | --- |
| **Plan****(In lakhs)** | **Room Rent** | **ICU Rent** |
| 3.00 | 5,000 | 9,500 |
| 5.00 | 7,500 | 12,000 |

Dental Treatment – An amount of Rs. 7,500/- will be available to all members of insurance plan under OTPP for dental Root canal Treatment. This facility will be under the overall basic Cover and will not be treated as domiciliary facility.

***(B) SBI HEALTH ASSIST***

To provide additional medical cover, Bank has come out with a scheme named ***“SBI Health Assist*”** (Annual Payment Plan- APP). The policy is available to all new eligible retirees/ family pensioners to avail of the additional health insurance cover by paying annual premium from their own sources. Old retirees/ VRS retirees/ Family Pensioners/ Retirees of e-ABs/ Spouses of deceased employees/ retirees/ spouses of deceased e-ABs retirees can become member of the plan in the current policy.

* New retirees (Retiring on or after 16th January 2020) can join “***SBI Health Assist”*** (APP) policy within 90 days from the date of their retirement. In case of death of serving employees, the spouse of deceased employees can join APP within 120 days from the date of death of the employee. Members of “***SBI Health Care”*** (OTPP) also can join “***SBI Health Assist”*** (APP) irrespective of their residual balances and opt for any sum insured under APP according to their medical need by paying premium from their own sources. Super-Top Up plan and Critical illness cover will also be available to them. However, for such retirees there will be a 30 days’ waiting period from the date of their joining “***SBI Health Assist”*** (APP) and Sum Insured under new APP will not be available for reimbursement of expenses incurred on the treatment of ongoing hospitalization.

The “***SBI Health Assist***” (APP) will be for Hospitalisation Cover only. To support the members of “***SBI Health Assist”*** (APP) in their Domiciliary expenses, an ***e-Pharmacy*** facility will be provided to them with an annual limit of Rs.18,000/-. However, initial Rs.6,000/-will be borne by the members and Bank will pay for remaining Rs.12,000/- thereafter.

**Basic Structure of the scheme**

Basic structure of “***SBI Health Assist***” (APP) will be as under :

 *(Amount in Rupees)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Basic Cover** | **Super-Top Up Cover****(Premium to be paid by Bank)** | **Total Cover to a member** | **Critical Illness Cover (Optional)** |
| 3.00 | 6.00 | 9.00 | 5.00 |
| 5.00 | 6.00 | 11.00 | 5.00 |

Basic premium chart for the period 16.01.2020 to 15.01.2020 for “***SBI Health Assist***” (APP)is as under :

 *(Amount in Rupees)*

|  |  |  |
| --- | --- | --- |
| Sum Insured | Base Plan | Critical Illness |
| Basic Premium | GST@18% | Gross Premium | Basic Premium | GST@18% | Gross Premium |
| 300000 | 16542 | 2978 | 19520 | 13774 | 2479 | 16253 |
| 500000 | 36771 | 6619 | 43390 |

*\*Premium for Super Top-up cover will be borne by the Bank.*

**Subsidy**

Bank will provide 50 % subsidy (Rs. 8,271/-) on Base Premium of Rs. 3.00 lakhs cover to all Family Pensioners and to pensioners 70 years of age and above. (However, GST or other taxes / surcharges, if any, on total premium will be paid by the retirees).

**Critical Illness Cover**

Critical Illness Cover is a benefit plan which will be available for 14 specified diseases for a sum of Rs. 5.00 lakhs. Coverage in critical illness plan will be on Floater Basis. Maximum entry age in Critical Illness policy will be 65 years. At the time of enrolment/ entry, primary member must be below 65 years of age. Critical Illness cover will not be available on standalone basis and can be taken only in conjunction with the Base Plan with the following pre conditions :

1. Pre-existing diseases will not be covered under the plan.
2. There will be a waiting period of 90 days and surviving period of 30 days after infliction of any of the 14 specified diseases in order to make a claim in the policy. However, waiting period is not applicable for existing policy holders.
3. Once claim has been accepted by the insurance company full amount of the benefit i.e. Rs.5.00 lakhs will be paid to the member. Treatment cost under the ailments can however be claimed from the Basic Cover/ Super Top-up cover separately.

The ailment wise capping under the *SBI Health Assist* (APP) will be same as insurance plan of OTPP. The Room Rent / ICU Rent including nursing charges eligibilities under the APP will also be same as OTPP.

Dental Treatment – An amount of Rs. 7,500/- will be available to all members of APP for dental Root canal Treatment. This facility will be under the overall basic Cover and will not be treated as domiciliary facility.

***e-PHARMACY***

An *e-Pharmacy* facility will be made available to all members of APP for allowing them to avail domiciliary facility @ Rs.18,000/- per annum as under.

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

The facility will be extended to members of *“****SBI Health Assist****”* (APP) only.

Initial payment of Rs. 6,000/- will have to be made by the member first and Bank’s contribution of Rs. 12,000/- will be allowed subsequent to this.

Bank’s portion of expenditure will be paid directly to the vendor company. However, members of the policy can take medicines beyond Rs. 18,000/- also by making their own payment. This will enable them to avail the benefit of the discount offered as part of the Tie-up arrangement even for such purchase.

The member will have to take services from the Company identified to provide such *e-Pharmacy* facility.

Orders will have to be made directly to the Company through On-line / On-call / Whatsapp channels as decided.

Medicines will be delivered at the registered address of the member as recorded under Annual Payment Plan (APP). If a member has moved from registered address, facility will not be provided at the new address. For availing the facility at new location, member will have to get the address changed through CM (HR) of concerned Administrative Office.

**COMMON FEATURES**

***SBI Health Care & SBI Health Assist***

1. **Coverage:**
2. **Hospital Charges**: The Policy will cover Hospital charges for:
3. Operation Theatre, OT Consumables and Recovery Room.
4. Prescribed medicines, drugs and dressing for in-patient.
5. Expenses incurred during the Pre-Hospitalization and Post Hospitalization period for 30 days prior to hospitalization and 90 days after discharge respectively.
6. Visiting and treating Doctor’s fees are covered only as a part of the hospitalization bill.
7. **Pre- Existing Diseases / Ailments**: All Pre-existing diseases and ailments are covered under the scheme without any waiting period.
8. **Dental Treatment:** Both the policies (APP & Policy-A) will cover Root Canal Treatment (RCT) with a limit of Rs. 7,500/- per annum per family. It includes purely the RCT and no additional expenses associated with it e.g. extraction, filling, crowning, restoration etc. are covered. The amount fixed is overall limit for the entire family unit not forming part of domiciliary treatment but within the total Sum Insured.
9. **Congenital Anomalies**: Expenses for Treatment of only Congenital Internal defects & anomalies are covered under the policy.
10. **Psychiatric diseases:** The expenses incurred for treatment of psychiatric and psychosomatic diseases will be covered under the domiciliary treatment only within its overall limit (applicable for Policy-A members).
11. **Nursing & Attendant Charges**: The policy will cover charges for Nursing/Attendant expenses arising out of hospitalization during the Post hospitalization period for a maximum number of 90 days, within the overall limit of pre-and post-hospitalization expenses of 10% of Sum insured for each hospitalization and also subject to per day limit of Rs. 1000/-.
12. **Advanced Medical Treatment**: All new kinds of approved advanced medical procedures for treatment as defined below are required to be covered:
13. Uterine Artery Embolization & HIFU
14. Balloon Sinuplasty
15. Deep Brain Stimulation
16. Oral Chemotherapy
17. Immunotherapy- Monoclonal Antibody to be given as injection.
18. Intra vitreal injections
19. Robotic Surgeries
20. Sterotactic Radio Surgeries
21. Bronchial Thermoplasty.
22. Vaporisation of prostrate ( Green Laser treatment or holmium laser treatment)
23. IONM- ( Intra Operative Neuro Monitoring)
24. Stem Cell Therapy : Hematopoietic Stem Cells for bone marrow transplant for haematological conditions.
25. **Obesity Treatment**: Obesity treatment and its complications including morbid obesity if it fulfills all the following conditions:
26. Surgery to be conducted upon the advice of the Doctor.
27. The surgery/procedure conducted should be supported by clinical protocols.
28. The member has to be 18 years of age or older and
29. Body Mass Index (BMI)
30. Greater than or equal to 40 or
31. 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

1. **Cancer Treatment:** Cancer coverage for advanced cancer treatments (Adjuvant / neo-adjuvant cancer treatments) to be covered on hospitalization / Day care basis.
2. **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.
3. **Enhanced External Counter Pulsation (EECP**): It will be covered for specific indications viz.:
4. Angina or Angina equivalents with poor response to medical treatment and when patient is unwilling to undergo invasive revascularization procedures.
5. Ejection fraction is less than 35%.
6. 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.
7. **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 Sum insured for each hospitalization.
8. **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 Sum insured for each hospitalization.
9. **Day Care Benefits**: Condition for Hospitalization for minimum period of 24 hrs is not applicable for the following specific treatments / investigations:

|  |  |
| --- | --- |
| **Sr. No.** | **Name of Disease** |
| 1 | Adenoidectomy |
| 2 | Appendectomy |
| 3 | Ascitis / Plural Tapping |
| 4 | Auroplasty not Cosmetic in nature |
| 5 | Coronary angiography /Renal |
| 6 | Coronary angioplasty |
| 7 | Dental Surgery |
| 8 | D&C (Dilation 81 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 |
| 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 |
| **OPTHALMOLOGY : 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. colecystectomy, 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 ,hysterscopic or laparascopic 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 (PercutanousNephro-Lithotomy) |
| 6 | Tran urethral resection of bladder tumor |
| 7 | Suprapubic cytostomy |
| **Procedure of Respiratory System** |
| 1 | Brochoscopic treatment of bleeding lesion |
| 2 | Brochoscopic 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 | 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 cardiomyopathyii. Coronary Heart diseaseiii. Severe Sleep Apneaiv. Uncontrolled Type 2 Diabetes |
| **Modern Treatment Methods** |
| I | Uterine Artery Embolization & HIFU |
| II | Balloon Sinuplasty |
| III | Deep Brain Stimulation |
| IV | Oral Chemotherapy |
| V | Immunotherapy- Monoclonal Antibody to be given as injection. |
| VI | Intra vitreal injections |
| VII | Robotic Surgeries |
| VIII | Sterotactic Radio Surgeries |
| IX | Bronchial Thermoplasty. |
| X | Vaporisation of prostrate ( Green Laser treatment or holmium laser treatment) |
| XI | IONM- ( Intra Operative Neuro Monitoring) |
| XII | 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.

1. **Alternative Treatment**: Reimbursement of Expenses for Hospitalization & Domiciliary treatment (applicable for Policy A members) under the recognized system of medicines, viz. Ayurvedic, Unani, Sidha and Homeopathy is covered provided such treatment is taken in a Hospital / Nursing Home / Clinic registered with the Central / State government.
2. **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.
3. **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 Sum Insured for each hospitalization.
4. **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 in the event of death of the Insured / Insured Person at the Hospital while under treatment for disease / illness / injury etc.
5. **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.
6. **Air Ambulance Charges** are covered for a limit of Rs. 5,00,000/- for the plan having Sum Insured of Rs. 5.00 lakhs and above. The Air ambulance cost would be within the overall Sum Insured.
7. **Taxes and other Charges**: All Taxes, Surcharges, Service Charges, Registration charges, Admission Charges, Nursing, and Administration charges are admissible.
8. **EXCLUSIONS:**

The Insurance Company shall 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:

1. Injury / disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign enemy, War like operations (whether war be declared or not).
2. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.
3. Vaccination or inoculation.
4. Change of life or cosmetic or aesthetic treatment of any description.
5. Plastic surgery other than as may be necessitated due to an accident or as part of any illness.
6. Cost of spectacles, contact lenses, hearing aids and Cochlear Implant.
7. Dental treatment or surgery of any kind unless arising out of accident and necessitating hospitalization or as permitted for RCT as in Para 1 (iii) under common features.
8. Convalescence, rest cure, Venereal disease, intentional self-injury and use of intoxication drugs / alcohol.
9. 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, unless recommended by the attending doctor.
10. Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician.
11. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials.
12. All non-medical expenses as per IRDA guidelines including convenience items for personal comfort such as charges for telephone, television, /barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items and similar incidental expenses.

**2. Management of Claims**

1. The members would submit hospitalization claims within 30 days from the date of discharge to the servicing TPA representative attending at the helpdesk of each Administrative Office of the Bank.
2. Every notice or communication regarding hospitalization or claim to be given or made under this Policy shall be communicated (Telephonically /e-mail / fax / online) to the office of the TPA dealing with Medical Claims, and / or the TPA’s office at the earliest within 7 days from the time of hospitalization or before discharge whichever is earlier.
3. The TPAs will be having a 24 x 7 Call Centre.
4. All Cashless Claims would be settled directly with the hospital concerned by the TPA/ Insurer.
5. No claims would be rejected by the insurance company / TPA unless the same is rejected by the Committee comprising Bank Management (CM-HR of the concerned Zonal Office), Insurance Company, TPA and the Broker.
6. If the hospital opted is not on the panel of TPA, the member may take admission to the hospital and submit the claim for reimbursement. In such case, the hospital should satisfy the criteria of hospital as defined in the policy and the claim would be processed as per the prevailing rate agreed with Network Hospital of similar category in the same vicinity.
7. All supporting documents relating to the claim must be filed with the servicing TPA within 30 days from the date of discharge from the hospital. In case of post-hospitalization, treatment (limited to 90 days), all claim documents should be submitted within 30 days of the completion of treatment or within 30 days after post hospitalization period or 90 days whichever is earlier.

**Note:** In case of late submissions of bills beyond the stipulated period, the claimant shall be required to submit in writing valid / cogent reasons for the delay to the TPA, which shall be in turn referred to the insurer for considering condonation.

1. All the members and their family members would be issued ID cards by the ThirdParty Administrator (TPA). In case the member or his family member gets admitted in any of the Preferred Provider Network of hospitals on production of ID card, the hospital authority in turn shall notify by fax / mail the details of hospitalization along with ID card number and Name of the member to the TPA, who would again revert by fax / mail a confirmation to the hospital to proceed with the claim.

**CIRCLE WISE LIST OF THIRD PARTY ADMINISTRATORS (TPAS)**

|  |  |  |  |
| --- | --- | --- | --- |
| **SN** | **LHO** | **Administrative Office** | **TPAs for *SBI Health Assist* (APP)** |
| 1 | Kolkata | All AOs of the Circle | FHPL |
| 2 | Bhopal | All AOs of the Circle | FHPL |
| 3 | Amaravati | All AOs of the Circle | FHPL |
| 4 | Bhubaneswar | All AOs of the Circle | FHPL |
| 5 | Guwahati | All AOs of the Circle | FHPL |
| 6 | Patna | All AOs of the Circle | FHPL |
| 7 | Bangalore | All AOs of the Circle | Medi Assist |
| 8 | Lucknow | All AOs of the Circle | Medi Assist |
| 9 | Hyderabad | All AOs of the Circle | Medi Assist |
| 10 | Mumbai | All AOs of the Circle | Medi Assist |
| 11 | Maharashtra | All AOs of the Circle | Medi Assist |
| 12 | Delhi | All AOs of the Circle | Raksha |
| 13 | Jaipur | All AOs of the Circle | Raksha |
| 14 | Chandigarh | All AOs of the Circle | Raksha |
| 15 | Ahmedabad | All AOs of the Circle | Raksha |
| 16 | Chennai | All AOs of the Circle | Vidal |
| 17 | Kerala | All AOs of the Circle | Vidal |

**GRIEVANCES REDRESSAL**

Grievances can be of the following nature:

1. Non-receipt of Medical ID Card
2. Delay in processing of claim
3. Deduction in claim
4. Rejection of claim
5. Non-inclusion of name despite payment of premium
6. Incorrect demographic details in Policy

**1. Non-receipt of Medical ID Card**

The members should contact TPA representative sitting at the concerned Administrative Office. He/ She can also contact broker’s representative attending at the concerned Administrative Office. Additionally, a member can also download soft copy of Medical ID Card from the portal of concerned TPA/ Anand RathiInsurance Broker Ltd. (ARIBL).

**2. Delay in processing of claim**

If a member feels that the claim has not been processed within the TAT, an intimation should be sent to the brokers as well as to corporate Centre. After receipt of the intimation, matter will be taken up withconcern TPA.

**3. Deduction in claim**

Although there will be no unreasonable deduction in any claim, however, if a members feels that the deduction made is not justified, he/she can approach the broker/ Corporate Centre for taking up the matter with concern TPA.

**4. Rejection of claim**

A rejection committee will be functional to ensure correct rejection of claims; however, demand for a relook into the rejected claim may be raised to the broker/ corporate Centre.

**5. Non-inclusion of name despite payment of premium**

Member will approach CM (HR) at the Administrative Office with acknowledgement of premium paid along with KYC documents of the members who have been left for inclusion. On receipt of the application/ intimation CM (HR) will verify pension account of the members from where premium has been debited. After verification,CM (HR) will forward copies of application form, premium paid acknowledgement, account statement and KYC documents to Corporate Centre for arranging inclusion through the Insurance Company.

**6. Incorrect demographic details in the Policy**

Member will approach CM (HR) at the Administrative Office with KYC documents/ supporting proof. CM (HR) will verify the documents and after verification a request will be initiated by the CM (HR) to broker for arranging correction in the demographic data through the Insurance Company.