



**A PRESENTATION
ON
GROUP HEALTH INSURANCE
FOR SBI RETIREES
(POLICY “B”)**

Circular No.CDO/P&HRD-PPFG/76/2021-22

Dated – 16.12.21

- Vijay Rangnekar

Significant Features

- **Term of Policy 'B' (APP) will be effective from 16.01.2022.**
- **SBI GENERAL INSURANCE CO. LTD.** will continue to serve both the policies i.e. APP and OTPP.
- **Basic Plans for Sum Insured only for Rs. 3 lac & 5 lacs available.**
- **Option for Left Out Retirees, family pensioners and spouses of deceased employees (within 120 days of from date of death), with clause of waiting period of 30 days.**

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HIGHLIGHTS

- Subsidisation of premium- 50% subsidy on base premium of Rs. 3 lacs under APP (Policy B) to all family pensioners and pensioners of 70 years of age and above as on 16.01.22. (Maximum Rs. 8271)
- Required to make payment of full premium.
- Reimbursement of subsidy directly in pensioner's account by Corporate Centre.

HIGHLIGHTS

- Members, willing to Renew/Join their policy, must pay their premium up to 15/01/2022.
- No provision of domiciliary cover under Policy “B”
- Provision of e-pharmacy through URWorld App of Apollo Life facility up to Rs. 18000 with own contribution of Rs. 6000 with 1:2 ratio.
- The premium for super top up will be borne by the Bank.
- Additional Super top up cover (with approx. 20% enhancement in premium) is available on payment by member.

Super Top UP

If sanctioned claim crosses BSI, balance amount is payable from Super Top up.

After the sum total of BSI is exhausted, further claims will be paid from Super Top up.

Super top up benefit of Rs. 6 lacs.

Available in both insurance cover of Rs. 3 lacs and Rs. 5 lacs.

The premium for super top up will be borne by the Bank.

ADDITIONAL SUPER TOP UP COVER

- New (future) retirees would also be eligible to avail the additional facility by paying pro-rata premium in addition to existing covers.
- Members having plan of Rs. 3.00 lakhs can opt for any one of the **Additional Super Top-up** covers of 11.00 lakhs or Rs. 16.00 lakhs and members having plan of Rs. 5.00 lakhs can opt for any one of the **Additional Super Top-up** covers of Rs. 14.00 lakhs or Rs. 19.00 lakhs.
- The additional policy would trigger only when the existing Basic Plan and the existing Super Top-up over is exhausted.

FOR POLICY “A” HOLDERS

- Policy ‘A’ members will have to first become member of Policy ‘B’ by paying full annual premium and then he can avail additional Super Top-up as per the Base Plan chosen. The benefit of Super Top Up of Rs. 6 lacs would automatically available to them.
- There would be a waiting period of 30 days for such retirees.
- For Additional Super Top-up cover, such members will be required to pay pro-rata premium. There will be a waiting period of 30 days for such members.

ADDITIONAL SUPER TOP UP COVER

- Existing members of the policy would be eligible to avail the additional facility midway by paying proportionate (pro-rata) premium.
- New (future) retirees would also be eligible to avail the additional facility by paying pro-rata premium in addition to existing covers.
- Members having plan of Rs. 3.00 lakhs can opt for any one of the **Additional Super Top-up** covers of 11.00 lakhs or Rs. 16.00 lakhs and members having plan of Rs. 5.00 lakhs can opt for any one of the **Additional Super Top-up** covers of Rs. 14.00 lakhs or Rs. 19.00 lakhs.

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PREMIUM AND COVERAGE

Basic Plan (Rs. in lacs)	Super Top up (Rs. in lacs)	Total cover (Rs. in lacs)	Additional Super top up (Rs. in lacs)	Premium Amount (Including tax)
3	6	9	11	5927
3	6	9	16	7350
5	6	11	14	11245
5	6	11	19	12853

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PREMIUM PAYMENT

- Premium for the Base Plan would continue to be paid by the pensioner and existing Super Top-up cover would be borne by the Bank.
- However, premium on the **Additional Super Top-up** cover will be borne by the retiree.
- On opting for the Base Plans, The **Additional Super Top-up** cover can also be taken by the retirees including e-AB retirees who are neither the members of '*SBI Health Assist*' nor Policy 'A'. However, for them, there would be a waiting period of 30 days.

FOR POLICY “A” HOLDERS

- Policy ‘A’ members will have to first become member of Policy ‘B’ by paying full annual premium and then he can avail additional Super Top-up as per the Base Plan chosen. The benefit of Super Top Up of Rs. 6 lacs would automatically available to them.
- There would be a waiting period of 30 days for such retirees.
- For Additional Super Top-up cover, such members will be required to pay pro-rata premium. There will be a waiting period of 30 days for such members.

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CRITICAL ILLNESS COVER

- Gross premium of Rs. 16253 for Critical Illness Cover of Rs. 5 lacs.
- Can be taken only with Basic and Super Top up cover. Pre existing ailments not covered.
- Available only to primary member, not spouse.
- Entry available up to age of 65 years.
- Renewal can be done beyond age of 65 years on continuous basis.

CRITICAL ILLNESS COVER

- Benefit of Critical illness cover in APP can be availed of by primary member or any one dependent under the policy.
- Critical illness cover ceases in the event of any claimed raised for any one of covered member.
- Waiting period of 90 days and surviving period of 30 days.
- Payment only once for any one of covered illness.

Critical Illness Cover under Policy “B”

- (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 CA-BG

Additional diseases covered

- (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**

Ailment - wise Cap

(Rs. In lac)

Type of Disease	Existing Limit	Proposed for 3 lacs	Proposed for 5 lacs
Angioplasty	1.50	2.00	2.25
CABG	2.50	3.00	3.25
Cataract	0.30	0.45	0.50
Cholecystectomy	0.70	1.00	1.25
Hernia	0.70	1.00	1.25
Knee Replacement - Unilateral	1.75	2.00	2.25
Knee Replacement - Bilateral	2.50	3.25	3.50
Prostrate (Other than Prostrate cancer)	0.80	1.00	1.25

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Room Rent

Sum insured Rs. In lacs	Existing		Proposed	
	Room Rent	ICU Rent	Room Rent	ICU Rent
3.00	4000	7500	5000	9500
5.00	4000	7500	7500	12000

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How REMBS differs with Mediclaim Policy B

- No provision of top up. Once REMBS balance exhausted, No cover available.
- In policy 'B' fresh limit on each renewal.
- Only 20 diseases covered in REMBS as against 63 diseases in Family Floater.
- Entire bill will be paid by REMBS subject to availability of balance.
- No network hospital approved in REMBS, hence cashless treatment not available.
- Domiciliary treatment restricted to 1% of lifetime medical limit.
- Minimum life time insurance is Rs. 7 lacs.
- Very high subscription fee of Rs. 1.62 lacs at starting point.

FOR ROAD TRAFFIC ACCIDENT (RTA)

- In case of Road Accident - enclose brief summary of incident.
- Attested copy of MLC Report (Medico Legal Case)
- Attested copy of FIR
- Original copy of treating Doctor's certificate with circumstances and injuries sustained due to RTA
- Original copy of treating Doctor's certificate for any evidence of influence of alcohol or other narcotics substance during accident.

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FOR DEATH CASES

- Attested copy of death summary in pre-printed stationary of hospital signed by treating doctor, hospital seal and registration number.
- Attested copy of death certificate by competent authority.
- Legal heir certificate to settle the claim in the name of nominee or dependent.

STAFF WELFARE SCHEME

- Initiative introduced for over and above insurance under policy A & B.
- All employees on superannuation and also who have taken VRS on attaining 58 years of age. Also for Spouse & disabled children of eligible pensioners.
- Available for Family Pensioners also.
- Coverage for critical illness - Cancer, Cardiac Surgery/serious Heart ailments, Kidney/Liver transplant, Dialysis and major surgeries arising out of accidents.

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PROVISION OF REIMBURSEMENT

- For members of REMBS/Policy A & Policy B – 100 % of expenses incurred above the amount payable under the Scheme/Policy.
- For pensioners not covered under REMBS/ Policy A & B – expenses incurred above Rs. 3 lacs.
- Maximum amount restricted to Rs. 5 lacs.
- Available on first come first serve basis subject to availability of funds.
- Can be availed post facto for only one instance in a year.

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HOW TO CLAIM REIMBURSEMENT

- Submit application for obtaining assistance for critical illness to Administrative Office under whose control pension paying Branch.
- CM (HR) shall be Nodal Officer for scrutiny and forwarding to DGM (IR), Corporate Centre.
- IR deptt. At CC will process and obtain approval from Committee comprising of GM, DGM (PM & PPG) and Chief Medical Officer.
- On approval, OAD at CC will make the payment.
- Declined application shall be returned to respective AOs assigning the reason of return.

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**THANK YOU
& WISH YOU
a very healthy life
and
also
hassle free claims**

- **Vijay Rangnekar**