



# eCircular

Department: P&HRD

Sl.No.: 1029/2024 - 25

Circular No.: CDO/P^HRD-PPFG/59/2024 - 25

Date: Thu 2 Jan 2025

## **STRICTLY FOR INTERNAL CIRCULATION ONLY**

The Chief General Manager,  
State Bank of India  
Local Head Office  
All Circles/ CCG/ CAG/ SARG etc.

Madam / Dear Sir,

### **MEDICLAIM SCHEMES FOR SBI RETIREES: RENEWAL OF FOLLOWING POLICIES FOR POLICY YEAR 2025-26 ON MODIFIED TERMS & CONDITIONS:**

- 1. SBI HEALTH CARE (POLICY 'A')**
- 2. SBI HEALTH ASSIST (POLICY 'B')**

Please refer to the Circular No. [CDO/P^HRD-PPFG/43/2023 – 24](#) dated 29<sup>th</sup> December, 2023 regarding renewal of “SBI Health Care (Policy ‘A’)” and “SBI Health Assist (Policy ‘B’)” for Policy Year 2024-2025 (from 16<sup>th</sup> January, 2024 to 15<sup>th</sup> January, 2025).

2. In this connection, the ECCB of the Bank in its meeting held on 31<sup>st</sup> December, 2024 has approved the renewal of both ‘SBI Health Care’ (Policy ‘A’) and ‘SBI Health Assist’ (Policy ‘B’) for the Policy Period 16<sup>th</sup> January, 2025 to 15<sup>th</sup> January, 2026 on modified Terms & Conditions. The details of the schemes are as follows

#### **I. “SBI Health Care (Policy ‘A’)”:**

Insurance cover for SBI-REMBS members w. e. f. 16<sup>th</sup> January, 2025 will be as under:

- i) Insurance cover will be obtained for the members whose residual balance is Rs. 3.00 lacs and above.
- ii) Medical claims of members having balance below Rs. 3.00 lacs will be paid by the REMB Trust, and they will be out of the insurance scheme.
- iii) If the claim exceeds the total sum insured allocated under the Policy A, the balance amount of claim up to the residual limit will be processed by REMB Trust.

## II. SBI HEALTH ASSIST (Policy B):

### A. Eligibility for Membership in SBI Health Assist

- i. Existing members under SBI Health Assist for Policy year 2024-25 would be eligible to renew the policy till 15<sup>th</sup> January 2025 by paying annual premium.
- ii. Employees who retired on or after 17<sup>th</sup> October 2024 till 15<sup>th</sup> January 2025 and who have not taken membership of SBI Health Assist 2024-25 would be eligible to join the policy till 15<sup>th</sup> January 2025 by paying annual premium.
- iii. Eligible new retirees (retiring on or after 16.01.2025) may join SBI Health Assist 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.
- iv. Spouses of deceased employees may join SBI Health Assist (Policy 'B') within 120 days from the date of death of the employee by paying the premium from their own sources. Pro-rata premium would be payable in such cases.
- v. e-AB Retirees (members of IBA policy 2023-24) who opted for SBI Health Assist Policy on or before 31st October 2024 and who are not member of IBA Medclaim Policy 2024-25 as on 31st December 2024, would be eligible to join the policy till 15th January 2025 by paying annual premium. **No waiting period clause will be applicable to the above categories [(i) to (v)] of eligible retirees/ family pensioners.**

### B. OPTION FOR LEFT OUT RETIREES / e-AB RETIREES / SPOUSES OF LEFT OUT RETIREES AND e-ABs RETIREES / MEMBERS OF REMBS

All members of SBI REMBS, left out retirees/ spouses of left out retirees & e-AB retirees/ spouses of e-AB retirees (who are not member of IBA Medclaim Policy as on 31<sup>st</sup> December 2024) will be eligible to become members of SBI Health Assist by paying annual premium from their own sources till 15<sup>th</sup> January 2025. However, for these members, there will be a waiting period of 30 days from the date of their joining or date of inception of policy, whichever is later.

### C. EXCLUSIONS

- a. Employees who are/ were discharged / dismissed / removed/ compulsorily retired / terminated from service are not eligible to join the policy.
- b. Officers against whom Rule 19(3) are/ were invoked on attaining the age of retirement and they are/ were subsequently discharged / dismissed / removed/ compulsorily retired from service will not be eligible to join the policy.

**D. MODIFICATION FOR POLICY YEAR 2025-26: COMMON TO BOTH SBI HEALTH CARE (POLICY A) AND SBI HEALTH ASSIST (POLICY B)**

- i) The renewal of SBI Health Care (Policy 'A') and SBI Health Assist(Policy 'B') is effective from 16<sup>th</sup> January, 2025 with 5% increase in insurance premium. The particular of the premium is placed under **(Annexure I)**.
- ii) Capping on Angioplasty increased by Rs.50,000.00 for both, SBI HealthAssist and SBI Health Care: The sublimit on Angioplasty has been revised as under:

Base Cover	Existing Limit	Revised Limit
<b>Rs. 3 Lacs</b>	Rs.2.00 Lacs	Rs.2.50 Lacs
<b>Rs. 5 Lacs</b>	Rs.2.25 Lacs	Rs.2.75 Lacs

- iii) The Capping on Root Canal Treatment has been revised as under:

Base Cover	Existing Limit	Revised Limit
<b>Rs. 3 Lacs</b>	Rs.7,500	Rs.10,000
<b>Rs. 5 Lacs</b>	Rs.7,500	Rs.15,000

- iv) Presently the Policies have provision for accepting claims of PET-CT scan under Post treatment upto a maximum of 90 days. It has been decided to include cost of PET-CT scan beyond 90 days subject to existing limit of 10 % of Base Sum Insured assigned for pre- post hospitalization expenses for each Hospitalization, in such cases where it is specifically prescribed by the treating doctor for follow up and treatment, if any upon detection.

**E. MODIFICATION SPECIFIC TO SBI HEALTH ASSIST FOR POLICY YEAR 2025-26:**

- i) A one-time option will be provided to the existing members of SBI Health Assist (2024-25) who didn't opt for additional Super Top-up cover. Member can opt for any sum insured as per selected base plan by paying premium from their own sources. Members who do not opt for Additional Super Top-up Cover in Policy Year 2025-26, will not be eligible to opt for Additional Super Top-up Cover in Policy year 2026-27.
- ii) Starting with Policy Year 2025-26, the Bank has decided to extend 80% subsidy on Base Premium of Rs. 3 Lacs, as against existing subsidy of 50% to all Members, who have completed 80 years and above as on 16.01.2025. This subsidy will be uniform and extended irrespective of the Base plan opted. The existing subsidy of 50% will be available to remaining eligible members as per e-Circular No. CDO/P&HRD-PPFG/43/2023 – 24 dated 29<sup>th</sup> December, 2023.

### 3. e-PHARMACY SCHEME

- i) The members of SBI Health Assist Policy are also eligible for e-Pharmacy facility through three empaneled vendors MediBuddy, TATA 1 MG, & UrLife. The applicants can select their preferred vendor at the time of registration. The members of SBI Health Assist Policy are eligible for Banks subsidy of Rs. 12,000.00 (Rs. Twelve Thousand Only) and the same is extended through ewallet facility. There is no provision of reimbursement of cost of medicines under e-pharmacy scheme in respect of medicines purchased locally by the members.
- ii) The existing arrangement with MediBuddy, TATA 1MG & UrLife for providing pharmacy services to the members of SBI Health Assist is valid till 15.01.2025. The orders by current vendors will be accepted till 11.59 AM on 15.01.2025, after which fresh orders will not be accepted.

Existing members are advised to place orders for medicines latest by **11.59 AM** on 15<sup>th</sup> January 2025 as the wallet balance allowed for year 2024-25 will not be carried forward in year **2025-26**. Fresh subsidy (ie.wallet balance) will be applicable after renewal of the SBI Health Assist policy for the year 202526.

- iii) The applicants of SBI Health Assist (Policy B) for Policy Year 2025-26, will have an option to select their preferred e-pharmacy vendor from a list of three vendors which are as under:

Sl. No.	Name of e-Pharmacy Vendors	e-Pharmacy App
1	Lifetime Wellness Rx International Ltd.	UrLife
2	Phasorz Technologies Pvt Ltd.	MediBuddy
3	TATA 1MG Health Care	TATA 1MG

The detailed information regarding e-Pharmacy services will also be uploaded on the following link:

<https://bank.sbi/web/personal-banking/pension-seva/medical-benefits>

4. As per arrangement in place, both the above policies will be served by SBI General Insurance Co. Ltd. and M/s Anand Rathi Insurance Brokers for the policy period (16.01.2025 to 15.01.2026).
5. All other terms & conditions will be governed by the instructions contained in the Circulars referred hereinabove.
6. CGM (HR) is authorised to issue clarifications/ guidelines in the matter, if any
7. Please arrange to bring the contents of the circular to the knowledge of all concerned.

**Yours faithfully,**

**(Binod Kumar Mishra)**  
**Deputy Managing Director (HR) & CDO**

**Encl: Annexures as under:**

<b>Annexure</b>	<b>Particulars of the Annexure</b>
I	Premium Chart for SBI Health Assist 2025-26
II	Self-Enrolment Renewal process through HRMS Portal
III	Enrolment/ Renewal: Online Mode- Applying on Behalf of a Retiree
IV	Enrollment / Renewal Process through Offline mode (Submission of Physical Form)
V	Enrollment Form for New Members: Offline mode (Submission of Physical Form)
VI	Consent form for renewal (For Existing Members) through Offline Mode
VII	Reporting Format (for AO/ LHO officials)
VIII	Escalation Matrix for Mediclaim Policies

**'SBI HEALTH ASSIST' POLICY (2025-26)**

**Premium Chart**

**A. Base plan**

<b>Basic Sum insured</b>	<b>Basic Premium</b>	<b>GST (@18%)</b>	<b>Gross Premium (Rounded off)</b>
3,00,000	18,210.00	3,277.80	21,488.00
5,00,000	40,480.00	7,286.40	47,766.00

**B. Additional Super Top-Up Plan**

<b>Basic Sum Insured</b>	<b>Additional Super Top-up Cover</b>	<b>Basic premium</b>	<b>GST (@18%)</b>	<b>Gross Premium (Rounded off)</b>
3,00,000	11,00,000	5,529.00	995.22	6,524.00
	16,00,000	6,858.00	1,234.44	8,092.00
	21,00,000	9,001.00	1,620.18	10,621.00
5,00,000	14,00,000	10,492.00	1,888.56	12,381.00
	19,00,000	11,991.00	2,158.38	14,149.00
	29,00,000	18,303.00	3,294.54	21,598.00
	39,00,000	24,613.00	4,430.34	29,043.00

**C. Critical Illness Plan**

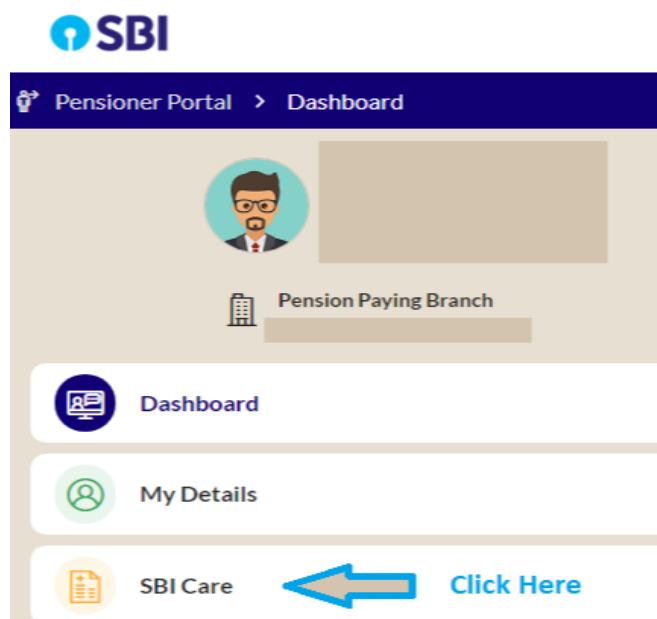
<b>Critical illness Cover</b>	<b>Basic premium</b>	<b>GST (@18%)</b>	<b>Gross Premium (Rounded off)</b>
5,00,000	15,163.00	2,729.34	17,892.00

**Procedure for Online Enrolment/ Renewal for SBI Health Assist Policy (Policy B) for 2025-26**

1. Login into new HRMS portal by using your HRMS ID and Password.  
In case of any queries regarding the same please connect with CM-HR at respective AO or PPG Department at LHO.
2. In case of retiring staff employees who can apply 15 days prior to date of retirement, **“Healthcare Services” option can be accessed through** Nine Dots option provided on the top left side of the screen , as shown in the following image:



3. Option **“SBI Care”** will be available to Pensioners on the landing page (Home Page after logging in).



## Annexure II Cont...

4. Click on the Apply button in the “SBI Health Assist” section of the page.
5. Please check the correctness of the personal details such as name, Mobile Number, Alternate Mobile Number, address & email ID. In case of any discrepancy of data kindly close the current tab and navigate to the “My Details” menu on the left-hand side of the screen. Click on the Edit button in the “Contact Details” section to make the necessary corrections and click on the “Save” button. After making the necessary changes navigate back to the “SBI Care” Menu → “SBI Health Assist”.
6. After the above step fill in the Alternate Address details. This address will be used for the delivery of the Medical Cards and Welcome Kit. Hence, please ensure that accurate details are provided. If alternate address is same as the address provided in the section above, you can click on the “copy current address” option to get the alternate address populated and then click on the “Next” button.
7. In the “Members Covered” section select the Policy year 2025-26 from the drop down.
8. Choose your relevant “Category” from the drop down.
9. In the “Dependent Details” tab kindly verify the details. In case of any discrepancy observed, kindly contact the LHO PPG department for making necessary amendments. Please resume the application post amendment in the dependent details.
10. Please select your desired e-Pharmacy vendor from the Drop-down. The information regarding all three vendors is uploaded on <https://sbi.co.in/web/personal-banking/pension-seva>. Kindly go through the document containing the services offered by each vendor and then select a vendor of your preference.
11. Please mention the nominee details and click “Save & Next” to proceed further.

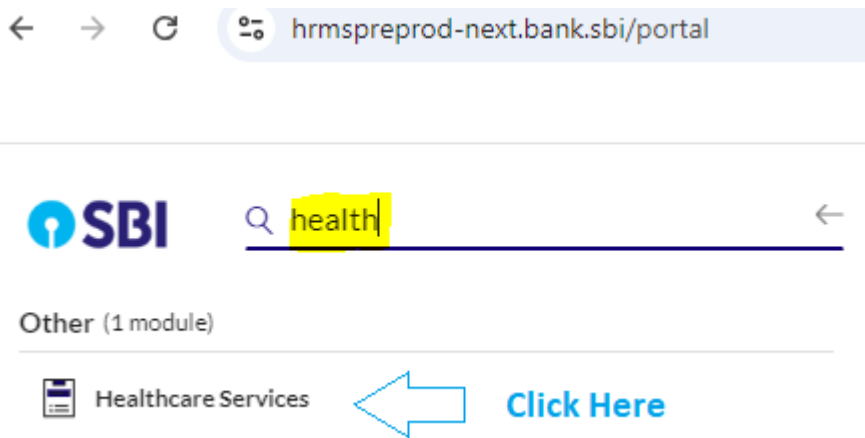


## Annexure II Cont...

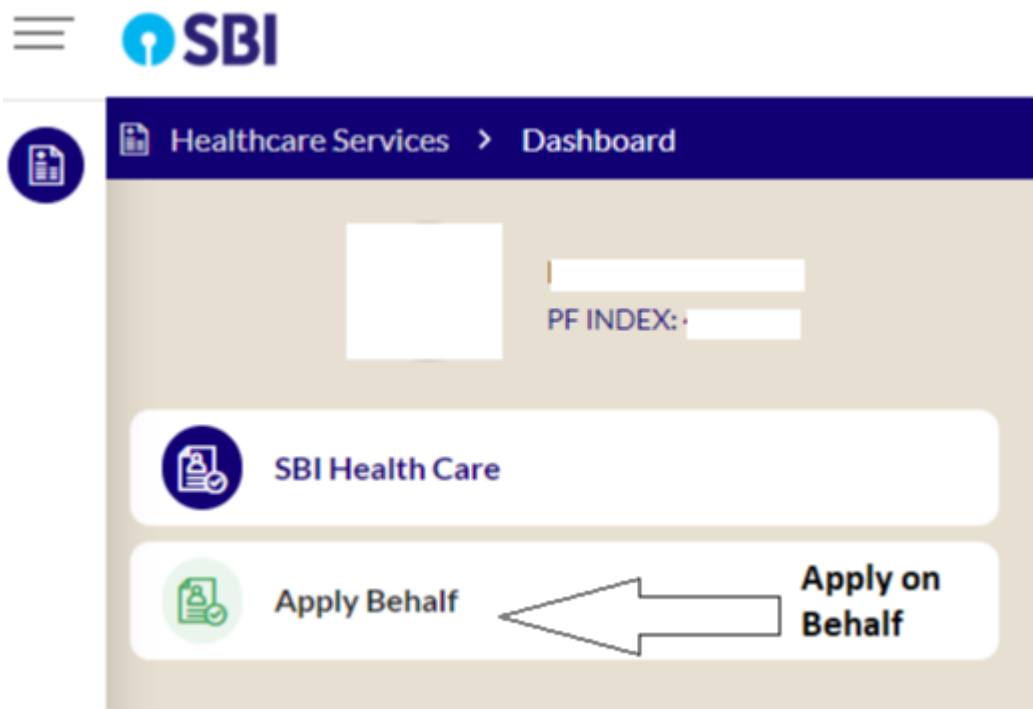
12. Under the “Policy Details” Section, please select your desired Base Plan, then you may also choose desired limits from Additional Super Top-up cover and Critical illness cover. After selecting desired plans, you may proceed ahead by clicking on the “Save& Next” button. In case if you do not wish to apply for Additional Super Top-up and critical illness cover, a pop-up window will be opened where you can confirm the same by selecting the “Confirm” option.
  13. Under the “**Preview & Finalize**” section please cross verify all the information displayed.
  14. Please go through both the declaration terms and tick mark it, then proceed by clicking the “Submit” button.
  15. After proceeding, a Pop-up will appear for your confirmation. Once confirmed, you will be receiving an OTP on your registered mobile number.
  16. Once OTP is provided successfully the premium Payment will be processed and the details will be reflected on the left-hand side of the window in green colour. Email/SMS will be triggered upon completion of the process.
  17. For Printing/Viewing the application form, please click on the “View Status” button.
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**Procedure for Online Enrolment / Renewal for SBI Health Assist Policy (Policy B) for 2025-26 (Using “Apply on Behalf of the Applicant” functionality in HRMS Portal)**

1. Login into new HRMS portal by using your HRMS ID and Password.
2. Go to the “Nine Dots” menu on top left corner navigation and search for “Health Care Services”. Click on the HealthCare Services Menu.



3. Now click on the “Apply Behalf” Menu on the left-hand side of the window.



### **Annexure III Cont...**

4. Search the retiree by his PF ID in the Search box , if the retiree PF ID is available in the system then the **SBI Health Assist Policy (Policy B)** tab will get opened .
  5. Click on the “Apply” button in the **SBI Health Assist Policy (Policy B)** tab.
  6. After submitting the request by Branch official OTP will be generated for payment to Pensioner’s registered mobile number. On submitting the OTP, enrolment process will be completed.
  7. Rest of the process as mentioned in the Annexure **II** is to be followed.
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**ESCALATION MATRIX / HELPLINE FOR POLICY YEAR 2025-26 FOR  
SBI HEALTH CARE & SBI HEALTH ASSIST POLICY**

1. In order to facilitate hassle free access to all information related to SBI Retirees Group Mediclaim Policies, the information is available under Pension Seva Section on SBI website. This information is also update on periodical basis.
2. The representatives of TPAs/ARIBL are available at Administrative Offices and they can be contacted with any query related to Mediclaim Policies/ e-Pharmacy Scheme/ Card related queries / Claims etc.
3. In case of any further escalation, the Manager (HR) at RBOs / CM(HR) at Administrative Offices, who are the Nodal Officers for SBI Retirees Mediclaim policies may be contacted with regards to queries/ grievances.
4. The provision of soft copy of e-Card is also available on the WhatsApp ChatBot of respective TPAs and same can be accessed by sending a Hi Message through members registered mobile phone
5. The contact details of SBI General Insurance CO. Ltd., ARIBL and all four TPAs are as under:

<b>SBI General Insurance</b>		
<b>Sr. No.</b>	<b>Particulars</b>	<b>Details</b>
1	Organization Website	<a href="https://www.sbigeneral.in/">https://www.sbigeneral.in/</a>
2	Customer Care email address	<a href="mailto:customer.care@sbigeneral.in">customer.care@sbigeneral.in</a>
3	Customer Care Number	1800 102 1111

<b>Anand Rathi Insurance Broker Ltd.</b>		
<b>Sr. No.</b>	<b>Particulars</b>	<b>Details</b>
1	Organization Website	<a href="https://www.anandrathiinsurance.com/">https://www.anandrathiinsurance.com/</a>
2	Customer Care email address	<a href="mailto:sbigmchelpdesk@rathi.com">sbigmchelpdesk@rathi.com</a>
3	Customer Care Number	1800-123-8733

<b>MediAssist</b>		
<b>Sr. No.</b>	<b>Particulars</b>	<b>Details</b>
1	Organization Website	<a href="http://www.mediassist.in">www.mediassist.in</a>
2	Customer Care email address	Info@mediassist.in
3	Customer Care Number	01206937324
4	Organization Mobile Application Name	Maven
5	Whatsapp ChatBot Number	7026669449

<b>Paramount</b>		
<b>Sr. No.</b>	<b>Particulars</b>	<b>Details</b>
1	Organization Website	<a href="https://www.paramounttpa.com/">https://www.paramounttpa.com/</a>
2	Customer Care email address	<a href="mailto:contact.phs@paramounttpa.com">contact.phs@paramounttpa.com</a>
3	Customer Care Number	1800-21-01942
4	Organization Mobile Application Name	mW!se
5	Whatsapp ChatBot Number	9136972004

<b>FHPL</b>		
<b>Sr. No.</b>	<b>Particulars</b>	<b>Details</b>
1	Organization Website	m.fhpl.net
2	Customer Care email address	<a href="mailto:claims@fhpl.net">claims@fhpl.net</a>
3	Customer Care Number	18004253067
4	Organization Mobile Application Name	FHPL Sparrow
5	Whatsapp ChatBot Number	9154039276

<b>Vidal</b>		
<b>Sr. No.</b>	<b>Particulars</b>	<b>Details</b>
1	Organization Website	<a href="http://www.vidalhealth.com">www.vidalhealth.com</a>
2	Customer Care email address	<a href="mailto:care@vidalhealth.com">care@vidalhealth.com</a>
3	Customer Care Number	1800-103-5916
4	Organization Mobile Application Name	Vidal Health App
5	Whatsapp ChatBot Number	9513330000

**'SBI HEALTH ASSIST' POLICY (2025-26)**

**Premium Chart**

**A. Base plan**

<b>Basic Sum insured</b>	<b>Basic Premium</b>	<b>GST (@18%)</b>	<b>Gross Premium (Rounded off)</b>
3,00,000	18,210.00	3,277.80	21,488.00
5,00,000	40,480.00	7,286.40	47,766.00

**B. Additional Super Top-Up Plan**

<b>Basic Sum Insured</b>	<b>Additional Super Top-up Cover</b>	<b>Basic premium</b>	<b>GST (@18%)</b>	<b>Gross Premium (Rounded off)</b>
3,00,000	11,00,000	5,529.00	995.22	6,524.00
	16,00,000	6,858.00	1,234.44	8,092.00
	21,00,000	9,001.00	1,620.18	10,621.00
5,00,000	14,00,000	10,492.00	1,888.56	12,381.00
	19,00,000	11,991.00	2,158.38	14,149.00
	29,00,000	18,303.00	3,294.54	21,598.00
	39,00,000	24,613.00	4,430.34	29,043.00

**C. Critical Illness Plan**

<b>Critical illness Cover</b>	<b>Basic premium</b>	<b>GST (@18%)</b>	<b>Gross Premium (Rounded off)</b>
5,00,000	15,163.00	2,729.34	17,892.00

**“SBI HEALTH ASSIST” SCHEME**

**GROUP MEDICLAIM POLICY ‘B’ FOR SBI RETIREES**

**APPLICATION FORM FOR NEW MEMBERS**

**Policy ‘B’ (16.01.2025 – 15.01.2026)**

<b>Date of payment of premium</b>	
<b>Journal No.</b>	
<b>Amount paid</b>	

Chief Manager  
State Bank of India,  
Branch / Administrative office,

Affix coloured joint photograph  
of the member and spouse

Dear Sir,

**SUB: SBI Health Assist Group Health Insurance Policy for SBI Retirees**

**Policy Period: 16.01.2025 – 15.01.2026**

I am interested in joining the Family Floater Group Health Insurance Policy of State Bank of India (Policy B – SBI Health Assist Scheme) and furnish the required information as under:

<b>Sl.</b>	<b>Particulars</b>	<b>Remarks</b>
1 A	P.F Index No./ HRMS ID	
1 B	PF ID (for pre-merger retirees of e-Abs who don't have <b>HRMS ID</b> ) for example “ <b>SBM1234/ SBH1234, SBP1234.....</b> ”	
2	Name of retiree / Family pensioner	
3	Date of Birth of retiree / Family pensioner	dd/mm/yyyy
4	Date of joining the Bank	
5	Date of Retirement	

6	Date of Death of deceased employee/ pensioner (applicable for Family pensioners)	
7	Retired as <b>Clerical/Sub-staff/JMGS-I/MMGS-II/MMGS-III/SMGS-IV/SMGS-V/TEGS-VI/TEGS-VII/TEGSS-I/TEGSS-II</b>	
8	Age (in years) as on the date of retirement	
9	Gender	<b>i. Male</b> <b>ii. Female</b>
10	Type ( <b>please write Pensioner / Family pensioner / Retiree</b> )	
11	Category (Please tick mark)	<ul style="list-style-type: none"> <li>i. SBI retirees on completion of pensionable service in the Bank.</li> <li>ii. Surviving spouses of SBI employee who died whilst in service or after retirement.</li> <li>iii. Existing members of SBI Health care / Policy-A.</li> <li>iv. Old retiree/ surviving spouses / family pensioners of erstwhile Associate Banks of SBI (e-ABs)</li> <li>v. Pensioners removed from service and receiving pension.</li> <li>vi. Pensioners / Retirees who could not join 'SBI Health Assist' in the Policy year 2023-24</li> </ul>
12	Whether dismissed or terminated from service. (Tick)	Yes / No
13	Whether Rule 19(3) was invoked on attaining the age of retirement (If yes, please furnish the details of the disciplinary case, date of its conclusion and penalty, if any imposed)	Yes / No
14	Address for communication	<b>Address</b>
		<b>Nearest Landmark</b>
		<b>Post Office</b>
		<b>City / District</b>



		<b>State</b>										
		<b>Pin Code</b>										
15	Landline No. (with STD code)											
16	Mobile No. (it will be used for registration under e-Pharmacy scheme)											
17	Alternate Mobile no. (if any)											
18	Email ID											
19	Name of Spouse (if any)											
20	Date of Birth of Spouse (dd/mm/yyyy)											
21	Name of disabled Child / Children (if any)  (As declared to the Bank)	<b>Sl</b>	<b>Name of the disabled child</b>	<b>Date of Birth (dd/mm/yyyy)</b>	<b>Gender</b>							
		1.										
		2.										
22	Name of the pension/family pension paying branch	<b>Name of the Branch</b>					<b>Branch Code No.</b>					
23	Pension Account No. (11 digit)											
24	IFSC Code											
<b>BASIC COVER PLANS</b>												
25	<b>Sum Insured</b>	<b>Basic Premium (Annual)</b>	<b>GST @ 18%</b>	<b>Gross Premium (A)</b>	<b>Please Tick Opted Plan</b>							
	<b>3,00,000</b>	18,210.00	3,277.80	21,488.00								
	<b>5,00,000</b>	40,480.00	7,286.40	47,766.00								
<b>ADDITIONAL SUPER TOP-UP COVER**</b>												
26	<b>Base plan</b>	<b>Sum Insured of Additional Super top-up</b>	<b>Basic Premium (Annual)</b>	<b>GST @ 18%</b>	<b>Gross Premium (B)</b>	<b>Please Tick Opted Plan</b>						
	<b>3,00,000</b>	<b>11,00,000</b>	5,529.00	995.22	6,524.00							
		<b>16,00,000</b>	6,858.00	1,234.44	8,092.00							
		<b>21,00,000</b>	9,001.00	1,620.18	10,621.00							

		<b>14,00,000</b>	10,492.00	1,888.56	12,381.00	
		<b>19,00,000</b>	11,991.00	2,158.38	14,149.00	
	<b>5,00,000</b>	<b>29,00,000</b>	18,303.00	3,294.54	21,598.00	
		<b>39,00,000</b>	24,613.00	4,430.34	29,043.00	
<b>CRITICAL ILLNESS COVER **</b>						
<b>27</b>	<b>Sum Insured</b>	<b>Basic Premium (Annual)</b>	<b>GST @ 18%</b>	<b>Gross Premium (C)</b>	<b>Please Tick if applied</b>	
	<b>5,00,000</b>	15,163.00	2,729.34	17,892.00		
<p><b>** Critical Illness Cover and Additional Super top-up cover will not be available separately and can be taken only with a Base Plan</b></p> <p><b>**Members aged below 65 years as on 15<sup>th</sup> January 2024 to opt for Critical illness Plan</b></p> <p><b>N.B.: Pro-rata premium for new retirees will be applicable in all the plans i.e. Basic Cover Plans, Additional super top up and Critical Illness Plans.</b></p> <p><b>Employees retiring during currency of the policy should apply by paying the pro-rata premium within 90 days from the date of their retirement.</b></p>						
<b>28</b>	<b>CALCULATION OF TOTAL PREMIUM (with GST)</b>					
	<b>Premium for Base Plan</b>	<b>Premium for Additional Super top-up Plan (if any)</b>	<b>Premium for Critical Illness (if any)</b>	<b>Total Premium Paid (with GST)</b>		
	<b>(A)</b>	<b>(B)</b>	<b>(C)</b>	<b>A + B + C</b>		
<b>29</b>	<p>The information regarding all four vendors is uploaded on <a href="https://sbi.co.in/web/personal-banking/pension-seva">https://sbi.co.in/web/personal-banking/pension-seva</a> . Kindly go through the document containing the services offered by each vendor and then select a vendor of your preference.</p> <p><b>Selection of e-Pharmacy Vendor (Any one) –</b></p> <ol style="list-style-type: none"> <li>1. Medibuddy</li> <li>2. Tata IMG</li> <li>3. Ur Life</li> </ol> <p>I hereby select vendor M/S_____ as my e-Pharmacy vendor for providing services during Policy year 2024-25. To enable the vendor so selected to allow access to the services offered by them, I authorize the Bank to share my PF ID/ contact details and details of my/ my family members to such vendor, for which I give my consent herewith.</p>					

**30. Declaration Nominee/s :**

I, Mr./Mrs./Ms. \_\_\_\_\_, a pensioner of the Bank/ a retired employee / spouse of the deceased employee do hereby assign the money payable by “**SBI General Insurance Co. Ltd.**” in case of my death to Mr. / Mrs./ Ms. \_\_\_\_\_ Relation \_\_\_\_\_ and further declare that his/her receipt shall be sufficient discharge of the company.

**31. Debit Authority for Super Top-up Premium**

I hereby authorize Bank to credit and debit premium of Super Top-up cover of 6 Lacs from my pension.

**32. Debit Authority:**

I am aware that I along with my spouse and disabled child/children (if any, as declared to Bank) will be eligible for a health insurance cover under the Family Floater Group Health Insurance 'Health Assist'. I hereby authorize the Bank to debit the insurance premium amount of Rs. \_\_\_\_\_ to my pension / family pension account No. \_\_\_\_\_.

I undertake to keep sufficient balance in my above account for debiting insurance premium for the policy year 2024-25 failing which the policy may not be issued to me. I am also aware that Bank may at its sole discretion can modify the terms and conditions of the policy from time to time.

**33. Undertaking:**

I am desirous of availing the “SBI Health Assist” Scheme (“Services”) offered by the Bank through third-party agencies/service providers/vendors (“Third Party Entities”). The Bank may also at its sole discretion offer certain additional services, (information regarding such service/s will be Circulated subsequently by Bank) (“Additional Services”) through Third Party Entities selected by the Bank. For the purpose of rendering Services and/or Additional Services, I do hereby expressly authorize the Bank to share, disclose or exchange my PF ID/ contact details and details of my/ my family members to Third Party Entities.

I understand that availing of Additional Services will be on voluntary and chargeable basis.

I undertake that I will use aforesaid additional services for my genuine personal purpose and for the declared family members only. In case of any misuse of the facility is reported and/or the facility is used for commercial purposes, Bank/ Third Party Entities are free to take appropriate measures including to suspend the services if so warranted.

Also, I undertake that any liability, damage, claim, loss etc. that the Bank may suffer or incur, on account of any acts of omission on my part in connection with the use of Additional Services, shall be recoverable from me on first demand made by the Bank.

I understand that the Additional Services are provided by Third Party Entities and any issues/concerns related thereto need to be taken up with Third Party Entities only. The Bank shall not be responsible for any loss incurred by me on account of use of such Additional Services provided by Third Party Entities.

I have read, understood and accept the contents of this 'Consent-cum-Undertaking'.

**Place :**

**Date :**

\_\_\_\_\_  
**Signature of Retired Employee / Spouse**

**For office use only**

Certified that Shri / Smt. \_\_\_\_\_ is a retired employee / spouse of the retired / deceased employee of SBI / e-ABs and he / she has remitted the insurance premium in Mediclaim Collection Account No. \_\_\_\_\_ of Administrative Office as per the following details:

**Transaction No. (Journal No.)**

**Date :** \_\_\_\_\_

**Amount :** \_\_\_\_\_

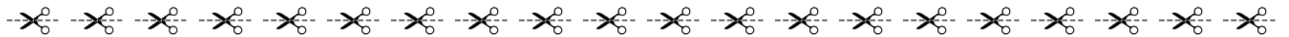
**State Bank of India**

**Name of the Forwarding Branch (Code No.) :**

**Place :**

**Date :**

\_\_\_\_\_  
**Signature of the Branch Manager with seal**



**ACKNOWLEDGEMENT OF PREMIUM PAID**

Name of the applicant – PF ID -- Base plan – Additional Super Top-up Plan (if applied) -- Critical illness Plan (if applied)-- Application Submitted on:	<p><b>For Branch use only</b></p> Premium paid – Date of Transaction –
---	---

\_\_\_\_\_  
**Signature of the Branch Manager with seal**

(On Branch Letter head)

**ACKNOWLEDGEMENT OF PREMIUM PAID**

**(Year 2024-25)**

**'SBI HEALTH ASSIST'**

**GROUP MEDICLAIM POLICY FOR RETIREES**

**(to be given to the applicant by the Branch receiving this Application Form)**

Received from Shri/Smt. \_\_\_\_\_

PF Index No. \_\_\_\_\_

This is to certify that Insurance Premium including GST for Rs \_\_\_\_\_

(Base Plan/ Additional Super Top-up / Critical Illness Cover) + Rs. 8,202 (Annual Premium for Super Top-up Cover of 6 lacs) = Rs. \_\_\_\_\_

(in words Rupees \_\_\_\_\_

\_\_\_\_\_ ) has been received for enrolment in Mediclaim Collection

Account No \_\_\_\_\_ of Administrative Office for the above Mediclaim Policy.

Date \_\_\_\_\_

**Signature of the Branch official issuing the certificate**

**“SBI HEALTH ASSIST” SCHEME (2024-25)****CONSENT FOR RENEWAL**

<b>Date of payment of premium</b>	
<b>Journal No.</b>	
<b>Amount paid</b>	

The Branch Manager  
State Bank of India,  
\_\_\_\_\_ Office/ Branch

Dear Sir,

**SUB: SBI Health Assist Group Health Insurance Policy for SBI  
Retirees Policy Period: 16.01.2025 –15.01.2026**

PF No. /HRMS ID		
Pensioner Type (Pensioner / Retiree / Family Pensioner)		
Name of Retiree/ Spouse of Deceased Retiree (Family pensioner)	Gender (M/F)	Dt. of Birth (dd/mm/yyyy)
Name of Spouse	Gender (M/F)	Dt. of Birth (dd/mm/yyyy)
Name of disabled child (if any - As declared to the Bank) 1. 2.	Gender (M/F)	Dt. of Birth (dd/mm/yyyy)
Name of the Nominee :	Relationship of Nominee :	
Date of Retirement :		
Address of pensioner :		
City		
State		
Pin code		
Mobile No. (For E-pharmacy Scheme)		
Landline No.		
Email Id.		
Name of Zonal/Administrative office		

Name of LHO	
Name of Pension Branch	
Pension Branch code	
Pension Account no.	
IFSC code	

I intend to join the Family Floater Group Health Insurance under SBI Health Assist scheme of State Bank of India. I hereby exercise my options as per the following :

Sum Insured (Rs. in Lacs)	Premium details for Basic Cover			
	Basic Premium (Annual)	GST @ 18%	Gross Premium (Rounded off) (A)	Please Tick Opted Plan
<b>3,00,000</b>	18,210.00	3,277.80	21,488.00	
<b>5,00,000</b>	40,480.00	7,286.40	47,766.00	

Premium details for Additional Super Top cover					
Base plan (Amt. in lacs)	Additional Super Top-up (Amt. in lacs)	Basic premium (Annual)	GST @ 18 %	Gross Premium (Rounded off) (B)	Please Tick Opted Plan
<b>3.00</b>	<b>11.00</b>	5,529.00	995.22	6,524.00	
	<b>16.00</b>	6,858.00	1,234.44	8,092.00	
	<b>21.00</b>	9,001.00	1,620.18	10,621.00	
<b>5.00</b>	<b>14.00</b>	10,492.00	1,888.56	12,381.00	
	<b>19.00</b>	11,991.00	2,158.38	14,149.00	
	<b>29.00</b>	18,303.00	3,294.54	21,598.00	
	<b>39.00</b>	24,613.00	4,430.34	29,043.00	

Sum Insured	Basic Premium (Annual)	GST @ 18%	Gross Premium (Rounded off) (C)	Please Tick Opted Plan
<b>5,00,000**</b>	15,163.00	2,729.34	17,892.00	

**\*\*Critical Illness Cover will not be available separately and can be taken only with a base plan.**

**\*\*Members aged below 65 years as on 15<sup>th</sup> January 2024 to opt for Critical illness Plan**

**Calculation of Total Annual Premium :**

<b>Premium for Basic Plan Opted with GST (A)</b>	<b>Additional Super top-up Premium (If any) with GST (B)</b>	<b>Critical Illness Plan Premium (If any) with GST (C)</b>	<b>Total Premium (with GST) A+B+C = D</b>

**i) Selection of e-Pharmacy Vendor –**

The information regarding all four vendors is uploaded on <https://sbi.co.in/web/personal-banking/pension-seva> . Kindly go through the document containing the services offered by each vendor and then select a vendor of your preference

- 1. Medibuddy**
- 2. Pharmeasy**
- 3. TATA 1MG**
- 4. Ur Life**

I hereby select vendor M/S \_\_\_\_\_ as my e-Pharmacy vendor for providing services during Policy year 2024-25. To enable the vendor so selected to allow access to the services offered by them, I authorize the Bank to share my PF ID/ contact details and details of my/ my family members to such vendor, for which I give my consent herewith.

**ii) Declaration of Nominee**

I, Mr./Mrs./Ms. \_\_\_\_\_ , a pensioner of the Bank/ a retired employee / spouse of the deceased employee do hereby assign the money payable by “**SBI General Insurance Co. Ltd.**” in case of my death to Mr. / Mrs./ Ms. \_\_\_\_\_ Relation \_\_\_\_\_ and further declare that his/her receipt shall be sufficient discharge of the company.

**iii) Debit Authority for Super Top-up Premium (Sponsored by Bank)**

I hereby authorize Bank credit and debit the annual premium of **Rs.8,202.00** for Super Top-up cover of 6 Lacs from my pension.

**iv) Debit Authority:**

I am aware that I along with my spouse and disabled child/children will be eligible for a health insurance cover of Rs. \_\_\_\_\_ lacs under the Family Floater Group Health Insurance policy 'B'. I hereby authorize the Bank to debit the insurance premium amount of Rs. \_\_\_\_\_ to my pension / family pension account / Savings Bank Account No. \_\_\_\_\_.



## **2Undertaking:**

I am desirous of availing the "SBI Health Assist" Scheme ("Services") offered by the Bank through third-party agencies/service providers/vendors ("Third Party Entities"). The Bank may also at its sole discretion offer certain additional services, (information regarding such service/s will be Circulated subsequently by Bank) ("Additional Services") through Third Party Entities selected by the Bank. For the purpose of rendering Services and/or Additional Services, I do hereby expressly authorize the Bank to share, disclose or exchange my PF ID/ contact details and details of my/ my family members to Third Party Entities. I understand that availing of Additional Services will be on voluntary and chargeable basis. I undertake that I will use aforesaid additional services for my genuine personal purpose and for the declared family members only. In case of any misuse of the facility is reported and/or the facility is used for commercial purposes, Bank/ Third Party Entities are free to take appropriate measures including to suspend the services if so warranted.

Also, I undertake that any liability, damage, claim, loss etc. that the Bank may suffer or incur, on account of any acts of omission on my part in connection with the use of Additional Services, shall be recoverable from me on first demand made by the Bank.

I understand that the Additional Services are provided by Third Party Entities and any issues/concerns related thereto need to be taken up with Third Party Entities only. The Bank shall not be responsible for any loss incurred by me on account of use of such Additional Services provided by Third Party Entities.

I have read, understood and accept the contents of this 'Consent-cum-Undertaking'.

**Date :**

**Signature of Retired Employee/ Spouse**

**For office use only**

Certified that Shri / Smt. \_\_\_\_\_ is a retired employee / spouse of the retired / deceased employee of SBI / e-ABs and he / she has remitted the insurance premium in Mediclaim Collection Account No. \_\_\_\_\_ of Administrative Office as per the following details:

**Transaction No. (Journal No.)**

\_\_\_\_\_

**Date :** \_\_\_\_\_

**Amount :** \_\_\_\_\_

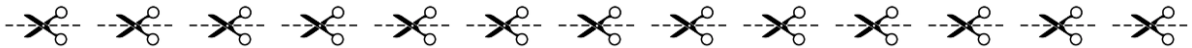
**State Bank of India**

**Name of the Forwarding Branch (Code No.) :**

**Place :**

**Date :**

\_\_\_\_\_  
**Signature of the Branch Manager with seal**



**ACKNOWLEDGEMENT OF PREMIUM PAID**

Name of the applicant – PF ID -- Base plan – Additional Super Top-up Plan (if applied) -- Critical illness Plan (if applied)-- Application Submitted on:	<b>For Branch use only</b>  <b>Premium paid –</b>  <b>Date of Transaction –</b>
---	---

\_\_\_\_\_  
**Signature of the Branch Manager with seal**

**ACKNOWLEDGEMENT OF PREMIUM PAID**

**(Year 2024-25)**

**'SBI HEALTH ASSIST'**

**GROUP MEDICLAIM POLICY FOR RETIREES**

**(to be given to the applicant by the Branch receiving this Application Form)**

**Received from Shri/Smt. \_\_\_\_\_**

**PF Index No. \_\_\_\_\_**

**This is to certify that Insurance Premium including GST for Rs \_\_\_\_\_**

**(Base Plan/ Additional Super Top-up / Critical Illness Cover) + Rs. 8,202.00 (Annual Premium for Super Top-up Cover of Rs. 6.00 Lacs) = Rs. \_\_\_\_\_**

**(in words Rupees \_\_\_\_\_**

**\_\_\_\_\_ ) has been received for enrolment in Mediclaim Collection**

**Account No \_\_\_\_\_ of Administrative Office for the above Mediclaim Policy.**

**Date \_\_\_\_\_**

**Signature of the Branch official  
issuing the certificate**



# eCircular

Department: P&HRD

Sl.No.: 1029/2024 - 25

Circular No.: CDO/P^HRD-PPFG/59/2024 - 25

Date: Thu 2 Jan 2025

## **STRICTLY FOR INTERNAL CIRCULATION ONLY**

The Chief General Manager,  
State Bank of India  
Local Head Office  
All Circles/ CCG/ CAG/ SARG etc.

Madam / Dear Sir,

### **MEDICLAIM SCHEMES FOR SBI RETIREES: RENEWAL OF FOLLOWING POLICIES FOR POLICY YEAR 2025-26 ON MODIFIED TERMS & CONDITIONS:**

- 1. SBI HEALTH CARE (POLICY 'A')**
- 2. SBI HEALTH ASSIST (POLICY 'B')**

Please refer to the Circular No. [CDO/P^HRD-PPFG/43/2023 – 24](#) dated 29<sup>th</sup> December, 2023 regarding renewal of “SBI Health Care (Policy ‘A’)” and “SBI Health Assist (Policy ‘B’)” for Policy Year 2024-2025 (from 16<sup>th</sup> January, 2024 to 15<sup>th</sup> January, 2025).

2. In this connection, the ECCB of the Bank in its meeting held on 31<sup>st</sup> December, 2024 has approved the renewal of both ‘SBI Health Care’ (Policy ‘A’) and ‘SBI Health Assist’ (Policy ‘B’) for the Policy Period 16<sup>th</sup> January, 2025 to 15<sup>th</sup> January, 2026 on modified Terms & Conditions. The details of the schemes are as follows

#### **I. “SBI Health Care (Policy ‘A’)”:**

Insurance cover for SBI-REMBS members w. e. f. 16<sup>th</sup> January, 2025 will be as under:

- i) Insurance cover will be obtained for the members whose residual balance is Rs. 3.00 lacs and above.
- ii) Medical claims of members having balance below Rs. 3.00 lacs will be paid by the REMB Trust, and they will be out of the insurance scheme.
- iii) If the claim exceeds the total sum insured allocated under the Policy A, the balance amount of claim up to the residual limit will be processed by REMB Trust.

## II. SBI HEALTH ASSIST (Policy B):

### A. Eligibility for Membership in SBI Health Assist

- i. Existing members under SBI Health Assist for Policy year 2024-25 would be eligible to renew the policy till 15<sup>th</sup> January 2025 by paying annual premium.
- ii. Employees who retired on or after 17<sup>th</sup> October 2024 till 15<sup>th</sup> January 2025 and who have not taken membership of SBI Health Assist 2024-25 would be eligible to join the policy till 15<sup>th</sup> January 2025 by paying annual premium.
- iii. Eligible new retirees (retiring on or after 16.01.2025) may join SBI Health Assist 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.
- iv. Spouses of deceased employees may join SBI Health Assist (Policy 'B') within 120 days from the date of death of the employee by paying the premium from their own sources. Pro-rata premium would be payable in such cases.
- v. e-AB Retirees (members of IBA policy 2023-24) who opted for SBI Health Assist Policy on or before 31st October 2024 and who are not member of IBA Medclaim Policy 2024-25 as on 31st December 2024, would be eligible to join the policy till 15th January 2025 by paying annual premium. **No waiting period clause will be applicable to the above categories [(i) to (v)] of eligible retirees/ family pensioners.**

### B. OPTION FOR LEFT OUT RETIREES / e-AB RETIREES / SPOUSES OF LEFT OUT RETIREES AND e-ABs RETIREES / MEMBERS OF REMBS

All members of SBI REMBS, left out retirees/ spouses of left out retirees & e-AB retirees/ spouses of e-AB retirees (who are not member of IBA Medclaim Policy as on 31<sup>st</sup> December 2024) will be eligible to become members of SBI Health Assist by paying annual premium from their own sources till 15<sup>th</sup> January 2025. However, for these members, there will be a waiting period of 30 days from the date of their joining or date of inception of policy, whichever is later.

### C. EXCLUSIONS

- a. Employees who are/ were discharged / dismissed / removed/ compulsorily retired / terminated from service are not eligible to join the policy.
- b. Officers against whom Rule 19(3) are/ were invoked on attaining the age of retirement and they are/ were subsequently discharged / dismissed / removed/ compulsorily retired from service will not be eligible to join the policy.

**D. MODIFICATION FOR POLICY YEAR 2025-26: COMMON TO BOTH SBI HEALTH CARE (POLICY A) AND SBI HEALTH ASSIST (POLICY B)**

- i) The renewal of SBI Health Care (Policy 'A') and SBI Health Assist(Policy 'B') is effective from 16<sup>th</sup> January, 2025 with 5% increase in insurance premium. The particular of the premium is placed under **(Annexure I)**.
- ii) Capping on Angioplasty increased by Rs.50,000.00 for both, SBI HealthAssist and SBI Health Care: The sublimit on Angioplasty has been revised as under:

Base Cover	Existing Limit	Revised Limit
<b>Rs. 3 Lacs</b>	Rs.2.00 Lacs	Rs.2.50 Lacs
<b>Rs. 5 Lacs</b>	Rs.2.25 Lacs	Rs.2.75 Lacs

- iii) The Capping on Root Canal Treatment has been revised as under:

Base Cover	Existing Limit	Revised Limit
<b>Rs. 3 Lacs</b>	Rs.7,500	Rs.10,000
<b>Rs. 5 Lacs</b>	Rs.7,500	Rs.15,000

- iv) Presently the Policies have provision for accepting claims of PET-CT scan under Post treatment upto a maximum of 90 days. It has been decided to include cost of PET-CT scan beyond 90 days subject to existing limit of 10 % of Base Sum Insured assigned for pre- post hospitalization expenses for each Hospitalization, in such cases where it is specifically prescribed by the treating doctor for follow up and treatment, if any upon detection.

**E. MODIFICATION SPECIFIC TO SBI HEALTH ASSIST FOR POLICY YEAR 2025-26:**

- i) A one-time option will be provided to the existing members of SBI Health Assist (2024-25) who didn't opt for additional Super Top-up cover. Member can opt for any sum insured as per selected base plan by paying premium from their own sources. Members who do not opt for Additional Super Top-up Cover in Policy Year 2025-26, will not be eligible to opt for Additional Super Top-up Cover in Policy year 2026-27.
- ii) Starting with Policy Year 2025-26, the Bank has decided to extend 80% subsidy on Base Premium of Rs. 3 Lacs, as against existing subsidy of 50% to all Members, who have completed 80 years and above as on 16.01.2025. This subsidy will be uniform and extended irrespective of the Base plan opted. The existing subsidy of 50% will be available to remaining eligible members as per e-Circular No. CDO/P&HRD-PPFG/43/2023 – 24 dated 29<sup>th</sup> December, 2023.

### 3. e-PHARMACY SCHEME

- i) The members of SBI Health Assist Policy are also eligible for e-Pharmacy facility through three empaneled vendors MediBuddy, TATA 1 MG, & UrLife. The applicants can select their preferred vendor at the time of registration. The members of SBI Health Assist Policy are eligible for Banks subsidy of Rs. 12,000.00 (Rs. Twelve Thousand Only) and the same is extended through ewallet facility. There is no provision of reimbursement of cost of medicines under e-pharmacy scheme in respect of medicines purchased locally by the members.
- ii) The existing arrangement with MediBuddy, TATA 1MG & UrLife for providing pharmacy services to the members of SBI Health Assist is valid till 15.01.2025. The orders by current vendors will be accepted till 11.59 AM on 15.01.2025, after which fresh orders will not be accepted.

Existing members are advised to place orders for medicines latest by **11.59 AM** on 15<sup>th</sup> January 2025 as the wallet balance allowed for year 2024-25 will not be carried forward in year **2025-26**. Fresh subsidy (ie.wallet balance) will be applicable after renewal of the SBI Health Assist policy for the year 202526.

- iii) The applicants of SBI Health Assist (Policy B) for Policy Year 2025-26, will have an option to select their preferred e-pharmacy vendor from a list of three vendors which are as under:

Sl. No.	Name of e-Pharmacy Vendors	e-Pharmacy App
1	Lifetime Wellness Rx International Ltd.	UrLife
2	Phasorz Technologies Pvt Ltd.	MediBuddy
3	TATA 1MG Health Care	TATA 1MG

The detailed information regarding e-Pharmacy services will also be uploaded on the following link:

<https://bank.sbi/web/personal-banking/pension-seva/medical-benefits>

4. As per arrangement in place, both the above policies will be served by SBI General Insurance Co. Ltd. and M/s Anand Rathi Insurance Brokers for the policy period (16.01.2025 to 15.01.2026).
5. All other terms & conditions will be governed by the instructions contained in the Circulars referred hereinabove.
6. CGM (HR) is authorised to issue clarifications/ guidelines in the matter, if any
7. Please arrange to bring the contents of the circular to the knowledge of all concerned.

**Yours faithfully,**

**(Binod Kumar Mishra)**  
**Deputy Managing Director (HR) & CDO**

**Encl: Annexures as under:**

<b>Annexure</b>	<b>Particulars of the Annexure</b>
I	Premium Chart for SBI Health Assist 2025-26
II	Self-Enrolment Renewal process through HRMS Portal
III	Enrolment/ Renewal: Online Mode- Applying on Behalf of a Retiree
IV	Enrollment / Renewal Process through Offline mode (Submission of Physical Form)
V	Enrollment Form for New Members: Offline mode (Submission of Physical Form)
VI	Consent form for renewal (For Existing Members) through Offline Mode
VII	Reporting Format (for AO/ LHO officials)
VIII	Escalation Matrix for Medclaim Policies