



**Enjoy your
Second Innings
while we secure your health**

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Section-1

DMD (HR) & CDO's Messages



Dear Seniors,

Till our retirement, the Bank takes care of our medical requirements to maintain good health. Beyond retirement also, the Bank offers various medical benefits to us such as Dispensary Facilities, provision for help in Critical Ailments, SBI-REMBS, Group Mediclaim Policies etc. We have recently come out with revamped medical schemes of SBI-REMBS and Group Mediclaim Policies for you. You will agree, every improvement in such schemes requires huge funding. No doubt, the Bank has allocated a large corpus for running these two schemes smoothly for you.

I am immensely happy to introduce **“SBI Health Care”** and **“SBI Health Assist”**, which I am sure, would be of great benefit to you in the second innings of your lives. We have designed these schemes in such a way that retirees can choose any plan as per their medical need. We have also ensured to stop the premium from rising for the next three years in **“SBI Health Assist”** which was a major cause of concern for you.

It gives me further sense of satisfaction to announce a 50% subsidy on Base Plan of Rs. 3.00 lakhs to our senior retirees (aged 70 years and above) and all Family Pensioners.

The Best part of belongingness, I think you will agree with me, is introduction of the **e-Pharmacy** with subsidy benefits of Rs. 12,000/- for **“SBI Health Assist”** members through which they will get discounts on every purchase, even beyond their specified limits. Your medicine will be delivered at your doorsteps. The scheme, first in the Banking Industry, will come out soon for you.

It has been our endeavour to bring out a package which could be simple and affordable. This pamphlet which explains the features of the Schemes – existing **“SBI-REMBS”**, **“SBI Health Care”** and **“SBI Health Assist”** also has a comprehensive FAQ compiled based on the queries we have received during the last couple of weeks. I am sure all of you would find this useful.

Date: 30.03.2020

With warm regards,
Alok Kumar Choudhary

Section-2

SBI RETIRED EMPLOYEES' MEDICAL BENEFIT SCHEME (SBI-REMBS)

- SBI-REMBS has been recast and such recast model would be applicable to eligible retirees, who retire on or after 1st January, 2020.
- Eligibility criteria for membership under SBI-REMBS shall remain unchanged. (Dismissed, discharged, compulsorily retired, terminated employees and employees retired under the section 19 (3) of OSR up to clearance of their case would not be eligible to join SBI-REMBS).
- The Scheme shall cover retired / retiring 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.
- The provisions with regard to those who retired on or before 31st December, 2019 and took membership of SBI-REMBS, will be as per the existing provisions as under:

(Amount in Rupees)

Target Group	Lifetime Limit	Annual Domiciliary Eligibility	Amount of contribution by employees retiring on or before 31 st December, 2019
Up to MMGS-III	7,00,000	7,000	87,500
SMGS IV & V	10,00,000	10,000	1,25,000
DGM / GM	15,00,000	15,000	1,87,500
CGM	20,00,000	20,000	2,50,000

- The provisions with regard to existing members under the Scheme shall remain unchanged.
- Membership structure in the recast SBI-REMBS will be as under:

(Amount in Rupees)

Lifetime Limit	Annual Domiciliary Eligibility	Amount of contribution by employees retiring on or after 1 st January, 2020
7,00,000	7,000	1,63,000
10,00,000	10,000	2,30,000
15,00,000	15,000	3,00,000
20,00,000	20,000	3,75,000

Eligible retirees can opt for any plan as per their medical needs.

#HappyHealthTip: Remain active as it reduces your stress, controls illness and gives better sleep.

Section-3

SBI HEALTH CARE

- The insurance policy covering members of SBI Retired Employees' Medical Benefit Scheme (SBI-REMBS) from now on will be known as **"SBI Health Care"**- One Time Payment Plan (OTPP).

Coverage

- Existing members with residual balances under Lifetime Limit of Rs. 3.00 lakhs and above will be covered under **"SBI Health Care"** policy.

Migration to Insurance Policy

- New members will be migrated to insurance policy (as is done in case of existing members of SBI-REMBS) one month after ratification of their membership in the Trust.
- Migration to Health Care policy helps the members of SBI-REMBS get the benefit of hospital tie-ups and cashless treatment.
- New insurance plan under the **SBI Health Care** (OTPP) with SBI General Insurance Co. will run from 1st June, 2020 to 15th January, 2021. From 16th January, 2021 it will become co-terminus and run concurrently with Annual Payment Plan (APP). However, post 1st January 2020, the existing members under Policy-A will continue to derive benefits of the policy with IFFCO Tokio General Insurance Ltd. till expiry of the policy on 31st May, 2020.

Allocation of limit

- Members having residual balances of Rs. 3.00 lakhs and below Rs. 10.00 lakhs under REMBS Lifetime Limit will be allocated Basic Insurance Cover of Rs. 3.00 lakhs. Members having residual balance of Rs. 10.00 lakhs and above will be allocated Rs. 5.00 lakhs as Basic Insurance Cover. An additional cover of Rs. 6.00 lakhs will also be provided as Super Top-up cover to members under both the basic plans. However, claims under the policy will be payable only up to the residual balance under SBI-REMBS.

Under the new arrangement, the coverage will be as under:

(Amount in Rupees)

Residual balance under REMBS	Basic Cover	Super Top-up (with 'Deductible' of Rs. 2.50 lakhs)	Total cover to member subject to Residual Balance in SBI-REMBS
Rs. 3.00 lakhs to below Rs. 10.00 lakhs	3.00	6.00	9.00
Rs. 10.00 lakhs and above	5.00	6.00	11.00

- Super Top-up limit has a ‘Deductible’ portion of Rs. 2.50 lakhs. However, payment under the Basic Plan will be considered as member’s contribution under ‘deductible’ portion. Members will get their claims paid smoothly up to the limit of Rs. 9.00 lakhs / Rs. 11.00 lakhs or up to their residual balance under SBI-REMBS, as applicable.

Payment of premium

- 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.

Claims

- Any amount of claim in Policy-A beyond the total allocated cover under OTPP will be paid by the Trust (up to the residual amount under SBI-REMBS) on reimbursement basis. For this, retirees have to submit a separate claim to concerned AO.
- Annual domiciliary limit in the policy will be 1 % of Lifetime Limit subject to a maximum of 10 % for lifetime as in case of SBI-REMBS. This would mean that payment of domiciliary expenses under the policy will be restricted up to the Annual / Lifetime limit under REMBS.

Ailment wise capping

- The ailment wise capping under the “**SBI Health Care**” (OTPP) will be as under:

(Amount in Rupees)

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:

(Amount in Rupees)

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

SBI HEALTH ASSIST

- The insurance policy (Policy-B) was introduced by the bank as an additional Group Health Insurance facility for retirees. The Policy-B will henceforth be known as “**SBI Health Assist**” (Annual Payment Plan- APP).

Eligibility

- The policy will be available to all new eligible retirees / family pensioners to avail the additional health insurance cover by paying annual premium from their own sources.
- 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-REMBS can join “**SBI Health Assist**” (APP) irrespective of their residual balances and can opt for any sum insured according to their medical need. Super Top-Up plan and Critical Illness cover will also be available to them.
- Members of SBI-REMBS can join “**SBI Health Assist**” (APP) at any point of time during the cover period by paying full year’s premium as per the plan chosen. However, for such retirees there will be a 30 days’ waiting period from the date of their joining “**SBI Health Assist**” (APP) and the Sum Insured under new APP will not be available for reimbursement of expenses incurred on the treatment of ongoing hospitalization.
- This year, a one-time opportunity has been given to all left-out retirees/ VRS retirees/Family Pensioners/Retirees of e-ABs/Spouses of deceased employees/Retirees/Spouses of deceased e-ABs retirees to become members of “SBI Health Assist”. For next year, decision on including above category of retirees will be taken at the appropriate time.
- All left out retirees, e-AB retirees, spouses of left out retirees and e-AB retirees will also be eligible to join “**SBI Helath Assist**” (APP) by paying full year’s premium. For these members there will be a waiting period of 30 days from the date of their joining and the Sum Insured under new APP will not be available for reimbursement of expenses incurred on the treatment of ongoing hospitalization.

Basic Structure

- “**SBI Health Assist**” policy will be exclusively for Hospitalization Cover.
- To support the members “**SBI Health Assist**” policy in meeting the domiciliary expenses, an **e-Pharmacy** facility is proposed (details in Section 5).

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

(Amount in Rupees)

Basic Cover	Super Top-Up Cover with ‘Deductible’ of Rs. 2.50 lakhs (Premium to be paid by Bank)	Total Limit available to member	Critical Illness Cover (Optional)
3.00	6.00	9.00	5.00
5.00	6.00	11.00	5.00

- Super Top-up limit has a ‘Deductible’ portion of Rs. 2.50 lakhs. However, payment under the Basic Plan will be considered as member’s contribution under ‘deductible’ portion. Members will get their claims paid smoothly up to the limit of Rs. 9.00 lakhs / Rs. 11.00 lakhs.

Premium

- Basic premium chart for the period 16.01.2020 to 15.01.2021 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
3,00,000	16,542	2,978	19,520	13,774	2,479	16,253
5,00,000	36,771	6,619	43,390			

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

Subsidy

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

(Amount in Rupees)

Basic Plan	Basic Premium	GST @ 18%	Premium to be paid by retirees	Subsidy to Family Pensioners & Retirees of 70 years of age and above as on 16.01.2020
3,00,000	16,542	2,978	19,520	8,271
5,00,000	36,771	6,619	43,390	8,271

Critical Illness Cover

- Critical Illness Cover is a benefit plan.
- A Critical Illness Cover is available for the following 14 diseases for a sum of Rs. 5.00 lakhs.
 - i. Stroke resulting in permanent symptoms
 - ii. Cancer of specified severity
 - iii. Kidney failure requiring regular dialysis
 - iv. Major organ / bone marrow transplant
 - v. Multiple sclerosis with persisting symptoms
 - vi. Open chest CABG (Coronary Artery Surgery)
 - vii. First heart attack
 - viii. Coma of specified severity
 - ix. Heart valve replacement
 - x. Permanent paralysis of limbs
 - xi. Motor neuron disease with permanent symptoms
 - xii. Aorta Graft surgery
 - xiii. Total blindness
 - xiv. Open heart replacement or repair of heart valves
- Coverage in Critical Illness Plan will be on Floater Basis.
- Maximum entry age in Critical Illness policy will be of 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 and Super Top-up.
- Pre-existing diseases will not be covered under the Plan.
- 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 in Critical Illness Cover.
- Once the 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 be claimed from the Basic Cover/ Super Top-up cover separately.

Ailment wise capping

The ailment wise capping under the SBI Health Assist (APP) will be as under:

Sl	Name of the 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	CABG	3,00,000	3,25,000
3	Cataract	45,000	50,000
4	Cholecystectomy	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

Room Rent / ICU Rent Cappings

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

(Amount in Rupees)

Plan (Rs. in Lakhs)	Proposed	
	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 APP for dental Root Canal Treatment. This facility will be under the overall Basic Cover and will not be treated as domiciliary facility.

Section-5

e-PHARMACY

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

Annual 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.
- The member will have to take services from the Company identified to provide such e-Pharmacy facility to avail this benefit.
- Purchase of medicines under the e-Pharmacy facility up to Rs. 6,000/- will have to be made by the member first and the Bank's contribution will be allowed for subsequent purchases up to another Rs. 12,000/-.
- The 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 payment on their own. This will enable them to avail the benefit of the discount offered as part of the tie-up arrangement even for such purchases.
- Orders to be made directly to the Company through Online mode or any other channel 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, for availing the facility at the new location, the member will have to get the address changed through CM (HR) of concerned Administrative Office.

#HappyHealthTip: Meditation helps in reducing and avoiding a lot of diseases. Try it.

Section-6

Common Features for “SBI Health Care” & “SBI Health Assist”

1. Coverage:

- (i) **Hospital Charges:** The Policy will cover Hospital Charges for:
 - (a) Operation Theatre, OT Consumables and Recovery Room.
 - (b) Prescribed medicines, drugs and dressing for in-patient.
 - (c) Expenses incurred during the Pre-Hospitalization and Post-Hospitalization period for 30 days prior to Hospitalization and 90 days after discharge respectively.
 - (d) Visiting and treating doctor's fees are covered only as a part of the hospitalization bill.
- (ii) **Pre-Existing Diseases / Ailments:** All pre-existing diseases and ailments are covered under the scheme without any waiting period.
- (iii) **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.
- (iv) **Congenital Anomalies:** Expenses for treatment of only Congenital Internal defects & anomalies are covered under the policy.
- (v) **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).
- (vi) **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. 1,000/-.
- (vii) **Advanced Medical Treatment:** All new kinds of approved advanced medical procedures for treatment as defined below are covered:
 - 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. Intravitreal injections
 - VII. Robotic Surgeries
 - VIII. Stereotactic Radio Surgeries
 - IX. Bronchial Thermoplasty.
 - X. Vaporisation of prostate (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.
- (viii) Obesity Treatment:** Obesity treatment and its complications including morbid obesity, if it fulfills all the following conditions:
- i) Surgery to be conducted upon the advice of the Doctor.
 - ii) The surgery/procedure conducted should be supported by clinical protocols.
 - iii) The member has to be 18 years of age or older and
 - iv) Body Mass Index (BMI)
 - a) Greater than or equal to 40 or
 - b) Greater than or equal to 35 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
- (ix) Cancer Treatment:** Cancer coverage for advanced cancer treatments (Adjuvant / neo-adjuvant cancer treatments) to be covered on Hospitalization / Day care basis.
- (x) 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.

(xi) Enhanced External Counter Pulsation (EECP): It will be covered for specific indications viz.:

(a) Angina or Angina equivalents with poor response to medical treatment and when patient is unwilling to undergo invasive revascularization procedures.

(b) Ejection fraction is less than 35%.

(c) Co-morbid conditions coexist which increase the risk of surgery e.g. DM, Congestive Cardiac Failure, Cor. Pulmonale, Renal dysfunction, Ischemic or Idiopathic Cardio Myopathy.

(xii) 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.

(xiii) Physiotherapy Charges: Physiotherapy charges shall be covered for the period specified under the Discharge Summary or for a maximum Post-hospitalization period of 90 days within the overall limit of Pre and Post-hospitalization expenses of 10% of Sum Insured for each hospitalization.

(xiv) 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 the 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 parenteral chemotherapy (Both Conventional & Unconventional treatments 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	Haemodialysis
21	Fissurectomy / Fistulectomy
22	Mastoidectomy
23	Hydrocele
24	Hysterectomy
25	Inguinal / Ventral / Umbilical / Femoral Hernia
26	Parenteral chemotherapy
27	Polypectomy
28	Septoplasty
29	Piles / fistula
30	Prostate surgeries
31	Sinusitis surgeries
32	Tonsillectomy
33	Liver 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
OPHTHALMOLOGY: 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 or 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 hemarthrosis /pyarthrosis
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 /Gastroesophageal 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 laparoscopic 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 testes
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	Cystoscopic removal of stones
2	Lithotripsy 19
3	Haemodialysis
4	PCNS (Percutaneous nephrostomy)
5	PCNL (PercutaneousNephro-Lithotomy)
6	Transurethral resection of bladder tumor

7	Suprapubic cystostomy
Procedure of Respiratory System	
1	Brochosopic treatment of bleeding lesion
2	Brochosopic 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:
	<ul style="list-style-type: none"> i. Obesity related cardiomyopathy ii. Coronary Heart disease iii. Severe Sleep Apnea iv. 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 prostate (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, which would have otherwise required hospitalization of more than a day.

- (xv) 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.

(xvi) 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.

(xvii) 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.

(xviii) 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.

(xix) 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.

(xx) 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.

(xxi) Taxes and other Charges: All Taxes, Surcharges, Service Charges, Registration charges, Admission Charges, Nursing and Administration charges are admissible.

(xxii) 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:

(a) 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).

(b) Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.

(c) Vaccination or inoculation.

(d) Change of life or cosmetic or aesthetic treatment of any description.

(e) Plastic surgery other than as may be necessitated due to an accident or as part of any illness.

- (f) Cost of spectacles, contact lenses, hearing aids and Cochlear Implant.
- (g) 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.
- (h) Convalescence, rest cure, venereal disease, intentional self-injury and use of intoxication drugs / alcohol.
- (i) 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.
- (j) Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician.
- (k) Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials.
- (l) 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

- (i) 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.
- (ii) 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.
- (iii) The TPAs will be having a 24 x 7 call centre.
- (iv) 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.

- (v) 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 eligibility 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.
- (vi) 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.

- (vii) All the members and their family members would be issued ID cards by the Third Party 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.

Section-7

PROCEDURE FOR ENROLMENT AND MAKING CLAIM

ENROLMENT:

1. The prospective members to visit their Pension Paying Branch/ Administrative Office for submitting application form and payment of premium. They can also e-mail scanned copy of application form along with other required documents to their Pension Paying Branch for enrolment in scheme. Branch will debit related account and transfer the premium to pool account maintained by the A.O.
2. e-Cards will be forwarded to e-mail IDs of members and hard copies of Medical ID Card will be sent by post to all members. The Welcome Kit containing the ID card, Brochure, claim form and updated list of Network Hospitals will be despatched to the registered residential address of the members within 15 days from the date of sharing the enrolment data with Insurance Company.
3. At this stage, SMS will be sent by TPAs to the members as per the following text:

“Welcome to the privileged group of GMC Policy “SBI Health Assist” valid up to A Welcome Kit containing your ID card and the brochure with the synopsis of coverage is being despatched to you”
4. On dispatch of Medical ID Cards another SMS will be sent to the Pensioners:

“ID cards for GMC Policy “SBI Health Assist” has been despatched to your residential address. Dial Toll Free number / helpdesk at Administrative Office if not received within 7 days.”
5. Welcome Kits returned undelivered will be handed over to CM (HR) of the concerned A.O. A list of all such cases would be shared with Team Leaders of ARIBL of respective Region and concerned CM (HR), on fortnightly basis. Members whose Welcome Kits are returned undelivered, should contact CM (HR) of concerned Administrative Office for collecting the same.
6. In the case of return of Welcome Kits, following SMS will be sent by the TPA to members once the returned cards are deposited at the A.O.

“ID Cards for your Policy..... have been returned undelivered. The same is being re- dispatched / handed over to the concerned Administrative Office. Please contact the helpdesk at Administrative Office”.
7. Pro-rata Premium Calculator has been shared with all the Circles / A.O.s for correct calculation of premium.

CLAIMS:

1. On receipt of the claim documents at the Help Desk at Administrative Offices, a proper acknowledgment with details of complete enclosures received will be given to the concerned retiree.
2. All claims will be settled / rejected within a period of 30 days from the date of receipt of complete documents.
3. If some / basic documents are missing, then the Pensioner will be advised to submit the documents only after the complete documents are ready.
4. Claim ID will be generated within 24 hours of the reporting of the claim at the Help Desk. The same unique Claim ID is to be maintained throughout the claim processing till the claim is finally disposed off. Following SMS will be sent to concerned Pensioner immediately after registration of the claim as per the following text:

“Your claim has been received at our Help Desk on _____. Claim has been registered with ID number _____. The same may be quoted for all future reference.”

5. There will be a designated officer at the office of the TPA and Brokers for dealing with grievances emanating from all sources. All grievances are to be acknowledged / addressed within 24 hours. Members should contact such designated officer as mentioned in Section 11 in case of a grievance.
6. There will be a system of feedback from the members for all Hospitalization (cashless) claims. The feedback will be examined by the Bank.
7. For a claim of Rs. 1.00 lakh and above, KYC documents will require to be submitted as an IRDA compliance. If the retiree has already submitted these documents at the time of admission, no additional documents will be required. For identity proof, Aadhaar Card, PAN Card, Election ID Card etc. and for address proof, Aadhaar Card, Electricity bills, Telephone bills etc can be submitted.

CLAIM REJECTION / DENIAL:

All claims proposed for rejection by TPA, will be routed through a committee comprising of representatives of Bank Management (CM-HR of the concerned Administrative Office), Insurance Company, TPA and the Broker for examination / concurrence.

#HappyHealthTip: Regular reading and writing practices is good for your mental health.

Section-8

FREQUENTLY ASKED QUESTIONS (FAQs)

- i. Is it mandatory to be a member of SBI-REMBS to become a member of Annual Payment Plan (SBI Health Assist-APP)?**

No. Membership in APP can be taken without having membership of SBI-REMBS.

- ii. When a retiree is a member of SBI-REMBS (and hence SBI Health Care - OTPP), why should he take up membership of APP?**

Whereas it is not mandatory for a member of SBI-REMBS to take up membership of APP, his doing so would help him in conserving the balance under SBI-REMBS (i.e. OTPP).

- iii. When a retiree is a member of both SBI-REMBS (i.e. SBI Health Care- OTPP) and SBI Health Assist APP, in case of a claim arising, the same is settled out of which policy?**

This is for the member to decide. However, payment under APP would help the retiree preserve the balance under the OTPP which is a lifetime limit.

- iv. For a member having residual balance of Rs. 4.50 lakhs in SBI-REMBS, Bank will take Basic Cover of Rs. 3.00 lakhs and Super Top-up Cover of Rs. 6.00 lakhs totaling Rs. 9.00 lakhs. Can the member avail total limit of Rs. 9.00 lakhs in this case?**

No. Members of SBI-REMBS can avail medical limit only up to their residual balance under SBI-REMBS.

- v. Can someone take “SBI Health Assist” (APP) for Rs. 3.00 lakhs this year and switch to plan for Rs. 5.00 lakhs at next renewal or vice versa.**

A change in ‘Basic Sum Insured’ at the time of renewal is not envisaged as at present.

- vi. How does the ‘deductible’ under Super Top-up operate?**

In SBI Mediclaim Policies, the ‘deductible’ mandatorily comes from Base Plan of the same policy. The ‘deductible’ or threshold limit of Rs. 2.50 lakhs under the Super Top-up cover will be fully taken care of by the Base Policy in all situations. By taking Base Policy of Rs. 3.00 lakhs i.e. more than the threshold limit or deductible of Rs. 2.50 lakhs, the effect of deductible has been nullified and the members would get full benefit of the total Sum Insured under the Base Policy + Super Top Policy. In other words, retirees will not be required to pay anything from their pocket up to the total amount of Base Plan + Super Top-up plan.

(The above clarification is applicable for both OTPP and APP)

Examples of different scenarios are given below:

- a) A pensioner is having Base Policy of Rs. 3.00 lakhs & Super Top-Up of Rs. 6.00 lakhs. He had a claim of Rs. 2.00 lakhs. His entire claim within the policy terms & conditions would be paid by his base policy.

Subsequently, he had another claim of Rs. 3.00 lakhs. He would be paid Rs. 1.00 lakh from his remaining balance of Base Policy and Rs. 2.00 lakhs from the Super Top-up cover as per the policy terms & conditions.

Again, if he has a third claim of Rs. 4.00 lakhs, he would be paid entire Rs. 4.00 lakhs from the Super Top-Up cover. Thus, in all circumstances, he can avail reimbursement up to Rs. 9.00 lakhs without making any payment from his own pocket.

- b) A pensioner is having Base Policy of Rs. 3.00 lakhs & Super Top-Up cover of Rs. 6.00 lakhs. He had a claim of Rs. 5.00 lakhs. He would be paid Rs. 3.00 lakhs from Base Policy & Rs. 2.00 lakhs from Super Top-Up cover. If he has another claim of Rs.5.00 lakhs, he would be paid Rs. 4.00 lakhs from the remaining balance of Super Top-up cover as at this point his entire Sum Insured including Super Top-Up is exhausted and balance Rs.1.00 lakh will be borne by him.
- c) A pensioner is having Base Policy of Rs. 3.00 lakhs and Super Top-Up cover of Rs. 6.00 lakhs. He had a claim of Rs. 10 lakhs. He would be paid Rs. 3.00 lakhs from the Base Policy and Rs. 6.00 lakhs from the Super Top-Up and balance Rs. 1.00 lakh will have to be borne by him as the total Sum Insured is exhausted.

vii.If 'deductible' is paid by another insurer or under another policy of SBI General Insurance Co. Ltd., can Super Top-up be utilized?

No. This is a tailor made policy wherein other benefits have also been allowed to members. For availing Super Top-Up cover, 'deductible' has to mandatorily come from the Base Plan under the same policy.

viii. Is there any alternative method of treatment which is covered under these policies?

Yes. Ayurvedic, Unani, Siddha and Homoeopathic (AYUSH) treatments are also covered under these policies. However, the treatment has to be taken from hospitals registered under State / Central Govt.

ix. Can a member opt for a Room with rent higher than the entitled amount?

Yes. However, in such case, maximum ceiling on Room Rent / ICU Rent / ICCU

Rent will be as per the capping available in the Base Plan opted by the retiree. It may be noted that in the event of a member opting for a room higher than the entitlement, proportionate deductions will apply for all other charges incurred during hospitalization, except for medicines.

x. Are all Family Pensioners eligible for subsidy irrespective of their age?

Yes. All Family Pensioners are eligible for subsidy irrespective of their age.

xi. What is the number of differently abled Children who can be enrolled under “SBI Health Care” and “SBI Health Assist”?

2 (Two).

xii. What is the procedure for return of the documents like MRI, X-Ray, Ultrasonography Film etc.

The member will have to make a written request to the TPA to this effect. The TPA would return the medical documents after processing of the claim by retaining the photocopy of the same (wherever possible) and affixing TPA's rubber stamp, claim number, date and signature on the original. The bills, cash memos, invoices, originals of the receipts, claim form will not be returned.

xiii. Whether Naturopathy is covered under the Policy?

No.

xiv. What is a Network Hospital?

The TPA (Third Party Administrator) & the Insurance Co. have agreement with certain Groups of Hospitals who conform to certain criteria, standard & a package of charges for large number of procedures. These hospitals are called 'Network Hospitals'. The 'Cashless' facility will be available only with 'Network Hospital'.

xv. What is 'Cashless' facility?

If one checks into a Network Hospital for treatment of any ailment which necessitates hospitalization, the hospital would be sending the estimated expenses to the concerned TPA. The TPA in turn authorizes the hospital the agreed package amount and the treatment is carried out without charging any amount from the member / patient. At the time of discharge, final authorization is given by the TPA on the basis of the final bill submitted by the hospital and the patient walks out without paying any amount except for those amounts which are non payable or beyond the entitled limit.

xvi. Is there any waiting period for members who enroll themselves under APP?

There shall be no waiting period for those who are already enrolled under Policy 'B and new retirees. However, 30 days' waiting period will be applicable for all left out retirees, e-AB retirees, spouses of left out retirees & e-AB retirees enrolling into APP from the date of their joining. Sum Insured under the policy for these members will not be available for reimbursement of expenses incurred on ongoing hospitalization at the time of taking such membership.

xvii. Can a member change the sum insured during the currency of the policy?

No. Option once exercised cannot be revised. Mid-term change in Basic Sum Insured is not allowed.

xviii. When can an employee retiring after commencement of the renewal of "SBI Health Assist" on 16-01-2020 join the scheme?

Any employee retiring during the currency of the policy period 16-01-2020 to 15-01-2021 can join by filling in the prescribed application form within a period of 90 days from the date of retirement. Spouse of the deceased employee can join "SBI Health Assist" within 120 days from the death of the employee. The premium to be paid in both the above cases would be on pro-rata basis.

xix. Can one opt for sum insured of one's choice i.e. either Rs. 3.00 lakhs or Rs. 5.00 lakhs?

Yes, he/she can choose either of the two plans irrespective of the Sum Insured under their expiring policy or even if they are first time entrants.

xx. Are there any add-on benefits available under the "SBI Health Assist", "SBI Health Care"?

The following add-on benefits are available under "SBI Health Assist" and "SBI Health Care":

1. Root Canal Treatment (excluding extraction, filling, crowning and restoration) up to Rs. 7,500/- per family per annum.
 2. Air Ambulance charges for plan having sum insured of Rs. 5.00 lakhs.
 3. Transportation of Mortal Remains of Rs. 10,000/- per annum.
- All the above benefits are add-on benefits but form part of the total sum insured.

xxi. When will the Claim under Super Top-Up portion trigger?

The Claim under Super Top-Up portion would trigger only when the Sum Insured under the Base Policy is exhausted.

xxii. In case, claim for any of the 8 capped ailments exceed the capped amount, whether the excess amount can be paid from Super Top-Up?

No. For all capped ailments the claim amount is restricted to the capped amount only.

xxiii. How does the Critical Illness cover benefit a member?

If a primary member / dependent is inflicted with any of the specified 14 ailments after 90 days from the date of membership and survives for another 30 days, full cover amount of Rs. 5.00 lakhs will be paid to the member in one go. Treatment expenses will be additionally covered under the Base Plan / Super Top-Up.

xxiv. In case primary member's age is more than 65 years but spouse is aged less than 65 years, can Critical Illness cover be opted for?

No. The primary member's age must be less than 65 years for enrolling under Critical Illness Cover. In case primary member's age is less than 65 and spouse's age is more than 65, even then coverage will be valid on floater basis.

xxv. Can a person opt for Critical Illness Cover subsequent to enrolling under Basic Policy?

No, it can be taken only along with the Base Policy.

xxvi. Whether Hospitalization is required for getting Critical Illness benefit?

Signs and symptoms of the ailment(s) based on different medical parameters along with certification by duly qualified medical professional is required for confirmation of the Critical Illness. Therefore, hospitalization is required for establishing the above criteria. However, condition of minimum 24 hrs. of hospitalization will not apply.

xxvii. Whether any bill / cash memo is required to be submitted for claiming under Critical illness?

No. Critical illness is not an Indemnity Plan, it is a Benefit Plan. The sum insured is paid in one lump sum on meeting the criteria of confirmation of signs and symptoms, waiting period and surviving period. For claiming treatment expenses, bills and other documents will be required separately.

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

The members should contact TPA representative placed 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 Rathi Insurance 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 PPG Department at Corporate Centre. After receipt of the intimation, matter will be taken up with concerned TPA.

3. Deduction in claim

If a member feels that the deduction made is not justified, he/she can approach the broker/ PPG Department at Corporate Centre for taking up the matter with concerned TPA.

4. Scrutiny of claims

A Scrutiny Committee will be functional to ensure that there is no unreasonable rejection of claims. Demand for a relook into the rejected claim may be raised to the broker/ PPG Department at Corporate Centre.

5. Non-inclusion of name despite payment of premium

Member may approach CM(HR) at the Administrative Office with acknowledgement of premium paid along with KYC documents, for inclusion. On receipt of such 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 Policy

Member may 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.

Section-10

CIRCLE-WISE LIST OF THIRD PARTY ADMINISTRATORS (TPA)

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	Bengaluru	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

#HappyHealthTip: Consumer high fibre foods such as fruits, vegetables, nuts, etc.

Section-11

WHOM TO CONTACT

A. Corporate Centre:

The Deputy General Manager (PPG)
State Bank of India, 16th Floor, PPG Deptt. Corporate Centre,
Nariman Point, Mumbai, Maharashtra - 400 021.

Other Contact Persons:

Shri K. K. Singh (AGM): 022-22741661
Shri Adesh Gupta (AGM): 022-22741668
E-mail ID: mediclaim@sbi.co.in

B. Brokers - Anand Rathi Insurance Broker Ltd. (Mumbai H.O.):

Shri Rajan Srivastava (Vice President) – 9810553569
Shri Rohan Marathe (Asstt. Manager) – 8291950244
Mail ID (Brokers): rajansrivastava@rathi.com
rohanmarathe@rathi.com

C. Area-wise contact details of Broker's Representatives:

Circle	Name of zonal office	ARIBL Contact Person	Contact No	Email ID
Jaipur	Jaipur	Rahul Mishra	9509696360	rahulmishra@rathi.com
	Jaipur-II (Alwar)			
	Bikaner			
	Udaipur			
	Kota			
	Jodhpur			
Mumbai	South Mumbai-Nariman Point	Mandar More	9769888007	mandarmore@rathi.com
	East Mumbai-Belapur	Sandip Dhangat	8291926997	sandipdhangat@rathi.com
	West Mumbai-Worli	Mandar More	9769888007	mandarmore@rathi.com
	Thane	Sandip Dhangat	8291926997	sandipdhangat@rathi.com

Maharashtra	Panaji	Abhijit Gosavi	9637483344	abhijitgosavi@rathi.com
	Nashik	Sandip Dhangat	8291926997	sandipdhangat@rathi.com
	Pune-i	Umesh Bhosale	9503424204	umeshbhosale@rathi.com
	Pune-ii	Umesh Bhosale	9503424204	umeshbhosale@rathi.com
	Aurangabad-i	Umesh Bhosale	9503424204	umeshbhosale@rathi.com
	Aurangabad-ii	Umesh Bhosale	9503424204	umeshbhosale@rathi.com
	Nagpur-i	Sachin Borkar	8830881304	sachinborkar@rathi.com
	Nagpur-ii	Sachin Borkar	8830881304	sachinborkar@rathi.com
Ahmedabad	Ahmedabad	Rahul Modi	7624099578	rahulkumarmodi@rathi.com
	Surat	Krupal Bhatt	7046019494	krupalbhatt@rathi.com
	Vadodara			
	Rajkot			
	Bhavnagar			
Gandhinagar				
Lucknow	Allahabad	Fahad	8081342069	fahadsiddiqui@rathi.com
	Bareilly	Trilok Phela	9761563568	trilokpehla@rathi.com
	Gorakhpur	Fahad	8081342069	fahadsiddiqui@rathi.com
	Kanpur			
	Lucknow			
	Varanasi			

Kolkata	Kolkata	Souhitra Roy	9073342290	souhitaroy@rathi.com
	South 24 Parganas	Pradosh Debnath	9073398318	pradoshdebnath@rathi.com
	Howrah	Souhitra Roy	9073342290	souhitaroy@rathi.com
	Bidhan-Nagar	Souhitra Roy	9073342290	souhitaroy@rathi.com
	Siliguri	Anupam Bhattacharjee	9564250345	anupambhattacharjee@rathi.com
	Burdwan	Souhitra Roy	9073342290	souhitaroy@rathi.com
Delhi	Delhi-I	Parveen Kumar Tanotra	9354570299	parveentanotra@rathi.com
	Delhi-II			
	Delhi-III			
	Delhi-IV			
	Dehradun	Trilok Phela	9761563568	trilokpehla@rathi.com
	Haldwani			
	Agra	Parveen Kumar Tanotra	9354570299	parveentanotra@rathi.com
Noida-Meerut				
Hyderabad	Secunderabad	Komaragiri Narender	9133300067	komaragirinarender@rathi.com
	Hyderabad			
	Nalgonda			
	Nizamabad			
	Wrangal			
Guwahati	Guwahati	Anupam Bhattacharjee	9564250345	anupambhattacharjee@rathi.com
	Dibrugarh (Jorhat North)			
	Shillong			
	Jorhat (South)			
	Silchar			

Chandigarh	Panchkula	Radeep	9467705675	radeepsharma @rathi.com
	Rohtak			
	Chandigarh			
	Patiala			
	Haryana			
	Ludhiana			
	Bhatinda			
	Shimla			
Jammu				
Patna	Patna	Pankaj Kumar	7362053355	pankajsingh @rathi.com
	Bhagalpur	Pankaj Kumar	7362053355	pankajsingh @rathi.com
	Ranchi	Brhan Saran	9931305019	brhansaran @rathi.com
	Deoghar	Brhan Saran	9931305019	brhansaran @rathi.com
	Muzaffarpur	Pankaj Kumar	7362053355	pankajkumar @rathi.com
	Purnea	Pankaj Kumar	7362053355	pankajkumar @rathi.com
	Dhanbad	Brhan Saran	9931305019	brhanmsaran @rathi.com
Bhopal	Indore	Kunal Shaliya	9584483359	kunalshaliya @rathi.com
	Jabalpur	Manish Ratnani	9174855309	manishratnani @rathi.com
	Gwalior			
	Bhopal	Shradha	7566071329	shradhaharde @rathi.com
	Bilaspur	Manish Ratnani	9174855309	manishratnani @rathi.com
	Raipur			

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	Bengaluru-ii	Sabitha	9986518618	sabithaa@rathi.com
	Tumkur			
	Mysore			
	Mangalore			
	Davangere			
	Hubli			
	Gulbarga			
Amaravati	Visakhapatnam	T Ranganatha	9133300057	tirumalaranganatha@rathi.com
	Vijayawada	Komaragiri Narender	9133300067	komaragirinarender@rathi.com
	Kakinada			
	Guntur	T Ranganatha	9133300057	tirumalaranganatha@rathi.com
	Tirupati	Komaragiri Narender	9133300067	komaragirinarender@rathi.com
	Kurnool			
Bhubaneswar	Bhubaneswar-i	Susanta kumar sahu	9778398089	susanasahoo@rathi.com
	Bhubaneswar-ii			
	Sambalpur			
	Berhampore			
Kerala	Trichur	Stephin Thomas	9072844774	stephinthomas@rathi.com
	Kozhikode	Abhilash Varma	9072844775	abhilashvarma@rathi.com
	Ernakulam			
	Trivandrum			
	Kollam			
	Kottayam			
Chennai	Chennai-i	Sakthi Bhairavi	9941053720	sakthibhairavi@rathi.com
	Chennai-ii			
	Trichirapalli			
	Coimbatore			
	Madurai			
	Salem			

D. Area-wise contact details of TPA's Representatives:

Name of the TPA	Name of the Administrative office	Name of the representatives	Email ID of representatives	Mobile No. of representatives
Medi Assist TPA	Bengaluru-i	Ajay S	s.ajay@mediassist.in	6366764345
	Bengaluru-ii			
	Hubli	Laxmi Reddy	laxmi.reddy@mediassist.in	6366764737
	Davangere			
	Gulbarga	Chandrashekhar S N	chandrashekar.sn@mediassist.in	6366764738
	Mangalore			
	Mysore			
	Tumkur			
	Lucknow	Nitesh Nigam	nitesh.nigam@mediassist.in	9336724326
	Allahabad	Ajay Mishra	ajayk.mishra@mediassist.in	6366764731
	Bareilly	Abhay Mishra	abhaykumar.singh@mediassist.in	6366764732
	Gorakhpur	Rakesh Kumar Singh	rakesh.mishra@mediassist.in	6366764733
	Kanpur	Mohd Imran	mohd.imran@mediassist.in	6366764734
	Varanasi	Abhishek Tripathi	abhishek.tripathi@mediassist.in	6366764735
	Secunderabad	Mahesh	mahesh.dyagala@mediassist.in	9108450331
	Nalgonda			
	Nizamabad			
	Warangal			
Hyderabad-i				
Hyderabad-ii				
Aurangabad-i	Manjiri Waghmode	manjiri.waghmode@mediassist.in	6366764721	

	Aurangabad-ii	Snehal Piyush Borkhade	snehal.borkhade@mediassist.in	6366764722
	South Mumbai Nariman Point	Kalyani Patil	kalyani.patil@mediassist.in	6366764729
	East Mumbai Belapur	Pranali Gangaram Pawar	pranali.pawar@mediassist.in	6366764724
	West Mumbai Worli	Roma Vasiya	roma.vasiya@mediassist.in	6366764730
	Thane	Akshay Bhalerao	akash.bhalerao@mediassist.in	6366764723
	Nashik	Ruchita Bhalerao	ruchita.bhalerao@mediassist.in	6366764725
	Nagpur-ii	Pratiksha Gotmare	pratikshagotmare@mediassist.in	6366764726
	Nagpur-i			
	Pune-i	Ashwini Naresh Bhuse	ashwini.bhuse@mediassist.in	6366764740
	Pune-ii	Manjushri Kamble	manjushri.kamble@mediassist.in	6366764739
	Panaji	Manikant Naik	manikant.naik@mediassist.in	8971117405
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	Delhi-i	Rahul Ray	rrai7932@gmail.com	9711891315
	Delhi-ii			
	Delhi-iii			
	Delhi-vi			
	Noida- Meerut	Ravit Kumar	ravitbhadana208@gmail.com	9027157222
	Dehradun	Mr Ikamwar Singh	ikamwar.singh@rakshatpa.com	8588823304
	Haldwani	Firasat Husain	firasat.me@gmail.com	8077690870
Chandigarh	Sikander Kumar	sikander.kumar@rakshatpa.com	9115403758	

Panchkula	Ankit Kumar	ankitkumarbirla@gmail.com	9878615612
PB-Ludhiana	Abhishek	abhishekkumar2@gmail.com	9023596996
Shimla	Vinit Kumar	vinit.kumar@rakshatpa.com	9115403815
Jammu	Sunil Chodhary	sunilchoudhary1504@gmail.com	7298472808
Bhatinda	Suneet Chopra	suneetchopra@rakshatpa.com	9779800706
Patiala			
Rohtak	Nitin Sharma	nitin.sharma@rakshatpa.com	7087184735
Jaipur-i	Dinesh Kumar Kumawat	helpdeskjaipur@rakshatpa.com	7230039990
Jaipur-ii (Alwar)			
Bikaner	Jatin Singh	helpdeskbikaner@rakshatpa.com	7737072307
Jodhpur	Kumbh Singh	kumbh.singh@rakshatpa.com	9929505328
Kota	Kamal Singh	helpdeskkota@rakshatpa.com	9509176100
Udaipur	Vineet Bhatnagar	udaipur.raksha@gmail.com	9829041949
Ahmedabad	Mangur Mitesh Chandrakant	mangurmitesh@gmail.com	9601562330
Bhavnagar	Pandya Rakesh Narendrabhai	riks2050@yahoo.com	9586733105
Gandhinagar	Pandya Himani	himanipandya1996@gmail.com	9714451118
Rajkot	Mehta Devang Jayvantkumar	mehtadev48@gmail.com	7016611328
Surat	Bistupriya Ashokbhai Sonakri	priyasonari34@gmail.com	9081339024
Vadodara	Manorama Ashok Sumari	mannsunari@yahoo.in	9724163377

VIDAL TPA	Chennai-ii	Yogalakshmi	chennaizone2@ vidalhealthtpa.com	7358000433
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	Coimbatore	Nithya	coimbatorezone@ vidalhealthtpa.com	7373004447
	Madurai	Tamaraiselvan	maduraizone@ vidalhealthtpa.com	7373005474
	Trichy	Hemalatha	trichyzone@ vidalhealthtpa.com	7373004840
	Salem	Nithya	salemzone@ vidalhealthtpa.com	7373004447
	Trivandrum	Liya Elizabeth	sbitrivandrum@ vidalhealthtpa.com	7994654805
	Ernakulam	Akshaya	sbikochi@ vidalhealthtpa.com	7994654806
	Trichur	Johm Elijah	sbitrichur@ vidalhealthtpa.com	7994654807
	Kottayam	Tinta T.	sbikottayam@ vidalhealthtpa.com	7994654808
	Kollam	Reshma M.	sbikollam@ vidalhealthtpa.com	7994654809
	Calicut	Mohammed Nizar	sbicalicut@ vidalhealthtpa.com	7994654810
FHPL TPA	Kolkata	Ms. Ria Dey	kolkata@fhpl.net	9073336020
	South 24 Parganas	Mr. Chinmoy Mitra	chinmay.mitra@ fhpl.net	9073336018
	Bidhannagar	Mrs. Aindrilla Chandra	aindrilla. chandra@fhpl.net	9073336019
	Howrah	Mr. Sankha Tah	howrah@fhpl.net	9073993105
	Siliguri	Mr.Roshan Baraily	siliguri@fhpl.net	9800515072
	Burdwan	Mr.Shanku Biswas	burdwan@fhpl.net	9153020130
	Patna	Mr. Rakesh Kumar	patna@fhpl.net	7739359784

Muzaffarpur	Mr. Pankaj Kumar	muzaffarpur@fhpl.net	9973111686
Bhagalpur	Mr. Rajesh Kumar	bhagalpur@fhpl.net	9523238543
Purnea	Mr. Kunal Kumar	purnea@fhpl.net	9470417211
Dhanbad	Md. Hasan Raza	dhanbad@fhpl.net	9546338283
Deoghar	Hasan Raja	subham.mitra@fhpl.net	
Ranchi	Mr. Asif Ahmad Ansari	ranchi@fhpl.net	7762003376
Sambalpur	Mr. Nilakantha Mohapatra	sambalpur@fhpl.net	9853338359
Berhampur	Mr. P. Rama Krishna Rao	berhampur@fhpl.net	9437216884
Bhubaneswar-i	Mr. Pulak Biswal	pulak.biswal@fhpl.net	7381669474
Bhubaneswar-ii	Mr. Ranjit Kr. Patra	bhubaneswar2@fhpl.net	9439919631
Guwahati	Mr. Sudip Das	sudip.das@fhpl.net	7896614700
Jorhat North/ Dibrugarh	Mr. Bonny Deori	dibrugarh@fhpl.net	8255049582
Jorhat South	Mr. Pranjal Saikia	jorhat@fhpl.net	8638536482
Shillong	Mr. Faizal Hussain	shillong@fhpl.net	7576926781
Silchar	Mr. Sushovon Suklabaidya	silchar.sbi@fhpl.net	9706292975 6001765540
Bhopal	Ms. Khusboo Tiwari	bhopal.sbi@fhpl.net	7000701706
Indore	Ms. Shirin Sheikh	indore.sbi@fhpl.net	9685037070
Gwalior	Mr. Narendra Singh	gwalior.sbi@fhpl.net	7000095373 7354999033

	Jabalpur	Mr. Ashwini Mishra	jabalpur.sbi@fhpl.net	6267644675
	Bilaspur	Mr. Naveen Gupta	bilaspur.sbi@fhpl.net	7415232615
	Raipur	Mr. Prabhakar Rao	raipur.sbi@fhpl.net	7691970008
	Guntur	Ms. Durga Bhavani	guntur.sbi@fhpl.net	9154818160
	Tirupati	Ms. Swarnalatha Sriram	tirupati.sbi@fhpl.net	9154152248
	Kurnool	Mr. Sameer Ahamed	kurnool.sbi@fhpl.net	9154152246
	Kakinada	Mr Sridhar	kakinada.sbi@fhpl.net	9154152249
	Vijayawada	Mr. Ragavendra	vijayawada.sbi@fhpl.net	9154152245
	Visakhapatnam	Ms. Sai Keerthi	vizag.sbi@fhpl.net	9154152247

E. Grievance Escalation Matrix of TPAs:

S. No.	Name of Circle	Name of the TPA	Name	Point of contact	Contact Number	Email Id
1	Bengaluru, Hyderabad, Mumbai, Lucknow	Medi Assist	Ms. Vibha Saxena	Level 1	9599689869	vibha.saxena@mediassist.in
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			Mr. Satish Prabhu	Level 3	9820769818	satish.prabhu@mediassist.in
2	Chandigarh	Raksha	Mr. Sikander Kumar	Level 1	9115403758	sikander.kumar@rakshatpa.com
			Mr. Vinit Kumar	Level 2	9115403815	vinit.kumar@rakshatpa.com
			Dr Amandeep Singh	Level 3	9888315152	amandeeep@rakshatpa.com
			Dr. Rakesh Kalra	Level 4	9815833517	rakesh.kalra@rakshatpa.com

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3	Ahmedabad	Raksha	Mr Pradip Vora	Level 1	9998473020	vora.pradip@rakshatpa.com
			Mr Premal Dcosta	Level 2	7227906704	premal@rakshatpa.com
			Mr Om Prakash	Level 3	8879433711	omprakash@rakshatpa.com
			Mr Ashwani Sharma	Level 4	7567882276	ashwani.sharma@rakshatpa.com
4	Jaipur	Raksha	Dinesh Kumawat	Level 1	7230039990	dinesh.sharma@rakshatpa.com
			Manoj Gothwal	Level 2	8209045625	manoj.gothwal@rakshatpa.com
			Pankaj Tiwari	Level 3	9828853343	pankajtiwari@rakshatpa.com
			Ashish Sharma	Level 4	9414251564	ashish@rakshatpa.com
5	Delhi	Raksha	Kunal Barar	Level 1	7838151887	kunal@rakshatpa.com
			Dr. Sadiq	Level 2	7838151533	sadiq@rakshatpa.com
			Dr. Monika deep	Level 3	7838151501	monika.deep@rakshatpa.com
6	Chennai	Vidal	Darveesh	Level 1	7358000421	sbisupport@vidalhealthtpa.com
			Srimathi. R	Level 2	9884406472	srinathi.r@vidalhealthtpa.com
7	Kerala	Vidal	Kirosh Babu	Level 1	9847264488	kirosh.babu@vidalhealthtpa.com
			Rashmi Dinesh	Level 2	9847328860	rashmi.dinesh@vidalhealthtpa.com
8	Bhopal, Kolkata, Patna, Bhubaneshwar, Guwahati Amravati	FHPL	Mr. Subham Mitra	Level 1	9674181599	subham.mitra@fhpl.net
			Mr. Anirban Ghosh (CRM)	Level 2	9231033621	anirban@fhpl.net
			Dr. Medha Ghugre	Level 3	9231001001	drmedha@fhpl.net



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