



eCircular

Department: P&HRD

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Date: Sat 7 Jan 2023

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

Madam / Dear Sir,

MEDICAL BENEFIT SCHEMES FOR RETIREES

RENEWAL OF “SBI HEALTH ASSIST (POLICY ‘B’)” & “SBI HEALTH CARE (POLICY ‘A’)” ON MODIFIED TERMS & CONDITIONS

Please refer to e-circular No. CDO/P&HRD-PPFG/76/2021-22 dated 16th December, 2021 advising renewal of “SBI Health Assist (Policy ‘B’)” & “SBI Health Care (Policy ‘A’)” with effect from January 16, 2022. The policy is due for renewal on 16.01.2023.

SBI GENERAL INSURANCE CO. LTD. has been selected for serving both the policies **for the next three years**. M/s Anand Rathi Insurance Brokers Ltd. has been selected as the mandated Broker for serving both the Policies. The Policies have been renewed on modified terms and conditions as under :

A. “SBI Health Assist” (Policy ‘B’)

Membership of “SBI Health Assist” (Policy ‘B’) will be voluntary and those eligible can obtain membership of the same by paying the annual premium from their own sources.

Policy covers retiree or family pensioner, spouse of retiree and disabled child/ children (if any) as declared to the Bank.

Eligibility for Membership in SBI Health Assist

- a) Existing members under SBI Health Assist for Policy year 2022-23 would be eligible to renew the policy till 15th January 2023 by paying annual premium.
- b) Employees who retired on or after 17th October till 15th January 2023 and who have not taken membership of SBI Health Assist 2022-23 would be eligible to join the policy till 15th January 2023 by paying annual premium.
- c) Eligible new retirees (retired on or after 16.01.2023) 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.
- d) Spouses of deceased employees may join SBI Health Assist (Policy 'B') within 120 days from the date of death by paying the premium from their own sources. Pro-rata premium would be payable in such cases.
- e) e-AB Retirees (members of IBA policy 2021-22) who opted for SBI Health Assist Policy on or before 31st October 2022 and who are not member of IBA Medclaim Policy 2022-23 as on 31st December 2022, would be eligible to join the policy till 15th January 2023 by paying annual premium.

No waiting period clause will be applicable to the above categories [(a) to (e)] of eligible retirees/ family pensioners.

- f) Those who join SBI Health Assist Policy for the Year 2023-24 and do not renew their policy in the Policy Year 2024-25, will not be eligible to apply for membership under Policy Year 2025-26.
- g) Those who opt for any of the Additional Super Top-up Cover in the Policy Year 2023-24 can renew their policy with any options of Additional Super Top-up Cover against the Base Plan opted in Policy Year 2024-25. Members who do not renew their Additional Super Top-up Cover in Policy Year 2024-25, will not be eligible to opt for Additional Super Top-up Cover in Policy year 2025-26.

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 31st December 2022) will be eligible to become members of SBI Health Assist by paying annual premium from their own sources till 15th January 2023. 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.

Exclusions

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

i. Base Plans of “SBI Health Assist”

The existing structure of two base plans will continue. There will be no bar for retirees in opting for any Basic Sum Insured :

Basic Sum Insured	Basic Premium (Rs.)	GST(@18%) (Rs.)	Gross Premium Rounded off (Rs.)
3.00 lacs	16,517	2,973.08	19,490
5.00 lacs	36,716	6,608.82	43,325

ii. Super Top-up Plan

Super Top-up plan for Rs. 6 lacs will be available to all members as an additional health cover along with the Base Plans. **Cost of premium for Super Top-up cover will be borne by the Bank.**

Debit Credit Administration of premium of Super Top-up

Premium amount for Super Top-up Cover (including GST) will be debited to member’s account and then will again be re-credited in the member’s account. This exercise will be done to enable the members to claim tax benefits for the premium amount paid for Super Top-up plan. This activity will be done in batches in the succeeding month of receipt of enrolment data and details of this transaction will also reflect in pension slip.

Basic Sum Insured	Super Top-up Sum Insured	Total cover to member
3.00 lacs	6.00 lacs	9.00 lacs
5.00 lacs	6.00 lacs	11.00 lacs

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iii. Additional Super Top-up:

Any eligible retiree (irrespective of whether he/ she had been a member of the SBI Health Assist earlier or not) can opt for Basic Sum Insured of Rs. 3.00 lacs or Rs.5.00 lacs, with or without Additional Super Top-up as per the two options available under each of the Base Plans. Additional Super Top-up Cover can be taken only in conjunction with Base Plan and not on standalone basis, as under :

Table Part I

Basic Sum Insured	Super Top-up Sum Insured	Additional Super Top-up Sum Insured	Total cover to member
3.00 lacs	6.00 lacs	11.00 lacs	20.00 lacs
		16.00 lacs	25.00 lacs
5.00 lacs	6.00 lacs	14.00 lacs	25.00 lacs
		19.00 lacs	30.00 lacs

Table Part II

Additional Super Top-up Sum Insured	Basic Premium (Rs.)	GST (@18%) (Rs.)	Gross Premium Rounded off (Rs.)
11.00 lacs	5,015	902.78	5,918
16.00 lacs	6,220	1,119.53	7,339
14.00 lacs	9,516	1,712.82	11,228
19.00 lacs	10,876	1,957.61	12,833

Members who do not apply for Additional Super Top-up Cover in the Policy Year 2023-24, will not be eligible to opt for Additional Super Top-up Cover in Policy Year 2024-25 and 2025-26.

iv. Critical Illness: The policy covers Critical Illness for under noted **14 (Fourteen) ailments** for a Sum Insured of **Rs. 5.00 lacs**:

- 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**

Critical illness Cover	Basic Premium (Rs.)	GST (@18%) (Rs.)	Gross Premium Rounded off (Rs.)
5.00 lacs	13,753	2,475.59	16,229

The cover for Critical Illness Plan is optional in nature and can be opted only in conjunction with Base Plan and not separately on standalone basis. Members should have **completed age** below 65 years as on 15th January 2023 to opt for Critical Illness Plan. Those who are already the members of Critical Illness Plan in the policy year 2022-23 can continue to renew their Critical Illness Plan even beyond the age of 65 years.

Other terms & conditions for availing Critical Illness cover shall be as under:

- (a) Pre-existing diseases will not be covered.
- (b) There will be a waiting period of 90 days, from date of joining or date of inception of the policy whichever is later, for members who opt for critical illness during policy year 2023-24 and had not opted for critical illness during policy year 2022-23.
- (c) If the member or eligible dependents of his/her family is diagnosed with any of the 14 listed ailments and he/she survives for 30 days after first detection of the disease, the whole amount under the critical illness plan will become admissible.
- (d) The critical illness cover is available to the entire family (Retiree/ Family pensioner and other eligible dependents) on floater basis.
- (e) The Insurance company shall pay the insured person only once in

respect of any one of the covered illness under the policy. The critical illness cover ceases after admission of any claim of the member and no further claim are admissible under the said cover during the policy year.

The benefits under the Base Plan or the Super Top-up Plan or Additional Super Top-up Plan would continue as per the terms & conditions of the said coverage & the available sum insured.

v. Subsidization of premium & Administration of subsidy

As a measure of financial support to family pensioners / senior retirees, it has been decided to continue 50% subsidy on Base Premium of Rs. 3.00 lacs to all Family Pensioners and to retirees with 70 years of completed age and above on the date of renewal (i.e. on 15.01.2023).

(Amount in Rupees)

Basic Sum Insured	Basic Premium	Subsidy to Family Pensioners & Retirees 70 years of completed age and above as on 15.01.2023
3.00 lacs	16,517	8,259
5.00 lacs	36,716	8,259

GST or other taxes / surcharges, if any, on premium will be borne by the member.

Members would be required to make payment of premium in full. After completion of renewal process, member wise list of eligible retirees and Family pensioners will be prepared by Corporate Centre for reimbursement of subsidy to eligible members. Reimbursement of subsidy will be done along with pension of the succeeding month after receipt of premium for enrolment and it will be included in the pension slip.

vi. Three-year Arrangement

With a view to ensure continuity of Insurance Company/ TPAs etc., premium quotes have been obtained for a three year period with a provision of 5% increase every year in annual premium for policy renewal in policy year 2024-25 and 2025-26. Annual renewal will be done as per the terms of the RFQ accepted by SBI General Insurance Co. Ltd.

vii. Coverage provision in case a member is deceased

In case of death of a member, coverage of deceased member will cease automatically from that date. However, there will be no refund of premium irrespective of a claim

having been preferred or not. But the cover will be extended to the other eligible family members of the deceased covered in the policy till the end of the policy period so long as the sum insured is not exhausted in Base policy plus Super Top-up plus additional covers (if any).

viii. e-Pharmacy Scheme

The existing arrangement with Lifetime Wellness Rx International Limited, popularly known as M/s Apollo Life, for providing pharmacy services to the members of SBI Health Assist is valid till 15.01.2023. Bank is in the process of selection of e-Pharmacy vendor for next three-year period, starting from policy year 2023-24 through RFP process. The details of the modus operandi, SOP etc. will be circularized separately after selection of the new vendor.

As the selection of new vendor and launch of the app for SBI retirees by the new vendor may take some time, retirees are advised to order medicines required, if any, well before 15th January 2023 from the existing vendor. Order will not be accepted by the existing vendor after 15th January 2023.

B. “SBI Health Care” (Policy ‘A’)

Insurance cover for SBI REMBS members w.e.f. 16th January, 2023 will be as under:

- a. Insurance cover will be obtained only for the members whose residual balance is Rs. 3.00 lakhs and above.
- b. If the claim exceeds the total sum insured allocated under the Policy, the balance amount of claim up to the residual limit will be processed by REMB Trust.
- c. Medical claims of members having balance below Rs. 3.00 lakhs will be paid by the Trust and they will be out of the insurance scheme.
- d. SBI REMBS/SBI Health Care Policy Members cannot join SBI Health Assist Policy mid-term during the currency of the Policy. They can join only at the commencement of cover i.e., before 16th January’2023.

i. Covers under SBI Health Care (Policy-A)

Proposed insurance cover under “SBI Health Care” (Policy ‘A’) will be as under w.e.f. 16.01.2023:

Residual balance under REMBS	Basic Sum Insured	Super Top-up sum Insured
Rs. 3.00 lacs	Rs. 3.00 lacs	0.00
Above Rs. 3.00 lacs to below Rs. 10.00 lacs	Rs. 3.00 lacs	Rs. 6.00 lacs
Rs. 10.00 lacs and above	Rs. 5.00 lacs	Rs. 6.00 lacs

Premium on both the Base Plan and Super Top-up cover will be paid by the Trust. The liability of the Insurance Co. would be restricted to Base Plan plus Super Top-up or Residual Limit under SBI REMBS whichever is less. Members, whose residual limit is above Rs. 11.00 lacs, would be covered for the amount beyond Rs. 11.00 lacs and up to their residual limit under SBI REMBS by the REMB Trust. For e.g., if a member is having residual balance of Rs. 15.00 lacs in SBI REMBS, submits a claim for Rs. 14.00 lacs to Insurance Company under SBI Health Care, Insurance company will pay the claim for Rs. 11.00 lacs (as per terms and conditions of the Policy) which is up to Maximum coverage limit under the Insurance policy. Member can submit the claim for remaining amount of Rs. 3.00 lacs under SBI REMBS for reimbursement. It will be paid by REMB Trust with deductions of non-payable / medical expenses as per rules and regulations of SBI REMBS.

C. Procedure for Renewal / Enrolment for SBI Health Assist (Policy ‘B’) for pensioners/ family pensioners receiving pension through HRMS

In view of digital advancement, online process has been introduced for applying for membership of SBI Health Assist for retirees receiving pension through HRMS to make the process fast and paperless. Accordingly, a new functionality “SBI Health Assist (enrolment/renewal)” has been introduced in HRMS. Details of the pensioners/ family pensioners will be auto fetched from HRMS data base.

- Employees retiring/ pensioners/ family pensioners will be able to apply through HRMS/ select plans only if they are eligible to apply/ select the specific plan.
- Any adverse development in the status of any employee/ pensioner (viz., dismissal, retirement under Section 19(3) etc., which renders an employee/pensioner ineligible for membership under the scheme) must be arranged to be captured in HRMS immediately by the AO concerned.
- Online Application for SBI Health Assist membership/renewal will be submitted by the eligible employee/ pensioner in HRMS and requirement of submission of physical declaration is dispensed with.

- Required declaration of the applicant for enrolment under the scheme shall be obtained online and submission of physical declaration is dispensed with.
- Premium will be auto calculated and payment of premium will be debited to the pension account of the applicant, authorization for which will be obtained digitally from the applicant under the functionality.
- The concerned AO can approve/reject individual request.
- If any application is to be rejected due to any adverse development subsequently in status of the employee/ pensioner, rendering him/ her ineligible under the scheme, Circles shall immediately intimate P&PM Department at Corporate Centre for rejection of the application.
- Corporate Centre will finally approve the applications and send consolidated premium to SBI General Insurance Company Ltd.

Detailed step-by-step guide for applying enrolment/renewal of SBI Health Assist through HRMS in this regard is attached as **Annexure-I**.

D. Procedure for Renewal / Membership for SBI Health Assist (Policy 'B') for retirees/ spouses of deceased retirees not receiving pension

There are some eligible retirees who do not receive pension through HRMS and hence do not have HRMS ID/ access to HRMS portal. Such members will continue to submit physical application forms for enrolment and renewal, as hitherto.

a) Procedure to be followed by Various categories of applicants :

- | | |
|--|---------|
| I. | All |
| eligible retirees/ spouses of deceased retirees who are not member of expiring SBI Health Assist Policy (2022-23) will fill up the Application Form (enclosed as Annexure - II) and submit to the pension paying branch along with cheque/ debit authority for applicable premium amount as per premium chart. | |
| II. | Existin |
| g members of SBI Health Assist (2022-23) willing to renew their policy will fill up the simplified Consent Form (enclosed as Annexure - III) and will submit to the pension paying branch along with cheque/ debit authority for applicable premium amount as per premium chart. | |
| III. | New |
| retirees who retire/have retired on or after 16.01.2023 and not eligible for pension but eligible for enrolment under SBI Health Assist, willing to enroll for the policy, will also be required to fill up the Application Form (enclosed as Annexure - II) and submit to the pension paying branch along with cheque/ debit authority for applicable pro-rata premium amount as per premium chart. Branches can contact CM (HR) at their respective A.O. to obtain exact pro-rata premium | |

applicable to the new retiree. The Pro-rata calculator shall be shared with all CMs(HR).

b) The branch will arrange for debiting the applicant's account with the amount of gross premium (i.e., Basic Premium plus GST) and credit the same to Current Account opened by each A.O. for collection of premium.

c) Retirees of e-ABs not receiving pension, who do not have HRMS ID should mention the name of the e-AB (SBM, SBT, SBBJ, SBP, SBIN, SBS & SBH) before their PF ID (for example if PF ID of a retiree of SBM is 1234 then "**SBM1234**" is to be mentioned) in column no. 1B.

d) Once amount of premium is credited in the designated account at the A.O., branch will forward duly filled-in application forms [mentioning (a) Transaction No. (b) Date of Transaction; and (c) Amount] to the concerned A.O. for further action.

e) AOs on receiving the application form, will verify the application/ consent forms and check the eligibility of the applicant, eligible family members, ensure that all necessary details have been filled and correct amount of premium has been deposited in the Current Account maintained at A.O.

f) AOs will simultaneously prepare a list (as per **Annexure-VI**) containing details of the applicants and send the soft copy through email to HR Department at their respective LHO and also transfer the consolidated amount to Main Collection Account maintained by P & PM department, Corporate Centre, Mumbai. Specific dates for transfer of consolidated premium to Corporate Centre and data file sharing will be communicated by Corporate Centre to the LHOs / A.Os.

g) The AOs should ensure that the amount remitted to Corporate Centre tallies with the column total of 'Premium Paid by pensioners' in the excel file sent by them to their respective LHO. **AOs should not send data files directly to Corporate Centre.**

h) HR Department at each LHO, on receiving the enrolment details / files from the AOs will verify and collate the details in a single excel file in different sheets (as per **Annexure-VI**) for each AOs and send the same to P & PM Department, Corporate Centre on the dates communicated to them.

i) P&PM
Department, Corporate Centre, on receiving the files from each LHO, will prepare a consolidated list and send the same to the Insurance Company along with the total premium amount including GST.

E. Delivery of the Welcome kit of SBI Health Assist and SBI Health Care

a) Welco
me kit containing Physical copy of Insurance cards, Brochure of Policy features, List of network hospitals and claim form will be delivered by Speed Post to the registered address of the members in the Policy.

b) Once
the welcome kit is dispatched, TPA will share speed post tracking ID with member through SMS /Whatsapp. In case of non-receipt of welcome kits, members may take up the matter with the TPA representative stationed at respective AO/ representative of the Broker (M/S Anand Rathi Insurance Broker Ltd.) stationed at Selected AOs.

c) Soft
copy of the cards will be shared by concerned TPA on registered email id of the members.

F. Terms and Conditions of the Policies

The other detailed terms and conditions of the Group Mediclaim Policies is furnished as **Annexure V**

G. CGM (HR) is authorised to issue clarifications/ guidelines in the matter, if any.

Please bring the contents of the circular to the knowledge of all concerned.

Yours faithfully,

(Om Prakash Mishra)
Deputy Managing Director (HR) & CDO

Encl: Annexures as under:

Annexure-I: Step-by-step guide for applying enrolment/
Renewal through HRMS

Annexure-II: Application form for manual process

Annexure-III: Consent form for renewal through manual process

Annexure-IV: Premium Chart

Annexure-V: Terms & conditions of the Policies

Annexure-VI: Reporting Format