



## *eCircular*

Department: P&HRD

Sl.No.: 1326/2018 - 19

Circular No.: CDO/P^HRD-PPFG/70/2018 - 19

Date: Tue 1 Jan 2019

---

All branches and offices of  
State Bank of India

Madam/ Dear Sir,

**GROUP MEDICLAIM POLICY FOR SBI RETIREES (POLICY – ‘B’)**  
**RENEWAL OF POLICY ON MODIFIED TERMS & CONDITIONS**

Please refer to our e-circular No. CDO/P&HRD-PPFG/78/2017-18 dated December 29, 2017 advising renewal of Group Mediclaim Policy for SBI retirees (Policy - B) with effect from January 16, 2018 and modifications in terms and conditions of the policy. The policy is again due for renewal on 16.01.2019.

2. It has now been decided to renew Policy ‘B’ with effect from 16.01.2019 with modifications in policy structure, introduction of new plans, improvements in terms & conditions, enhancements in coverage, add-ons etc. details of which are furnished hereunder. The policy will be issued by United India Insurance Co. Ltd., who is also the current Insurance Company, while Anand Rathi Insurance Brokers Ltd. will continue to be the Insurance Brokers in the policy for the next cover period. The policy shall be available to the retirees of State Bank of India and employees of erstwhile Associate Banks who retired after merger.

3. At the time of last renewal, with a view to bringing long term sustainability to the policy, it was decided to bring certain modifications in the policy viz. introduction of separate plans for ‘With Domiciliary Cover’ and ‘Without Domiciliary Cover’, rationalization of ceiling on room rents and ceiling on expenditures for certain common diseases / ailments on the basis of categorization of centres, restrictions on free entry / exit from the policy and also restrictions on free movement between plans on renewal, removal of coverage for dental treatment etc.

4. Based on the claims experience during the current cover period and also on the basis of feedback received from various quarters, it has been decided to bring further modifications in Policy ‘B’ which are detailed hereunder.

- (i) **Reduction in number of Plans & Introduction of Super Top-up Plans** – Number of basic plans (sum insured) has been reduced from existing seven to four, with introduction of Super Top-up plans, which can be obtained only in conjunction with basic plans. The revised structure proposed to be introduced would be as under:

Sl.	Existing	Proposed	
	Base Plans only (Rs. in Lacs)	Base Plan (Rs. in Lacs)	Super Top-up Plans (Rs. in Lacs)
1.	3.00	3.00	3.00
2.	4.00	4.00	4.00
3.	5.00	5.00	5.00
4.	7.50		
5.	10.00	10.00	10.00
6.	15.00		
7.	25.00		

Under the Super Top-up Policy, if the sanctioned claim amount crosses the Sum Insured under the main policy (base plan), the balance amount is payable from the Super Top-up Policy. After the total Sum Insured under the main policy is exhausted and there is a further claim, even this claim will be paid through the Super Top-up Policy up to its Sum Insured. However, the 'Super Top-up Policy' will be available for hospitalisation expenses only and will be without OPD cover. Coverage under the 'Super Top-up Policy' is optional for the members of the main policy and is subject to payment of additional premium for the same.

A Super top-up policy will enable a member to avail higher coverage for hospitalization at significantly lower cost as premium for a super top-up policy is generally lower than base plans. The availability of Super Top-up will be strictly as per the base plan as indicated in table above. For example, a person opting for Rs. 3.00 Lakh base plan can opt for Super Top-up of Rs. 3.00 Lakh only and so on. A Super Top-up can be availed either with the "Domiciliary policy" or the 'Non-domiciliary policy'. However, Super Top-up Policy cannot be availed separately and can only be combined with a base plan. The terms and conditions governing the choice of plans and Super Top-up policy are detailed in Para – 9 of this circular.

- (ii) **Introduction of Critical Illness Cover** – It is proposed to introduce a Critical Illness Cover with Sum Insured of Rs. 5.00 Lakh for undernoted six ailments.
- (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

Critical Illness Cover will not be available separately and can be taken only with a base plan and Super Top-up plan taken together. Other terms & conditions for availing Critical Illness cover shall be as under:

- (a) Entry shall be available only upto the age of 65 years. However, renewals can be done beyond 65 years.
- (b) Pre-existing diseases will not be covered.
- (c) There will be a waiting period of 90 days and surviving period of 30 days.

(iii) **Removal of Tier-wise Classification of Cities for Expenditure Capping –**

In the current policy, expenditure capping was introduced on room rent / ICU rent as well as on few specific ailments on the basis of tier-wise classification of cities. It is now proposed to remove the tier-wise structure and implement a uniform room rent / ICU rent capping and expenditure capping on specified ailments, and also revise upward the ailment capping for a few diseases. The revised room rent / ICU rent capping and expenditure capping on specified ailments as under:

<b>Room Rent / ICU Rent Capping (Amt. in Rs.)</b>		
<b>Sum Insured</b>	<b>Room Rent*</b>	<b>ICU Rent*</b>
300,000	4,000	7,500
400,000	4,000	7,500
500,000	4,000	7,500
1000,000	7,200	12,000

**\*Uniform for all Centres**

<b>Ailment-wise Expenditure Capping</b>		
<b>Sl.</b>	<b>Name of Ailment</b>	<b>Amount</b>
1.	Angioplasty	150,000
2.	CA BG	250,000
3.	Cataract	30,000
4.	Cholecystectomy	70,000
5.	Hernia	70,000
6.	Knee Replacement - Unilateral	175,000
7.	Knee replacement -Bilateral	250,000
8.	Prostate (Other than treatment of Prostate Cancer)	80,000

- (iv) **Re-introduction of Dental Treatment** – Reimbursement of expenses on dental treatment only for RCT upto maximum of Rs. 7,500, which was originally available in the policy, was excluded at the time of last renewal. It is now proposed to again include the same in the policy i.e. The Policy will cover Root Canal Treatment with a limit of Rs. 7500 per annum. It does not include extraction, filling or crowning. The amount fixed is overall limit for the entire family unit and not forming part of domiciliary treatment limit but within the total Sum Insured. The cover will be available both under the ‘Domiciliary’ as well as Non-domiciliary’ basic plans.

## 5. Premium Payable

The final premium rates for different plans, payable by the individual member is as under:

### A. Basic Cover Plans

*(Amt. in Rs.)*

Sum Insured	Without Domiciliary Cover			With Domiciliary Cover		
	Basic Premium	GST @ 18%	Gross Premium	Basic Premium	GST @ 18%	Gross Premium
3,00,000	16,061	2,891	18,952	41,700	7,506	49,206
4,00,000	25,356	4,564	29,920	63,018	11,343	74,361
5,00,000	36,132	6,504	42,636	86,956	15,652	1,02,608
10,00,000	1,07,880	19,418	1,27,298	2,13,518	38,433	2,51,951

### B. Super Top-up Plans

*(Amt. in Rs.)*

Sum Insured	Basic Premium	GST @ 18%	Gross Premium
3,00,000	5,948	1,071	7,019
4,00,000	6,448	1,161	7,609
5,00,000	6,963	1,253	8,216
10,00,000	7,520	1,354	8,874

### C. Critical Illness Cover

*(Amt. in Rs.)*

Sum Insured	Basic Premium	GST @ 18%	Gross Premium
5,00,000	13,812	2,486	16,298

## 6. Eligibility for Membership:

- a) The policy will continue to be available to the existing members enrolled under Policy ‘B’ subject to payment of renewal premium.

- b) The policy will continue to be available to the Independent Directors of the Bank, subject to payment of premium from own sources.
- c) Eligible new retirees may join the Policy 'B' within 60 days from the date of retirement by paying the premium from their own sources. Pro-rata premium would be payable by such retirees.
- d) Spouses of deceased employees may join the 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.

**7. Another Option for left-out retirees to join Policy 'B'** – As per the expiring policy, only existing members can renew their policy or new retirees can join the scheme. It is now proposed to extend a onetime option for joining the scheme, to all old retirees, who could not join the scheme earlier, or had exit the policy in earlier years. This is a onetime option only and may not be available on subsequent renewals. Further, the onetime option will be available subject to the following conditions:

- (a) Additional one-time loading of 20% on premium will be applicable. However, this will be a one-time loading on entry. On renewal, the premium will be based on the overall claims experience and will be uniform for all. No differentiation will be made for these new entrants from next year.
- (b) Such retirees can enroll only for Sum Insured of Rs. 300,000, under either 'With Domiciliary' or 'Without Domiciliary' Cover.
- (c) Super Top-up and Critical Illness Cover would also be available to such retirees subject to fulfillment of conditions for such covers mentioned elsewhere in the circular.

**8. Option for Policy 'A' members to join Policy 'B'** – As per the existing terms of policy, a Policy 'A' member may join Policy 'B' only at the time of renewal / commencement of cover period and not anytime during the currency of the policy. It is now proposed that a Policy 'A' member whose residual balance has come down below Rs. 1.00 Lakh may join Policy 'B' during the currency of the Policy 'B'. However, such option to join the scheme during the currency of policy will be available subject to the following conditions:

- (a) Such members can enroll for Policy 'B' only for Sum Insured of Rs. 300,000, under either 'With Domiciliary' or 'Without Domiciliary' Cover.
- (b) There would be a waiting period of 60 days for joining the policy i.e. they can join Policy 'B' only after a period of 60 days from the date of their residual balance falling below Rs. 1.00 Lakh.
- (c) Full premium for the year (not pro-rata premium) would be chargeable in such cases.

- (d) Alternatively, the member can join Policy 'B' at the time of commencement of policy or next renewal. In such case, he/she can choose any Sum Insured from 'Domiciliary' or Non-domiciliary' plans.
- (e) Super Top-up and Critical Illness Cover would also be available to such retirees subject to fulfillment of conditions for such covers mentioned elsewhere in the circular.
- (f) In addition, members of Policy 'A', whose residual balance continues to be above Rs. 1.00 Lakh but wish to obtain additional cover under Policy 'B', may do so only at the time of renewal of policy and must pay their premium before commencement of next cover period i.e. upto 15/01/2019. Such Policy 'A' members shall be permitted to choose any plan from Rs. 3.00 Lakh to Rs. 10.00 Lakh, as also applicable Super Top-up Policy and Critical Illness Cover.

The modifications / enhancements / add-ons shall be applicable only for the next cover period. Similarly, the enhanced cover, including Root Canal Treatment, removal of tier-wise structure for expenditure capping, enhanced capping for ailment wise expenditure etc. would be applicable for treatment taken during the next cover period i.e. 16.01.2019 onwards.

#### 9. Other Terms & Conditions:

- a) Existing members, willing to renew their policy for basic cover only, can choose any plan from either 'With Domiciliary Cover' option or 'Without Domiciliary Cover' option of their existing Sum Insured or lower Sum Insured available. **The option to choose a higher Sum Insured from their existing plan will not be available.**
- b) For existing members, movement from 'With Domiciliary Cover' to 'Without Domiciliary Cover' or vice versa will be permissible, subject to payment of appropriate premium.
- c) Existing members, willing to obtain Super Top-up Policy also along with renewal of their basic cover can do so as under:
  - (i) Existing members under Rs. 3.00 Lakh plan in the expiring policy, can renew his policy under Rs. 3.00 Lakh plan only along with Super Top-up of Rs. 3.00 Lakh.
  - (ii) Existing members under Rs. 4.00 Lakh, Rs. 5.00 Lakh and Rs. 10.00 Lakh plans, can reduce their existing Sum Insured only upto one step lower to avail Basic + Corresponding Super Top-up cover.
  - (iii) Existing members under Rs. 7.50 lakh plan can opt for Rs. 5.00 Lakh Basic Sum Insured plus Rs. 5.00 Lakh Super Top-up cover.
  - (iv) Existing members under Rs. 15.00 Lakh and 25.00 lakh can opt for Basic Sum Insured of Rs. 10.00 Lakh plus Rs. 10.00 Lakh Super Top-up cover.

- d) Existing members, willing to renew their policy, must pay their premium before commencement of next cover period i.e. upto 15/01/2019.
- e) New retirees can choose any one of the plans from Rs. 3.00 lacs to Rs. 10.00 lacs either 'With Domiciliary Cover' option or 'Without Domiciliary Cover' by paying the premium from their own sources. Pro-rata premium will be paid in such cases.
- f) Membership to Super Top-up cover and Critical Illness Cover would be optional. A member may avail only Basic Sum Insured 'or' may avail Basic Sum Insured + Super Top-up cover 'or' Basic Sum Insured + Super Top-up Cover + Critical Illness Cover.
- g) Members, who opt out of the scheme this year, for any reason whatsoever, will not be permitted to become a member of the policy again before expiry of 3 years period.
- h) Critical Illness Cover can be availed only by those members who avail Basic Sum Insured + Super Top-up cover.

All other terms & conditions of the policy and instructions relating to the scheme will remain the same.

#### **10. Procedure for Renewal / Membership**

- a) Existing members, willing to renew their policy, will fill up the simplified consent form (enclosed as annexure) manually by obtaining from branches and submit to the pension paying branch along with cheque/debit authority for applicable premium amount.
- b) Members of Policy 'A', willing to obtain additional cover under Policy 'B' will fill up the revised application form (enclosed as Annexure) manually by obtaining from branches and submit to the pension paying branch with cheque/debit authority for applicable premium amount.
- c) New retirees, willing to enroll for the policy, will also be required to fill up the revised application form (enclosed as Annexure) manually by obtaining from branches and submit to the pension paying branch along with cheque/debit authority for applicable premium amount.
- d) In respect of new enrolments by members who retire/have retired on or after 16.01.2019, the premium is to be collected on pro-rata basis as per the extant guidelines.
- e) In respect of renewal applications, full premium is to be collected from the member i.e. Basic Premium plus GST, for the plan selected.
- f) 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 Zonal Office for collection of premium.

- g) Once premium is deposited in the designated account at Zonal Office, the branch will forward the completed application forms [mentioning (a) Transaction No. (b) Date of Transaction; and (c) Amount] to concerned Zonal Office for further action.
- h) Zonal office on receiving the application form, will verify the same and check the eligibility of the applicant and ensure that all necessary details have been filled and also correct amount of premium has been deposited in the Current Account at Zonal Office.
- i) Zonal office will simultaneously prepare a list (as per Annexure) 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 (Current Account No. 35411898837 maintained at SBI Madame Cama Road Branch on the same day.
- j) The Zonal Offices should ensure that the amount remitted to Corporate Centre tallies with the column total of 'Premium Paid by pensioner' in the excel file sent by them to their respective LHO.
- k) HR Department at each LHO, on receiving the enrolment details / files from their Zonal Offices, will collate the details in a single file in different sheets for each Zonal Office and send the same to PPG Department, Corporate Centre.
- l) PPG Department, Corporate Centre, on receiving the list from each LHO, will prepare a consolidated list and send the same to the Insurance Company along with the total premium amount i.e. collected premium amount by means of a single cheque drawn on the main collection account at fortnightly intervals.

11. As all renewal enrolments are supposed to be completed by 15.01.2019 it has been decided that first payment of premium will be made on 09.01.2019 and second payment of premium will be made on 15.01.2019 to ensure timely and smooth enrolments. Accordingly, Zonal Offices should ensure that premium collected till 08.01.2019 is remitted to the Main Collection account at Madame Cama Road Branch on 09.01.2019 and tallied enrolment details are also mailed to the respective LHOs. The LHO on receipt of the files will verify correctness and mail the same to PPG Department at Corporate Centre on the same day. Similar process must be followed for the premium collected till 14.01.2019.

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

Yours faithfully,

(Prashant Kumar)

**Deputy Managing Director (HR) &  
Corporate Development Officer**



Annexure 1: Application form for new retirees / prospective members

Annexure 2: Consent form for renewal

Annexure 3: Premium Chart

Annexure 4: Reporting Format