

All branches and offices of
State Bank of India

Madam/ Dear Sir

GROUP MEDICLAIM POLICY FOR CONTINUING MEDICAL BENEFITS TO THE MEMBERS OF SBI RETIRED EMPLOYEES MEDICAL BENEFIT SCHEME (SBI-REMBS) : POLICY-A

Please refer to our e-circular No. CDO/P&HRD-PPFG/78/2015-16 dated 28th December, 2015 advising introduction of two group mediclaim policies for SBI retirees (Policy 'A' & 'B'). As envisaged in the e-Circular, Policy-A meant for SBI-REMBS members is now ready for commencement on 01.06.2016 and the validity of policy will be from 00.00 hrs. on 01.06.2016 through 23.59 hrs. on 31.05.2017.

2. The benefits of the Group Mediclaim Policy-A will be available to existing members of SBI-REMBS on the following lines:

(i) As the minimum plan amount under the Group Mediclaim Policy is Rs. 1.00 lakh, the policy will cover existing members of SBI-REMBS, their spouses and disabled child/children, if any, having residual balance of Rs. 1.00 lakh and above. Medical benefits under the policy will be available to the members as per the instructions contained in e-Circular referred to above. A brief chart is as under:

POLICY-A		(Rs. in Lakhs)					
REMBS Plans	A&A1	B&B1	C&C1	D&D1	E	F	G
REMBS Limits	2.00	3.00	4.00	5.00	7.00	10.00	15.00
Basic Sum Insured	1.00	1.00	2.00	2.00	3.00	3.00	4.00
Corporate Buffer	1.00	2.00	2.00	3.00	4.00	7.00	11.00
Amt of Domiciliary Treatment @25%	Rs.25,000/-	Rs.25,000/-	Rs.50,000/-	Rs.50,000/-	Rs.75,000/-	Rs.75,000/-	Rs.1,00,000/-

(ii) Members having residual balances below Rs.1.00 lakh in REMBS account shall not be migrated to Mediclaim Policy-A and they will continue to avail benefits upto their residual balances as per the provisions in the REMB Scheme from the concerned Zonal Offices where these are presently maintained.

(iii) Members who have exhausted / utilized their full plan amount under SBI-REMBS shall stand dropped from the Scheme.

3. To avoid confusion in the minds of operating functionaries and existing members as to who are likely to be migrated into Policy-A and who are not, Circle / A.O. wise lists of members (as on 12.05.2016 at 5.25 pm) having residual balances of Rs. 1.00 lakh and above as also below Rs.1.00 lakh have been shared with all the Administrative Offices / LHOs separately. These two files have also been placed at the Pension Portal (<https://www.sbi.co.in/sbipension/user.htm>). Additionally, data can be generated by USERS of REMBS site through the menu -> Reports -> Residual Limit Report -> Generate Excel File. SMS and e-mail communications have also been sent to all REMBS members having mail ID and mobile no. registered with us, regarding migration of scheme into Policy-A. The said lists will be regenerated at our end based on residual balance to identify the final group of members for migration or retention in SBI-REMBS.

4. Detailed process of migration of existing members of SBI-REMBS to Group Mediclaim Policy-A, settlement of claims and roles and responsibilities of Third Party Administrators (TPAs) and Insurance Brokers M/S Anand Rathi Insurance Brokers Ltd. have been explained under Annexure-II of e-Circular no. CDO/P&HRD-PPFG/78/2015-16 dated 28th December, 2015.

5. Cost of medical treatment undertaken by the members prior to the date of migration to Group Mediclaim Policy shall be paid / reimbursed, as admissible under SBI-REMBS, out of SBI-REMBS fund and residual entitlement under the insurance policy will be arrived accordingly. Cost of treatment taken on or after the migration date will be claimed and settled only under the Group Mediclaim Policy. It may be clarified that in case of continuous hospitalization starting before date of migration but ending after such date, the bills will be settled only under the terms of SBI-REMBS even if a part of the treatment has taken place after commencement of the Insurance Policy.

6. The policy (Policy-A) will be renewed annually and at the time of renewal, only the residual balance of individual member will be carried over. At each year's renewal, Bank will decide the cut off limit for the residual balance of individual members to extend the medical benefit either through Group

Medicclaim Policy or through SBI-REMBS, as per the respective scheme, and the decision of the Bank will be binding on the members. Members having exhausted their original plan amount as in REMBS would be dropped from the list, as usual.

7. The TPAs would upload the e-Medical ID Cards under Policy-A within one week from the date of inception of the policy. Arrangements have also been made by the TPAs to send hard copies of Medical ID Cards to Pension Paying Branches within 15 days. Any delay in receiving the same by the Branches may be notified to PPG Department at Corporate Centre for immediate action. Once cards are received by the Branches, these should be distributed to the individual members. As per the practice, separate Medical ID Cards will be issued to all enrolled members of the family. However, cashless treatment would not be held up for want of Medical ID Card. In cases where Medical ID Cards have not been received by the members and there is a need for hospitalization, Administrative Office / Pension Paying Branch will contact the TPA concerned for immediate hospitalization.

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

Yours faithfully,

(Ashwini Mehra)

**Deputy Managing Director &
Corporate Development Officer**