

READ & LEARN
SBI HEALTH CARE :: POLICY -A :: ONE TIME PAYMENT PLAN (OTPP)

Eligibility: Effective from 16.01.2023, the policy will continue to be available to new as well as existing members of SBI Health Care (OTPP), their spouses and disabled child/children (if any) as declared to the Bank.

- **Insurance will be obtained only for the members whose residual balance is Rs.3.00 lacs and above.**
- **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.**
- **Medical claims of members having balance below Rs.3.00 lacs will be paid by the Trust and they will be out of the insurance scheme.**
- **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.**

New Members: The employees who retired/retires and received pension and applied within three (3) months from the date of receipt of his/her first pension may apply to become beneficiary of the SBI Employees Medical Benefit Scheme. New members joining the SBI Health Care will be migrated to Insurance policy on monthly basis and pro-rata premium will be paid by REMBS Trust on their behalf.

Member's contribution towards the Life time Limits under the new plan are as under

(Rs. in lakhs)

Lifetime Limit(Rs.)	7.00	10.00	15.00	20.00
Amount of contribution by members (Rs.)	1.63	2.30	3.00	3.75

Fixation of Sum Insured vis-à-vis Residual Limit

Residual Balance under REMBS	Basic Sum Insured	Super Top-up sum Insured
Rs.3.00 lacs	Rs.3.00 lacs	0.00
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. Members 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.

Annual Domiciliary Limit under OTTP

- There will be a provision of domiciliary cover of 1 % of the lifetime limit (in SBI-REMBS) under SBI Health Care (subject to a cap of total 10% for the life time)
- Existing domiciliary limits against the lifetime SBI-REMBS plans are as under:

Lifetime Limit under SBI – REMBS Rs.	Annual Domiciliary Limit 1% of Life time limit Rs.
3,00,000	3,000
4,00,000	4,000
5,00,000	5,000
7,00,000	7,000
10,00,000	10,000
15,00,000	15,000
20,00,000	20,000

- Domiciliary cover will be available for 63 listed diseases only enumerated as below:

Animal/reptile/insect bite or sting including Dengue &Chikangunya	Hepatitis – C	Psychiatric disorder including Schizophrenia and Psychotherapy
Aplastic Anaemia	Hypertension	Purpura
Arthritis	Hyperthyroidism	Accidents serious in nature & Fracture including hair line fracture / dislocation
Asthma	Hypothyroidism	Seizure disorders
Cancer	Immuno Suppressants	Sequalea of Meningitis
Cardiac Ailments	Kidney Ailment	Sickle cell disease
Cerebral Palsy	Leprosy	Sleep apnea syndrome (not related to obesity)
Chronic Bronchitis	Leukemia	Status Asthmatics
Chronic pancreatitis	Malaria	Strokes Leading to Paralysis
Chronic Pulmonary Disease	Multiple sclerosis / motor neuron Disease	Swine flu
Connective tissue disorder	Muscular Dystrophies	Systemic lupus Erythematosus (SLE)
Diabetes	Myasthenia gravis	Thalassemia
Diphtheria	Non-Alcoholic Cirrhosis of Liver	Third Degree burns
Epidermolysis bullosa	Osteoporosis	Thrombo Embolism Venous Thrombosis / Venous Thromboembolism (VTE)
Expenses incurred on Radiotherapy and Chemotherapy in the treatment of Cancer and Leukemia	Paralysis	Tuberculosis
Glaucoma	Prostate	Tumor
Graves' disease	Parkinson's diseases	Typhoid
Growth disorders	Physiotherapy	Ulcerative Colitis
Hemophilia	Pleurisy	Varicose veins
Hemorrhages caused by accidents	Polio	Venous Thrombosis (not caused by smoking)
Hepatitis – B	Psoriasis	Wilson's disease

- The cost of Medicines, Investigations, and consultations, etc. in respect of domiciliary treatment shall be reimbursed for the period stated by the Registered Medical Practitioner in Prescription or 90 days whichever is earlier. If the treatment continues beyond 90 days, a fresh prescription must be submitted. In case the doctor advises lifelong medicine or follow up after one year or six months, the validity of the prescription would be maximum of 180 days.
- Domiciliary claim under SBI Health Care Policy can be settled from Super Top-up, if the Base Sum Insured is already exhausted and domiciliary limit for the year is available.

Delivery of Welcome Kit of SBI Health Care:

- a) Welcome 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 despatched, 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 e-mail ID of the members.

Claim Procedure:

Cashless Treatment:

All policy holders should preferably opt for cashless treatment from the Network Hospitals of TPA (Third Party Administrator). In case of planned hospitalisation, the insured can obtain pre-authorisation from TPA, 4 days in advance. This shall enable him to just walk in with the authorisation to the hospital for a hassle-free treatment.

Hospitalisation:

- The communication regarding hospitalisation must be given within 7 days from the time of hospitalisation or before discharge, whichever is earlier.
- Claim documents must be submitted within 30 days of date of discharge or within 30 days of completion of treatment in case of Domiciliary treatment claim. Pre-hospitalisation claims to be submitted within 30 days of the completion of treatment or within 30 days after post-hospitalisation period of 90 days, whichever is earlier. In no case, the time period for submission of documents should exceed 3 months from the date of discharge or completion of 90 days of post-hospitalisation period, whichever is applicable.
- The insured should also furnish original of latest cancelled cheque of the Pension Paying Branch, attested photocopy of Aadhaar Card, Pan Card along with all the original documents.
- Members whose residual balance is rendered below Rs. 3 lacs should submit their claims to respective AOs.