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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 Hospitalization, the insured can obtain pre-authorization from TPA, 4days in advance. This shall enable him to just walk in with the authorization to the hospital for a hassle - free admission.

Some Hospitals may ask for Security Deposit at the time of admission. Care has to be taken that Deposit amount is adjusted at the time of final discharge.

Reimbursement Treatment:

All claim documents in original need to be submitted to the pension paying branch or to the servicing TPA Desk at the AOs.

Time period for claim Intimation and submission of claim documents:

1. The communication regarding hospitalization must be given within 7 days from the time of hospitalization or before discharge whichever is earlier.
2. Claim documents must be submitted within 30 days of date of discharge.
3. Post hospitalization claims to be submitted within 30 days of the completion of treatment or within 30 days after post hospitalization period of 90 days, whichever is earlier.

   P.S. In no case the time period for submission of documents should exceed 3 months from the date of discharge or completion of treatment or completion of 90 days of post hospitalization period whichever is applicable.

Advisories:

1. The expenses incurred after the commencement of Policy shall be covered against the original prescription, original payment receipts and other original documents.
2. The Insured should also furnish original of latest cancelled Cheque of the Pension Paying Branch, attested photo copy of Aadhar Card, Pan Card along with all the original documents.

Super Top-up Plans – As an additional cover, Super Top-up plan is available in conjunction with base plan for an amount of Rs. 6 lacs. A Super top-up policy will enable a member to avail higher coverage for hospitalization.

The Policy shall cover aggregate hospitalization expenses reasonably and necessarily incurred in India in respect of all the covered hospitalization during the Policy period exceeding the threshold level or any amount reimbursed or reimbursable under any Health Insurance Policies / Reimbursement Scheme which ever is higher, upto the Sum Insured stated in the Policy. The Super Top-Up Policy for Retirees will commence along with the main policy. In case of claim, the Basic Sum Insured will trigger first and only if the sum insured under Basic Policy is completely exhausted, the Super Top Up Policy will be activated / utilized. In case of utilization of SI (sum insured) under Base Policy for listed Ailments, the amount reimbursed will be as per the limit specified under Base Policy only.

Additional Super Top Up : Claim under Additional Super Top would trigger only when the Base Sum Insured & Super Top Up is fully exhausted. No amount beyond the capped amount for the 8 ailments can be paid from Additional Super Top Up. The terms & conditions of Additional Super Top Up is exactly the same as of Base Policy and the Super Top Up and the claim procedure is also the same.

Critical Illness Cover - The Policy has got one more optional cover for Critical Illness for under noted 14 ailments, for Sum Insured of Rs.5 lacs for the pensioners with completed age below 65 years as on 15.01.2023. However, those who had opted for the Critical Illness Plan in expired policy would continue to renew the plan beyond 65 yrs. Those who are already the members of the Critical Illness Plan in the expired Policy would continue to renew their Critical Illness Plan even beyond the age of 65 yrs.

1. Stroke resulting in permanent symptoms – Brain stroke occurs when blood flow to an area in the brain is cut off. This can lead to permanent brain damage and paralysis. The patient might be restricted to bed throughout his life.
2. Cancer of specified severity – Refers to a malignant tumour with uncontrolled growth and spread of malignant cells accompanied by invasion & destruction of normal tissues.
3. Kidney failure requiring regular dialysis – When kidney function deteriorates beyond a certain point, it can no longer filter blood. Patient needs regular dialysis throughout his life, where a machine performs the function of a kidney.
4. Major organ/bone marrow transplant – When any of the organs like the heart, liver, kidney or the bone marrow fail, they need to be replaced for the person to live. Transplantation is the process of replacing the failed organ with another healthy one given by a healthy donor.
5. Multiple sclerosis with persisting symptoms – In multiple sclerosis (MS), the central nervous system is affected. The immune system attacks the protective cover of nerves causing problems with basic body functions. MS does not have a cure till now and it can create a seriously disabling condition for life.
6. Open chest CABG (Coronary Artery Surgery) – When coronary arteries are obstructed, blood flow to the heart decreases leading to danger of heart attack. Coronary Artery Bypass Grafting (CABG) is done to improve blood flow through a major surgery.
7. First Heart Attack – If the major artery to the heart gets blocked, oxygen-rich blood supply to the heart is disrupted and a person gets his first heart attack. To prevent further heart attacks and consequent death, surgery needs to be performed.
8. Coma of specified severity – A state of unconsciousness where the patient does not respond to any external stimuli or internal need. He has to be kept on life support system.
9. Heart valve replacements – When an aortic valve fails to open properly, it needs to be replaced with a biological or mechanical valve through a surgery, to ensure proper blood flow.
10. Permanent paralysis of limbs – Due to damage to the nervous system, one or more limbs might lose their functionality for life.
11. Motor neuron disease with permanent symptoms – This is a disorder that selectively affects motor neurons, and the person loses control over the voluntary muscles of his body. This disease worsens over time and cannot be cured.
12. Aorta Graft Surgery – When the main artery leaving the heart, known as aorta, is diseased, surgery is performed to remove the diseased portion, replacing it with synthetic graft. The aorta is the main passage for oxygen-rich blood to flow from heart to other major organs of the body, like the brain, etc.
13. Total Blindness – A person loses total vision due to some condition or disease like glaucoma, cataract, diabetes, etc. In case of total blindness, the condition is permanent and irreversible.
14. Open heart replacement or repair of heart valves - Due to defect or disease in the cardiac valve, it has to be repaired or replaced by open heart valve surgery. Each of the above critical illness conditions has to be diagnosed and confirmed by a specialist medical practitioner. The detailed Policy terms & conditions may be referred to for complete definition of the above 14 listed ailments and conditions under which the claim would be admissible.

    Critical Illness Cover will not be available separately and can be taken only in conjunction Base Plan and Super Top-up Plan. Other terms & conditions for availing Critical Illness cover shall be as under :

1. Pre-existing diseases will not be covered.
2. There will be a waiting period of 90 days and surviving period of 30 days.
3. The Critical Illness Sum insured is available to entire family per annum.

The critical illness Plan is not an indemnity plan. It is a benefit Plan. In an event of the insured person being diagnosed with any of the critical illnesses defined in the Policy and on fulfillment of the above terms & conditions, the Insurance Co. would pay complete sum insured under the critical illness plan to the insured member. The waiting period of 90 days would not be applicable to those who were the members of the Critical Illness Plan in the expired policy and have renewed the Policy in time without break. Further there is no requirement for submission of any Bills / Cash Memos for preferring claims under Critical Illness Plan. The company shall pay the insured person only once in respect of any one of the covered illnesses under the Policy. The Critical Illness cover ceases after admission of any claim and no further claim is admissible under the said cover during the Policy period.

The benefits under the Base Plan or the Super Top Up or Additional Super Top Up as the case would continue as per the terms & conditions of the said coverage and available sum insured under those Plans.

Hospitalization coverage as defined in the scheme and maximum ceiling of Room Rent / ICU Rent / isolation Room Rent Per Day :

Room Rent / ICU Rent / Isolation Room Rent Capping Per Day (Amount In Rupees)				
Basic Sum Insured (Rs.)	Super Top Up (Rs.)	Room Rent Per Day (Rs.)	ICU Rent Per Day (Rs.)	Isolation Room Rent Per day (Rs.)
300000	600000	5000	9500	9500
500000	600000	7500	12000	12000

Note: In case one opts for room category higher than his eligibility, one will have to bear along with the differential amount on room rent, proportionate deduction on defined Associate Medical Expenses.

1) For Normal Room: Associate Medical Expenses shall include room rent, nursing charges, operation theatre charges, fees of Medical Practitioner /Surgeon/Anesthetists /Specialists conducted within the same Hospital where the Insured person has been admitted. The below expenses are not part of associate medical expenses:
   a. Cost of Pharmacy & Consumables
   b. Cost of Implants & Medical devices
   c. Cost of diagnostics
2) For admission in ICU/I CCU- There will be only deduction of the differential amount if the ICU/ICCU Rent is higher than the eligibility and there will not be any proportionate deduction on Associate Medical Expenses.
3) Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category.

There will not be any proportionate deduction on defined Associated Medical Expenses arising out of room rent availed higher than the eligibility in case of DEATH of any member while undergoing hospitalization.

Ailment-wise expenditure Capping including pre-and post-hospitalization expenses		
Surgical Procedure + Implant (If any) + Pre & Post Hospitalization expenses subject to limit of 10% of Sum insured for each Hospitalization upto the capped amount	Basic Sum Insured of Rs. 3.00 Lakhs	Basic Sum Insured of Rs. 5.00 Lakhs
Angioplasty	200000	225000
CABG	400000	450000
Cataract	45000	50000
Cholecystectomy	100000	125000
Hernia	100000	125000
Knee Replacement-Unilateral	200000	225000
Knee Replacement-Bilateral	400000	450000
Prostate (other than treatment of prostate Cancer)	100000	125000

In case of complications arising out of any of the above capped ailments or if there is a multiple surgery involving any of the above ailments under the same hospitalization, the cost of such procedures would be considered separately as per actuals within the total Sum Insured

Premium Chart for Base Plan:

Sum Insured for Base Plan	Basic Premium for Base Plan (Rs.) for per family	GST@18% (Rs.)	Gross Premium (Rs.)
300000	16517	2973	19490
500000	36716	6609	43325

The above premium will be considered for endorsement in following pattern.

For Fresh Retiree during policy period – the prorate (proportionate) amount will be paid from the date of retirement till policy B expiry date.

For Old Retiree – full premium will be paid.

Date of coverage will commence for Fresh as well as Old retiree from date of debit of premium by bank.

Premium for Super Top up Plan for Rs. 6 lacs would be borne by the Bank.

Premium for Critical Illness:

Sum Insured	Basic Premium per person	GST@ 18%	Gross premium
500000	13753	2476	16229

Premium for Additional Super Top Up :

Base Plan	Additional Super Top-up Cover	Basic Premium per family(Rs.)	GST @18% (Rs.)	Total Premium Including Tax (Rs.)
3,00,000	11,00,000	5,015	903	5,918
	16,00,000	6,220	1,120	7,339
5,00,000	14,00,000	9,516	1,713	11,228
	19,00,000	10,876	1,958	12,833

Respective Locations Contact Details:

LHOs of SBI	TPA Contact Details	ARIBL Contact Details
Chennai & Kochi	Vidal Health Insurance TPA Pvt. Ltd Toll free : 1800 103 5916	Toll Free: 18001238733 sbigmchelpdesk@rathi.com

N.B.2 : In the event of the policy holder having any grievance relating to the Policy, he/she may submit his / her complaint in writing to SBI General Insurance Company Ltd. Accident & Health Claims Hub : Ground Floor Lotus IT park, plot no 18/19, Road no 16, Wagalelnd estate, Thane 400604 or email at sbiretiree.escalations@sbigeneral.in / customer.care@.sbigeneral.in. If the grievance remains unaddressed, the insured person may contact the Customer Care Dept at head.customercare @sbigeneral.in

SBI | G20 | SBI general INSURANCE

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Toll Free No Anand Rathi	Toll Free No SBI General Insurance Co.Ltd.	Toll Free No Vidal Health Insurance TPA Pvt Ltd
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For SBI Pensioners

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With Group Health Insurance, your post retirement health emergencies is well protected with us.

SBI has your best interests in mind and always tries to enhance employee experience, even after retirement. Since health is one of your biggest concerns post-retirement, we offer health insurance policy that is customized for SBI retired employees; we promise to take care of your healthcare expenses while you enjoy the second innings of your life.

SBI Health Assist Policy for Retired Employees of State Bank of India & e-ABs, Spouse and Financially Dependent Specially abled Child/Children as per the disability defined by SBI

1.	**Hospitalization Expenses:** Operation Theatre, OT Consumables and Recovery Room, Prescribed medicines drugs and dressing for in-patient expenses incurred during the Hospitalization. Pre & Post hospitalization expenses admissible for 30 & 90 days respectively subject to maximum of actual Expenses or 10% of Sum insured for Each Hospitalization whichever is less.	Covered. In case of 8 capped diseases if expenses go beyond the capped amount, the liability would be restricted to capped amount only.
2.	**Pre- Existing Diseases / Ailments:**	Covered
3.	**Congenital Anomalies:**	Treatment of Congenital Internal defects & anomalies only covered. External Congenital defects are excluded for all the family members including the specially abled child.
4.	**Nursing & Attendant:**	The Policy will pay for the services of actual charges of qualified & registered Nurse benefit for the medically necessary provision of continuing care at the Member's Home immediately following Hospitalization for a maximum number of 90 days on submission of proper serial numbered receipt and subject to maximum of 10% of Sum Insured for each hospitalization. It should be prescribed by the same doctor and for the same accident / injury for which Hospitalization took place subject to limit of Rs. 1000 per day.
5.	**Surgical & Anesthetists' Fees:** Surgeon / Team of Surgeons / Assistant Surgeon and Anesthetists' fees in case of Hospitalization	Covered, only if forming part of hospitalization bill.
6.	**Specialist Physician's fees:**	Covered, only if forming part of hospitalization bill. This benefit will be paid in full for regular visits by a specialist physician during stay in the hospital that includes stay in intensive care unit too. The time period is for as long as it is medically required.
7.	**Surgical Procedures:** Surgical procedures (inclusive of Doctor's & Medical Practitioner fees) in case of Hospitalization.	Covered, only if forming part of hospitalization bill.
8.	**Laboratory / Diagnostic Tests, X-Ray, CT Scan, MRI, any other scan:**	Covered if the nature of ailment necessitates hospitalization. Not covered if only for the purpose of Investigation.
9.	**Nebulization, RMO charges, Blood, Oxygen, Dialysis:**	Covered in case of Hospitalization.
10.	Treatment for all neurological/ macular degenerative disorders - Treatment for Age related Macular Degeneration **(ARMD)**, treatment such as Rotational Field Quantum Magnetic Resonance **(RFQMR),** Enhanced External Counter pulsation **(EECP),** etc.	Covered
11.	**Enhanced External Counter Pulsation (EECP):**	Covered i.Angina or Angina equivalents with poor response to medical treatment and when patient is unwilling to undergo invasive revascularization procedures. ii.Ejection fraction is less than 35%. iii.Co-morbid conditions co-exist which increase the risk of surgery e.g. DM, Congestive Cardiac Failure, Cor. Pulmonale, Renal dysfunction, Ischemic or Idiopathic Cardio Myopathy.
12.	**Psychiatric & Psychosomatic Disorder**	Covered whilst being hospitalized.
13.	**Rental Charges:** External and / or durable Medical equipment CPAP, CAPD, Bi-PAP & Infusion pump used for treatment.	Covered, arising out of or leading to hospitalization during the Pre-Post hospitalization period for a maximum number of 30 & 90 days respectively, on submission of proper serial numbered receipt. Rental charges during pre and post hospitalization are subject to overall limit of 10% of Sum insured for each hospitalization.
14.	**Physiotherapy Charges:** Applicable for the period specified by the Medical Practitioner treating the pensioner.	Covered on submission of proper serial numbered receipt during the Domiciliary treatment and post-hospitalization period of 90 days or as per the discharge summary given by the hospital, whichever is earlier subject to overall limit of 10% of Sum insured for each hospitalization
15.	**Alternative Therapy:** Reimbursement of Expenses for Hospitalization under the recognized system of medicines (AYUSH), viz., Ayurveda, Unani, Siddha & Homeopathy.	Covered, if such treatment is taken only in a H ospital / Nursing Home registered by the Central/ State Government.
16.	**Change of Treatment**	Covered, in case recommended by treatin g doctor.
17.	**Root Canal Treatment**	This policy covers root canal treatment with a limit of Rs 7500/- Per annum per family. It does not include procedure like extraction, filling, crowning, restoration, casting, etc if performed on standalone basis. However, these procedures are covered, if done along with RCT within the overall limit of Rs. 7500/- per annum per family. The amount fixed is overall limit for entire family unit, not forming part of Hospitalization but within the total Sum Insured.
18.	**Ambulance Charges**	Admissible up to Rs. 2500 per trip to hospital and / or transfer to another Hospital or transfer from Hospital to Home . In case of inter City movement exceeding 50 Kms., the amount would be maximum of Rs. 5000 per trip. The limit for Cardiac ambulance would be maximum of Rs. 7500 per trip for both within the city &inter city movement.
19.	**Air Ambulance Charges** (For families having base Sum Insured of Rs 5,00,000)	Covered for a limit of `5,00,000 for Base plan of Rs. 5,00,000. The cost would be forming a part of Total Sum Insured.
20.	**Transportation of Mortal Remains:**	Covered up to a limit of Rs. 10,000/-. However, no other expenses other than Transportation expenses would be admissible.
21.	**Taxes & Other Charges**	All Taxes, Surcharges, Service Charges, Registration Charges, Admission Charges, Administration charges & TPA claims processing charges are admissible.
22.	**Obesity Treatment and its complication:**	Covered with 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 when patient is suffering from any of the following severe co-morbidities (diseases) that is not treatable by less invasive methods (procedures that do not need surgery) of weight loss: i. Obesity related cardiomyopathy (disease of the heart muscle) ii. Coronary Heart disease (major blood vessels to the heart are damaged) iii. Severe Sleep Apnea (sleep disorder) iv. Uncontrolled Type 2 Diabetes (that leads to damage of essential systems in the body)
23.	**Advanced Medical Treatment:**	Fourteen (14) new procedures are covered with or without hospitalization. 1.Uterine Artery Embolization (procedure to treat tumors in the uterus) & HIFU (high intensity focused ultrasound to treat tumors) 2.Balloon Sinuplasty (surgery of the nose) 3.Deep Brain Stimulation (implantation of electrodes in brain to stimulate body movement) 4.Oral Chemotherapy (cancer-fighting drug given through the mouth) 5. Peritoneal Dialysis 6.Immunotherapy – Monoclonal Antibody to be given as injection for the treatment of cancer 7.Intra Vitreal Injections (procedure to provide medication inside the eye). 8.Laser Surgery. 9.Robotic Surgeries (Surgery assisted by robots for performing complex procedures) 10.Stereotactic Radio Surgeries (the rapy to treat small tumors of the brain) 11.Bronchial Thermoplasty (treatment for severe asthma) 12.Vaporization of prostate (Green Laser treatment or holmium laser treatment) -(Laser is used to melt away excess prostate tissue) 13.IONM (Intra Operative Neuro Monitoring) -(method to monitor neural structures like nerves, spinalcord,etc.) 14. Stem Cell Therapy: Hematopoietic Stem Cells for bone marrow transplant for hematological conditions (usually done for treatment of leukemia)
24.	**Cancer Treatment**	Advanced Cancer Treatments viz. Adjuvant / Neo Adjuvant Therapy including Zoledronic Acid Injection) is covered with or without hospitalization.
25.	**Genetic Disorder & Stem Cell Surgery**	Covered for cases involving Hematopoietic Stem Cell Transplantation for Blood & Bone Marrow Cancers like Leukemia, Lymphoma, Multiple Myeloma and **Poly Cystic Kidney disease**.
26.	**Day Care Benefits:**	Covered. For any claim to be admissible, the Hospitalization has to be for a minimum period of 24 hours. However, this time limit is not applicable for specific treatments provided under the Day Care list under the Policy.
		The condition of Minimum 24 hour's hospitalization would also not be applicable under the following circumstances: *The treatment is undertaken under General or local anesthesia in a hospital / day care center in less than 24 hours because of technological advancements, which would have other wise required hospitalization of more than a day.
27.	**Geographical Limit**	India only

Exclusions

The Insurance Company will 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:
War like Operations: Injury/disease directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy and War like operations (whether war be declared or not).
Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident. Vaccination or inoculation.
Cosmetic Surgeries: Change of life or cosmetic or aesthetic treatment of any description. Plastic surgery other than as may be necessitated due to an accident or as part of any illness. Cost of spectacles, contact lenses, hearing aids and cochlear implant.
Dental treatment or surgery of any kind unless arising out of accident and necessitating hospitalization or as permitted for Root canal Treatment.
Convalescence, rest cure, treatment relating disorders, venereal disease, intentional self-injury and use of intoxication drugs / alcohol.
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.
Expenses on Vitamins and tonics unless forming part of treatment for injury or disease as certified by attending physician.
Injury or disease directly or indirectly caused by or contributed to by Nuclear weapons /materials.
All Non-medical expenses as per IRDA guidelines including convenience items for personal comfort such as charges of telephone, television, barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items, and similar incidental expenses.
All expenses arising out of any condition directly or indirectly caused to or associated with human T-Cell Lymphotropic Virus Type III (HTLB-III) or lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
Naturopathy Treatment, acupressure, acupuncture, magnetic therapies, experimental and unproven treatment/therapies. Treatment including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.
Genetic disorders and stem cell surgery other than cases involving Hematopoietic Stem cell Transplantation for Blood and bone marrow cancers like Leukemia, Lymphoma and Multiple myeloma.
No claim is admissible for Prosthetic Devices whether arising out of Hospitalization or without it.
In case of organ transplant, no cost of organ is allowed . However, the cost of treatment of the Donor & the Recipient would be allowed within the Sum Insured

NB1: Hospital should be registered as a Hospital with local authorities under the clinical establishments (Registration & Regulations) Act'2010 OR complies with all the criteria as laid herein viz, minimum 10 inpatient beds in towns with a population less than 10 lacs and minimum of 15 inpatient beds in all other places, should have fully equipped operation theatre, round the clock emergency services and should possess qualified registered medical practitioner and nursing facility.

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