

Hospitalization and Domiciliary Treatment coverage as defined in the scheme and maximum ceiling of Room Rent / ICU Rent under the policy will be as under:

Plan	TIER 1 Cities		TIER 2 Cities		TIER 3 Cities	
	Room Rent	ICU Rent	Room Rent	ICU Rent	Room Rent	ICU Rent
A & A1	4000	7500	3500	7500	3000	7500
B & B1	4000	7500	3500	7500	3000	7500
C & C1	4000	7500	3500	7500	3000	7500
D & D1	4000	7500	3500	7500	3000	7500
E	4800	9000	4200	9000	3600	9000
F	5600	10000	4900	10000	4200	10000
G	7200	12000	6300	12000	5400	12000

Disease wise Capping (Cost of Procedure + Implant)

Surgical Procedure + Implant (if any)	Maximum Limit per Tier		
	Tier 1	Tier 2	Tier 3
Angioplasty	1,50,000	1,25,000	1,00,000
CA BG	250,000	200,000	150,000
Cataract	30,000	25,000	20,000
Cholecystectomy	50,000	45,000	40,000
Hernia	50,000	45,000	40,000
Knee Replacement - Unilateral	175,000	150,000	100,000
Knee replacement -Bilateral	250,000	225,000	175,000
Prostrate	70,000	50,000	40,000

*The above limit is inclusive of pre and post hospitalization expenses.

*Please refer to the Tier wise mapping of cities:

Tier	Cities
Tier 1	Ahmedabad, Bangalore, Chennai, Delhi, Hyderabad, Kolkata, Mumbai, Pune, Thane, Navi Mumbai & Secunderabad,
Tier 2	Agra, Ajmer, Aligarh, Allahabad, Amravati, Amritsar, Asansol, Aurangabad, Bareilly, Belgaum, Bhavnagar, Bhiwandi, Bhopal, Bhubaneswar, Bikaner, Bokaro Steel City, Chandigarh, Coimbatore, Cuttack, Dehradun, Dhanbad, Durg-Bhilai Nagar, Durgapur, Erode, Faridabad, Firozabad, Ghaziabad, Gorakhpur, Gulbarga, Guntur, Gurgaon, Guwahati, Gwalior, Hubli-Dharwad, Indore, Jabalpur, Jaipur, Jalandhar, Jammu, Jamnagar, Jamshedpur, Jhansi, Jodhpur, Kannur, Kanpur, Kakinada, Kochi, Kottayam, Kolhapur, Kollam, Kota, Kozhikode, Kurnool, Lucknow, Ludhiana, Madurai, Malappuram, Malegaon, Mangalore, Meerut, Moradabad, Mysore, Nagpur, Nashik, Nellore, Noida, Patna, Pondicherry, Raipur, Rajkot, Rajahmundry, Ranchi, Rourkela, Salem, Sangli, Siliguri, Solapur, Srinagar, Surat, Thiruvananthapuram, Palakkad, Thrissur, Tiruchirappalli, Tiruppur, Ujjain, Vadodara, Varanasi, Vasai-Virar City, Vijayawada, Visakhapatnam, Warangal
Tier 3	All other cities

Respective Locations Contact Details

LHOs of SBI	TPA Contact Details	ARIBL Contact Details
Jaipur, Jaipur-II, Agra, Delhi, Delhi-II, Noida, Dehradun, Haldwani, Lucknow, Allahabad, Bareilly, Gorakhpur, Kanpur, Varansi, Haryana, Shilma, Chandigarh, Ludhiana, Jammu	Medi-Assist Insurance TPA Pvt. Ltd. Toll Free: 18004191170 Website:www.medibuddy.in	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 DO-8 Mumbai or Grievance cell, Regional office Mumbai, United India Insurance Co. Ltd. for redressal at E-mail: Customercare.Mumbai2@uiic.co.in. If the grievance remains unaddressed, the insured person may contact the Customer Care Deptt., UIICL, HO Chennai.

Welcome to SBI Group Health Insurance Cover (Policy A)

Tailored Made for SBI REMBS Members effective from 1st June' 2018



Anand Rathi Insurance Brokers Ltd.

Toll Free: 18001238733

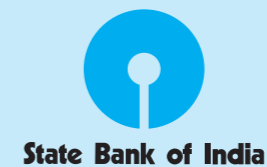
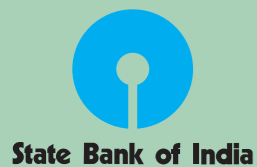
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ANAND RATHI
INSURANCE BROKERS

Forging Forward Fearlessly

Mediclam Scheme for Retired Employees of State Bank of India, Spouse and Financially Dependent Disabled Child/Children with Min. of 40% disability and income not more than Rs 10000/- per month.

Sr. No.	Category	Coverage
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 PPN Network hospitals, expenses as per the agreed rate would be admissible. In case one goes beyond the agreed rate, one will have to bear the additional amount over and above the agreed rate which will not be subsequently reimbursed
2	Pre- Existing Diseases / Ailments:	Covered
3	Congenital Anomalies: Treatment of Congenital Internal defects & anomalies only.	Covered
4	Nursing & Attendant:	Covered arising out of hospitalization during the Post hospitalization period for a maximum number of 90 days, on submission of proper serial numbered receipt subject to overall limit of pre and post hospitalization expenses of 10% of Sum insured for each hospitalization. The same should be prescribed by the same Doctor and for the same disease subject to per day limit : Tier-1-Rs 1000/-, Tier 2 -Rs 700/-, Tier 3-Rs 500/-.
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: This benefit will be paid in full for regular visits by a specialist physician during stay in the hospital including intensive care by a specialist physician for as long as is required by medical necessity. *	Covered, only if forming part of hospitalization bill.
7	Surgical Procedures: Surgical procedures (inclusive of Doctor's & Medical Practitioner fees) in care 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	Psychiatric diseases: Expenses incurred for treatment of psychiatric and psychosomatic diseases	Covered only under Domiciliary treatment within the overall limit of 15% of Sum Insured
11	Treatment for Age related Macular Degeneration (ARMD), treatment such as Rotational Field Quantum Magnetic Resonance (RFQMR), Enhanced External Counter pulsation (EECP), etc, Treatment for all neurological/macular degenerative disorders shall be covered under the scheme	Covered
12	Enhanced External Counter Pulsation (EECP): 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.	Covered



13	Rental Charges: External and or durable Medical equipment used for diagnosis and or treatment including CPAP, CAPD, Bi-PAP, Infusion pump.	Covered, arising out of hospitalization during the Post hospitalization period for a maximum number of 90 days, on submission of proper serial numbered receipt subject to overall limit of pre-and post-hospitalization expenses of 10% of Sum insured for each hospitalization. These charges are payable under Domiciliary treatment also under the specified illness within the overall limit 15% of Sum insured.
14	Physiotherapy Charges: The period specified by the Medical Practitioner treating upon the pensioner.	Covered on Submission of proper serial Numbered Receipt.
15	OPD Treatment: As Per 63 listed diseases for the plan with Domiciliary cover.	Covered up to limit of 15% of Sum Insured inclusive of the cancer treatment within the overall Sum Insured.
16	Alternative Therapy: Reimbursement of Expenses for Hospitalization or Domiciliary treatment under the recognized system of medicines (AYUSH), viz., Ayurveda, Unani, Sidha & Homeopathy,	Covered, if such treatment is taken only in a Clinic / Hospital / Nursing Home registered by the Central/ State government
17	Change of Treatment:	Covered in case recommended by Doctor
18	Root Canal Treatment:	Covered for Rs 7500 per family per annum. Crowning, capping, filling, extractions etc. are not covered standalone.
19	Mortal Remains : Expenses incurred for transportation of the mortal remains of the insured/insured person from hospital to his/her place of residence in the event of death of insured person at the hospital while under treatment for diseases / illness / injury.	Covered up to a limit of Rs. 10,000/-. Other than Transportation expenses, no other expenses would be admissible.
20	Taxes and other Charges:	All Taxes, Surcharges, Service Charges, Registration charges, Admission Charges, and Administration charges are payable.

*As per the categorization of cities. In case the Insured person opts for a room of higher rent category, all other charges other than medicines, drugs and implants are proportionately reduced

Domiciliary Treatment on outpatient basis: Domiciliary Treatment on outpatient basis: Medical expenses incurred in case of the following diseases which need domiciliary treatment as may be certified by the Registered medical practitioner shall be reimbursed to the extent of 15% of basic SI. 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 has to be submitted. In case the doctor advises lifelong medicine or follow up after one year or six months, the validity of prescription would be maximum of 180 days.

Animal/reptile/insect bite or sting	Hepatitis – C	Psychiatric disorder including Schizophrenia and Psychotherapy
Aplastic Anaemia	Hypertension	Purpura
Arthritis	Hyperthyroidism	Road traffic accidents serious in nature
Asthma	Hypothyroidism	Seizure disorders
Cancer	Immuno Suppressants	Sequela 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 Erythematous (SLE)
Diabetes and its complications	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

Day Care Benefits: Expenses on Hospitalization for minimum period of a day are admissible. However, this time limit is not applied to specific treatments, including (Refer to the detailed list given in the Policy)

Adenoidectomy	Haemo dialysis	Eye surgery
Appendectomy	Fissurectomy / Fistulectomy	Fracture including hairline fracture /dislocation
Ascetic / Plueral tapping	Mastoidectomy	Radiotherapy
Auroplasty not Cosmetic in nature	Hydrocele	Chemotherapy including parental chemotherapy
Coronary angiography /Renal	Hysterectomy	Lithotripsy
Coronary angioplasty	Inguinal/Ventral/Umbilica / Femoral Hernia	Incision and drainage of abscess
Dental Surgery arising out of accident only	Parenteral chemotherapy	Varicocele
D&C (Dilation & Curettage)	Polypectomy	Wound suturing
Excision of cyst / granuloma / lump / tumor	Septoplasty	Sclerotherapy
FESS	Piles / fistula	Varicose Vein Ligation
Tonsillectomy	Prostrate surgeries	All scopes along with biopsies
Liver aspiration	Sinusitis surgeries	Lumbar puncture

Operations/Micro surgical operations on the nose, middle ear / internal ear, tongue, mouth, face, tonsils & adenoids, salivary glands and salivary ducts, breast, skin & subcutaneous tissues, digestive tract, female / male sexual organs

The treatment is undertaken under General or Local Anesthesia in a hospital / day care Centre for less than a day because of technological advancement; and which would have otherwise required hospitalization of more than a day.

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.
Convalescence, rest cure and General debility
Genetic disorders and Stem Cell implantation/surgery except for the claims pertaining to cases involving hematopoietic stem cell transplantation for blood & bone marrow cancers like leukemia, lymphoma & multiple myeloma are admissible

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.

Claim Procedure

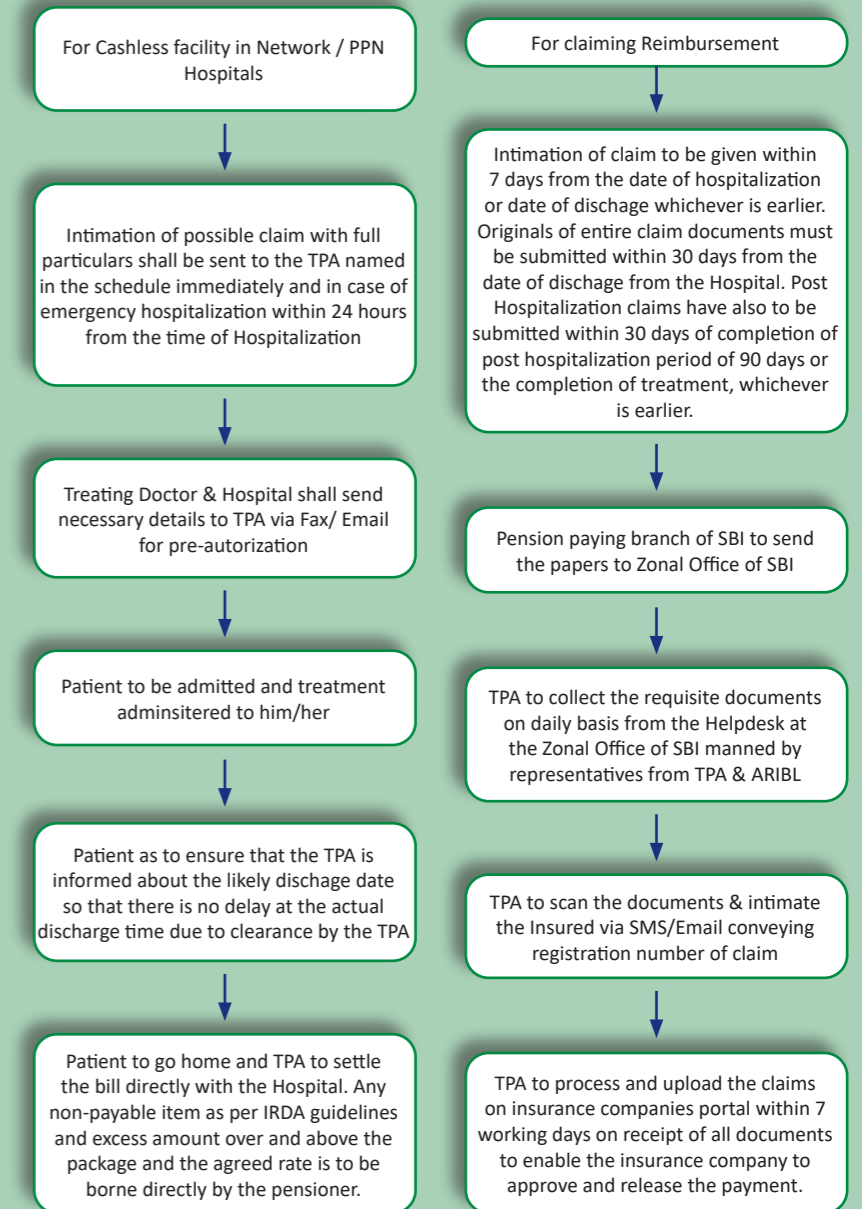
Cashless Treatment:

All Policy Holders to opt for cashless treatment from the Network Hospitals of TPA and hospitals falling under the PPN network.

Reimbursement Treatment:

All claim documents need to be submitted to the pension paying branch /zonal office of SBI.

Claim Process flow chart:



NB: In case of Planned Hospitalization the procedure mentioned above to be followed and in such cases insured can obtain pre-authorization from TPA by following the above procedure 4 days in advance. This shall enable him to just walk in with the authorization to the hospital for a hassle-free admission.

Advisories:

- The expenses incurred shall be covered against the original prescription, original payment receipt and other original documents incurred after the Policy Commencement date for Reimbursement under the scheme (Domiciliary/ Hospitalization) treatment.
- The Insured shall preferably visit Bank's dispensary for treatment in case of normal illness/ prolonged normal illness.
- Other than originals of all Medical Documents the Insured should also furnish original of latest cancelled Cheque of the Pension Paying Branch only along with attested copy of Aadhar Card, Pan Card.