

DETAILS OF SUPER TOP POLICY FLOATED BY SBI GENERAL LIMITED

The policy is a very unique policy having no limits/ capping on any disease, ailment or expenditure **with a sum insured of 1 lakh to 10 lakhs with a threshold limit of 3,00,000.**

This policy can be given to any and all retirees who have taken a policy anywhere be it , through their own Bank's / Organization policy, through Bancassurance, own individual policy or they are covered along with their children. Even those persons who do not hold any base policy can take this super top up policy.

Please find below the terms conditions and premium rates for the policy

Super Top Up Terms and Conditions for Various Retirees Association From SBI General Insurance Co. Ltd.

Client Details	
Client Name:	Various Retirees Association
Client Location:	Pan India
Fresh / Renewal:	Fresh
Policy Period:	01/11/2023 to 31/10/2024
Geographical Limit:	Pan India

Broker Details	
Broker Name:	K.M. Dastur Reinsurance Brokers Pvt Ltd.
Broker Location:	Mumbai, India

Coverage Details	
Policy Type:	Group Health Insurance Policy For a Fresh Super Top up Policy for Retirees and their Dependents
Definition of Family:	Option 1 - (1 + 1) Self + Spouse Option 2 - 1 Self Only

Age Limit	No Age Limit
Sum Insured:	Threshold limit of 3 lakhs Sum Insured with Options from 1 Lakh to 10 Lakhs
Coverage Type:	Family Floater
Pre and Post Hospitalization	30 days Pre-hospitalization and 90 days Post hospitalization
Bed Charges / Room Rent / Boarding Expenses per day	Bed Charges shall be limited to Single Room A/c
ICU Charges	At Actuals
Other Hospital Expenses:	At Actuals
Limits on Diseases	No Limits on Any diseases
Pre-existing Diseases:	Covered from day one
01 to 04 year Waiting Period for Specific ailment:	Waived
30 Days Waiting Period:	Waived
Ambulance charges	INR 2,500/- per hospitalization
Day Care Cover	As per Standard Cover
Alternative Medicine	AYUSH Treatment covered if treatment is taken in Government & Govt. Recognized hospitals
Modern Methods of Treatments (Advance Medical Treatments)	<p>Covered wherever Medically Indicated either as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured- for below mentioned procedure</p> <ul style="list-style-type: none"> A. Uterine Artery Embolization and HIFU (High Intensity Focused Ultrasound) B. Balloon Sinuplasty C. Deep Brain Stimulation D. Oral Chemotherapy E. Immunotherapy - Monoclonal Antibody to be given as injection F. Intra Vitreal Injections G. Robotic Surgeries H. Stereotactic Radio Surgeries I. Bronchial Thermoplasty J. Vaporization of the Prostrate (Green Laser Treatment or Holmium Laser Treatment) K. IONM - (Intra Operative Neuro Monitoring) L. Stem Cell Therapy: Hematopoietic stem cells for bone marrow transplant

	for hematological conditions to be covered
Hospitalization arising out of Terrorism	Covered
TPA	Yes
Cashless Facility	Yes

Policy Operating Guidelines	
Mid-term Addition of Member:	Only new retirees can join this scheme during policy period within 60 days period of retirement subject to CD balance available. Premium for such additions would be 100% of premium if coverage is more than 6 months and 50% of premium if less than 6 months. All those who have retired within the last one year can also have the option to join at next renewal.
Lock in / Lock out Period	<ul style="list-style-type: none"> For all existing retirees who do not join the policy before inception there will be a lock out of 2 years i.e. they cannot be covered for next 2 yrs. There will be a lock in for three years for all members who have opted the policy. In case a person does not renew membership during second or third year there will be a lock out for 5 years for such members.
Claim Intimation	Within 7 days from date of admission
Claim submission	Within 30 days from date of discharge

Further Terms and Conditions:

- There would be one start date and end date for all retirees. For example If we start on 1st Nov 23 all existing retirees will have to be enrolled in policy before 1st Nov.
- No exiting retirees can join after policy inception.

Premium Rates including GST-

SBI General Rates for the year 2023 - 2024 including GST for Super Top up only		
Sum Insured	Per family premium (Self + Spouse)	Per member premium (Self only)

1,00,000	3,755	2,209
2,00,000	6,009	3,534
3,00,000	8,712	5,125
4,00,000	11,761	6,918
5,00,000	15,289	8,994
6,00,000	19,112	11,243
7,00,000	22,934	13,491
8,00,000	26,375	15,515
9,00,000	30,331	17,842
10,00,000	34,881	20,518

Enrolment process of Group Medclaim policy for Retiree members under Retiree association and Services given through the year.

- 1) A new Association who joins will first give a mandate to KMD, in order to participate in the policy.
- 2) The Association will have to be a registered association with a PAN and Aadhar No.
- 3) KMD will give a complete presentation of policy terms and conditions to leaders of the Retiree Association and conduct meetings for its members where they can also enroll the members in the policy.
- 4) KMD will resolve all queries raised by leaders / Members.
- 5) Retiree association will provide existing account detail of association for payment of premium.
- 6) KMD will prepare a online enrolment link containing all enrolment details of members along with Sum insured options, premium detail and account detail to transfer the premium by cheque, NEFT or RTGS.
- 7) KMD will collect all enrolment details through an online link.
- 8) The association will provide a bank statement to KMD. KMD will reconcile enrolment data with payment of premium and provide complete detail of reconciliation to Association on a daily basis.
- 9) After reconciliation, the Association will transfer total premium amount to the Insurance Company by Cheque/NEFT/RTGS.
- 10) The policy will be prepared by the Insurance Company with the name of Association.
- 11) All the members enrolled under the policy will be part of the policy.

- 12) KMD will send individual premium certificates to individual retiree members provided by the Insurance Company by soft copy on retirees' mail id and hard copy at their residential address.
- 13) TPA will send welcome letter along with Mediclaim card, Network hospital list, Escalation Matrix, Address of TPA and KMD offices in all over India and process of claim by soft copy on retirees' mail id and hard copy at their residential address.
- 14) Members can claim by reimbursement or Cashless both through Mediclaim Card.
- 15) At the time of claim, retiree members can contact KMD or TPA for intimation, claim submission and for any escalation.
- 16) Retiree members can submit claim file in nearby KMD office or TPA office.
- 17) For any escalation, KMD has prepared an expert committee to resolve the grievance.
- 18) Every month, KMD will send Claim Mis to Association leaders on their registered mail ID.
- 19) KMD will arrange meetings with leaders of the Association on a quarterly basis for update on the policy and any grievance if any.

Claims Process - Cashless

1. Cashless can be availed in the SBI Super Top up policy once the base policy with any other insurer is exhausted or in case there is no base policy, when the threshold limit of 3 lakhs is reached. SBI will require the proof of claim paid from the previous insurer or in case of cashless, the authorization letter of the TPA stating that the sum Insured is exhausted.
2. In case a retiree has availed of the New India Policy with or without STP then KMD shall ensure that the appointed TPA helps in smooth servicing when a claim overlaps 2 policies.
3. In case a retiree has any alternative policy with another Insurer, the hospital opted if on panel of SBI, cashless service would be available once the below documents are made available to the TPA appointed by SBI:
 - Copies of bill of the hospital where patient is admitted.
 - Other documents submitted to the previous insurer.
 - Settlement letter/ Authorization letter for 3 lakhs as there is a threshold of Rs 3 lacs to trigger SBI policy.

Please note that if any retiree has a base policy that is of a higher value than 3 lakhs the amount paid by SBI will be after deducting the entire amount claimed from the Base policy. This is a fundamental premise of any insurance wherein an insured cannot profit out of an insurance policy by claiming higher than the amount paid by them.

Claims Process – Reimbursement.

Similar claims can be submitted for reimbursement to the TPA by submitting

- Copies of bill of the hospital where patient is admitted.
- Other documents submitted to the previous insurer.
- Settlement letter for 3 lakhs as there is a threshold of Rs 3 lacs to trigger SBI policy.

How the policies will work from 2 separate insurers especially when the terms and conditions are different with different insurers

If the base policy is with ceilings/capping and SBI GENERAL super top up is without ceilings/capping, then in what manner /system the SBI GENERAL will process the claim under super top.

The claims put up in each policy will be separately processed as per each policy terms and conditions

Example:

Mr. A, a retiree, has taken the base policy of ₹3.00lac of New India and along with that he has also taken the super top up of ₹4.00 lac of SBI GENERAL. Thus having a coverage of 7.00 lac by paying the premium of ₹56652/-(44891/-+11761/-).

If he is faced with a hospitalization bill of ₹7.00 lac, then the claim will be processed as below:

The first 3 lakhs will be processed as per the terms and conditions of New India policy. That is room rent will be limited at 1% of the sum insured. If the ailment is a capped ailment, then the cappings will be applied.

Once the 3 lakhs limit is reached. SBI will process the remaining 4 lakhs without making any deductions in the room charges or other charges or not taking cognizance of any capping in the New India or any other policy.