PASCHIM BANGA GRAMIN BANK
HEAD OFFICE
NATABAR PAUL ROAD, CHATTERJEEPARA MORE,
TIKIAPARA, HOWRAH-711 101,WEST BENGAL
INDIA.

ATTENTION: INSURANCE COMPANIES

REQUEST FOR PROPOSAL (RFP)

PASCHIM BANGA GRAMIN BANK HEAD OFFICE NATABAR PAUL ROAD, CHATTERJEEPARA MORE, TIKIAPARA, HOWRAH- 711101, WEST BENGAL, INDIAinvites application for "Request For Proposal (RFP)" from existing General Insurance Companies in India for Medical Insurance Scheme as detailed in the Schedule IV of 10th Bipartite Settlement, to the extent modified or amended presently applicable to PSU Banks and RRBs

Details containing terms of RFP, Evaluation and Selection Process of both Technical Bid and Commercial Bid for existing and retired staff members are available in Bank's Website: www. pbgbank.com

Last date for submission of completed RFP is 22nd April, 2020 – 2.00PM

Bank reserves the right to reject any or all the offers in part or full without assigning any reasons whatsoever.

Date: 28.03.2020

General Manager

PASCHIM BANGA GRAMIN BANK
HEAD OFFICE: Natabar Paul Rod, Chatterjee Para More, Tikiapara, Howrah- 711101
Phone: (033) 2667-9478 Email: pasc3616@dataone.in

REQUEST FOR PROPOSAL (RFP)

for

MEDICAL INSURANCE SCHEMEAS PER 10th BIPARTITE SETTLEMENT FOR EXISTING OFFICERS, EMPLOYEES AND RETIRED STAFF MEMBERS OF

PASCHIM BANGA GRAMIN BANK

Reference No. PBGB/HO/PAD/INSURANCE/2658/2019-20 dated 28.03.2020

Last date & Time for submitting Response to RFP–22.04.2020 upto 2 PM

PASCHIM BANGA GRAMIN BANK, a premier Regional Rural Bank (hereinafter called the "Bank") is sponsored by UCO Bank and is operating in 5 districts of West Bengal namely Howrah, Hooghly, Purba & Paschim Burdwan and Birbhum. The Bank has 230 branches, 4 Regional Office and 1 Head Office. The Bank has 1155 employees (Officers-573, Clerks – 368 and Sub staff including Part Time Sweepers -214) as on 01.04.2020. Expected retired members of staff to participate in the scheme is about 272 (Officers -203, Clerks & Sub staff including PTSW – 72)

1. PURPOSE OF REQUEST FOR PROPOSAL (RFP)

1.1 The Bank has introduced Medical Insurance Scheme w.e.f 05.04.2017 for its employees **as per Xth Bipartite Settlement applicable for PSU Banks & RRBs**.The objective of the scheme is to provide reimbursement of hospitalization / medical expenses incurred by the existing and retired employee / dependent family members as per 10th Bipartite Settlement and Joint Note dated 25.05.2015 for Employees and officers.

1.2 With the view to continue the new scheme as formulated in the 10th Bipartite Settlement, bank invites "Request For Proposal (RFP)" from existing general insurance companies (hereinafter called the "Insurer") in India for the Medical Insurance Scheme. There would be a continuity of this scheme/benefits to the existing Officers/Employees and their family for the period one year from 25.04.2020 and also to the Retired Officers/Employees and their family members for the period from 01.06.2020 to 31.05.2021.

The Insurers are advised to carefully review and submit all relevant information as sought in the RFP.

1.3 This RFP document is neither an offer letter nor a legal contract, but an invitation for Request For Proposal. No contractual obligation on behalf of the Bank what so ever shall arise from this RFP process, unless and until a formal contract is signed and executed by duly authorized officers of the Bank and the Insurer.
Details of the objectives, eligibility criteria, data and documents required to be submitted along with RFP. Criteria that would be adopted for evaluation of the responses for short listing and other information is contained in the RFP documents.

1.4 Buffer: There should be provision of reasonable buffer as per policy.

2. OBJECTIVES

With Opening up of the health sector and commercialization of Health Services, medical treatment has become extremely expensive and unaffordable. Hence this scheme will provide significant support to the existing & retired employees & their eligible dependents.

3. INSURER ELIGIBILITY(All mandatory provisions)

In order to qualify for the selection process, the Insurer should meet the following criteria:

3.1 Insurers should be registered with Insurance Regulatory and Development Authority (IRDA) and having a valid License to procure General / Health Business in India.

3.2 The company should have been in existence in India for a period of at least 6 years i.e. IRDA License must have been obtained prior to 31st January 2014.

3.3. No broking Companies are eligible to submit response to RFP.

3.4 The Company should have expertise and capability in handling of Medical Insurance Policy.

3.5 Should meet criteria fixed by the Bank internally, such as experience in handling similar assignments, Pan-India presence, cashless hospital network, claim settlement, grievance redressal, service capability etc.

4. REJECTION OF BIDS

The Bank reserves the right to reject the bid if,

- Insurer does not meet any of the eligibility criteria mentioned under section3.
- The Bid is incomplete as per the RFP requirements.
- Any condition stated by the Insurer is not acceptable to the Bank.
- In the RFP any of the terms & conditions stipulated in this documents are not accepted by the authorized representatives of the Insurer.
- Required information is not submitted as per the format given.
- Any information submitted by the Insurer is found to be untrue/fake/false.
- The Insurer does not provide, within the time specified by the Bank, the supplemental information/clarification sought by the Bank for evaluation of the Bid.

The Bank shall be under no obligation to accept any offer received in response to this RFP and shall be entitled to reject any or all offers without assigning any reason whatsoever. The Bank may abort the entire process at any stage without thereby incurring any liability to the affected Insurer(s) or any obligation to inform the affected Insurer(s) of the grounds for Bank's action.

In order to promote consistency among the proposals and to minimize potential misunderstandings regarding how proposals will be interpreted by the Bank, the format in which Insurers will specify the fundamental aspects of their proposals has been broadly outlined in this RFP.
The deadline for submission of the proposals is mentioned in the cover page of this document. Proposals received after the specified time on the last date shall not be eligible for consideration and shall be summarily rejected.
In case of any change in deadline the same shall be updated on the Bank's website and shall be applicable uniformly to all Insurers.

5. Proposal Validity

All proposals shall be valid for a period of 90 days from the last date of submission as mentioned in Section 7. The Bank will make its best effort to complete the process within this period. However, should the need arise the Bank may request the Bidder to extend the validity period of their proposals. Bidders, who do not agree, having the right to refuse to extend the validity of their proposals; under such circumstances, the Bank shall not consider such proposals for further evaluation.

6. SHORTLISTING OF INSURERS

6.1Upon receipt of applications (RFP) the same shall be scrutinized and evaluated by the Bank and will shortlist Insurers who meet the requirement.

The evaluation and short listing, will happen based on Insurer's past experience of handling similar types of assignments/projects, hospital network, claim settlement, grievance redressal, service capability etc.

6.2 During pre-qualification and evaluation of the proposals, the Bank may, at its discretion, ask respondents for clarifications on their proposal. The respondents are required to respond within the time frame prescribed by the Bank.

6.3 **Disqualifications**: PBGB may at its sole discretion and, at any time during the evaluation of proposal, disqualify any respondent, if the respondent has made misleading or false representations in the forms, statements and attachments submitted in proof of the eligibility requirements, failed to provide related clarifications, when sought or declared ineligible by the Government of India/State/UT Government for corrupt and fraudulent practices or blacklisted.

7. RFP PROCESS & EVALUATION SCHEDULE

All interested Insurance Companies will also submit their Commercial Bid at a time in separate envelop along with the Technical Bid. Only those Companies who will qualify the eligible criteria in the Technical Bid, their Commercial Bid will be opened.

The RFP response will be submitted in sealed envelope and will include the duly filled & signed RFP document along with relevant supporting documents wherever required.

Once the responses to the RFP are received, the Bank will start the evaluation process and shortlisted the suitable Insurance Company.

The proposed evaluation schedule is tabulated below. However, the Bank, at its discretion can change the schedule assigning no specific reasons for the same.

Table of Evaluation Schedule Activity	**Scheduled Dates**
RFP Reference	PBGB/HO/PAD/INSURANCE / 2658/2019-20 dated 28.03.2020
Last date of seeking clarification to /confirming participation in RFP	16.04.2020
Last Date for receipt of RFP response	22.04.2020 up to 2.00 PM
Opening of Technical Bid	22-04-2020 at 3 PM
Opening of Commercial Bid	22-04-2020 at 4 PM
Contact Ph No.	033 26679478
Contact e-mail ID	ho.pad@mail.pbgb.co.in & ho.gm1@mail.pbgb.co.in

8. CLARIFICATION & AMENDMENT

Insurer may request a clarification on any clause in the RFP up to16.04.2020. **Any** request for clarification must be sent by standard electronic means to ho.pad@mail.pbgb.co.in **with cc to** ho.gm1@mail.pbgb.co.in. The Bank will respond in writing or by standard electronic means or load the responses if required on its website latest by 16.04.2020.Last date is 22.04.2020 up to

2 PM for submission of RFP. Technical Bid will be opened on 22-04-2020 in presence of Authorised Officer of Bidders at 3 PM. Commercial Bid will be opened on 22-04-2020 at 4 PM for those bidders who qualify technical bid and also qualify in evaluation process. Commercial Bid for retire staff should be separately submitted and it includes domiciliary as well as without domiciliary treatment. Commercial bid for existing staff only will be taken for consideration and for retired staff it will be dealt separately.

At any time before the submission of Proposals, the Bank may amend the RFP by issuing an addendum and hosting it in the Bank's website. The addendum will be binding on all the interested Insurers who are willing to bid.

9. OTHERS

9.1 Respondents are not permitted to modify, substitute, or withdraw proposals after its submission.

9.2 The RFP may be submitted with a covering letter enclosing documents/ information indicated below and the declaration, signed by the authorized signatory with Seal of the Company. All pages are required to be signed.

9.3 The role of the insurance company would be to provide a competitive quote against the terms & conditions as mentioned in the group medical scheme and provide seamless service and timely claim settlement as and when the need arises.

9.4 The tenure of the policy will be one year and may be renewed thereafter with the same or some other insurer depending upon the performance of the incumbent Insurer at the discretion of the Bank. The Bank may opt for fresh RFP.

9.5 The empanelled Insurer shall sign an MOU having Non-Disclosure Clause, with the Bank.

9.6 Request for Proposal (RFP) needs to be submitted in hard copy in a sealed envelope. Proposals received by facsimile shall be treated as invalid and shall be rejected. Only detailed complete proposals in the form indicated, received prior to the closing time and date of the proposals, shall be taken as valid.

9.7 Intending insurance companies are required to submit their applications (RFP) up to 22-04-2020, 2 PM giving full particulars about the information sought at the following address.

The General Manager,
Paschim Banga Gramin Bank,
HEAD OFFICE: Natabar Paul Road, Chatterjee Para More,
Tikiapara,
Howrah- 711101, West Bengal, India

9.8 Applications (RFP) received after last date and time for submission of application (RFP) will be summarily rejected.

9.9 Upon receipt of applications (RFP) the same shall be scrutinized and evaluated by the Bank. The Bank will shortlist Insurers as per the parameters internally defined for Technical Bid. Commercial Bids of shortlisted Insurance Companies will be opened subsequently as decided on the date of opening of Technical Bid. The shortlisted Insurers shall be communicated by the Bank. The selection of Insurer is entirely at the discretion of the Bank. The Bank also reserves the right to accept or reject any or all RFP

9.10 Sealed commercial bids should also be submitted in separate envelop along with the Technical Bid. Separate envelop of Commercial Bid both for Officers, Existing Employees, PTSW and Retired staff members & PTSWswill be submitted.

10. Paschim Banga Gramin Bank Reserves the right to :

- Reject any or all responses received without assigning any reason whatsoever.
- Cancel the RFP at any stage, without assigning any reason whatsoever.
- Waive or Change any formalities, irregularities, or inconsistencies in this proposal (format and delivery). Such a change / waiver would be duly and publicly notified in the Bank's website before the closure of the bid date.
- Extend the time for submission of all proposals and such an extension would be duly communicated to all the companies.
- Select the next most responsive bidder if the first most responsive bidder evaluated for selection fails to result in an agreement within a specified time frame.
- Bank reserves the right to accept single bidder, if the same is submitted before the Bank.

Share the information / clarifications provided in response to by any bidder, with all other bidder(s) / others, in the same form as clarified to the bidder raising the query

11. Preparation of Proposals

The original Bid shall contain no interlineations or overwriting, except as necessary to correct errors made by the Bidders themselves. The person, who has signed the proposal, must initial such corrections.

An authorized representative, who would be signing the Submission letter shall initial all pages of the original Bid Document with Company seal.

12. Caution Money/ Bank Guarantee

The selected insurance company has to be provide Bank Guarantee at the rate of 10% of total premium to existing staff from any commercial Bank/Pvt. Bank. This Bank Guarantee may be waived by the Bank at the request of the insurance company at Bank's sole discretion.

The Bid documents along with the data as per formats mentioned in the different Forms (from 1 to 5) along with covering letter on letter head must be submitted at the same time but in a single sealed envelope duly super scribed as "**Paschim Banga Gramin Bank- RFP for Medical Insurance – Technical Bid". A separate envelop super scribed as Commercial Bid should be submitted in the sealed cover.**

From the time the proposals are submitted to the time the Bidders are shortlisted, the Bidder should not contact the Bank on any matter. Any effort by Bidders to influence the Bank in the examination, evaluation, ranking of proposals, and recommendation for award shall result in the rejection of the Bidders' proposal. The Bank reserves the right to seek clarifications from the Bidders.

Note: 1) Bids will be opened in presence of of the Bidders' representatives (maximum two representatives per bidder) who choose to attend. In case the specified date of submission and opening of Bids is declared a holiday in West Bengal under NI act, the bids will be received till the specified time on next working day and will be opened at 3.00 PM on the same day.

2) All disputes shall be subject to the jurisdiction of West Bengal (Kolkata)

3) Salient features of Scheme is mentioned in Annexure III with Appendix I.

FORM - 1 COMPANY INFORMATION

A. SNAPSHOT

1	Name of the Insurer			
	Head Office (Address)			
	Website & e mail			
	Authorized Office Address submitting RFP			
2	Date of Commencement of Business (MM/YYYY)			
3	Number of Branches/Offices in India as on 31.01.20			
4	Total No. of Employees			
5	*Financial Information*	**2016-2017**	**2017-2018**	**2018-2019**
	1. Invested Capital (*INR Crore)*			
	2. Profit after Tax (*INR Crore)*			
	3. Accum. Profit/ Loss(*INR Crore)*			
	4. Networth (*INR Crore)*			
	5. Solvency Ratio			
6	Number of Branches in Howrah, Hooghly, Burdwan & Birbhum Districts			
7		**2016-2017**	**2017-2018**	**2018-2019**
	No. of GMC Policies Sold			
	Premium from GMC Policies(*INR Cr)*			

FORM 2 CLAIM SETTLEMENT – GROUP MEDICLAIM

GROUP MEDICLAIM STATUS (NUMBER OF CLAIMS)

Particulars	2016-17	2017-18	2018-19
Claims pending at start of year (A)			
Claims intimated / booked (B)			
Total Claims (C=A+B)			
Claims paid (D)			
Claims repudiated (E)			
Claims closed during the Year (F)			
Claims pending at end of year			

GROUP MEDICLAIM STATUS (AMOUNT OF CLAIMS)

INR

Particulars	2016-17	2017-18	2018-19
Claims pending at start of year (A)			
Claims intimated / booked (B)			
Total Claims (C=A+B)			
Claims paid (D)			
Claims repudiated (E)			
Claims closed during the Year (F)			
Claims pending at end of year			

FORM 3 GRIEVANCE REDRESSAL

Please provide a data pertaining to grievance redressal in the format given below for last 3 FY's

FY	Opening Balance of Grievances c/f	Grievances reported during the Year	No. of grievances resolved during the year	No. of grievances pending at the end of the year
2016-2017				
2017-2018				
2018-2019				

FORM 4 GROUP BUSINESS

A. List of PSU Organization shaving a Group Medical Policy from the Insurer as on Jan 31, 2020 and running for past 3 years continuously.

S No.	Name of the Bank/PSU	Date of Commencement of Policy (mm/yy)	Premium in INR

B. List of PSU Organizations who had taken a Group Medical Policy from the Insurer after 31st January 2014 but discontinued in the subsequent year.

S No.	Name of the Bank/PSU	Date of Commencement of Policy (mm/yy)	Premium in INR

FORM 5 TPA SERVICES & HOSPITAL NETWORK

A. Do you have a In house TPA or are the services out sourced?

B. Please provide the details of existing hospital network for each TPA.

Sl. No	Name of the TPA	Total number of hospital in the network in Till January 31 , 2020

C. Please provide details of your Hospital Network across various districts in West Bengal as on January 31, 2020

Name of District	No. of Hospitals on Panel	No. of Hospitals providing cashless facility

DECLARATION

- All the information furnished by us here in above is correct to the best of our knowledge and belief.

- We agree that the decision of Paschim Banga Gramin Bank in Short listing process will be final and binding on us.

- We confirm that we have not been barred / blacklisted / disqualified by any Regulators / Statutory Body in India and we understand that if any false information is detected at a later date, the policy shall be cancelled at the discretion of the Bank.

I/ We hereby undertake and confirm that I/ we have understood the terms & conditions of the Group Medical Insurance Scheme as desired by the Bank, properly and shall comply with the same.

Signature of the Authorized Signatory

With Seal

Place:

Date:

Covering letter for Proposal submission
(To be submitted on Company Letter Head)

(Location, Date)

To:

The General Manager,
Paschim Banga Gramin Bank,
HEAD OFFICE: Natabar Paul Rod, Chatterjee Para More,
Tikiapara,
Howrah- 711101, West Bengal

Dear Sir,

Sub: RFP for Medical Insurance Scheme

1. We, the undersigned are duly authorized to represent and act on behalf of (Name of the Insurance Company)

2. Having reviewed and fully understood all information provided in the RFP document issued by the Bank, we (Insurance Company name) are hereby submitting our Bid.

3. Our Bid is unconditional, valid and open for acceptance by Bank until 90 days from the last date of submission of the RFP.

4. We undertake that we shall make available to the bank for any additional information/clarification it may find necessary or require to supplement or authenticate the Bid.

5. We hereby agree, undertake and declare as under:

a) In the event that Bank discovers anything contrary to our above declarations, it is empowered to forthwith disqualify us and our Bid.
b) We undertake that in case there is any change in facts or circumstances during the Bidding process, and we are being disqualified in terms of the RFP, we shall intimate the Bank of the same immediately.
c) We further declare that we have not been declared ineligible for corrupt or fraudulent practices in any bidding process in the past five years.
d) We undertake that the Bank and its authorized representatives are hereby authorized to conduct any inquiry or investigation to verify the veracity of the statements, documents, and information submitted in connection with this Bid and to seek clarifications from our advisors and clients regarding any financial and technical aspects.
e) We hereby irrevocably waive any right which we may have at any stage at law or howsoever otherwise arising to challenge or question any decision taken by the Bank in connection with the selection with the selection of the Bidder or in connection with the Bidding process, in respect of the above mentioned proposed Tie-Up and the terms and implementation thereof.

6. We understand that :
    a) All information submitted under this Bid shall remain binding upon us.

b) The Bank may in their absolute discretion reject or accept any Bid or cancel the Bidding process.

c) Bank may accept the RFP even if a single bid is received.

d) Bank has the right to reject our Bid without assigning any reason for the proposed Tie- Up and also reject all proposals. Otherwise and hereby we waive our right to challenge the same on any account whatsoever.

e) Bank is not bound to accept any Bid that it may receive pursuant to the RFP.

7. We acknowledge that the Bank will be relying on the information provided in the Bid and the documents accompanying such Bid for selection of Bidders and we declare that all statements made by us and all the information pursuant to this letter are complete, true and accurate to the best of our knowledge and belief.
8. We hereby unconditionally undertake and commit to comply with the timeliness as specified in terms of the RFP or as extended by the Bank from time to time at its sole discretion.
9. The Bid shall be governed by and construed in all respects according to the laws of India. Courts in Kolkata, shall have exclusive jurisdiction in relation to any dispute arising from the RFP, this Bid and the Bid process.

We confirm that we are complying with the IRDA guidelines.

Name of the Bidder

Signature of the Authorized Person

Name of the Authorized Person.

Company rubber stamp/Seal

FORMAT FOR COMMERCIAL BID FOR EXISTING STAFF (EXCLUDING GST)

SL. NO.	CATEGORY OF STAFF	NO. OF STAFF	PREMIUM PER STAFF	TOTAL PREMIUM
1	OFFICER	573		
2	CLERK	368		
3	SUB STAFF INCLUDING PART TIME SWEEPEERS	214		
	TOTAL	1155		
	GST			
	TOTAL			

FORMAT FOR COMMERCIAL BID FOR RETIRED STAFF (EXCLUDING GST) WITH DOMICILIARY TREATMENT

SL. NO.	CATEGORY OF STAFF	NO. OF STAFF	PREMIUM PER STAFF	TOTAL PREMIUM
1	OFFICER	203		
2	CLERK & SUB STAFF INCLUDING PART TIME SWEEPEERS	72		
	TOTAL	275		
	GST			
	TOTAL			

FORMAT FOR COMMERCIAL BID FOR RETIRED STAFF (EXCLUDING GST) WITHOUT DOMICILIARY TREATMENT

SL. NO.	CATEGORY OF STAFF	NO. OF STAFF	PREMIUM PER STAFF	TOTAL PREMIUM
1	OFFICER	203		
2	CLERK & SUB STAFF INCLUDING PART TIME SWEEPEERS	72		
	TOTAL	275		
	GST			
	TOTAL			

Signature of Authorized Person
of the Company with Seal

ANNEXURE-III
SCHEDULE IV

SCHEDULE FOR REIMBURSEMENT

OF HOSPITALISATION EXPENSES
MEDICAL INSURANCE SCHEME

Having regard to the need to extend better coverage and reimbursement of hospitalization and medical expenses incurred by the officers / employees/dependent family members, the demand for full reimbursement of expenses connected with hospitalisation and medical treatment including domiciliary hospitalization and domiciliary treatment was discussed by and between the parties and a new scheme for reimbursement of medical expenses has been formulated.

The salient feature of the Scheme is as under :

The scheme shall cover expenses of the officers / employees and dependent family members in cases he/she shall contract any disease or suffer from any illness (hereinafter called DISEASE) or sustain any bodily injury through accident (hereinafter called INJURY) and if such disease or injury shall require any employee/ dependent family member, upon the advice of a duly qualified Physician/Medical Specialist/Medical practitioner (hereinafter called MEDICAL PRACTITIONER) or of a duly qualified Surgeon (hereinafter called SURGEON) to incur hospitalization/ domiciliary hospitalization and domiciliary treatment expenses as defined in the Scheme, for medical/surgical treatment at any Nursing Home/ Hospital / Clinic (for domiciliary treatment)/ Day care Centre which are registered with the local bodies in India as herein defined (hereinafter called HOSPITAL) as an inpatient or otherwise as specified as per the scheme.

The Scheme covers Employee + Spouse + Dependent Children + any two of the dependent Parents /Parents-in-law.

- No age limit for dependent children (including step children and legally adopted children).
- A child would be considered dependent if his/her monthly income does not exceed ₹10,000/- per month;
- Widowed Daughter and dependent divorced / separated daughters, sisters including unmarried / divorced / abandoned or separated from husband/ widowed sisters and Crippled Child shall be considered shall be considered as dependent for the purpose of this policy.
- Physically challenged Brother / Sister with 40% or more disability shall also be covered as Dependent.
- No Age Limits for Dependent Parents. Any two, i.e. either dependent parents or parents-in-law will be covered as dependent.

Parents would be considered dependent if their monthly income does not exceed₹10,000/- per month or as revised by Indian Banks' Association in due course, and wholly dependent on the employee as defined in this scheme.

All the existing permanent officers / employees of the Banks which are parties to this Settlement shall be covered by this Scheme from the date of introduction/implementation of this Scheme. All New Officers / employees shall be covered from the date of joining as per their appointment in the bank.

Till the new scheme is made effective and gets implemented, the existing provisions as per Bipartite Settlement/ Joint Note dated 27.4.2010 will continue to operate.

The new Scheme as applicable to the officers/ employees in service would be continued beyond their retirement/superannuation/resignation, etc. subject to payment of stipulated premium by them.

The new Scheme would also cover the existing retired officers/ employees of the Banks and dependent spouse subject to payment of stipulated premium by them.

In the event of any claim becoming admissible under this scheme, the Bank will reimburse the amount of such expenses as would fall under different heads mentioned below and as are reasonably and medically necessary incurred thereof by or on behalf of such employee.

Reimbursement shall cover Room and Boarding expenses as provided by the Hospital/Nursing Home not exceeding ₹5000 per day or the actual amount whichever is less. Intensive Care Unit (ICU) expenses not exceeding ₹7500/- per day or actual amount whichever is less. Surgeon, team of surgeons, Assistant surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees, Nursing Charges, Service Charges, IV Administration Charges, Nebulization Charges, RMO charges, Anaesthetic, Blood,

Oxygen, Operation Theatre Charges, surgical appliances, OT consumables, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like pacemaker, defibrillator, ventilator, orthopaedic implants, Cochlear Implant, any other implant, Intra-Occular Lenses, infra cardiac valve replacements, vascular stents, any other valve replacement, laboratory/ diagnostic tests, X-ray CT Scan, MRI, any other scan, copies and such similar expenses that are medically necessary or incurred during hospitalization as per the advice of the attending doctor.

Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to officers/ employee/dependent would also be covered for reimbursement.

Pre and Post Hospitalization expenses payable in respect of each hospitalization shall be the actual expenses incurred subject to 30 days prior to hospitalization and 90 days after discharge.

Alternative systems of treatments other than treatment under Allopathy or modern medicine shall include Ayurveda, Unani, Siddha, Homeopathy and Naturopathy in the Indian context, for Hospitalization and Domiciliary treatment.

CASHLESS FACILITY: The scheme also includes the benefit of cashless treatment facility in hospitals under a scheme worked by the Banks and the hospitals under a common insurance scheme.

CONTRIBUTION: The officers / employees shall not be required to share the cost of such benefits under the new scheme. However, in the case of officers / employees retiring from the Banks after the scheme is introduced and those who are already retired from the services of the banks and who opt to avail the benefits of the scheme, the amount of contribution by such persons shall be decided at the respective Bank level.

Day care Treatments shall be covered under the scheme and would refer to medical treatment and or surgical procedure which is

i. undertaken under general or local anaesthesia in a hospital/day care centre in less than a day because of technological advancement, and

ii. which would have otherwise required hospitalisation of more than a day.Treatment normally taken on an out patient basis is not included in the scope of this definition.

DOMICILIARY HOSPITALIZATION: Domiciliary Hospitalization shall be covered under this scheme and would mean medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances :

a) The condition of the patient is such that he/she is not in a condition to be removed to a hospital or
b) the patient takes treatment at home on account of non-availability of room in a hospital.

DOMICILIARY TREATMENT shall also be covered under this scheme i.e. treatment taken for specified diseases which may or may not require hospitalization as mentioned herein below.

Domiciliary Hospitalization / Domiciliary Treatment : Medical expenses incurred in case of the following diseases which need Domiciliary Hospitalization /domiciliary treatment as may be certified by the recognized hospital authorities and bank's 'medical officer shall be deemed as hospitalization expenses and reimbursed to the extent of 100%.

Cancer, Leukemia, Thalassemia, Tuberculosis, Paralysis, Cardiac Ailments , Pleurisy ,

Leprosy, Kidney Ailment, All Seizure disorders, Parkinson's diseases, Psychiatric disorder including schizophrenia and psychotherapy, Diabetes and its complications, hypertension, Asthma, Hepatitis –B, Hepatitis - C, Hemophilia, Myasthenia gravis, Wilson's disease, Ulcerative Colitis, Epidermolysis bullosa, Venous Thrombosis (not caused by smoking) Aplastic Anaemia, Psoriasis, Third Degree burns, Arthritis, Hypothyroidism, Hyperthyroidism, expenses incurred on radiotherapy and chemotherapy in the treatment of cancer and leukemia, Glaucoma, Tumor, Diphtheria, Malaria, Non-Alcoholic Cirrhosis of Liver, Purpura, Typhoid, Accidents of Serious Nature, Cerebral Palsy, Polio, all Strokes leading to Paralysis, Haemorrhages caused by accidents, all animal/reptile/insect bite or sting, chronic pancreatitis, Immuno suppressants, multiple sclerosis / motor neuron disease, status asthamaticus, sequalea of meningitis, osteoporosis, muscular dystrophies, sleep apnea syndrome(not related to obesity), any organ related (chronic) condition, sickle cell disease, systemic lupus erythematous (SLE), any connective tissue disorder, varicose veins, thrombo embolism venous thrombosis/ venous thrombo embolism (VTE), growth disorders, Graves' disease, Chronic Pulmonary Disease, Chronic Bronchitis, Physiotherapy and swine flu shall be considered for reimbursement under domiciliary treatment.

The cost of medicines, investigations, and consultations,etc.in respect of domiciliary treatment shall be reimbursed for the period stated by the specialist in Prescription. If no period stated, the prescription for the purpose of reimbursement shall be valid for a period not exceeding 90 days.

HOSPITAL / NURSING HOME: A Hospital under this scheme would mean any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under the Clinical establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- Has qualified nursing staff under its employment round the clock.
- Has at least 10 in-patient beds in towns having a population of less than 10 lacs and at least 15 in-patient beds in all other places;
- Has qualified medical practitioner(s) in charge, round the clock;
- Has a fully equipped Operation Theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

This clause will however be relaxed in areas where it is difficult to find such hospitals. The term ' Hospital / Nursing Home ' shall not include an establishment which is a place of rest, a place for the aged, a place for drug-addicts or place for alcoholics, a hotel or a similar place.

HOSPITALIZATION: Hospitalization would mean admission in a Hospital/ Nursing Home for a minimum period of 24 consecutive hours of inpatient care except for specified procedures/treatments, where such admission could be for a period of less than a day,

ID CARD: In terms of the scheme arrived at between the Banks and insurance companies, ID Cards would be issued to all the officers / employees/ dependent family members/retired officers / employees/their dependents for the purpose of availing cashless facility in network hospitals.

PRE-EXISTING DISEASE: Pre Existing Diseases would be covered for reimbursement under this scheme.

PRE–HOSPITALISATION MEDICAL EXPENSES: Medical expenses incurred immediately 30 days before the insured person is hospitalized will be considered as part of a claim provided that such medical expenses are incurred for the same condition for which the insured person's hospitalization was required.

POST HOSPITALISATION MEDICAL EXPENSES: Relevant medical expenses incurred immediately 90 days after the employee/ dependent/ retirement employee is discharged from the hospital provided that such medical expenses are incurred for the same condition for which the Insured Person's Hospitalization was required.

Additional Ex-Gratia for Critical Illness : In addition to the reimbursement covered under this scheme, officers / employees (only officers / employees and not their dependents or retired officers / employees) shall be provided additional ex gratia of ₹ 1,00,000/- . In case an employee contracts a Critical Illness as listed below, the sum of ₹1,00,000/- shall be paid. This benefit shall be provided on first detection/diagnosis of the Critical Illness.

- Cancer including Leukemia
- Stroke
- Paralysis
- By Pass Surgery
- Major Organ Transplant/Bone marrow transplantation
- End Stage Liver Disease
- Heart Attack
- Kidney Failure

Heart Valve Replacement Surgery Hospitalization is not required to claim this benefit.

Expenses on Hospitalization for minimum period of a day are admissible. However, this time limit shall not be applied to specific treatments, such as:

1	Adenoidectomy	19	Haemo dialysis
2	Appendectomy	20	Fissurectomy / Fistulectomy
3	Auroplasty not Cosmetic in nature	21	Mastoidectomy
4	Coronary angiography /Renal	22	Hydrocele
5	Coronary angioplasty	23	Hysterectomy
6	Dental surgery	24	Inguinal/ventral/umbilical/femoral hernia
7	D&C	25	Parenteral chemotherapy
8	Excision of cyst/granuloma/lump/tumor	26	Polypectomy
9	Eye surgery	27	Septoplasty
10	Fracture including hairline fracture /dislocation	28	Piles/ fistula
11	Radiotherapy	29	Prostate surgeries
12	Chemotherapy including parental chemotherapy	30	Sinusitis surgeries
13	Lithotripsy	31	Tonsillectomy
14	Incision and drainage of abscess	32	Liver aspiration
15	Varicocelectomy	33	Sclerotherapy
16	Wound suturing	34	Varicose Vein Ligation
17	FESS	35	All scopies along with biopsies
18	Operations/Micro surgical operations on the nose, middle ear/internal ear, tongue, mouth, face, tonsils & adenoids, salivary glands & salivary ducts, breast, skin & subcutaneous tissues, digestive tract, female/male sexual organs.	36	Lumbar puncture
		37	Ascitic Pleural tapping

This condition will also not apply in case of stay in hospital of less than a day provided the treatment is undertaken under General or Local Anesthesia in a hospital / day care centre in less than a day because of technological advancement and which would have otherwise required hospitalization of more than a day.

MATERNITY EXPENSES BENEFIT EXTENSION : Hospitalization expenses in respect of the new born child can be covered within the Mother's Maternity expenses. The maximum benefit allowable under this clause will be up to ₹ 50000/- for normal delivery and₹ 75,000/- for Caesarean Section.

Baby Day one Cover: New born baby is covered from day one. All expenses incurred on the new born baby during maternity will be covered in addition to the maternity limit and up to Rs, 20,000/-.

Ambulance Charges: Ambulance charges are payable up to Rs 2500/- per trip to hospital and / or transfer to another hospital or transfer from hospital to home if medically advised. Taxi and Auto expenses in actual maximum up to Rs750/- per trip will also be reimbursable.

Ambulance charges actually incurred on transfer from one center to another center due to Non availability of medical services/ medical complication shall be payable in full.

Congenital Anomalies: Expenses for Treatment of Congenital Internal / External diseases, defects anomalies are covered under the scheme.

Psychiatric diseases: Expenses for treatment of psychiatric and psychosomatic diseases shall be payable with or without hospitalization.

Advanced Medical Treatment: All new kinds of approved advanced medical procedures for e.g. laser surgery, stem cell therapy for treatment of a disease is payable on hospitalization /day care surgery.

Treatment taken for Accidents can be payable even on OPD basis in Hospital.

Taxes and other Charges : All Taxes , Surcharges , Service Charges , Registration charges, Admission Charges , Nursing , and Administration charges to be payable.

Charges for diapers and sanitary pads are payable,if necessary, as part of the treatment.

Charges for Hiring a nurse / attendant during hospitalization will be payable only in case of recommendation from the treating doctor in case ICU / CCU, Neo natal nursing care or any other case where the patient is critical and requiring special care.

Treatment for Genetic Disorder and stem cell therapy shall be covered under the scheme.

Treatment for Age related Macular Degeneration (ARMD), treatment such as Rotational Field Quantum magnetic Resonance (RFQMR), Enhanced External Counter Pulsation (EECP), etc. are covered under the scheme. Treatment for all neurological/ macular degenerative disorders shall be covered under the scheme.

Rental Charges for External and or durable Medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Bi-PAP, Infusion pump etc. will be covered under the scheme. However purchase of the above equipment to be subsequently used at home in exceptional cases on medical advice shall be covered.

Ambulatory devices i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces,

Stockings, elastocrepe bandages, external orthopaedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer (including Glucose Test Strips)/ Nebulizer/ prosthetic devise/ Thermometer, alpha / water bed and similar related items etc., will be covered under the scheme.

Physiotherapy charges: Physiotherapy charges shall be covered for the period specified by the Medical Practitioner even if taken at home.

While reimbursement to the officers / employees shall be made by the Banks as hitherto, the Scheme shall be administered by the Banks through a scheme worked out between IBA/Banks and Insurance companies and officers / employees would in no way be directly bound by the terms and conditions of such scheme or arrangements.

However, for the purpose of clarity and information, the details of the Scheme worked out between IBA/Banks and insurance companies is appended herein as **Appendix I & II**.

The above stated scheme would not supersede the continuation of any bank-level arrangement or scheme providing for reimbursement of medical expenses, which is not covered herein, that may be in operation in any Bank.

Appendix I

Medical Scheme for the Officers/ Employees , parties to the 10th Bipartite Settlement/ Joint Note dated 25th May 2015 in lieu of the Existing Hospitalization Scheme

The scheme covers expenses of the officers / employees and dependent in cases he/she shall contract any disease or suffer from any illness (hereinafter called DISEASE) or sustain any bodily injury through accident (hereinafter called INJURY) and if such disease or injury shall require any such insured Person, upon the advice of a duly qualified Physician/Medical Specialist/Medical practitioner (hereinafter called MEDICAL PRACTITIONER) or of a duly qualified Surgeon (hereinafter called SURGEON) to incur hospitalization/domiciliary hospitalization and domiciliary treatment expenses as defined in the Scheme, for medical/surgical treatment at any Nursing Home/Hospital / Clinic (for domiciliary treatment)/ Day care Centre which are registered with the local bodies, in India as herein defined (hereinafter called HOSPITAL) as an inpatient or otherwise as specified as per the scheme, to the extent of the sum insured + Corporate buffer.

1.1. The Scheme Covers Employee + Spouse + Dependent Children + 2 dependent Parents /parents-in law.

- No age limit for dependent children. (including step children and legally adopted children) A child would be considered dependent if their monthly income does not exceed Rs. 10,000/- per month; which is at present, or revised by Indian Banks' Association in due course. Widowed Daughter and dependant divorced / separated daughters, sisters including unmarried / divorced / abandoned or separated from husband/ widowed sisters and Crippled Child shall be considered as dependent for the purpose of this policy. Physically challenged Brother / Sister with 40% or more disability.

- No Age Limits for Dependent Parents. Either Dependent Parents or parents-In-law will be covered. Parents would be considered dependent if their monthly income does not exceed Rs. 10,000/- per month, which is at present, or revised by Indian Banks' Association in due course, and wholly dependent on the employee as defined in this scheme.

  (The definition of family shall undergo a change as decided in due course in the negotiations)

1.2.1 All New Officers / employees to be covered from the date of joining as per their appointment letter. For additions /deletions during policy period, premium to be charged /refunded on pro rata basis.

1.2.2 Continuity benefits coverage to officers / employees on retirement and also to the Retired Officers / employees, who may be inducted in the Scheme.

1.3 Sum Insured: Hospitalization and Domiciliary Treatment coverage as defined in the scheme per annum

Officers : Rs.400000
Clerical Staff : Rs.300000
Sub Staff : Rs.300000

Change in sum insured after commencement of policy to be considered in case of promotion of the employee or vice versa.

1.4In the event of any claim becoming admissible under this scheme, the company will pay through Third Party Administrator to the Hospital / Nursing Home or insured the amount of such expenses as would fall under different heads mentioned below and as are reasonably and medically necessary incurred thereof by or on behalf of such insured but not exceeding the Sum Insured in aggregate mentioned in the schedule hereto.

A. Room and Boarding expenses as provided by the Hospital/Nursing Home not exceeding Rs. 5000 per day or the actual amount whichever is less.
B. Intensive Care Unit (ICU) expenses not exceeding Rs. 7500 per day or actual amount whichever is less.

C. Surgeon, team of surgeons, Assistant surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.

D. Nursing Charges , Service Charges, IV Administration Charges, Nebulization Charges, RMO charges, Anaesthetic, Blood, Oxygen, Operation Theatre Charges, surgical appliances, OT consumables, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like pacemaker,
Defibrillator, Ventilator, orthopaedic implants, Cochlear Implant, any other implant, IntraOccular Lenses, , infra cardiac valve replacements, vascular stents, any other valve replacement, laboratory/diagnostic tests, X-ray CT Scan, MRI, any other scan, scopies and such similar expenses that are medically necessary, or incurred during hospitalization as per the advice of the attending doctor.

E. Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to the insured.

1.6 Pre and Post Hospitalization expenses payable in respect of each hospitalization shall be the actual expenses incurred subject to 30 days prior to hospitalization and 90 days after discharge.

2. DEFINITIONS:

2.1 ACCIDENT: An accident is a sudden, unforeseen and involuntary event caused resulting in injury -

2.2

A. “Acute condition” – Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
B. “Chronic condition” – A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics –
    i. It needs ongoing or long-term monitoring through consultations, examinations, checkups and/or tests –
    ii. It needs ongoing or long-term control or relief of symptoms
    iii. It requires your rehabilitation or for you to be specially trained to cope with it
    iv. It continues indefinitely
    v. It comes back or is likely to come back.

2.3 ALTERNATIVE TREATMENTS:

Alternative Treatments are forms of treatment other than treatment “Allopathy” or “modern medicine and includes Ayurveda, unani, siddha homeopathy and Naturopathy in the Indian Context, for Hospitalisation only and Domiciliary for treatment only under ailments mentioned under clause number 3.1

(Ref: 3.4 Alternative Therapy)

2.4 ANY ONE ILLNESS:

Any one illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital / Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.

2.5 CASHLESS FACILITY:

Cashless facility "means a facility extended by the insurer to the insured where the payments, of the cost of treatment undergone by the employee and the dependent family members of the insured in accordance with the policy terms and conditions, or directly made to the network provider by the insurer to the extent pre-authorization approved.

2.6 CONGENITAL ANOMALY:

Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

a. Internal Congenital Anomaly which is not in the visible and accessible parts of the body

b. External Congenital Anomaly which is in the visible and accessible parts of the body

2.7 CONDITION PRECEDENT:

Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

2.8 CONTRIBUTION:

The Officers / employees will not share the cost of an indemnity claim on a ratable proportion from their personal Insurance Policies.

2.9 DAYCARE CENTRE:

A day care centre means any institution established for day care treatment of illness and/ or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under;-

- has qualified nursing staff under its employment
- has all qualified medical practitioner(s) in charge
- has a fully equipped operation theatre of its own where surgical procedures are carried out.
- maintains daily records of patients and will make these accessible to the insurance companies authorised personnel.

2.10 DAY CARE TREATMENT:

Day care Treatment refers to medical treatment and or surgical procedure which is

i.undertaken under general or local anesthesia in a hospital/day care Centre in less than a day because of technological advancement, and ii. Which would have otherwise required a hospitalisation of more than a day.

Treatment normally taken on an out patient basis is not included in the scope of this definition.

2.11 DOMICILIARY HOSPITALIZATION:

Domiciliary Hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

a) The condition of the patient is such that he/she is not in a condition to be removed to a hospital or

b) The patient takes treatment at home on account of non-availability of room in a hospital.

2.12 DOMICILIARY TREATMENT

Treatment taken for specified diseases which may or may not require hospitalization as mentioned in the Scheme under clause Number 3.1

2.13 HOSPITAL / NURSING HOME:

A Hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under the Clinical establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under

- Has qualified nursing staff under its employment round the clock.
- Has at least 10 in-patient beds in towns having a population of less than 10 lacs and at least 15 in-patient beds in all other places;
- Has qualified medical practitioner(s) in charge round the clock;
- Has a fully equipped Operation Theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

The term ' Hospital / Nursing Home ' shall not include an establishment which is a place of rest, a place for the aged, a place for drug-addicts or place for alcoholics, a hotel or a similar place.

This clause will however be relaxed in areas where it is difficult to find such hospitals.

2.14 HOSPITALIZATION:

Hospitalization means admission in a Hospital/Nursing Home for a minimum period of 24 consecutive hours of inpatient care except for specified procedures/treatments, where such admission could be for a period of less than a day, as mentioned in clauses 2.9 and 2.10

2.15 ID CARD:

ID Card means the identity card issued to the insured person by the THIRD PARTY ADMINISTRATOR to avail cashless facility in network hospitals.

2.16 ILLNESS:

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.

2.17 INJURY:

Injury means accidental physical bodily harm excluding illness or disease which is verified and certified by a medical practitioner.

However all types of Hospitalization is covered under the Scheme.

2.18 IN PATIENT CARE:

In Patient Care means treatment for which the insured person has to stay in a hospital for more than a day for a covered event.

2.19 INTENSIVE CARE UNIT:

Intensive Care Unit means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated medical practitioner(s) and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

2.20 MATERNITY EXPENSES:

Maternity expenses/treatment shall include:

a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).

b) Expenses towards medical termination of pregnancy during the policy period.

C) Complications on Maternity would be covered up to the Sum Insured plus the Corporate Buffer.

2.21 MEDICAL ADVICE:

Any consultation or advice from a medical practitioner/doctor including the issue of any prescription or repeat prescription.

2.22 MEDICAL EXPENSES:

Medical Expenses means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of illness or accident on the advice of a medical practitioner, as long as these are no more than would have been payable if the insured person had not been insured.

2.23 MEDICALLY NECESSARY:

Medically necessary treatment is defined as any treatment, test, medication or stay in hospital or part of a stay in a hospital which

- is required for the medical management of the illness or injury suffered by the insured;

- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;

- must have been prescribed by a medical practitioner;

- must confirm to the professional standards widely accepted in international medical practice or by the medical community in India.

2.24 MEDICAL PRACTITIONER:

Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or the homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The term medical practitioner would include physician, specialist and surgeon.
(The Registered practitioner should not be the insured or close family members such as parents, parents-in-law, spouse and children.)

2.25 NETWORK PROVIDER:

Network Provider means hospitals or health care providers enlisted by an insurer or by a Third Party Administrator and insurer together to provide medical services to an insured on payment by a cashless facility.

The list of network hospitals is maintained by and available with the THIRD PARTY ADMINISTRATOR and the same is subject to amendment from time to time.

2.26 NEW BORN BABY:
A new born baby means baby born during the Policy Period aged between one day and 90 days, both days inclusive.

2.27 NON NETWORK :
Any hospital, day care Centre or other provider that is not part of the network.

2.28 NOTIFICATION OF CLAIM

Notification of claim is the process of notifying a claim to the Bank, insurer or Third Party Administrator as well as the address/telephone number to which it should be notified.

2.29 OPD TREATMENT:

OPD Treatment is one in which the insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of medical a practitioner. The insured is not admitted as a day care or in-patient.

2.30 PRE-EXISTING DISEASE:

Pre Existing Disease is any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment, prior to the first policy issued by the insurer.

2.31 PRE – HOSPITALISATION MEDICAL EXPENSES:

Medical expenses incurred immediately 30 days before the insured person is hospitalized will be considered as part of a claim as mentioned under Item 1.2 above provided that;
i. such medical expenses are incurred for the same condition for which the insured person's hospitalization was required and ii. the inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

2.32 POST HOSPITALISATION MEDICAL EXPENSES:

Relevant medical expenses incurred immediately 90 days after the Insured person is discharged from the hospital provided that;

a. Such Medical expenses are incurred for the same condition for which the Insured Person's
Hospitalization was required; and

b. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

2.33 QUALIFIED NURSE:

Qualified Nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India and/or who is employed on recommendation of the attending medical practitioner.

2.34 REASONABLE AND CUSTOMARY CHARGES:

Reasonable Charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness/injury involved.

2.35 ROOM RENT:

Room Rent shall mean the amount charged by the hospital for the occupancy of a bed on per day basis.

2.36 SUBROGATION:

Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source. It shall exclude the medical / accident policies obtained by the insured person separately.

2.37 SURGERY:

Surgery or surgical procedure means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care Centre by a medical practitioner.

2.38 Third Party Administrator

Third Party Administrator means a Third Party Administrator who holds a valid License from Insurance Regulatory and Development Authority to act as a THIRD PARTY ADMINISTRATOR and is engaged by the Company for the provision of health services as specified in the agreement between the Company and Third Party Administrator.

2.39 UNPROVEN/EXPERIMENTAL TREATMENT:

Unproven/Experimental treatment is treatment, including drug Experimental therapy, which is not based on

established medical practice in India.

3 COVERAGES:

3.1 Domiciliary Hospitalization / Domiciliary Treatment : Medical expenses incurred in case of the following diseases which need Domiciliary Hospitalization /domiciliary treatment as may be certified by the attending medical practitioner and / or bank's 'medical officer shall be deemed as hospitalization expenses and reimbursed to the extent of 100%

Cancer , Leukemia, Thalassemia, Tuberculosis, Paralysis, Cardiac Ailments , Pleurisy , Leprosy, Kidney Ailment , All Seizure disorders, Parkinson's diseases, Psychiatric disorder including schizophrenia and psychotherapy , Diabetes and its complications, hypertension, Hepatitis –B , Hepatitis - C, Hemophilia, Myasthenia gravis, Wilson's disease, Ulcerative Colitis , Epidermolysis bullosa, Venous Thrombosis(not caused by smoking) Aplastic Anaemia, Psoriasis, Third Degree burns, Arthritis , Hypothyroidism , Hyperthyroidism expenses incurred on radiotherapy and chemotherapy in the treatment of cancer and leukemia, Glaucoma, Tumor, Diptheria, Malaria, Non-Alcoholic Cirrhosis of Liver, Purpura, Typhoid, Accidents of Serious Nature , Cerebral Palsy, , Polio, All Strokes Leading to Paralysis, Haemorrhages caused by accidents, All animal/reptile/insect bite or sting , chronic pancreatitis, Immuno suppressants, multiple sclerosis / motorneuron disease, status asthamaticus, sequalea of meningitis, osteoporosis, muscular dystrophies, sleep apnea syndrome(not related to obesity), any organ related (chronic) condition, sickle cell disease, systemic lupus erythematous (SLE), any connective tissue disorder, varicose veins, thrombo embolism venous thrombosis/venous thrombo embolism (VTE)], growth disorders, Graves' disease, Chronic obstructive Pulmonary Disease, Chronic Bronchitis, Asthma, Physiotherapy and swine flu shall be considered for reimbursement under domiciliary treatment.

The cost of Medicines, Investigations, and consultations,etc.in respect of domiciliary treatment shall be reimbursed for the period stated by the specialist and / or the attending doctor and / or the bank's medical officer, in Prescription. If no period stated, the prescription for the purpose of reimbursement shall be valid for a period not exceeding 90 days.

3.2 Critical Illness : To be provided to the employee only subject to a sum insured of Rs. 1,00,000/- . Cover starts on inception of the policy. In case an employee contracts a Critical Illness as listed below, the total sum insured of Rs.1,00,000/- is paid, as a benefit. This benefit is provided on first detection/diagnosis of the Critical Illness.

- Cancer including Leukemia
- Stroke
- Paralysis
- By Pass Surgery
- Major Organ Transplant
- End Stage Liver Disease
- Heart Attack
- Kidney Failure
- Heart Valve Replacement Surgery

Hospitalization is not required to claim this benefit. Further the Employee can claim the cost of hospitalization on the same from the Group Mediclaim Policy as cashless / reimbursement of expenses for the treatment taken by him.

3.3. Expenses on Hospitalization for minimum period of a day are admissible. However, this time limit is not applied to specific treatments, such as

1	Adenoidectomy	20	Haemo dialysis
2	Appendectomy	21	Fissurectomy / Fistulectomy
3	Ascitic / Plueral tapping	22	Mastoidectomy
4	Auroplasty not Cosmetic in nature	23	Hydrocele
5	Coronary angiography /Renal	24	Hysterectomy
6	Coronary angioplasty	25	Inguinal/ ventral/ umbilica/ femoral hernia
7	Dental surgery	26	Parenteral chemotherapy
8	D&C	27	Polypectomy
9	Excision of cyst/ granuloma/lump/tumor		
10	Eye surgery	28	Septoplasty
11	Fracture including hairline fracture /dislocation	29	Piles/ fistula
12	Radiotherapy	30	Prostate surgeries
13	Chemotherapy including parental chemotherapy	31	Sinusitis surgeries
14	Lithotripsy	32	Tonsillectomy
15	Incision and drainage of abscess	33	Liver aspiration
16	Varicocelectomy	34	Sclerotherapy
17	Wound suturing	35	Varicose Vein Ligation
18	FESS	36	All scopies along with biopsies
19	Operations/Micro surgical operations on the nose, middle ear/internal ear, tongue, mouth, face, tonsils & adenoids, salivary glands & salivary ducts, breast, skin & subcutaneous tissues, digestive tract, female/male sexual organs.	37	Lumbar puncture

This condition will also not apply in case of stay in hospital of less than a day provided –

a. The treatment is undertaken under General or Local Anesthesia in a hospital / day care Centre in less than a day because of technological advancement and

b. Which would have otherwise required hospitalization of more than a day.

3.4 Alternative Therapy : Reimbursement of Expenses for hospitalization or domiciliary treatment (under clause 3.1) under the recognized system of medicines , viz, Ayurvedic ,Unani, Sidha, Homeopathy , Naturopathy , if such treatment is taken in a clinic /hospital registered, by the central and state government .

3.5 MATERNITY EXPENSES BENEFIT EXTENSION

The hospitalization expenses in respect of the new born child can be covered within the Mother's Maternity expenses. The maximum benefit allowable under this clause will be up to Rs. 50000/- for Normal Delivery andRs. 75,000/- for Caesarean Section.

Special conditions applicable to Maternity expenses Benefit Extension:

I. 9 months waiting period under maternity benefit will be waived from the policy.

II. Pre-natal &post natal charges in respect of maternity benefit are covered under the policy up to 30 days and 60 days only, unless the same requires hospitalization.

III. Missed Abortions , Miscarriage or abortions induced by accidents are covered under the limit of Maternity

IV. Complications in Maternity including operations for extra uterine pregnancy ectopic pregnancy would be covered in the up to the Sum Insured + Corporate Buffer

V. Expenses incurred for Medical Termination of Pregnancy

VI. Claim in respect of delivery to be given irrespective of the number of children

3.6 Baby Day one Cover: New born baby is covered from day one. All expenses incurred on the new born baby during maternity will be covered in addition to the maternity limit up to Rs, 20000/-.

However if the baby contacts any illness the same shall be considered in the Sum Insured + Corporate buffer. Baby to be taken as an additional member within the normal family floater.

3.7 Ambulance Charges: Ambulance charges are payable up to Rs 2500/- per trip to hospital and / or transfer to another hospital or transfer from hospital to home if medically advised. Taxi and Auto expenses in actual maximum up to Rs750/- per trip.
Ambulance charges actually incurred on transfer from one center to another center due to Non availability of medical services/ medical complication shall be payable in full.

3.8 Pre- Existing Diseases / Ailments: Pre-existing diseases are covered under the scheme.

3.9 Congenital Anomalies: Expenses for Treatment of Congenital Internal / External diseases, defects anomalies are covered under the policy

3.10 Psychiatric diseases: Expenses for treatment of psychiatric and psychosomatic diseases be payable with or without hospitalization.

3.11 Advanced Medical Treatment: All new kinds of approved advanced medical procedures for e.g.

3.12 Treatment taken for Accidents can be payable even on OPD basis in Hospital up to Sum Insured.

3.13 Taxes and other Charges : All Taxes , Surcharges , Service Charges , Registration charges , Admission Charges , Nursing , and Administration charges to be payable.

Charges for diapers and sanitary pads are payable if necessary as part of the treatment
Charges for Hiring a nurse / attendant during hospitalization will be payable only in case of recommendation from the treating doctor in case ICU / CCU, Neo natal nursing care or any other case where the patient is critical and requiring special care.

3.14 Treatment for Genetic Disorder and stem cell therapy is covered under the scheme.

3.15 Treatment for Age related Macular Degeneration (ARMD), treatment such as Rotational Field Quantum magnetic Resonance (RFQMR), Enhanced External Counter Pulsation (EECP), etc. are covered under the scheme. Treatment for all neurological/ macular degenerative disorders shall be covered under the scheme.

3.16 Rental Charges for External and or durable Medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Bi-PAP, Infusion pump etc. will be covered under the scheme. However purchase of the above equipment to be subsequently used at home in exceptional cases on medical advice shall be covered.

3.17 Ambulatory devices i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, elastocrepe bandages, external orthopaedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer (including Glucose Test Strips)/ Nebulizer/ prosthetic devise/ Thermometer, alpha / water bed and similar related items etc., will be covered under the scheme.

3.18 Physiotherapy charges: Physiotherapy charges shall be covered for the period specified by the Medical Practitioner even if taken at home.

All claims admitted in respect of any/all insured person/s during the period of insurance shall not exceed the Sum Insured stated in the schedule and Corporate Buffer if allocated.

4 .EXCLUSIONS:

The company shall 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:

4.1 Injury / disease directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy, War like operations (whether war be declared or not).

4.2 a. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.

a. Vaccination or inoculation.

b. Change of life or cosmetic or aesthetic treatment of any description is not covered.

c. Plastic surgery other than as may be necessitated due to an accident or as part of any illness.

4.3 Cost of spectacles and contact lenses, hearing aids. Other than Intra-Ocular Lenses and Cochlear Implant.

4.4 Dental treatment or surgery of any kind which are done in a dental clinic and those that are cosmetic in nature.

4.5 Convalescence, rest cure, Obesity treatment and its complications including morbid obesity, , treatment relating disorders, Venereal disease, intentional self-injury and use of intoxication drugs / alcohol.

4.6 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 lymphadinopathy 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.

4.7 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, unless recommended by the attending doctor.

4.8 Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician

4.9 Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials.

4.10 All non-medical expenses including convenience items for personal comfort such as charges for telephone, television, barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items and similar incidental expenses, unless and otherwise they are necessitated during the course of treatment.

4.11 CONDITIONS:

5.1 Contract: the proposal form, declaration, and the policy issued shall constitute the complete contract of insurance.

5.2 Every notice or communication regarding hospitalization or claim to be given or made under this

Policy shall be communicated to theoffice of the Bank, dealing with Medical Claims, and/or the THIRD PARTY ADMINISTRATOR office as shown in the Schedule. Other matters relating to the policy may be communicated to the policy issuing office.

5.3 The premium payable under this Policy shall be paid in advance. No receipt for Premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance and fulfillment of the terms, provisions, conditions and endorsements of this Policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to any liability of the Company to make any payment under this Policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorised official of the Company.

5.4 Notice of Communication: Upon the happening of any event which may give rise to a claim under this Policy notice with full particulars shall be sent to the Bank or Regional Office or THIRD PARTY ADMINISTRATOR named in the schedule at the earliest in case of emergency hospitalization within 7 days from the time of Hospitalisation/Domiciliary Hospitalisation .

5.5 All supporting documents relating to the claim must be filed with the office of the Bank dealing with the claims or THIRD PARTY ADMINISTRATOR within 30 days from the date of discharge from the hospital. In case of post-hospitalisation, treatment (limited to 90 days), (as mentioned in para 2.32) all claim documents should be submitted within 30 days after completion of such treatment.

Note: Waiver of these Conditions 5.4 and 5.5 may be considered in extreme cases of hardship where it is proved to the satisfaction of the Bank that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or

deliberate or file claim within the prescribed time-limit. The same would be waived by the TPA without reference to the Insurance Company.

i The Insured Person shall obtain and furnish to the office of the Bank dealing with the claims / THIRD PARTY ADMINISTRATOR with all original bills, receipts and other documents upon which a claim is based and shall also give such additional information and assistance as the Bank through the THIRD PARTY ADMINISTRATOR/Company may require in dealing with the claim.

ii Any medical practitioner authorised by the Bank / Third Party Administrator / shall be allowed to examine the Insured Person in case of any alleged injury or disease leading to Hospitalisation, if so required.

5.6 The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.

5.7 DISCLOSURE TO INFORMATION NORM

The claim shall be rejected in the event of misrepresentation, mis-description or non-disclosure of any material fact.

5.8 Claims will be managed through the same Office of the Bank from where it is managed at present. The Insurance Companies third party administrator will be setting up a help desk at that office and supporting the bank in clearing all the claims on real time basis.

5.9 In case of rejection of claims it would go through a Committee set up of the Bank, Third Party Administrator and United India Insurance Co Ltd. unless rejected by the committee in real time the claim should not be rejected.

5.10 There would be a continuity of this Scheme / benefits to the Retiring Officers / employees and their family and also to the Retired Officers / employees and their family.