BANGIYA GRAMIN VIKASH BANK
HEAD OFFICE, BERHAMPORE

CIRCULAR NO: P&A/**40**/2018 Date: 05.09.2018

All Branches / Offices
All Departments at H.O & PMO

Re: Introduction of Medical Insurance Scheme for the Retired Officers and Employees of the Bank

As directed by the Government of India, Ministry of Finance, Department of Financial services vide Order: F.No. 8/1/2015-RRB Dated 20th October 2016 ,Bank has implemented the Medical Insurance scheme for the existing Workmen and Officers as on 28.08.2018 in the line of the scheme for the Officers/ Employees of IBA Member Banks, parties to the Bipartite Settlement/ Joint Note dated 25th May 2015 in lieu of the existing Hospitalization Scheme.

Bank also finalized the Medical Insurance scheme for the Retired Workmen and Officers .However as the premium is to be borne by the Retired Workmen and Officers themselves, the policy will be commenced only after collection of Options to enter into the Scheme from the Retired Employees along with requisite premium and submission of the same to the Insurance authority.

All willing Officers, Office Assistant and Office attendants who have retired/resigned from Bank's service and Spouse of deceased employees/retired/resigned employees are advised to submit their consent in the prescribed format as per "Annexure-I" latest by 20th September, 2018 at the BGVB Branches where they maintain their Savings Account.

The scheme details & the terms of the scheme are enclosed as Annexure-III

SALIENT FEATURES:

The insurance policy is aimed to cover the medical expenses of the retirees and his/her dependant spouse only.

One time option shall be extended to the retirees. Those retirees who do not opt now, would not be allowed to join later.

The eligible retirees who join and subsequently opt out will not be allowed to rejoin.

Identity Card is proposed to be issued by Oriental Insurance Company Ltd Third Party Administrator. Except what is admissible /payable by the Insurance Company under the insurance policy, Bank will not be responsible for payment of over and above the sum assured.

SUBMITTING OF OPTION:
The willing retired officers / employees shall submit the application/ option letter/ authorization letter in the prescribed format as per Annexure-I on or before 20.09.2018 to the BGVB Branches where they maintain their Bank Account.

The retired employee has to furnish the details of his/ her account with the Bank from which he wishes the Bank to debit the premium amount along with GST. He shall also give mandate/ authorization to this effect to the Bank.

Bank will be debiting the account as per the authorization letter given from the specified account of the Branch, for the full amount of annual premium along with GST as and when due/demanded without any prior intimation/information to the optee subject to availability of sufficient funds in the account.

In case sufficient fund balance is not maintained by the retiree in the Account of BGVB as specified above for which mandate is given by him/her, the option would be treated as lapsed and the Bank shall not be held responsible under any circumstances for the lapse of Insurance Policy.

The Annual Premium payable is subject to changes from time to time as fixed by the Insurance Company every year.

Bank shall not be responsible for any delay in receipt of the application for what so ever reason including postal delay.

The terms, conditions & continuation of the scheme shall also be subject to Industry Level decision and the clarification/ interpretation of various terms and conditions of the scheme shall be strictly as communicated by the IBA and the retirees shall be bound by the same.

The retirees shall note that though the option is being called for now, the actual date of commencement of scheme will be depending on the commencement of the policy date communicated by the Insurance Company.

SUM INSURED/ PREMIUM:
The details of sum insured and premium to be payable by the retired employees inclusive of GST @ 18% is as under:

OPTION-I: Premium Details for Retiree' Policy without domiciliary cover

Retiree Cadre	**Sum Insured**	**Premium Ex GST**	**GST**	**Premium with GST**
Office Assistant and Office attendant	₹300000.00	₹10452.00	₹1882.00	₹12334.00
Officer	₹400000.00	₹13935.00	₹2509.00	₹16444.00

OPTION-II: PREMIUM Details for Retiree' Policy with domiciliary cover

Retiree Cadre	**Sum Insured**	**Premium Ex GST**	**GST**	**Premium with GST**
Office Assistant and Office attendant	₹300000.00	₹23517.00	₹4234.00	₹27751.00
Officer	₹400000.00	₹31354.00	₹5644.00	₹36998.00

Limit of domiciliary cover:-
For Retired Officers – Domiciliary cover of ` 40,000/- within overall Sum Insured of `.4.00 Lakh
For Retired Award Staff – Domiciliary Cover of ` 30,000/- within overall Sum Insured of `3.00 Lakh

GENERAL MANAGER

BANGIYA GRAMIN VIKASH BANK

ANNEXURE-I

Option form for all existing retirees/resigned as on 31.07.2018

Fill in "**BLOCK LETTERS" and** Submit in **duplicate** at the BGVB Branch where SB account is maintained

Name of Employee					
Designation: (as retired)			**Date of Retirement**		
S.P.F. No			**P.P.O. No.: (If Any)**		
Address for Communication	**House No and Street Name**				
	City		Police Station		
	Pin Code		Post Office		
Reasons for superannuation (**Retirement / Resignation / Death)**					
Tel. No			**Mobile No.**		
Email			**Sum Insured** (4/3 Lakh)	₹	
Insurance Option (Tick Box)	**OPTION-I** : Policy without domiciliary cover		**Premium Amount (Tick Box)**	**₹ 12334**	**₹ 16444**
	OPTION-II : Policy with domiciliary cover			**₹ 27751**	**₹36998**
Members Covered (Tick Box)	**Retired Employee + Spouse**		**Spouse of deceased employee**		

Name of Members		**Date of Birth**	**Age**	**Sex**
Retd. Emp				
SPOUSE				

I hereby opt for insurance cover under the scheme and authorize to debit my Savings Account bearing No

__ __ __ __ __ __ __ __ __ __. for a sum of **₹ _____ (in words ___ __ __ __ __ ___ __ __ __ __ __ __ _- __ __ __ __ __ __ __)** as premium for joining in the Medical Insurance Scheme (Option ____) with the insurance provider Oriental Insurance Co. Ltd for the Policy year 2018-19.

Statements made above on my behalf and on behalf of my spouse are true and correct to the best of my knowledge and belief. It is hereby understood and agreed that the statements are the basis on which the insurance is being granted. If, after the insurance is effect, it is found that the statements are incorrect or untrue in any respect, the company shall have no liability under this insurance in respect of me and my spouse proposed for insurance. I also confirm that I have read the terms & condition relating to eligibility to join the scheme

Place: _____

Date: _____ **Signature of Retired/Resigned Employee / Spouse of Deceased Employee**

Certified that Shri./Smt._____, (SPF No. _____) ,a retired employee /spouse of the deceased employee of the Bank maintain savings account No __ __ __ __ __ __ __ __ __ __. with this branch. His/her signature tallies with the recorded specimen Signature in the Account.

Place:

Date: _____ **Signature of Manager with Seal**

This form duly completed in all respects to be Scanned and emailed to cmacts@bgvb.co.in latest by 20th September 2018. Hard copies to be sent by the Branch in duplicate to the respective Regional Offices for submission to *:* The Chief Manager, P&A, Bangiya Gramin Vikash Bank. Head Office, Chuanpur, NH 34, P.O-Berhampur,Dist-Murshidabad PIN-742101 by 25.09.2018

Premium Details for Retiree' Policy

Retiree Cadre	Sum Insured	Option-I Without Domiciliary	Option-II With Domiciliary
Office attendant	₹ 300000.00	₹ 12334.00	₹27751.00
Office Assistant	₹ 300000.00	₹12334.00	₹27751.00
Officer	₹ 400000.00	₹ 16444.00	₹ 36998.00

ANNEXURE-II

GROUP MEDICAL INSURANCE SCHEMEWITH THE ORIENTAL INSURANCE CO. LTD.

1. The Company undertakes that if during the period stated in the Schedule or during the continuance of this Policy by renewal any Officer / Employee and Dependent 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 hospitalisation / domiciliary hospitalisation / domiciliary treatment expenses for medical/surgical treatment at any Nursing Home/Hospital/Clinic (for domiciliary Treatment / daycare centre registered with local bodies in India as herein defined (hereinafter called HOSPITAL) or otherwise as specified as per the scheme, the Company will pay through TPA to the Hospital / Nursing Home or Insured the amount of such expenses as are reasonably and necessarily incurred in respect thereof by or on behalf of such insured Person but not exceeding the Sum Insured in aggregate in any one period of Insurance stated in the schedule hereto.

In 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 person 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 person 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, Intra-Occular 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.

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.

2.2 B) "Chronic condition" – A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics –

2.2.B.i) It needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests
2.2.B.ii) It needs ongoing or long-term control or relief of symptoms
2.2.B.iii) It requires your rehabilitation or for you to be specially trained to cope with it
2.2.B.iv) It continues indefinitely
2.2.B.v) It comes back or is likely to come back.

2.3 ALTERNATIVE TREATMENTS:

Alternative Treatments are forms of treatment other than treatment “Allopath” or “modern medicine and includes Ayurveda, unani, siddha, homeopathy and Naturopathy in the Indian Context, for Hospitalization only and Domiciliary for treatment only under ailments mentioned under clause number 3.1 in a hospital registered by the Central / State Authorities.

(Ref: 3.4 Alternative Therapy)

For Ayurvedic Unani, Sidha, Homeopathy, Naturopathy, treatment, hospitalization or domiciliary treatment expenses are admissible only when the treatment has been undergone in a Government Hospital or in any Institute recognized by the Government and / or accredited by Quality Council of India / National Accreditation Board on health.

Company’s liability for 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.

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 GRACE PERIOD
Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

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 and in the case of an emergency.

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

2.21 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.

2.22 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.

2.23 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.)

2.24 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.

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

2.26 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.

2.27 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 a medical practitioner. The insured is not admitted as a day care or in-patient.

2.28 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.

2.29 PORTABILITY
Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

2.30 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.

2.31 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.

2.32 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 Treatment : Medical expenses incurred in case of the following diseases which need 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 10% of respective sum insured for Officers and Award Staff subject to the overall limit of Sum Insured under the Policy.

Domiciliary treatment sum insured limit shall be for Officers Rs.40,000/- and for Award staff Rs.30,000/- The total sum insured of Rs.4 lakh and Rs.3 lakh respectively for Officers and Award staff is including the domiciliary limit as stated above.

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 Domiciliary Hospitalisation means medical treatment for a period exceeding three days for such 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:

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

3.3 For Ayurvedic Treatment, hospitalisation expenses are admissible only when the treatment has been undergone in a Government Hospital or in any institute recognised by the Government and/or accredited by Quality Council of India / National Accreditation Board on Health. Company's liability for 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.

3.4 Expenses on Hospitalisation 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	28	Septoplasty
10	Eye surgery	29	Piles/ fistula
11	Fracture including hairline fracture /dislocation	30	Prostate surgeries
12	Radiotherapy	31	Sinusitis surgeries
13	Chemotherapy including parental chemotherapy	32	Tonsillectomy
14	Lithotripsy	33	Liver aspiration
15	Incision and drainage of abscess	34	Sclerotherapy
16	Varicocelectomy	35	Varicose Vein Ligation
17	Wound suturing	36	All scopies along with biopsies
18	FESS	37	Lumbar puncture
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.		

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

3.4.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
3.4.b) Which would have otherwise required hospitalization of more than a day.

3.5 ALTERNATIVE THERAPY : Reimbursement of Expenses for hospitalization 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 .

3.6 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 Rs.750/- per hospitalization.

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.

3.7 PRE- EXISTING DISEASES / AILMENTS: Pre-existing diseases are covered under the scheme.

3.8 CONGENITAL ANOMALIES: Expenses for Treatment of Congenital Internal / External diseases, defects/ anomalies are covered under the policy

3.9 PSYCHIATRIC DISEASES: Expenses for treatment of psychiatric and psychosomatic diseases be payable with or without hospitalization.

3.10 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.

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

3.12 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.

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

3.14 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.

3.15 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.

3.16 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.

3.17 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.
b) Vaccination or inoculation.
c) Change of life or cosmetic or aesthetic treatment of any description is not covered.
d) 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 Attempted suicide, critical illness before the commencement of the policy, war, invasion, nuclear radiation are not covered.

5. 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 the office 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 fulfilment 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.

5.6 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.

5.7 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.

5.8 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.

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

5.10 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.

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

5.12 The Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof.

The Company shall not be bound to give notice that such renewal premium is due, provided, however, that if the insured shall apply for renewal and remit the requisite premium before the expiry of this policy, renewal shall not normally be refused, unless the Company has reasonable justification to do so.

5.13 ENHANCEMENT OF SUM INSURED

No enhancement of sum insured after commencement of policy.

5.14 CANCELLATION CLAUSE:

The Company may at any time cancel this Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by the insured fifteen days' notice in writing by Registered A/D to the insured at his last known address in which case the company shall return to the insured a proportion of the last premium corresponding to the unexpired period of insurance if no claim has been paid under the policy. The Insured may at any time cancel this Policy and in such event the Company shall allow refund of premium at Company's short period rate table given below provided no claim has occurred upto the date of cancellation.

PERIOD ON RISK	**RATE OF PREMIUM TO BE CHARGED**
Upto one month	1/4th of the annual rate
Upto three months	1/2 of the annual rate
Upto six months	3/4th of the annual rate
Exceeding six months	Full annual rate

If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act,1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

5.1 If the TPA, as per terms and conditions of the policy or the Company shall disclaim liability to the Insured for any claim hereunder and if the Insured shall not within 12 calendar months from the date or receipt of the notice of such disclaimer notify the TPA/ Company in writing that he does not accept such disclaimer and intends to recover his claim from the TPA/Company then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

5.2 All medical/surgical treatments under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency. Payment of claim shall be made through TPA to the Hospital/Nursing Home or the Insured Person as the case maybe.

5.3 LOW/HIGH CLAIM RATIO (BONUS /MALUS):

Subject otherwise to terms and conditions of Group Mediclaim Policy as attached.
The Insurance Company agrees for a continuity cover for three years based on the following annual renewal matrix.

Claims Ratio	Discount/ Loading Percentage to be applied on the base premium
Not Exceeding 25%	40% discount
Not Exceeding 30%	35% discount
Not Exceeding 40%	25% discount
Not Exceeding 50%	15% discount
Not Exceeding 60%	5% discount
61% - 110%	No discount no Loading
111% - 115%	5% loading
116% - 120%	7% loading
121% - 125%	10% loading
126% - 130%	13% loading
131% - 135%	15% loading
136% - 140%	18% loading

6 IRDAI REGULATIONS:

This Policy is subject to IRDAI (Health Insurance) Regulations 2013 and IRDAI Protection Policyholders' Interest) Regulations 2002 as amended from time to time.

7. GRIEVANCE REDRESSAL:

In the event of the policyholder having any grievance relating to the insurance, the insured Person may submit in writing to the Policy Issuing Office or Grievance cells at Regional Office of the Company for redressal. If the grievance remains unaddressed, the Insured person may contact the Officer, Uni – Customer Care Department, Head Office.

8. IMPORTANTNOTICE

The Company may revise any of the terms, conditions and exceptions of this insurance including the premium payable on renewal in accordance with the guidelines/rules framed by the Insurance Regulatory and Development Authority (IRDA) and after obtaining prior approval from the Authority. We shall notify you of such changes at least three months before the revision are to take effect.

The Company may also withdraw the insurance as offered hereunder after following the due process as laid down by the IRDA and after obtaining prior approval of the Authority and we shall offer to cover you under such revised/new terms, conditions, exceptions and premium for which we shall have obtained from the Authority.

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