

 <p>बँक ऑफ महाराष्ट्र Bank of Maharashtra भारत का स्वतंत्र का स्वतंत्र एक परिवार एक बैंक</p>	<p>0000 000000 000000 000000 HUMAN RESOURCES MGT DEPTT. 1501, -5 Head Office: LOKMANGAL, 1501, SHIVAJINAGAR, PUNE-5 /TELE : 020-25514501-12, 25532752 E-mail: bomcoper@mahabank.co.in</p>	 <p>एक स्वयं स्वयंसेवा की सेवा स्वच्छता अभियान की सफलता हेतु हम प्रतिबद्ध हैं</p>
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No. AX-1/ST/IR/Cir.84/2017-18

15TH MARCH 2018

ALL BRANCHES / OFFICES OF THE BANK

Dear Sir,

Reg :- Group Mediclaim Policy for the year 2018-19

This is to inform you that the Group Mediclaim Insurance Policy for Executives, Officers, Award Staff and retired staff with United India Insurance Co. Ltd. is to be renewed w.e.f. 1st April 2018.

The Scheme shall be managed by HRM department, Head Office. Any complaints / grievances etc. regarding settlement of the claim may be referred to us.

PREMIUM

The premium as narrated below shall include premium for hospitalization expenses, and GST 18%.

SUM INSURED [Rs. Lakh]	Premium with GST [Rs. in Actual]			
	Self	Self + Spouse	Self+spouse+2child (1+3)	Self+Spouse+2child+ 2Parents (1+5)
1.00	3694	4253	6464	10483
2.00	6807	7588	11066	17381
3.00	9573	10853	14127	22199
4.00	11700	13311	17487	27482
5.00	13830	17786	20961	32934
6.00	16980	23688	26831	38205
7.00	19530	29137	33003	43170
8.00	20935	34380	38944	47489
9.00	24059	38849	44006	50814
10.00	25984	41957	47350	52845

We enclose the scheme details narrating salient features and other detailed terms & conditions received from United India Insurance Company Ltd. as Annexure.

BENEFIT UNDER INCOME TAX ACT

The premium paid under the scheme is eligible for IT deduction under Section 80[D]. Only the amount of premium [excluding GST] is eligible for tax deduction. Income Tax certificate for the purpose of claiming for IT deduction under 80[D] shall be issued by the insurance company directly.

Please note that the eligible amount of premium will be update in income tax module at Head Office level. In case any Branch / Zone have punched the amount of premium for getting the correct projection, the same should be deleted from the system at their end to avoid any duplication of entry.



HOW TO APPLY - ONLINE APPLICATION

Application form for group mediclaim policy has been made online. The link is available of intranet

BOMNET — Utility — Useful Links— HR Related Software— Group Mediclaim

All existing members of the scheme and retired employees who want to continue / want to enter newly into the scheme, should apply online through the above link. **The premium will not be debited without online punching.** For filling the application he / she may approach their nearest branch and fill the application online.

The actual coverage would start immediately i.e. from 01-04-2018 for the existing members of Group Mediclaim Policy and w.e.f. 01-05-2018 for the members who joins scheme fresh in current year.

Application in hard copy will not be accepted.

LAST DATE OF PAYMENT OF PREMIUM

The online application will be available from **16.03.2018 to 26.03.2018 only**. No applications will be accepted after the above mentioned date. Individual account mentioned in the application will be debited after **26.03.2018**. All are requested to **maintain sufficient balance** in their accounts, till their account is debited. No follow up will be made with employees who do not maintain sufficient balance.

Policy number of the renewed scheme will be published on intranet in due course.

The policy has cashless facility in select hospitals. The employees who are members of the scheme are already provided with cash less card. The same shall be valid and no new card will be required.

CLAIM SETTLEMENT THROUGH NEFT

For all the claims settled by the insurance company payment will be done through NEFT / RTGS. The details required for payment through NEFT are added in the application form and should be properly filled in while entering in the scheme.

All are advised to ensure correct punching of data in the application form. Any wrong information shall not be entertained and the Bank shall not be responsible for rejection / discontinuation of the membership.

All the Branch Managers / Zonal Heads / Departmental Heads are requested to bring this circular to the notice of all the employees including retired employees.

All other terms and conditions of the policy shall remain unchanged.

Yours faithfully


[Siddharth N. Kamble]
Asst. General Manager
HRM




[M.A. Karajagi]
Dy. General Manager
HRM

GROUP MEDICLAIM POLICY FOR EMPLOYEES OF BANK OF MAHARASHTRA

2018-19

Salient Features:

1. Policy covers hospitalization expenses for medical/surgical treatment arising out of any disease/ailment/illness/accident;
2. Pre & Post hospitalization expenses up to 30 days prior to hospitalization and up to 60 days after discharge;
3. No restrictions on expenses towards pre and post hospitalization and major illness i.e., covered up to overall sum insured;
4. No capping under any head including Room Rent/ICU Rent;
5. No Co-Pay Clause;
6. Sum Insured is on family Floater basis i.e., anyone member or all the members put together can avail hospitalization benefit during the policy period up to the Sum insured
7. All Pre-Existing diseases are covered;
8. Diseases that are normally not covered during the first year and first two years are also covered;
9. Maternity benefit provided – Normal Delivery up to Rs. 35,000/- and Cesarean section up to Rs. 50,000/-;
10. Spouse of deceased Employee shall be continued to be covered up to 80 years provided the deceased employee and spouse was insured under the existing policy for 2015-16 or during 2016-17 but could not exercise the option for coverage in 2017-18;
11. Another one time option is provided for retired employee or retired employee + spouse up to 80 years who were not insured under existing policy for 2017-18.



12. Cover for Dependant Children up to 25 years or marriage, whichever is earlier, crippled and or physically challenged children without age restrictions

13. Coverage for Dependant Parents up to 80 years;

14. Provision to claim excess amount after exhausting sum insured and or Corporate Buffer under the IBA Policy if the employee is a member of such policy and has preferred to claim thereunder subject to terms and conditions of this Group Policy. In this event, communication of hospitalisation of insured must be made to the TPA within 48 hours of such hospitalisation. To avail this, Employee need to submit Declaration in Annexure 1 and other documents as per Clause 21 A of the attached terms, conditions. The Declaration is to be duly certified/countersigned by Zonal Head/Executive of HR Dept of the Bank's Head Office in case of serving employee and Branch Manager or any other Officer of the Bank in case of retired employee.

15. Option open for employee to claim under this Group Policy up to the sum insured so selected subject to its terms and conditions and provided no claim has been or would be preferred to under the IBA Policy. In this event, communication of hospitalisation of insured must be made to the TPA within 48 hours of such hospitalisation and Claim documents in original to be submitted to the TPA within 30 days from discharge.

16. Cashless Facility through TPA

17. Submission of completed Annexure 1 is mandatory irrespective of whether or not claim is preferred to under the Group Policy or after exhausting claim under the IBA Policy. Refer Clause 20.3 of the terms and conditions.

18. For the purpose of brevity, this Group Mediclaim Policy is hereinafter referred to as "Group Policy" while the Group Mediclaim Policy taken by Indian Banks Association for its member Banks as a result of the Bipartite Agreement is hereinafter referred to as IBA Policy.

19. Broad Terms and Conditions are as given in next pages

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GROUP MEDICLAIM POLICY FOR EMPLOYEES OF BANK OF MAHARASHTRA – 2018-19

BROAD TERMS AND CONDITIONS

(For purpose of brevity, this Group Medclaim policy is hereinafter referred to as "Group Policy" while the Group Medclaim policy taken by Indian Banks Association for its member Banks as a result of the Bipartite Agreement is hereinafter referred to as IBA Policy)

1. The Policy covers hospitalization expenses for medical/surgical treatment arising out of any disease/illness accident.
- 2.
3. There shall be no restriction on the amount of expenses for pre and post hospitalization expenses as well as expenses on major illness expenses subject, however, to the overall Sum Insured so selected/applicable.
4. There shall be no restriction on room rent/ICU rent.
5. There shall be no Co-pay Clause.
6. Sum insured is on family floater basis i.e., any one member or all members put together can avail hospitalization benefit during the policy period up to the Sum insured so selected.
7. Hospitalization shall be for a minimum period of 24 hours save and except in respect of specific treatments as provided for hereinafter.
8. The policy covers Employee & Family:
 - 1 or 1+1 or 1+3 or 1+5 Basis i.e. Employee (1) or Employee + Spouse (1+1) or Employee + Spouse + 2 Dependants (1+3) or Employee + Spouse + 2 Dependent Children + Parents (1+5)
 - Spouse of deceased employee up to the age of 80 years subject to such spouse is /was covered under the policy for 2015-16;
 - Retired Employee (1) or Retired Employee + Spouse (1+1) or Spouse of deceased Employee up to the age of 80 years who had got covered under the Group Policy for 2017-18 as a onetime option shall continue to be covered up to the age of 80 years;
 - Another onetime option is being provided to cover Retired Employee (1) or Retired Employee + Spouse (1+1) or Spouse of deceased Employee (Provided deceased employee and spouse were covered previously either during 2015-16 or 2016-17 or 2017-18 up to the age of 80 years. This applies to those who did not exercise the option during 2017-18;
 - Dependent Children means children up to the age of 25 years or marriage, whichever, is earlier;
 - Dependent Children also included Crippled and/or physically challenged Child without upper age restrictions;
 - Dependent parents up to the age of 80 years;



8. Policy Mid Term Addition/Inclusion:

Mid Term addition of new employee is permissible on payment of full annual premium.

Mid Term addition of members of family of employee on account of marriage and new born baby is permissible subject to other terms and conditions as laid down herein under the Group Policy. However, in the event such addition alters the family structure, full differential annual premium shall be chargeable. Example 1, Employee A on Self basis with a sum insured of Rs 5 lacs at the commencement date of the policy, marries during the policy period can include his/her spouse immediately upon such marriage thus altering the family structure from Self basis(1) to Self + Spouse (1+1) basis, the differential full annual premium chargeable for 1+1 and premium so charged on Self basis against the sum insured of Rs 5 lacs shall become payable. Example 2, Employee A covered on Self + Spouse (1+1) basis at the commencement date of the policy for a sum insured of Rs 5 lacs, includes a new born baby during the period of the policy, the differential full annual premium chargeable for 1+3 and premium so charged on 1+1 basis against the sum insured of Rs 5 lacs shall become payable. New born child shall be included after 90 days from birth.

In the event an employee has opted for coverage under 1+5 so as to include his Parents with his family structure actually being Self + Parents and desires to include his/her spouse during the policy period on account of marriage, such inclusion of spouse shall be permissible without charging any premium. Similarly, new born child to such category of employee shall be included mid-term without charging any premium. However, no mid-term alteration in sum insured shall be permissible.

9. In the event of any claim becoming admissible under this Group Policy, 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
- B. Intensive Care Unit (ICU) expenses
- 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 valvereplacement, 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.



10. Pre and Post Hospitalisation expenses payable in respect of each hospitalization shall be the actual expenses incurred subject to 30 days prior to hospitalization and 60 days after date of discharge and subject to overall limit of sum insured so selected

11. 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 -

- 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.

12. Alternative Therapy : Reimbursement of Expenses for hospitalization treatment under the recognized system of medicines , viz, Ayurvedic (AYUSH) , if such treatment is taken in a clinic /hospital registered, by the central and state government, accredited by Quality Council of India, National Accreditation Board on Health



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13. **Pre- Existing Diseases / Ailments:** Pre-existing diseases are covered under the Group Policy

14. Expenses towards medical treatment in relation to certain specific illness which in normal course are not covered unless the Insured has 24 months of continuous coverage shall be covered under the Group Policy. The specific illness are Cataract, Benign Prostatic Hyperthrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital Internal Disease, Fistula in anus, piles, sinusitis and related disorders, gall bladder stone removal, gout and rheumatism, calculus,

15. **Maternity Expenses/treatment** shall include medical treatment expenses traceable to childbirth and the maximum benefit allowable will be up to Rs 35,000/- for Normal Delivery and Rs 50,000/- for Caesarean Section subject, however, to nine months waiting period. Waiting period shall not apply to insured person who had been previously continuously covered under the Group Policy.

16. **Advanced Medical Treatment Covered:** 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.

17. All claims admitted in respect of any/all insured person(s) during the period of insurance shall not exceed the Sum Insured stated against the respective employee under the Group Policy.

18. 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:

18.1 Any disease contracted by the Insured person during the first 30 days from the commencement date of the policy. This shall not apply to insured person who had been previously continuously covered under the Group Policy for 2015-16.

18.2 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).

18.3 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.

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

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



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- 18.6 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.
- 18.7 All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB - III) or lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
- 18.8 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.
- 18.9 Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician
- 18.10 Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials.
- 18.11 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.

19. CONDITIONS:

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

20. CLAIMS:

- 20.1 Every notice or communication regarding hospitalization or claim to be given or made under this Group Policy shall be communicated to the **THIRD PARTY ADMINISTRATOR office M/s Health India TPA Services Pvt Ltd, Ashoka Mall, Office No. 207/B, Opp Sun N Sand Hotel, Bund Garden Road, Pune - 411005; Tel: 020-40077891/892/893/894; Toll Free Number: 922 22 316 022; Mail Id: bom@healthindiatpa.com, punetpa@healthindiatpa.com** . Other matters relating to the policy may be communicated to the policy issuing office.
- 20.2 **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 THIRD PARTY ADMINISTRATOR within 48 hours from the time of Hospitalisation . This is irrespective of whether claim is preferred to with the TPA under the IBA Policy and/or under the Group Policy. This is not applicable in the event no claim is desired to be preferred to under this Group Policy.
- 20.3 **Annexure 1 is to be submitted mandatorily for all claims.**



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All supporting documents in original relating to the claim under the Group Policy must be filed with the office of THIRD PARTY ADMINISTRATOR within 30 days from the date of discharge from the hospital. In case of pre and post-hospitalisation, treatment (limited to 30 days and 60 days respectively from the date of hospitalisation), all claim documents should be submitted within 30 days after completion of such treatment.

21. SPECIAL CONDITIONS IN RELATION TO CLAIMS

Additional Facility provided under the Group Policy in respect of Employee/Retired Employee with dependant children/parents covered under the IBA Policy:

Under the IBA Policy, Officers are covered for a family floater sum insured of Rs 4 Lacs;

1. Under the IBA Policy, Clerical Staff and Sub Staff are covered for a family floater sum insured of Rs 3 Lacs
2. Corporate Buffer under IBA Policy provides:
 - a) Rs 100 Crores to be apportioned as per the premium of the Bank
 - b) If Corporate Buffer of one Bank is exhausted, the remaining amount can be claimed from the unutilized corporate buffer of the other Banks.
 - c) Corporate Buffer can be authorized by the Management through an authorized person/Committee as decided by IBA/Bank and information thereof is to be provided to the TPA keeping the Insurance Company in the loop.

Employee/Retired Employee with dependant children/parents under the Group Policy would have the following option to prefer to claim subject to admissibility, terms and conditions of the Group Policy:

A. Officer/Clerical Staff/Sub Staff covered under the IBA Policy and preferring to claim under the said IBA Policy at the first instance:

- i) In case the sum insured under the IBA policy is exhausted with or without reimbursement made under the Corporate Buffer Clause thereof, the Officer/Clerical Staff/Staff may prefer to claim such excess claim amount incurred viz., towards hospitalization, pre and post hospitalization under the Group Policy, subject to the sum insured so selected under the Group Policy, in which case, the following procedure shall be applicable:
- ii) Provide a declaration as per Annexure 1 attached hereto to be duly certified/countersigned by Zonal Head/Executive of HR Dept of the Bank's Head Office in case of serving employee and Branch Manager or any Officer of the Bank in case of retired employee
- iii) Provide self attested photocopy of each and every claim document so submitted to the TPA under the IBA Policy for reimbursement of claim lodged with them;
- iv) Provide certificate from the TPA under the IBA Policy on the quantum of claim settled (cashless plus reimbursement) with detail computation thereof including expenses that have been disallowed;

(The above shall not be applicable in case of maternity benefit claims.)

- ### ***B. Officer/Clerical Staff/ Sub Staff who has not preferred to any claim under the IBA Policy(both cashless as well as reimbursement) , such employee may prefer to lodge claim under the Group Policy in which event, he/she would be required to submit all supporting claim documents in original to the TPA under the Group Policy .***

