
 बैंक ऑफ महाराष्ट्र Bank of Maharashtra भारत सरकार का उद्यम एक परिवार एक बैंक	Human Resources Management Department मानव संसाधन प्रबंधन विभाग Head Office: LOKMANGAL, 1501, SHIVAJINAGAR, PUNE-5 प्रधान कार्यालय: लोकमंगल, 1501, शिवाजीनगर, पुणे-5 टेलीफोन / Tel: 020-25614272 ई-मेल / E-Mail: bomcowelfare@mahabank.co.in	
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No. AX1/HR/Welfare/Cir.222/2022-23

Date: 06.03.2023

ALL BRANCHES / OFFICES OF THE BANK

Dear Sir / Madam,

Reg:-Group Mediciam Policy for the year 2023-24

The Group Mediciam Insurance Policy for Executives, Officers, Award Staff and retired staff with United Insurance Co. Ltd. is due for renewal. on 1st April 2023.

Quotations were invited from different insurance companies. Based on the quotations submitted, The Oriental Insurance Company Limited has been selected as an insurer for the year 2023-24. This company has appointed Medsave Health Insurance TPA Private Limited as service provider for the current year's Group Mediciam Policy. The details of premium are as under:

PREMIUM

The Oriental Insurance Company Ltd., has quoted the following premium for renewal of the policy;

SUM INSURED [Rs. Lakh]	Premium with GST [Rs.in Actual]				
	Self	Self + Spouse (1+1)	Self +Parents (1+2)	Self + Spouse + 2Child (1+3)	Self + Spouse + 2 Child + 2 Parents (1+5)
1.00	8,140	10,175	12,210	14,244	19,940
2.00	16,364	20,456	24,547	28,639	40,095
3.00	20,279	25,350	30,420	35,491	49,687
4.00	25,764	32,204	38,645	45,084	63,119
5.00	30,852	38,565	46,278	53,991	75,588
6.00	37,525	46,906	56,288	65,669	91,937
7.00	44,395	55,494	66,593	77,693	1,08,771
8.00	52,630	65,789	78,947	92,106	1,28,949
9.00	62,351	77,939	93,527	1,09,117	1,52,764
10.00	73,861	92,328	1,10,793	1,29,261	1,80,964

Note: New members above 65 years to 70 years of age, the existing premium will be loaded by 20%, and above 70 years of age the existing premium will be loaded by 50%.

The salient features and other detailed terms & conditions of the policy as received from The Oriental Insurance Company Limited is enclosed as Annexure.

Address of The Oriental Insurance Company Ltd:

The Oriental Insurance Company Ltd.
Corporate Business Unit No.2, Oriental Building 3rd Floor,
M.G. Road, Fort, Mumbai - 400 001

Address of Anand Rathi Insurance Brokers Ltd

10th Floor, Regent Chambers, Jamanlal Bajaj Marg,
Nariman Point, Mumbai 400021.

Contact Persons:- 1) Umesh Bhosale – 9637656444:- umeshbhosale@rathi.com
2) Shardul Joshi – 7045417583:- sharduljoshi@rathi.com
3) Satish Pawar – 9664694152:- satishpawar@rathi.com

Address of Medsave Health Insurance TPA Private Limited of Pune branch as under:

Medsave Health Insurance TPA Private Ltd:
Office No. 14, B Wing, Bilwakunj Society, 020-265266
Shukarwar Peth, Near Chinchechi Talim, Pune - 411002

Contact Persons:

1) Mayur Chavan -9511901370:- bompune@medsave.in
2) Ameya Deshmukh- 9310062361:- bompune@medsave.in
3) Nitin Gulade- 7219604140:- punebackoffice@medsave.in

BENEFIT UNDER INCOME TAX ACT

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

Please note that the eligible amount of premium will be updated in income tax module at Head Office level for existing employees & Retirees. Branches are requested not to punch the same in the Income tax portal to avoid duplication of entry.

HOW TO APPLY - ONLINE APPLICATION

Navigation: HR@1CLICK-WELFARE REQUESTOR - WELFARE TYPES - SELECT “BOM March Policy” from drop down

To opt the scheme:

- The Employee having HRMS access can punch their request directly under their login.
- For remaining employees / retired employees select switch user functionality from screen and enter PF no. of employee / retired employee and then enter all details as per requirement.
- Receipt can be printed by clicking the “Request ID” under **opt history**.

[For any technical issue in punching / applying you may contact to Mrs. Akankasha Singh Mo. No. 8149600806; E-Mail ID.: akanksha.singh@mahabank.co.in; cgm_hrmfm@mahabank.co.in]

Those who want to exit from the scheme should not punch the application in HRMS.

All the willing staff members / retirees who have already been covered under this scheme, employees / retirees who wish to join for the first time are eligible to enter into the scheme as new member, may apply online through the above link. **However, premium for new members above 65 years to 70 years, the existing premium will be loaded by 20% and above 70 years, the existing premium will be loaded by 50%.**

The premium will be debited only after punching of application by the applicants. The retired employees for renewal of policy may approach the nearest branch for getting their application punched. All Branch Managers / Officers are requested to inform the retirees accordingly and cooperate with them for punching in the HRMS. After punching / submission of the data of concerned pensioner take two print outs duly signed by Authorized official & pensioner (one for pensioner and another for branch record). **Application in hard copy will not be accepted.**

COVERAGE START FROM

The actual coverage will start immediately i.e. from 01-04-2023 for the existing members of Group Medclaim Policy and w.e.f. 01-05-2023 for the members who newly join the scheme in current Year. This waiting period shall not be applicable in case of accident.

LAST DATE FOR APPLYING AND PAYMENT OF PREMIUM

The online application utility will be available from **06.03.2023 to 22.03.2023** only. No applications will be accepted after the due date. Individual account mentioned in the application will be debited with the amount of premium on 23.03.2023. **All are requested to maintain sufficient balance in their accounts, till their account is debited. In case of insufficient balance the policy in respect of the concerned employee / retired employee shall not be renewed. No follow up will be made with employees who do not maintain sufficient balance.**

The policy has cashless facility in selected hospitals. The employees who are members of the scheme will be provided cash less cards by TPA.

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 to be filled in the application form. All are advised to ensure correct punching of data in the application form. The Bank shall not be responsible for any wrong data punched.

The contents of this circular be brought to the notice of all employees / Retired employees.

Yours faithfully

(K. Rajesh Kumar)
General Manager
HRM



**GROUP MEDICLAIM INSURANCE POLICY FOR EMPLOYEE
BANK OF MAHARASHTRA FOR THE FINANCIAL YEAR 2023-24**

TERM AND CONDITION OF POLICY

Salient features:

Policy Coverages

1. Policy covers hospitalization expenses for medical surgical treatment arising out of any disease/ailment/illness/accident.
2. Hospitalization and major illness i.e. covered up to overall sum insured.
3. 30 Days Pre & 60 Days Post Hospitalization. No Restrictions on expenses towards capping Hospitalization & 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. All pre-existing diseases are covered.
7. For new entrants above 65 years, the existing premium will be loaded by 20%. , New entrants above 70 years age premium will be loaded by 50%.
8. First 30 days waiting period shall be applicable for New Entrants & Not applicable in case of Accidental Claims.
9. Diseases that are normally not covered during the first year, Second year & Third year under the standard Mediclaim Insurance policy shall be covered.
10. Maternity Benefit provided - Normal Delivery Rs.35,000/- & Cesarean Section Rs.50,000/- (Up to 2 Deliveries)
11. Spouse of deceased employee cover subject to spouse is cover in last year policy (2022-23)
12. Cover dependent children up to 25 years of age or marriage or getting employed whichever is earlier, crippled and/or physically challenged children without age restrictions
13. Cashless facility through TPA.
14. New Born child shall be included after 90 days from the date of birth
15. No Ailment-wise capping is applicable.

16. Midterm alteration of Sum Insured is not permissible.
17. Midterm addition of new employee is permissible. Midterm addition of family member are only allow in event of newly married spouse or new born child. Full annual premium shall paid for new join employee or for any change of family definition.

Example – If employee want to add spouse or new born child in midterm then employee need to pay full annual difference premium for change in plan/family definition (Such as moving from Self to Self + spouse) (Self to Self + Parents) (Self + spouse to Self + Spouse + 2 children)

In other event employee taken policy for family definition Self+ spouse+ 2 children+ 2 parents & want to add new born child (not more than 2) then employee can add new born

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child without paying any additional premium.

18. Road Ambulance Cover

We will cover the costs incurred up to the limit as specified in the Policy Schedule or Certificate of Insurance on transportation of the Insured Person by road Ambulance to a Hospital for treatment in an Emergency following an Illness or Injury which occurs during the Policy Period. It becomes payable if a claim has been admitted under Section II.1 or II.2 and the expenses are related to the same Illness or Injury. We will also cover the costs incurred on transportation of the Insured Person by road Ambulance in the following circumstances up to the limits specified in the Policy Schedule or Certificate of Insurance:

(i) it is medically required to transfer the Insured Person to another Hospital or diagnostic center during the course of Hospitalization for advanced diagnostic treatment in circumstances where such facility is not available in the existing Hospital;

(ii) it is medically required to transfer the Insured Person to another Hospital during the course of Hospitalization due to lack of specialty treatment in the existing Hospital.

All claims under this Benefit can be made as per the process defined under Section V. D

19. Domiciliary Hospitalisation Cover

We will cover Medical Expenses, up to the limit specified in the Policy Schedule/ Certificate of Insurance, incurred for the Insured Person's Domiciliary Hospitalization during the Policy Period following an Illness or Injury that occurs during the Policy Period provided that:

i. The Domiciliary Hospitalisation continues for at least 3 consecutive days in which case We will make payment under this Benefit in respect of Medical Expenses incurred from the first day of Domiciliary Hospitalisation;

ii. The treating Medical Practitioner confirms in writing that Domiciliary Hospitalization was medically required and the Insured Person's condition was such that the Insured Person could not be transferred to a Hospital or the Insured Person satisfies Us that a Hospital bed was unavailable;

iii. We shall not be liable to pay for any claim in connection with:

a. Asthma, bronchitis, tonsillitis and upper respiratory tract infection including laryngitis and pharyngitis, cough and cold, influenza;

b. Arthritis, gout and rheumatism;

c. Chronic nephritis and nephritic syndrome;

d. Diarrhoea and all type of dysenteries, including gastroenteritis;

e. Diabetes mellitus and insipidus;

f. Epilepsy;

g. Hypertension;

h. Psychiatric or psychosomatic disorders of all kinds;

i. Pyrexia of unknown origin.

All claims under this Benefit can be made as per the process defined under Section V. D

20. Donor Expenses Cover

We will cover the In-patient Hospitalization Medical Expenses incurred for an organ donor's treatment during the Policy Period for the harvesting of the organ donated up to the limit as specified in the Policy Schedule or Certificate of Insurance provided that:

i. The donation conforms to The Transplantation of Human Organs Act 1994 and the organ is for the use of the Insured Person;

ii. We have admitted a claim towards In-patient Hospitalisation under the Base Cover and it is related to the same condition; organ donated is for the use of the Insured Person as certified in writing by a Medical Practitioner;

iii. We will not cover:

a. Pre-hospitalization Medical Expenses or Post-hospitalization Medical Expenses of the organ donor;

b. Screening expenses of the organ donor;

c. Costs associated with the acquisition of the donor's organ;

d. Transplant of any organ/tissue where the transplant is experimental or investigational;

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- e. Expenses related to organ transportation or preservation;
f. Any other medical treatment or complication in respect of the donor, consequent to harvesting.
All claims under this Benefit can be made as per the process defined under Section V. C and D
21. 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 there under subject to terms and conditions of this Group Policy. In this event, communication of hospitalization of insured must be made to the TPA within 48 hours of such hospitalization. To avail this, employee need to submit Declaration in Annexure 1 and other documents as per Clause 21A f 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.
22. Option open for employee to claim under this Group Policy up to the sum insured 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 hospitalization of insured must be made to TPA within 48 hours of such hospitalization and claim documents in original to be submitted to the TPA within 30 days from discharge.
23. For the purpose of brevity, this Group Health Insurance 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.
24. The Policy covers Employee and Family
a. 1 or 1+1 or 1+2 or 1+3 or 1+5 basis i.e.
• Employee (1)
• Employee + Parents (1+2)
• Employee + Spouse (1+1)
• Employee + Spouse + 2 dependent children (1+3)
• Employee + Spouse + 2 dependent children + Parents (1+5)
b. Spouse of deceased employee can enroll who had got cover under the Policy for 2022-23
c. Retired employee (1) or Retired employee + Spouse (1+1) or Spouse of deceased employee who had got covered in this Group Policy for 2022-23 shall continue during policy for 2023-24.
25. 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- which shall be decided - other matters relating to the policy may be communicated to the Anand Rathi Insurance Brokers / policy issuing office.
26. 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 immediate however maximum within 48 hours from the time of hospitalization. This is irrespective of whether the 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.
(No claim is will be rejected on the ground of Delay Intimation or Submission)
27. Annexure 1 is to be submitted mandatorily for all claims. All supporting documents in original relating to the claim under the Group Policy must be filed with the office of THIRD PARTY ADMINISTRATOR within 15 days from the date of discharge from the hospital. In case of pre and post hospitalization, treatment (limited to 30 days and 60 days respectively from the date of hospitalization), all claim documents should be submitted within 30 days

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after completion of such treatment.

28. Special condition in relation to claims:-

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/ sub 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.

29. Rest all terms and conditions as per the standard Group Health Insurance Medi-claim Policy.

30. Modern Treatment Methods & Advancement in Technology

Sr. No.	Modern Treatment Methods & Advancement in Technology	Limits per Surgery
1	Uterine Artery Embolization & High Intensity Focussed Ultrasound (HIFU)	Up to 20% of Sum Insured subject to a maximum of Rs. 2 Lacs per policy period for claims involving Uterine Artery Embolization & HIFU
2	Balloon Sinuplasty	Up to 10% of Sum Insured subject to a maximum of Rs.1 Lac per policy period for claims involving Balloon Sinuplasty
3	Deep Brain Stimulation	Up to 70% of Sum Insured per policy period for claims involving Deep Brain Stimulation
4	Immunotherapy-Monoclonal Antibody to be given as Injection	Up to 20% of Sum Insured subject to a maximum of Rs.2 Lacs per policy Period
5	Intra vitreal Injections	Up to 10% of Sum Insured subject to a maximum of Rs. 1 Lac per policy Period
6	Robotic Surgeries (Including Robotic Assisted Surgeries)	•Up to 75% of Sum Insured per policy period for claims involving Robotic Surgeries for (i) the treatment of any disease involving Central Nervous System irrespective of aetiology; (ii)

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		Malignancies •Up to 50% of Sum Insured per policy period for claims involving Robotic Surgeries for other diseases
7	Stereotactic Radio Surgeries	Up to 50% of Sum Insured per policy period for claims involving Stereotactic Radio Surgeries
8	Bronchial Thermoplasty	Up to 30% of Sum Insured subject to a maximum of Rs.3 Lacs per policy period for claims involving Bronchial Thermoplasty.
9	Vaporisation of the Prostate (Green laser treatment for holmium laser treatment)	Up to 30% of Sum Insured subject to a maximum of Rs.2 Lacs per policy period.
10	Intra Operative Neuro Monitoring (IONM)	Up to 15% of Sum Insured per policy period for claims involving Intra Operative Neuro Monitoring subject to a maximum of Rs. 1 Lac per policy period.
11	Stem Cell Therapy: Hematopoietic Stem Cells for bone marrow transplant for hematological conditions to be covered only	No additional sub-limit
12	Oral Chemotherapy	Up to 20% of Sum Insured subject to a maximum of Rs.2 Lacs per policy period for claims involving Oral Chemotherapy



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