

आंतर कार्यालयीन ज्ञापन INTER-OFFICE MEMORANDUM

प्रेष्कः From	प्रति To,	
महाप्रबंधक The General Manager, प्रधान कार्यालय Head Office मानव संसाधन विभाग Human Resources Dept. औद्योगिक संबंध प्रभाग, Industrial Relations Division	The General Manager All HO Departments The Zonal Manager All Zones H.R. Department The General Manager National Banking Group The Dy. General Manager, LCB/Zonal Audit Offices The Principal Staff Training Colleges	
संदर्भ सं.Ref.No.:HO:HR:IR:I-0291	दिनांक Date : 29 th September,2017	

New Group Medical Insurance Scheme for retirees of the Bank

Renewal of Insurance Cover w.e.f. 01.11.2017 with increase in premium amount
Last Date of submission of OPTION – 18.10.2017
Date of debit of Premium – 26.10.2017

In view of the communication received from United India Insurance Company Ltd, we bring to your notice the premium for renewal of Group Health Insurance Policy (for retirees) for the period 1st November 2017 to 31st October, 2018 (both days inclusive), the details of which are as under:-

Option I	Normal Renewa (Without Domic	al on existing conciliary cover)	ditions	
	Sum insured	Premium amount	GST @ 18 %	Total
Retired Officers	Rs.4,00,000/-	Rs.13,935/-	Rs.2,508/-	Rs.16,443/-
Retired Award Staff	Rs.3,00,000/-	Rs.10,452/-	Rs.1,881/-	Rs.12,333/-

Option II	and the state of t	ry Expenses Ber s per Employees		
	Sum insured	Premium amount	GST @ 18 %	Total
Retired Officers	Rs.4,00,000/-	Rs.31,354/-	Rs.5,644/-	Rs.36,998/-
Retired Award Staff	Rs.3,00,000/-	Rs.23,517/-	Rs.4,233/-	Rs.27,750/-

- 2. The renewal as proposed by the Insurance Company will be on the following terms:
 - I. All those Ex-staff members who are covered under Group Medical Insurance scheme as on 31.10.2017 are only allowed to renew their cover (Domiciliary/ Without Domiciliary) with effect from 01.11.2017.



The Ex-staff members who have opted for Domiciliary cover can continue with Domiciliary benefits or may opt for renewal with option of **Without Domiciliary benefits**. However, please importantly note that the Ex-staff members who have opted for Without Domiciliary cover cannot switch to Domiciliary cover.

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- III. All those Ex-staff members who could not join the Group Medical Insurance Scheme earlier have the opportunity to join now with option of Without Domiciliary Cover, only.
- IV. Please note that accounts having insufficient balance at the time of Debit i.e. on Thursday 26.10.2017 will be treated as EXIT cases and will be withdrawn from the Insurance policy.
- 3. The procedure for Renewal of Group Medical insurance Cover from 01.11.2017 for the retirees covered under the Existing policy expiring on 31.10.2017 will be as under:

A) Without Domiciliary Optees:

All the retirees under this policy <u>will be considered for AUTO renewal</u> and their accounts will be DEBITED on <u>26.10.2017</u>.

However, if any retiree who is covered under this Policy and wish to exit from the policy cover is required to submit hisr option by visiting the TPA website i.e. https://portal.medibuddy.in between 05-10-2017 to 18.10.2017.

B) With Domiciliary Optees:

- i) All the retirees under this policy <u>will be considered</u> for **AUTO renewal** and their accounts will be DEBITED on <u>26.10.2017</u>.
- ii) All the retirees who are covered under existing insurance cover with **Domiciliary option only** are advised to visit the TPA website i.e. https://portal.medibuddy.in and exercise their option if they want to shift to Without Domiciliary cover, by filling the required details.
- iii) However, if any retiree who is covered under this Policy and <u>wish to exit</u> from the policy cover is required to submit his option by visiting the TPA website i.e. https://portal.medibuddy.in between 05-10-2017 to 18.10.2017.

PROCEDURE FOR ONLINE ENROLMENT: Steps to be followed:

STEP 1	Log in to https://portal.medibuddy.in
STEP 2	Put in your Login ID and Password
	For e.g. Login ID – BOI PF No.
	Password by default– BOI PF No
STEP 3	Click on "Online Enrolment" link
STEP 4	Select Option i.e. With Domiciliary OR
	Without Domiciliary OR EXIT
STEP 5	Update necessary details in respect of self, i.e.
	Mobile No
	Email Id
	Marital Status
	Marriage Date
	Fill details of Spouse in the following fields:
	- NAME
	- GENDER
	- DOB
	ACCOUNT NO
	IFSC Code
	BRANCH
	BANK NAME
	RESIDENTIAL ADDRESS
STEP 6	Confirm the data after verifying correctness of the same



All those who are covered under existing Policy, are required to maintain sufficient balance in their account (recorded earlier with the Bank) on the date of debit i.e. 26.10.2017to enable the Bank to Debit their Accounts and remit the premium to the Insurance Company in time. Similarly, the retirees joining now are also required to maintain sufficient balance in their accounts on 26.10.2017.

Those who are unable to access the TPA portal for submitting the EXIT option, they can submit the scanned copy of their application (**EXIT FORM- Copy enclosed**) by email on Star.Varisht@bankofindia.co.in by 5.00 pm on or before 18.10.2017. Any application received thereafter will not be entertained.

- 4. We enclose screen-shots of relative pages of the TPA Website for better understanding by the concerned retirees.
- 5. Those Retirees who could not join the Group Medical Insurance Scheme earlier are allowed to join in <u>Without Domiciliary</u> policy, only. Those interested are required to submit their applications in the prescribed format (FORM A-Copy enclosed) and submit the scanned copy of their application by email on <u>Star.Varisht@bankofindia.co.in</u> by 5.00 pm on 18.10.2017. Any application received thereafter will not be entertained. <u>Kindly note to submit only one application per retiree and avoid duplication</u>.
- 6. All are advised that in case adequate balance is not available in the related account of retiree on 26.10.2017, the premium will not be paid and he will deemed to be opted out from the Group Medical Insurance Scheme.
- 7. We may advise that, the Insurance Company has offered Super-Top-up Policy w.e.f. 01.11.2017 without Domiciliary cover to the Ex-staff members who are going to renew their cover/take fresh cover. The details of the same are as below:

CATEGORY	Sum Insured of Super Top Up Policy		Premium Excluding GST	GST @ 18%	Gross premium Payable per family incl. of GST @18% Rs.
Officer	5,00,000/-	4,00,000/-	3,225/-	581	3,806/-
Award Staff	4,00,000/-	3,00,000/-	2,975/-	536	3,511/-

The above said Super Top-up cover is **purely optional and the Bank has no role in it**. Those who wish to opt for this Super Top-up are advised to contact M/s K M Dastur Insurance Brokers Pvt. Ltd on their email ID <u>iba@kmdastur.com</u> and/or on telephone number 022-66179800. We reiterate that the Bank has no role in offering Super Top-up cover introduced by the Insurance Co.

- 8. Please bring the contents of this communication to the notice of all retirees / VRS optees maintaining their pension accounts with the branches in your zone and who are members of this Scheme. This will enable them to exercise their option within the stipulated date. Please note importantly that a copy of this IOM is displayed on the notice board of the Zone / Branches for the information of all concerned.
- 9. We also enclose brief terms and conditions of Group Medical Insurance Policy and benefits of the Super Top-up Policy for the use of all concerned.

(M.K. Gupta) General Manager (HR)

TOP INDIA *

FORM A

Self

Spouse

The General Manager, Bank of India Head Office, H.R.D. MUMBAI 400 051.

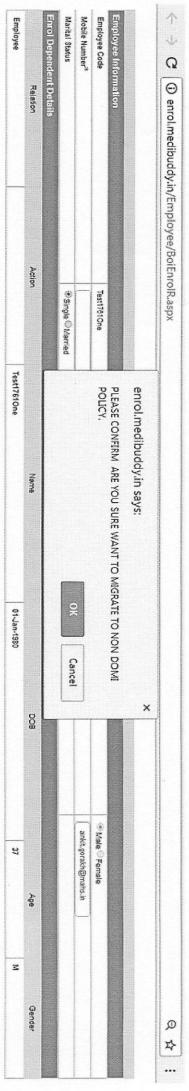
I refer to your circular IOM No. HO:HR:IR:MSS:I-260 dated 29.09.2017 in the caption subject. I submit herewith my necessary particulars:- I. Full Name			ion for joining t	ce Scheme for Officers/Employees the Scheme w.e.f. 01.11.2017.	
2. I submit herewith my necessary particulars:- 1. Full Name	suh	I refer to your cir	cular IOM No. F	IO:HR:IR:MSS:I-260 dated 29.09.201	7 in the captioned
1. Full Name Date of Birth: Gender: M 2. Provident Fund No. : Date of Superannuation/VRS : 3. Last position held : Scale/Designation Place : 4. Name of dependent spouse : Shri/Smt Date of Birth: 5. Contact Details :			n my necessary i	narticulars:-	
2. Provident Fund No. : Date of Superannuation/VRS : 3. Last position held : Scale/Designation Place : 4. Name of dependent spouse : Shri/Smt Date of Birth: 5. Contact Details : Address for correspondence PIN Mobile No Email ID					Gondor: M / E
3. Last position held: Scale/Designation Place:					
4. Name of dependent spouse : Shri/Smt					
5. Contact Details: Address for correspondence Mobile No. Email ID. 3. I have understood that the United India Insurance Co.Ltd. has offered the option to group Medical Insurance Scheme for left out retirees and accordingly I exercise my option under:- Option I (Without Domiciliary) Premium for the period from 01.11.2017 to 31.10.2018 YES (including GST @ 18%) Officer Cadre					
Address for correspondence PIN Mobile No. Email ID. 3. I have understood that the United India Insurance Co.Ltd. has offered the option to group Medical Insurance Scheme for left out retirees and accordingly I exercise my option under:- Option I				ri/Smt Date	of Birth:
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Sum Insured Continue Continu	Gro	up Medical Insuranc		eft out retirees and accordingly I exer	
Sum Insured Premium for the period from 01.11.2017 to 31.10.2018 (including GST @ 18%) Officer Cadre Rs. 4,00,000 Rs. 16,443 Award Staff Cadre Rs. 3,00,000 Rs. 12,333 (Please tick ONLY ONE applicable box) 4. I irrevocably authorize the Bank to debit premium amount to my A/c with Branch during current year and also subsequent years. In case, I intend to discontinue the Medical Insurance Scheme, I underto inform the Bank before due date of payment of premium. I shall ensue to maintain sufficient balance in my above account. It will be my responsibility to update Self/Spouse details					
Award Staff Cadre Rs. 3,00,000 Rs. 12,333 (Please tick ONLY ONE applicable box) 4. I irrevocably authorize the Bank to debit premium amount to my A/c with Branch during current year and also subsequent years. In case, I intend to discontinue the Medical Insurance Scheme, I undertate inform the Bank before due date of payment of premium. I shall ensue to maintain sufficient balance in my above account. It will be my responsibility to update Self/Spouse details			Sum Insured	Premium for the period from 01.11.2017 to 31.10.2018	
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(Please tick ONLY ONE applicable box) 4. I irrevocably authorize the Bank to debit premium amount to my A/c with Branch during current year and also subsequent years. In case, I intend to discontinue the Medical Insurance Scheme, I undertate inform the Bank before due date of payment of premium. I shall ensue to maintain sufficient balance in my above account. It will be my responsibility to update Self/Spouse details		Award Staff Cadre	Rs. 3.00.000	Rs. 12.333	
to inform the Bank before due date of payment of premium. I shall ensue to maintain suffici- balance in my above account. It will be my responsibility to update Self/Spouse details				x)	
Yours faithfully,	4.		with	Branch during curren	t year and also for

Date:

EXIT FORM

OPTION FORM FOR DISCONTINUING FROM GROUP MEDICAL INSURANCE SCHEME

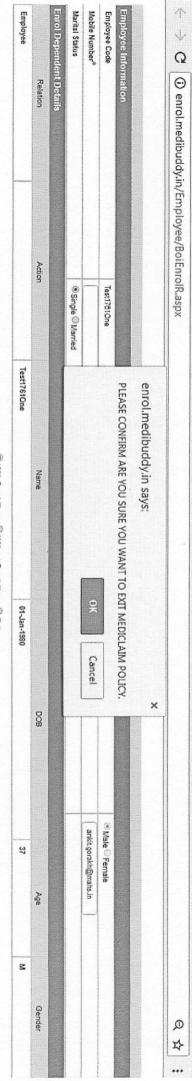
	Address :
	Provident Fund No Date :
The General Manager, Bank of India Head Office, H.R.D. MUMBAI 400 051.	
Request for Exit from	Scheme for Officers/Employees m the Insurance Cover
	No. HO:HR:IR:I-260 dated 28-09-2017 in the captioned
	with the said Group Medical Insurance Scheme from the request you not to debit my account with Bank of India ,
 I am aware that once I opt not be entitled to join the same subs 	t out from the Group Medical Insurance Scheme, I would sequently.
	Yours faithfully,
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⊕ With Domicillary
⊕ Without Domicillary
⊕ Exit

		Option I (Without Domiciliary /OPD)		
Cadre	Sum Insuged	Pro-Rata Premium for one month without GST	GST@18%	Total Premium
Officer	400000	13935	2508	96443
		Option It (With Dominilary (OPD)		
Cadre	Sum Insured	Pro-Rata Premium for one month without GST	GST@18%	Total Premium
Officer	403900	21354	ALSO	26998

CONFIRM HAVING READ THE PREMIUM TABLE DISPLAYED



With Domicilisry
 Without Domicilisry
 Exit

		Option I (Without Domiciliary /OPD)		
Cadre	Sum insured	Pro-Rata Premium for one month without GST	GST @ 18%	Total Premium
Officer	400000	13935	2508	16443
		Option II (With Domicilisry IOPD)		
Cadre	Sum insured	Pro-Rata Premium for one month without GST	GST @ 18%	Total Premium
Officer	400000	31354	5644	36398

CONFIRM HAVING READ THE PREMIUM TABLE DISPLAYED

Spouse	Employee	Relation	Enrol Dependent Details	Marital Status	Mobile Number*	Employee Code	Employee Information		\leftrightarrow $oldsymbol{G}$ $oldsymbol{igoplus}$ enrol.medibuddy.in/Employee/BoiEnrolR.aspx \cdot
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	Test1762One	Name					PLEASE CONFIRM ARE YOU SURE YOU WANT TO EXIT MEDICLAIM POLICY.	enrol.medibuddy.in says:	
	01-Jan-1980	DOB			OK Cancel		INT TO EXIT MEDICLAIM POLICY.	×	
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		Option II (With Damicliary /OPD)		
12333	1881	10452	300000	Award Staff
Total Premium	GST@ 18%	Pro-Rata Premium for one month without GST	Sum insured	Cadre
		Option I (Without Domiciliary /OPD)		
		Pro-Rata premium for one month under retiree policy with Domiciliary (OPD) coverage.	m for one month unde	Fro Kata premiu

CONFIRM HAVING READ THE PREMIUM TABLE DISPLAYED

Without Domiciliary ○ Ext

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Sum insured Pro-	Cadre
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Gender	Age	DOB	Name	Action.	Relation
				•	Enrol Dependent Details
•)e Date	Marriage Date	Single	Marital Status
	ankt.gorakh@mahs.in	l Email [#]	Official Email*		Mobile Number's
		7	Gender	Test1781One	Employee Code
					Employee Information

Cadre Sum Insured
Officer 400000
Cadre Sum insured
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CONFIRM HAVING READ THE PREMIUM TABLE DISPLAYED

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Summarized terms and conditions of the Group Mediclaim Policy Association for Retirees

1	Hospitalization coverage for the Retired/ Resigned Employee + Spouse only; or Widow/ Widower. Sum Insured Officers : Rs.4,00,000/- Clerical Staff : Rs.3,00,000/- Sub Staff : Rs.3,00,000/-
2	Room rent Rs.5,000/- per day. ICU Rs.7,500/- per day.
3	Family would consist of Retired/ Resigned Employee + Spouse only; or Widow/ Widower.
4	Cover for pre-existing ailments. Cover to include first 30 days from commencement of the policy. All types of diseases /ailments to be covered without any waiting period.
5	No sub limit with regards any diseases /treatment and / or irrespective of the grade of the bed.
6	No limits for surgeons, anesthetics, medical practitioners, consultants and specialist fees within the sum insured and /or irrespective of the grade of the bed.
7	Treatment of Congenital internal /External diseases /defects/anomalies to be covered.
8	To cover Benign prostatic hypertrophy, Hysterectomy, Menorrhagia or Fibromyoma, Hernia, Fistula of anus, Piles, Sinusitis, Asthma, Bronchitis, All Psychiatric or Psychosomatic disorders.
9	All the Retired / Resigned employees to be covered from the date of receipt of premium to the Insurance Company.
10	For additions during policy period premium to be charged on pro rata basis. No refund of premium where claims have been paid.
11	Claims will be managed from the same regional / nodal offices from where it is managed at present. The insurance companies Third Party Administrator will be supporting the bank in clearing the claims by either placing a representative or picking up the claim documents. In case the claim is routed through the Third Party Administrator instead of the Bank Regional /Nodal offices, Third Party Administrator to be intimated within 7 days of admission to hospitals. Claims to be submitted to Third Party Administrator within 30 days from the date of discharge. Third Party Administrator to condone in case of a delay in both cases, without reference to the Insurance Company. Delay in submission beyond 30 days should be condone only in case of extreme circumstances by Nodal Officer appointed by the bank. Ambulance charges maximum up to Rs.2,500/- per trip to hospital and /or transfer
12	to another hospital. Taxi and Auto in actual maximum up to Rs.750/- per trip.
13	Accident OPD charges in Registered hospital up to the Sum Insured.



Taxes & Surcharges will be payable subject to the sum insured plus Corporate Buffer.
Reimbursement of expenses for hospitalization under the recognized system of medicines, viz., Ayurvedic, Unani, Sidha, Homeopathy and Naturopathy if such treatment is taken in a clinic /hospital recognized by the central/state Government.
In case of package charges for specialized treatment for heart, kidney, coronary and similar other ailments, no deductions from the package subject to sum insured.
To cover the cost of implants, stents and similar other body parts, during surgery and / or through a medical procedure and also cover the medical cost of the donor.



Additional benefits of the IBA Super Top up policy

- No age limit for the entry into the policy
- 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.(Refer clause 1.3)
- Expenses on Hospitalization for minimum period of a day are admissible. However, this time limit is not applied to specific treatments, such as Adenoidectomy, Appendectomy, Ascitic / Plueral tapping, Coronary angiography /Renal; Auroplasty not Cosmetic in nature; Coronary angioplasty; Dental surgery; D&C; Excision of cyst/ granuloma/lump/tumor; Eye surgery; Fracture including hairline fracture /dislocation; Radiotherapy; Chemotherapy including parental chemotherapy; Lithotripsy; Incision and drainage of abscess ; Varicocelectomy; Wound suturing; Hemodialysis; Fissurectomy / Fistulectomy; Mastoidectomy; Hydrocele; Hysterectomy; Inguinal/ ventral/umbilical/femoral hernia; Parenteral chemotherapy; Polypectomy; Septoplasty; Piles/fistula; Prostate surgeries; Sinusitis surgeries: Tonsillectomy: Liver aspiration; Sclerotherapy; Varicose Vein Ligation; All scopies along with biopsies; Lumbar puncture; 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. (Refer clause 3.3)
- Reimbursement of Expenses due to hospitalization under the recognized system of medicines, viz Unani, Sidha, Homeopathy, and Naturopathy, if such treatment is taken in a hospital registered, by the central / state government. (Refer clause 3.4)
- 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 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.(Referclause 3.5)
- Expenses for Treatment of Congenital Internal / External diseases, defects anomalies are covered under the policy (Refer Clause 3.7)
- Expenses for treatment of psychiatric and psychosomatic diseases be payable on hospitalization. (Refer Clause 3.8)



- 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.(Refer clause 3.9)
- Treatment taken for Accidents can be payable even on OPD basis in Hospital up to Sum Insured (Refer clause 3.10)
- Genetic disorders and stem cell implantation / Surgery covered upto reasonable and customary charges.(Refer clause 3.12)
- 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. (Refer clause 3.13)
- 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. (Refer clause 3.14)
- Ambulatory devices i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, elastocrepe bandages, external orthopedic 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. (Refer clause 3.15)
- Physiotherapy charges shall be covered for the period specified by the Medical Practitioner even if taken at home.
 (Refer clause 3.16)