

 <p>बँक ऑफ महाराष्ट्र Bank of Maharashtra मानव संसाधन विकास विभाग <i>एक परिवार एक बैंक</i></p>	<p>मानव संसाधन विकास विभाग HUMAN RESOURCES MGT DEPTT. प्रधान कार्यालय: लोकमंगल, 1501, शिवाजीनगर, पुणे-5 Head Office: LOKMANGAL, 1501, SHIVAJINAGAR, PUNE-5 टेलीफोन/TELE: 020-25514501-12, 25532752 ई-मेलE-mail: bomcoper@mahabank.co.in</p>	 <p>एक कदम स्वच्छता की ओर 'स्वच्छता अभियान' की सफलता हेतु हम प्रतिबद्ध हैं</p>
--	---	---

No. AX1/ST/IR/Cir.106/2018-19

Date: 12.03.2019

ALL BRANCHES / OFFICES OF THE BANK

Dear Sir,

Reg :-Group Mediclaim Policy for the year 2019-20

The Group Mediclaim Insurance Policy for Executives, Officers, Award Staff and retired staff with United India Insurance Co. Ltd. is due for renewal. W.e.f. 1st April 2019.

PREMIUM

The United India 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	Self+spouse+2child (1+3)	Self+Spouse+2child+ 2Parents (1+5)
1.00	4131	4755	7226	11720
2.00	7611	8483	12371	19432
3.00	10704	12133	15794	24818
4.00	13081	14882	19549	30726
5.00	15462	19886	23435	36820
6.00	18984	26482	29997	42713
7.00	21834	32575	36898	48265
8.00	23406	38437	43539	53093
9.00	26897	43433	49199	56810
10.00	29050	46908	52938	59081

The salient features and other detailed terms & conditions of the policy as received from United India Insurance Company Ltd. Is enclosed as Annexure.

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. Branches are requested not to punch the same in the Income tax portal to avoid duplication of entry.



HOW TO APPLY - ONLINE APPLICATION

Application form for group mediclaim policy has been made available in intranet. The link is -

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

All members of the scheme, existing and retired employees who wish to continue / wish to enter newly into the scheme (in case of Retired employees entry is permitted only up to 65 years), may apply online through the above link. The premium will be debited only after punching by the applicants. The retired employees may approach the nearest branch for getting their application punched. Retired employees whose age as on 01.04.2019 is 65 years or more are not eligible to enter into the scheme as new members. However, retired employees who are already members can continue to be members of the group policy on payment of the relevant premium.

The actual coverage will start immediately i.e. from 01-04-2019 for the existing members of Group Mediclaim Policy and w.e.f. 01-05-2019 for the members who newly join the scheme in current year.

Application in hard copy will not be accepted.

LAST DATE OF PAYMENT OF PREMIUM

The online application utility will be available from **15.03.2019 to 25.03.2019** only. No applications will be accepted after the due date. Individual account mentioned in the application will be debited with the amount of premium after **25.03.2018**. All are requested to maintain sufficient balance in their accounts, till their account is debited. In case sufficient balance is not maintained, the policy in respect of the concerned shall not be renewed. No follow up will be made with employees who do not maintain sufficient balance.

The policy has cashless facility in select hospitals. The employees who are members of the scheme are already provided with cash less cards. 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 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.

Yours faithfully


[K. Rajesh Kumar]
Asst. General Manager
HRM

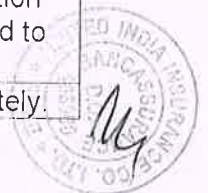



[Anildatta Raje]
Asst. General Manager
Learning & Development

**GROUP MEDICLAIM INSURANCE POLICY FOR EMPLOYEES OF
BANK OF MAHARASHTRA
FOR THE FINANCIAL YEAR 2019-20
FORMING PART OF POLICY NO.**

Salient features :

1. Policy covers hospitalization expenses for medical/surgical treatment arising out of any disease/ailment/illness/accident.
2. Pre and Post hospitalization expenses up-to 30 days prior to hospitalization and up-to 60 days after discharge from the hospital.
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 available sum insured.
7. All the pre-existing diseases are covered.
8. Diseases that are normally not covered during the first year and first two years under the standard Mediclaim Insurance Policy shall be covered.
9. Maternity benefit provided – Normal delivery upto Rs.35000/- and Cesarean section up to Rs.50000/-.
10. Spouse of deceased employee shall be continued to be covered up to the age of 80 years provided the deceased employee and spouse was insured under the existing policy for 2016-17 or during 2017-18 but could not exercise the option for coverage during 2018-19.
11. Another one time option provided for retired employee or retired employee + spouse up-to 65 years of age who were not insured under the existing policy for 2018-19.
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. Coverage for dependent 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 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 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 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.
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 forming part of this policy are given herewith separately.



**GROUP MEDICLAIM POLICY FOR EMPLOYEES OF
BANK OF MAHARASHTRA FOR 2019-20
FORMING PART OF POLICY NO.**



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.

Broad terms and conditions of Group Policy:

1. The Policy covers hospitalization expenses for medical/surgical treatment arising out of any disease/ailment/illness/accident.
2. 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 available sum insured so selected /applicable.
3. There shall be no restriction on room rent/ICU rent subject to overall hospitalization claim restricted to available sum insured under the Policy.
4. There shall be no co-pay clause.
5. Sum Insured is on family floater basis i.e. any one member or all members covered under the policy put together can avail hospitalization benefits during the policy period up to sum insured so selected or available under the policy.
6. Hospitalization should be for a minimum period of 24 hours save and except in respect of specific treatments as provided for hereinafter.
7. The Policy covers Employee and Family
 - a. 1 or 1+1 or 1+3 or 1+5 basis i.e. Employee (1) or Employee + Spouse (1+1) or Employee + Spouse + 2 dependent children (1+3) or Employee + Spouse + 2 dependent children + Parents (1+5)
 - b. Spouse of deceased employee up to the age of 80 years subject to such spouse is/was covered under the Policy for 2016-17 or during 2017-18 but could not exercise the option in 2018-19
 - c. 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 up to the Group Policy for 2018-19 shall continue to get covered up to the age of 80 years during policy for 2019-20.
 - d. Another one-time 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 2016-17 or 2017-18 or 2018-19 up to the age of 65 years. This applies to those who did not exercise the option during 2018-19.
 - i. Dependent children means children up to the age of 25 years or marriage or his/her getting employed whichever is earlier
 - ii. Dependent children also includes crippled and/or physically challenged child without upper age restrictions
 - iii. Dependent parents up to the age of 80 years only



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 the date of 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 baby 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 during the policy period for any category.

9. In the event of any claim becoming admissible under the 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 available 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, Specialist's fees.
- D. Nursing charges, service charges, IV administration charges, Nebulization charges, RMO charges, Anaesthetic, Blood, Oxygen, Operation theatre charges, surgical appliances, OT consumables, Medicines and 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 ocular lenses, infra cardiac valve replacements, vascular stents, any other valve replacement, laboratory/diagnostic tests, x-ray, CT scan, MRI, any other scan, scopes and such similar expense 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 Hospitalization expenses payable in respect of each hospitalization shall be the actual expenses incurred subject to 30 days prior to hospitalization and





60 days after the date of discharge and subject to overall limit of available sum insured under the Policy.

11. Expenses on Hospitalization for minimum period of a day are amissible. 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	Parental 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 Or dislocation	30	Prostate surgeries
12	Radiotherapy	31	Sinusitis surgeries
13	Chemotherapy including parental chemotherapy	32	Tonsillectomy
14	Lothotripsy	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 and adenoids, salivary glands and salivary ducts, breast, skin and 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 –

- 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. Aurvedic (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.



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 illnesses are Cataract, Benign Prostatic Hyperthrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenial 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.35000/- for Normal delivery and Rs.50000/- for Caesarean Section subject, however to nine months waiting period from the date of inception of the policy or date of inclusion under the policy whichever is later. 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 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/ available sum insured 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 2018-19.
- 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.
- 18.6 Convalescence, rest cure, Obesity treatment and its complications including morbid obesity, treatment related 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. Other terms and conditions are as per Tailormade GMC policy to which these salient features and Broad terms and conditions are attached.

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., Office No. 32 and 33, 1st floor, Sangam Commercial Complex Phase II 46, Dr.Ambedkar Road, Sangam Bridge, Pune 411 001 – Telephone Nos. 020-26057542, 26057541 . 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 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.

20.3 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 after completion of such treatment.



6

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 childrent/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/ 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 ase 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.

