



प्र.का./01/बी.आर/ इन्श्योरेन्स/2020-21/ 239

दिनांक : 27.10.2020

परिपत्र समस्त शाखाओं, कार्यालयों एवं बैंक के सेवानिवृत्त कार्मिकों हेतु
प्रधान कार्यालय के इन्श्योरेन्स विभाग द्वारा जारी

प्रिय महोदय / महोदया,

विषय : **बैंक के सेवानिवृत्त कार्मिकों हेतु ग्रुप चिकित्सा बीमा योजना (पॉलिसी संख्या : 42130034200400000001) अवधि : 01.09.2020 से 31.08.2021 तक**

कृपया हमारे परिपत्र संख्या प्र०का०/01/बी.आर/मा.स.प्र./2020-21/188 दिनांक 03.09.2020 का सन्दर्भ ग्रहण करें जिसके माध्यम से बैंक के उन सेवानिवृत्त कार्मिक एवं मृतक आश्रित पति / पत्नी हेतु ग्रुप चिकित्सा बीमा योजना लागू किए जाने की सूचना दी गयी थी जिन्होंने उक्त योजना में शामिल होने का विकल्प प्रस्तुत करने के साथ-साथ अपने खाते से प्रीमियम राशि की कटौती का प्राधिकार बैंक को प्रदान किया था.

तत्क्रम में निम्नवत सूचित किया जाता है :

- पूर्ववर्ती-काशी गोमती संयुक्त ग्रामीण बैंक, पूर्ववर्ती-पूर्वांचल बैंक एवं पूर्ववर्ती-बड़ौदा उत्तर प्रदेश ग्रामीण बैंक के वे सेवानिवृत्त कार्मिक एवं मृतक आश्रित पति/पत्नी जो कि बैंक के विद्यमान कार्मिकों हेतु वर्तमान में बैंक में चल रही मेडिकल बीमा योजना में आच्छादित होने के कारण सेवानिवृत्त कार्मिकों हेतु ग्रुप चिकित्सा बीमा योजना में आच्छादित होने हेतु पूर्व में विकल्प पत्र प्रेषित नहीं कर सके हैं वे दिनांक 03.11.2020 तक अपने नजदीकी क्षेत्रीय कार्यालय में pro rata प्रीमियम दर से योजना में आच्छादित होने हेतु विकल्प प्रस्तुत कर सकते हैं.
- यदि कोई सेवानिवृत्त कार्मिक एवं मृतक आश्रित पति/पत्नी पूर्व में किन्ही कारणों से उक्त योजना में आच्छादित होने हेतु विकल्प पत्र प्रेषित नहीं कर सके वे भी दिनांक 03.11.2020 तक अपने नजदीकी क्षेत्रीय कार्यालय को pro rata प्रीमियम दर से उक्त योजना में शामिल होने हेतु विकल्प प्रस्तुत कर सकते हैं.
- चूंकि बीमा कंपनी द्वारा योजना में आच्छादित करने के लिए यह अंतिम अवसर प्रदान किया गया है अतः कृपया सावधानी पूर्वक नोट करें कि इस अवसर के पश्चात बैंक के किसी भी सेवानिवृत्त कार्मिक एवं मृतक आश्रित पति/पत्नी को उक्त पॉलिसी अवधि में इस योजना में आच्छादित करा पाना बैंक द्वारा संभव नहीं होगा.
- योजना हेतु विकल्प पत्र अनुलग्नक-1 में संलग्न है.
- M/s The New India Assurance Company Limited द्वारा निर्गत की गयी ग्रुप मेडिकल बीमा पॉलिसी (पॉलिसी संख्या : 42130034200400000001) व तत्संबंधी नियम व शर्तें समस्त शाखाओं, कार्यालयों एवं बैंक के सेवानिवृत्त कार्मिकों के सुलभ संदर्भ हेतु अनुलग्नक-2 में संलग्न है.
- योजना में आच्छादित समस्त सेवानिवृत्त कार्मिक एवं मृतक आश्रित पति/पत्नी अपने e-कार्ड डाउनलोड, अस्पतालीकरण इलाज हेतु केशलेस/प्रतिपूर्ति दावों के निपटान सम्बंधित जानकारी / प्रगति के लिए निम्न विधि से TPA के पोर्टल / मोबाईल ऐप पर लॉग-इन कर जानकारी प्राप्त कर सकते हैं :

https://www.healthindiatpa.com	TPA इन्टरनेट पेज/ पोर्टल
HEALTH INDIA INSURANCE TPA एप	ANDROID फ़ोन पर उपलब्ध
HEALTH INDIA एप	Apple Store पर उपलब्ध

- M/s Health India Insurance TPA Services Private Ltd पोर्टल/एप पर अपनी प्रोफाइल पर लॉग-इन करने के लिए सेवानिवृत्त कार्मिकों का Default USER ID व पासवर्ड निम्नवत है:-

यूजर आई. डी.	EC@BUPGB	उदाहरण : 2001@BUPGB
पासवर्ड	Date of Birth	उदाहरण : 14011959

- नेटवर्क अस्पताल की सूची M/s Health India Insurance TPA Services Private Ltd की अधिकृत वेबसाइट (<https://www.healthindiatpa.com>) से प्राप्त की जा सकती है.
- योजना के अंतर्गत प्रतिपूर्ति दावो का प्रेषण M/s Health India Insurance TPA Services Private Ltd को सम्बंधित क्षेत्रीय कार्यालय के माध्यम से किया जा सकेगा.

जारी.....2

प्रधान कार्यालय : बुद्ध विहार व्यावसायिक योजना, तारामंडल, गोरखपुर-273016, टेलीफोन:0551-2230210

Head Office : Buddhi Vihar Commercial Scheme, Taramandal, Gorakhpur - 273016, Telephone:0551-2230210

e-mail : ho@barodauprb.co.in; planning@purvanchalbank.co.in

NEW INDIA FLEXI FLOATER GROUP MEDICLAIM POLICY

ISSUED TO

BARODA UP BANK

**Buddh Vihar Commercial Scheme, Taramandal
Gorakhpur, Uttar Pradesh-273016**

Policy No: 42130034200400000001

Period of Insurance

From 00.00 hrs of 01/09/2020

To midnight of 31/08/2021



ISSUED BY

THE NEW INDIA ASSURANCE COMPANY LIMITED

DIVISIONAL OFFICE NO: 421300

**6TH AD Tower, Bank Road, Gorakhpur,
Uttar Pradesh-273001**

**REGD. & HEAD OFFICE : New India Assurance Bldg., 87 M.G. Road, Fort,
Mumbai - 400 001.**

PART-I

Name of The Insured	BARODA UP BANK
Address of The Insured	Buddh Vihar Commercial Scheme, Taramandal Gorakhpur, Uttar Pradesh-273016
Issue Office Code	421300
Agent / Broker details	K. M. Dastur Reinsurance Brokers Pvt. Ltd.
Period of Insurance	01/09/2020 to 31/08/2021
Gross Premium	Rs.17886747 /- (Incl. GST)
Co-Insurance Details	N/A
Policy Servicing TPA	Head Office Address: M/S Health India Insurance TPA Services Private Limited Neelkanth Corporate Park, Gala no: 406 To 412, 4th floor, Kirol Road / Village, Vidyavihar Society, Vidyavihar West, Mumbai
Policy Servicing Broker	K. M. Dastur Reinsurance Brokers Pvt. Ltd. Suite No.6, 4th Floor, 60 B Chowringhee Road, Kolkata, West Bengal-700020 GST No. 19AAACK2826M1ZA
Sum Insured for Group Mediclaime on Family Floater basis	Retired Officers: INR 4,00,000/- Retired Clerical: INR 3,00,000/- Retired Sub-Staff: INR 3,00,000/-

NUMBER OF FAMILIES SUM INSURED, CATEGORY FOR GROUP MEDICLAIM

CATEGORY	SUM INSURED	NO OF FAMILIES	PREMIUM PER FAMILY	TOTAL PREMIUM
Retired Officers	INR 4,00,000/-	928	Rs.15436/-	Rs.14324608/-
Retired Clerical / Sub Staff	INR 3,00,000/-	62	Rs.13446/-	Rs.433652/-
TOTAL		990		TOTAL Rs.15158260/-

NET PREMIUM	Rs.15158260/-
GST	Rs. 278487/-
TOTAL	Rs.17886747/-
COLLECTION NO	42130081200000002219
COLLECTION DATE	04/09/2020
SERVICE TAX REGN NO.	AAACN4165CST178
BROKER CODE	DM2615660/ SI00208101



Family Definition	Retired Employee + Spouse only or Widow/Widower
Special Conditions	<ol style="list-style-type: none"> 1. Critical illness benefit is out of the scope of the policy, no lump sum fixed benefit is payable. 2. Corporate buffer is not available. 3. Expenses related to maternity are not payable. Day one cover of new born baby is also out of the scope of the policy. 4. Ailment/Procedure wise sublimit is not applicable. 5. No expenses related to domiciliary/OPD treatment is payable. 6. Pro rata deletion refund is not available. 7. Retirees those have been retired from the service after the commencement of the Policy and not covered under the GMC for in- service employees can join the Policy on paying prorata premium for the remaining period.
Geographical Limits	Treatment taken in India Only.

For and on Behalf of

THE NEW INDIA ASSURANCE COMPANY LIMITED



AUTHORIZED SIGNATORY

PART - II

- 1 WHEREAS the insured designated in the Schedule hereto has by a proposal and declaration dated as stated in the Schedule which shall be the basis of this Contract and is deemed to be incorporated herein has applied to INSURANCE COMPANY. (hereinafter called the COMPANY) for the insurance hereinafter set forth in respect of Employees/Members (including their eligible family members) named in the Schedule hereto (hereinafter called the INSURED PERSON) and has paid premium as consideration for such insurance.
- 1.1 NOW THIS POLICY WITNESSES that subject to the terms, conditions, exclusions and definitions contained herein or endorsed, or otherwise expressed hereon 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 hospitalization/domiciliary hospitalization/ domiciliary treatment expenses for medical/surgical treatment at any Nursing Home/Hospital/ Clinic (for domiciliary Treatment/ daycare center 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.
- 1.2 In the event of any claim becoming admissible under this scheme, the company will pay through TPA 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 ,Anesthetic, 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, orthopedic 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, 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.
- 1.3 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.

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

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

2.3 ALTERNATIVE TREATMENTS:

Alternative Treatments are forms of treatment other than treatment "Allopathy" or "modern medicine and includes Ayurveda, Unani, Siddha, Homeopathy and Naturopathy in the Indian Context, for Hospitalization only in a hospital registered by the Central / State authorities.

(Ref: 3.4 Alternative Therapy)

For Ayurvedic, Unani, Siddha, Homeopathy and Naturopathy treatment, hospitalization 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 authorized 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 hospitalization of more than a day.

Treatment normally taken on an outpatient 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 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, in-laws, 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 medical a 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 1.3 above provided that;

- A) such medical expenses are incurred for the same condition for which the insured person's hospitalization was required and
- B) the inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

2.31 POST HOSPITALISATION MEDICAL EXPENSES:

Relevant medical expenses incurred immediately 90 days after the Insured person is discharged from the hospital provided that;

- A) Such Medical expenses are incurred for the same condition for which the Insured Person's Hospitalization was required; and
- B) The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

2.32 QUALIFIED NURSE:

Qualified Nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India and/or who is employed on recommendation of the attending medical practitioner.

2.33 REASONABLE AND CUSTOMARY CHARGES:

Reasonable Charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness/injury involved.

2.34 RENEWAL:

Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.



2.35 ROOM RENT:

Room Rent shall mean the amount charged by the hospital for the occupancy of a bed on per day basis.

2.36 SUBROGATION:

Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source. It shall exclude the medical / accident policies obtained by the insured person separately.

2.37 SURGERY:

Surgery or surgical procedure means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care Centre by a medical practitioner.

2.38 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.

2.39 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 Hospitalization 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:

- 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.

3.2 For Ayurvedic Treatment, hospitalization 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.



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

3.3.1 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

3.3.2 Which would have otherwise required hospitalization of more than a day.

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.

3.3 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/ umbilical/ 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.		



3.4 ALTERNATIVE THERAPY

Reimbursement of Expenses due to hospitalization under the recognized system of medicines, viz Unani, Siddha, Homeopathy, Naturopathy, if such treatment is taken in a clinic /hospital registered, by the central / state government.

3.5 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 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.

PRE-EXISTING DISEASES / AILMENTS

Pre-existing diseases are covered under the scheme.

3.6 CONGENITAL ANOMALIES

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

3.7 PSYCHIATRIC DISEASES

Expenses for treatment of psychiatric and psychosomatic diseases be payable in IPD only

3.8 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.

3.9 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, nursing care or any other case where the patient is critical and requiring special care.



- 3.10 Treatment for Genetic Disorder and stem cell therapy is covered under the scheme.
- 3.11 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.
- 3.12 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.
- 3.13 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.
- 3.14 PHYSIOTHERAPY CHARGES: Physiotherapy charges shall be covered for the period specified by the Medical Practitioner even if taken at home (upto 30 days prior to hospitalization and 90 days after discharge.)

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.

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 & 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, 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, war, invasion, nuclear radiation is not covered.
- 4.12 OPD/Domiciliary treatment not covered under the Policy.
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 fulfillment 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 authorized 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 Hospitalization/Domiciliary Hospitalization.
- 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-hospitalization, 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 authorized by the Bank / Third Party Administrator / shall be allowed to examine the Insured Person in case of any alleged injury or disease leading to Hospitalization, 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 reject 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, Broker firm (**K. M. Dastur Reinsurance Brokers Pvt. Ltd.**) and The New India Assurance 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 is after commencement of the 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 up to the date of cancellation.

PERIOD ON RISK**RATE OF PREMIUM TO BE CHARGED**

Upto one-month	1/4 th 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.

- 5.15 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.

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.

- 5.17 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 may be.

6. IRDA REGULATIONS:

This policy is subject to Provisions of Insurance Act, 1938, IRDAI (Health Insurance) Regulations 2016 and IRDAI (Protection of Policyholders' Interest) Regulations 2017 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 Customer Care Department, Head Office.



8. IMPORTANT NOTICE

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.



DECLARATION BY THE INSURED:

I hereby declare that the information furnished in the claim form is true & correct to the best of my knowledge and belief. If I have made any false or untrue statement, suppression or concealment of any material fact with respect to questions asked in relation to this claim, my right to claim reimbursement shall be forfeited, I also consent & authorize TPA / Insurance Company, to seek necessary medical information / documents from any hospital / Medical Practitioner who has attended on the person against whom this claim is made. I hereby declare that I have included all the bills / receipts for the purpose of this claim & that I will not be making any supplementary claim except the pre/post-hospitalization claim, if any.

Date Place: Signature of the Insured

GUIDANCE FOR FILLING CLAIM FORM - PART A (To be filled in by the insured)		
DATA ELEMENT	DESCRIPTION	FORMAT
SECTION A - DETAILS OF PRIMARY INSURED		
a) Policy No.	Enter the policy number	As allotted by the Insurance Company
b) Sl. No/ Certificate No.	Enter the social Insurance number or the certificate number of social health insurance scheme	As allotted by the organization
c) Company TPA ID No.	Enter the TPA ID No.	Licence number as allotted by IRDA and printed in TPA documents.
d) Name	Enter the full name of the policyholder	Surname, First name, Middle name
e) Address	Enter the full postal address	Include Street, City and Pin code
SECTION B -DETAILS OF INSURANCE HISTORY		
a) Currently covered by any other Mediclaim / Health Insurance?	Indicate whether currently covered by another Mediclaim / Health Insurance	Tick Yes or No
b) Date of commencement of first Insurance without break	Enter the date of commencement of first Insurance	Use dd-mm-yy-format
c) Company Name	Enter the full name of the Insurance Company	Name of the organization in full
Policy No.	Enter the policy number	As allotted by the Insurance Company
Sum insured	Enter the total sum insured as per the policy	In rupees
d) Have you been Hospitalized in the last four years since Inception of the contract?	Indicate whether hospitalized in the last four years	Tick Yes or No
Date	Enter the date of Hospitalization	Use mm-yy format
Diagnosis	Enter the diagnosis details	Open Text
e) Previously covered by any other Mediclaim / Health Insurance?	Indicate whether previously covered by another mediclaim / Health Insurance	Tick Yes or No
f) Company Name	Enter the full name of the Insurance Company	Name of the organization in full
SECTION C -DETAILS OF INSURED PERSON HOSPITALIZED		
a) Name	Enter the full name of the patient	Surname, First name, Middle name
b) Gender	Indicate Gender of the patient	Tick Male or Female
c) Age	Enter age of the patient	Number of years and months
d) Date of Birth	Enter Date of Birth of patient	Use dd-mm-yy format
e) Relationship to primary Insured	Indicate relationship of patient with policyholder	Tick the right option, if others, please specify
f) Occupation	indicate occupation of patient	Tick the right option. If others, please specify.
g) Address	Enter the full postal address	Include Street, City and Pin code
h) Phone No	Enter the phone number of patient	Include STD code with telephone number
1) E-mail ID	Enter e-mail address of patient	Complete e-mail address
SECTION D - DETAILS OF HOSPITALIZATION		
a) Name of Hospital where admitted	Enter the name of hospital	Name of hospital in full
b) Room category occupied	indicate the room category occupied	Tick the right option
c) Hospitalization due to	indicate reason of hospitalization	Tick the right option
d) Date of injury/Date Disease first detected / Date of Delivery	Enter the relevant date	Use dd-mm-yy format
e) Date of admission	Enter date of admission	Use dd-mm-yy format
f) Time	Enter time of admission	Use hh-mm- format
g) Date of discharge	Enter date of discharge	Use dd-mm-yy format
h) Time	Enter time of discharge	Use hh-mm- format
l) If injury give cause	indicate cause of injury	Tick the right option
If Medico legal	indicate whether injury is medico legal	Tick Yes or No
Reported to Police	indicate whether police report was filed	Tick Yes or No
MLC Report & Police FIR attached	indicate whether MLC report and Police FIR attached	Tick Yes or No
j) System of Medicene	Enter the system of medicine followed in treating the patient	Open Text
SECTION E - DETAILS OF CLAIM		
a) Details of Treatment Expences	Enter the amount claimed as treatment expences	In rupees (Do not enter paise values)
b) Claim for Domiciliary Hospitalization	indicate whether claim is for domiciliary hospitalization	Tick Yes or No
c) Details of Lump sum/ Cash benefit claimed	Enter the amount claimed as lump sum / cash benefit	In rupees (Do not enter paise values)
d) Claim documents Submitted-Check List	indicate which supporting documents are submitted	Tick the right option
SECTION F - DETAILS OF BILLS ENCLOSED		
Indicate which bills are enclosed with the amount in rupees		
SECTION G - DETAILS OF PRIMARY INSURED'S BANK ACCOUNT		
a) PAN	Enter the permanent account number	As allotted by the Income Tax Department
b) Account Number	Enter the Bank account number	As allotted by the Bank
c) Bank Name and Branch	Enter the Bank name along with the branch	Name of the Bank in full
c) Cheque/ DD payable details	Enter the name of the beneficiary the cheque / DD should be made out to	Name of the individual / organization in full
c) IFSC Code	Enter the IFSC code of the Bank branch	IFSC code of the Bank branch in full
SECTION H - DECLARATION BY THE INSURED		
Read declaration carefully and mention date (in dd:mm:yy format), place (open text) and sign.		

List of representatives deputed from M/s HEALTH INDIA TPA for the purpose of collection of claims lodged/reply of query submitted by the retirees of the Bank under Medical Insurance Policy for the retirees of Baroda U.P. Bank

(Policy Period: 01.09.2019-31.08.2020, Policy no. 42130034200400000001)

S.No.	Location / Region	Name of Representative	Contact No
1	Allahabad	Mr. Arun Kumar	9120095809
2	Amethi	Mr. Ankit	6394333600
3	Azamgarh	Mr. Amrish Pandey	7017720980
4	Ballia-I	Mr. Amrish Pandey	7017720980
5	Ballia-li	Mr. Amrish Pandey	7017720980
6	Bareilly	Mr. Vinesh Kumar	9759401688
7	Basti	Mr. Subham Pandey	8604168535
8	Bhadohi	Mr. Nityanad	7905209439
9	Chandauli	Mr. Nityanad	7905209439
10	Deoria	Mr. Vijay Kumar	7309763580
11	Etawah	Mr. Abhimanyu	8956325928
12	Faizabad	Mr. Alok Kumar	8299542821
13	Fatehpur	Mr. Avikant	7985766908
14	Ghazipur	Mr. Amrish Pandey	7017720980
15	Gorakhpur-1	Mr. Ravi Kumar	9021540001
16	Gorakhpur-2	Mr. Ravi Kumar	9021540001
17	Jaunpur	Mr. Amrish Pandey	7017720980
18	Kanpur	Mr. Avikant	7985766908
19	Kanpur Dehat	Mr. Avikant	7985766908
20	Kaushambi	Mr. Arun Kumar	9120095809
21	Kushinagar	Mr. Vijay Kumar	7309763580
22	Maharajganj	Mr. Vijay Kumar	7309763580
23	Mau	Mr. Nityanad	7905209439
24	Pratapgarh	Mr. Ashutosh	9161131332
25	Raebareli	Mr. Haider Mehdi	9120022117
26	Santkabir Nagar	Mr. Subham Pandey	8604168535
27	Shahjahanpur	Mr. Tarun	9935987782
28	Siddharthnagar	Mr. Vijay Kumar	7309763580
29	Sultanpur	Mr. Ashutosh	9161131332
30	Varanasi	Mr. Nityanad	7905209439
31	AO Gorakhpur	Mr. Ravi Kumar	9021540001
32	AO Raebareli	Mr. Haider Mehdi	9120022117
33	AO Varanasi	Mr. Nityanad	7905209439
34	Head Office Gkp	Mr. Ravi Kumar	9021540001