Medical Health Insurance Scheme: Coverage’s, Exclusions

Room Eligibility: Room Rent Including Room and boarding charges Rs.5000/- per day. ICU Charges Rs.7500/- per day

Pre- Post Hospitalization:
Expense incurred during the Pre-hospitalization and Post-hospitalization period will be covered for 30 days prior to hospitalization and 90 days after discharge respectively.

Day Care Treatment:
Expenses on Hospitalization for minimum period of a day are admissible. However this limit will not apply in case of stay in hospital of less than a day for those ailments listed in annexure and;

a) If the surgery is undertaken under General or Local Anesthesia in a hospital / day care Centre in less than a day because of technological advancement and;

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

Pre-existing and other waivers: Pre-existing diseases / Ailments are covered .All diseases and ailments are covered under the policy without any waiting period

Change of Treatment:
Change of treatment from one system of medicine to another is covered in the policy if recommended by treating doctor.

Congenital Anomalies:
Congenital Internal/External diseases, defects and anomalies are covered under the policy.

Other diseases:
Diseases such as Benign prostatic hypertrophy, hysterectomy, menorrhagia or fibromyoma, hernia, fistula in ano, piles, sinusitis, asthma and bronchitis are covered under the policy. Psychiatric and psychosomatic diseases are payable with or without hospitalization.

Ambulance Charges:
Ambulance charges are payable up to Rs.2500/- per trip on production of the receipt. Taxi and Auto expenses in actual, maximum up to Rs.750/- per trip, on production of a receipt will be payable. (Claim upto Rs.300/- will be paid without receipt on declaration basis). 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.
Accidents: Treatment taken for Accidents will be payable on hospitalization. Accidents of a serious nature are also covered on outpatient basis in Hospital up to Sum Insured. Minor injuries like Contused, Lacerated wound requiring suturing are NOT COVERED. Also Minor burns or injury requiring dressing is also NOT COVERED.

Taxes and other Charges:
- All Taxes, Surcharges, Service Charges, Registration charges, Admission Charges, Nursing, IV Administration charges will be payable.
- Chargers 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/ICCU.
- Neonatal nursing care or any other case where the patient is critical and requiring specialized nursing care.

Alternative Therapy:
Reimbursement of expenses for hospitalization and only domiciliary treatment under the recognized system of medicines, viz. Ayurveda, Unani, Sidha, Homeopathy, Naturopathy, if such treatment is taken in a clinic/hospital recognized by the central and state government.

Physiotherapy charges:
Physiotherapy charges shall be covered as recommended by attending doctor even if taken at home during the period of post hospitalization.

Advanced Medical treatments, ARMD and Other Similar Ailments:-

Treatment for Age related Macular Degeneration (ARMD)
Age related macular degeneration (Neovascular) will be covered if diagnosis confirmed with flourescein angiography. Intravitreal injection of Lucentis, Macugen, Avastin or photodynamic laser therapy will be payable.

Rotational Field Quantum magnetic Resonance (RFQMR)
It will be covered if used for advanced osteoarthritis and for treatment of Cancer.

Enhanced External Counter Pulsation (EECP)
It will be covered for specific Indications –
- Angina or Angina equivalents with poor response to medical treatment and when patient is unwilling to undergo invasive revascularization procedures.
- Ejection fraction is less than 35%.
- Co-morbid conditions co-exist which increase the risk of surgery e.g. DM, Congestive Cardiac Failure, Cor. Pulmonale, Renal dysfunction.
- Ischemic or Idiopathic Cardiac myopathy.
Maternity Cover: Normal Delivery Rs. 50,000 and Caesarean Section Rs. 75,000
- 9 months waiting period waived off.
- Pre-natal & post natal charges up to 30 days and 90 days.
- Missed Abortions, Miscarriage or abortions induced by accidents are covered under the limit of Maternity.
- Complications in Maternity including operations for extra uterine pregnancy / ectopic pregnancy would be covered up to the Sum Insured limit.
- Expenses incurred for medical termination of pregnancy.
- Claim in respect of delivery to be given irrespective of the number of children.

Baby Day one Cover:
- New born baby is covered from day one.
- All routine pediatric expenses incurred during immediate post natal period on the new born baby will be covered within the maternity limit. However in case of complications, an additional sum of Rs 20,000/- will be allowed provided the maternity limit of Rs 50,000 has been exhausted.
- Baby to be taken as an additional member within the normal family floater.

DOMICILIARY COVER

Medical expenses incurred for listed domiciliary ailments on out Patient basis are covered under the policy and shall be reimbursed to the extent of 100%.

The cost of Medicines, Investigations and consultations, etc. in respect of listed domiciliary treatment shall be reimbursed for the period stated by the specialist and/or the attending doctor and/or the bank’s medical officer in Prescription.
If no period stated, the prescription for the purpose of reimbursement shall be valid for a period not exceeding 90 days.

List of Diseases to which domiciliary treatment expenses can be claimed attached.

Critical Illness

To be provided to the employees subject to a sum insured of Rs. 1,00,000/-
This benefit is provided on first detection/diagnosis of the critical illness.

- Cancer including Leukemia
- Stroke
- Paralysis
- By Pass Surgery
- Major Organ Transplant
- End Stage Liver Disease
- Heart Attack
• Kidney Failure
• Heart Valve Replacement Surgery

The Above Benefit shall be provided irrespective of whether the patient is admitted or not. Further the Employee can claim the cost of hospitalization for the same, from the Group Mediclaim Policy as cashless/reimbursement for the treatment taken by him.

Notice of Claims:

Planned: Prior to admission to hospital

Emergency: Within 7 days of admission to hospital

The Notice may be submitted to the exclusive Call center set up by the UIIC TPA, at the UIIC TPA Help Desk, or, the Bank Claims Hub.

Submission of Claim Documents:
All claim documents should be submitted within 30 days from the date of discharge.

Submission of Domiciliary claim:

All documents of Domiciliary claim to be submitted once in a month by the 10th of the next month. e.g. The total bills of January to be submitted on 10th Feb 2015. Employees who are currently availing domiciliary expenses reimbursement from Bank shall submit fresh prescription/certificate from the Doctor to get the reimbursement through the policy.

EXCLUSIONS

A) War like Operations: Injury/disease directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy and War like operations (whether war be declared or not).

B) Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.

C) Vaccination or inoculation.

D) Cosmetic Surgeries:
Change of life or cosmetic or aesthetic treatment of any description is not covered.

E) Plastic surgery other than as may be necessitated due to an accident or as part of any illness.
F) Cost of spectacles and contact lenses, hearing aids.

G) **Dental treatment or surgery** of any kind which are done in a dental clinic and those are cosmetic in nature.

H) **Convalescence**, rest cure and General debility.

I) **Obesity treatment** and its complications including morbid obesity.

J) **Treatment for Venereal disease**.

K) **Intentional self-injury**.

L) **Use of intoxication drugs / alcohol**.

M) **Immune System**: 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.

N) **Hospitalization for Investigations only** :- Investigation which are not pertaining to the primary ailment, for which hospitalization is required are not covered unless recommended by attending doctor.

O) **Vitamins and Tonics: Expenses** on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.

P) **Nuclear Weapons**: Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons / materials.

Q) **Non-Medical Expenses**: Charges for telephone, television, /barber or beauty services, food charges (other than patient’s diet provided by hospital), baby food, cosmetics, tissue paper, toiletry items and similar incidental expenses.