



**MEDICAL INSURANCE SCHEME FOR RETIREES OF ARYAVART
BANK- SCHEME GUIDELINES**

POLICY COVERAGE DETAILS	
Policy Period:	01.02.2023 to 31.01.2024
Policy Type:	Group Medical Insurance Policy only for Retired Employees of the Bank without Domiciliary Cover
Family Definition:	Self (Retiree) + Spouse or Widow / widower of the Retired Employee
Coverage Type:	Family Floater
Sum Insured:	For Retired Clerical/Sub Staff - INR 3,00,000/-For Retired Officers – INR 4,00,000/-
Pre-existing Diseases:	Coverage from day 1
30 days Waiting Period:	Waived Off
Waiting Periods on Specific Diseases:	Waived Off
Hospital Room Rent:	Room and Boarding expenses as provided by the Hospital/Nursing Home not exceeding INR 5000 per day or the actual amount whichever is less.
ICU Rent:	Intensive Care Unit (ICU) expenses not exceeding INR 7500 per day or actual amount whichever is less.
Professional Charges:	Surgeon, team of surgeons, Assistant surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees covered up to Sum Insured
All other expenses:	No Limits for all other expenses including 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, 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, scopies and such similar expenses that are medically necessary, or incurred during hospitalization as per the advice of the attending doctor.
Cost of Donor:	Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to the insured.
Ambulance Charges:	Ambulance charges are payable up to INR 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 INR 750/- 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 and Post Hospitalization Expenses:	Expenses related to the ailment for hospitalization will be covered 30 days prior to hospitalization and 90 days after discharge.

Alternative Treatment:	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
Day Care Treatment:	Expenses on Hospitalization for minimum period of a day are admissible. However, this time limit is not applied to specific treatments. This condition will also not apply in case of stay in hospital of less than a day provided – A) The treatment is undertaken under General or Local Anaesthesia 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.
Congenital Anomalies:	Expenses for Treatment of Congenital Internal / External diseases, defects anomalies are covered under the policy
Psychiatric Ailment:	Expenses for treatment of psychiatric and psychosomatic diseases payable for hospitalization.
All 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.
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 or any other case where the patient is critical and requiring special care.
Genetic Disorder:	Treatment for Genetic disorder covered
Other Medical Treatment:	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
External and Durable Equipment:	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.
Ambulatory devices:	Walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, elastocrepe bandages, external orthopaedic 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
Cost of Artificial Limb:	Covered
Physiotherapy Charges:	Physiotherapy charges shall be covered for the period specified by the Medical Practitioner.

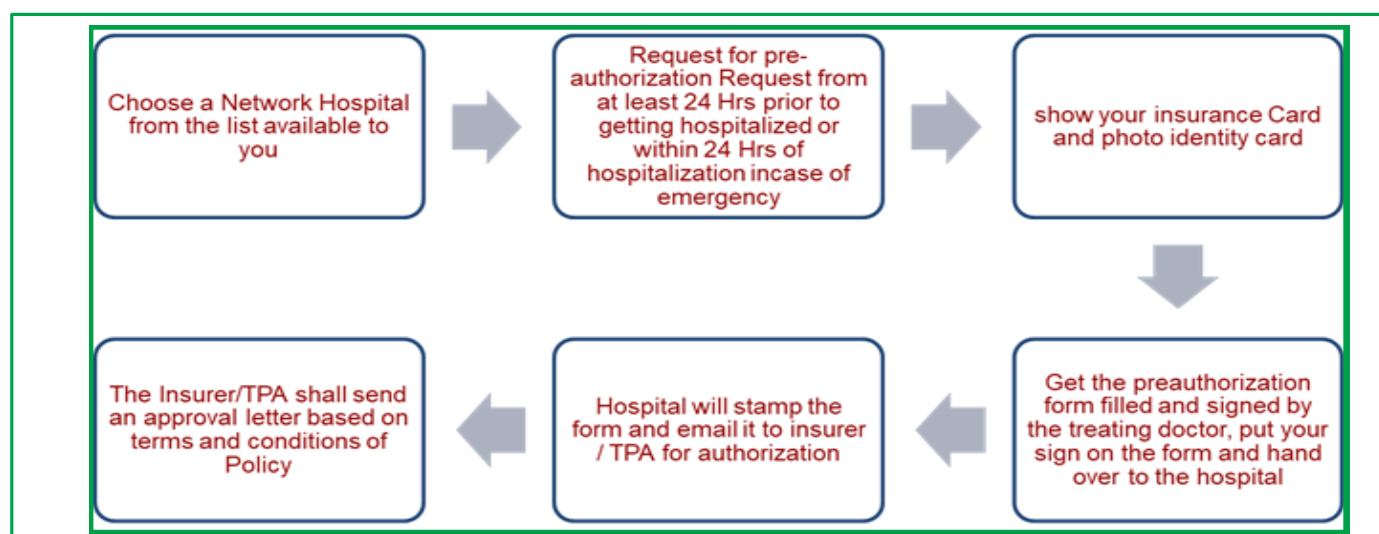
Policy Exclusions

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).
2	A) Circumcision unless necessary for treatment of a disease not excluded hereunder or as maybe 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.
3	Cost of spectacles and contact lenses, hearing aids. Other than Intra-Ocular Lenses and Cochlear Implant.
4	Dental treatment or surgery of any kind which are done in a dental clinic and those that are cosmetic in nature.
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.
6	All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLV - 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.
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 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.
8	Expenses on vitamins and tonics unless forming part of treatment for injury or diseases ascertified by the attending physician.
9	Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials.
10.	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.
11.	Attempted suicide, war, invasion, nuclear radiation is not covered.
12	OPD/Domiciliary expenses- Not Covered

OPERATIONAL GUIDELINES

HEALTH ID CARD	<p>i. The scheme is being operationalized by SBI General Insurance Company Limited and all the claims under the scheme are to be processed by the TPA.</p> <p>ii. Each retiree and their dependents will be issued separate TPA ID Card.</p> <p>iii. A network list mentioning the name of the Hospitals for cashless facility will also be circulated for ease of access of beneficiaries by the TPA.</p> <p>iv) For Ecard please Login to ecard.medibuddy.in, enter required credentials and click to 'Download E-Card'.</p>
IN-PATIENT HOSPITALIZATION CLAIM INTIMATION (HOSPITALIZATION IF AVAILED IN NON-NETWORK HOSPITALS)	<p>iv. The reimbursement claims are required to be intimated to the TPA within 24 hours of hospitalization and all original documents are to be submitted within 30 days of discharge from the hospital.</p> <p>v. In case of planned hospitalization, the TPA is to be informed at least 2 days before the hospitalization, but in any emergency case within 24 hours of hospitalization.</p> <p>vi. Intimation has to be sent along with the following particulars: -</p> <ol style="list-style-type: none"> a) Member ID/ PF ID No. b) Patient's Name c) Name and address of the hospital d) Disease / ailment and treatment given e) Date of Admission f) Requested amount (if any) <p>vii. Intimation can be sent by the insured/ relatives/ Bank.</p>
PROCEDURE & TIME SCHEDULE FOR SUBMISSION OF MEDICAL CLAIMS	<p>All supporting documents in original, i.e. Discharge Card, Final bill with Break up, Money receipt, Prescription, Pharmacy Bills (GST bill), related Reports, X-rays, ECG strips, CT scan, MRI other documents relating to the claim must be submitted with the claim form within 30 days from the date of discharge from the hospital. In case of post-hospitalization treatment (limited to 90 days), all claim documents should be submitted within 30 days after completion of such treatment.</p>
SUBMISSION & REIMBURSEMENT OF CLAIMS	<ul style="list-style-type: none"> ◆ All claims are to be submitted on the prescribed format of the insurance company. Proforma of the claim form is enclosed. ◆ Retirees shall lodge claim to the nearest Regional Office/Head office. ◆ Regional Offices and HRD Department will send the Claims to Head Office. Medical Support desk, HO will submit these bills to TPA on weekly, after keeping proper record.

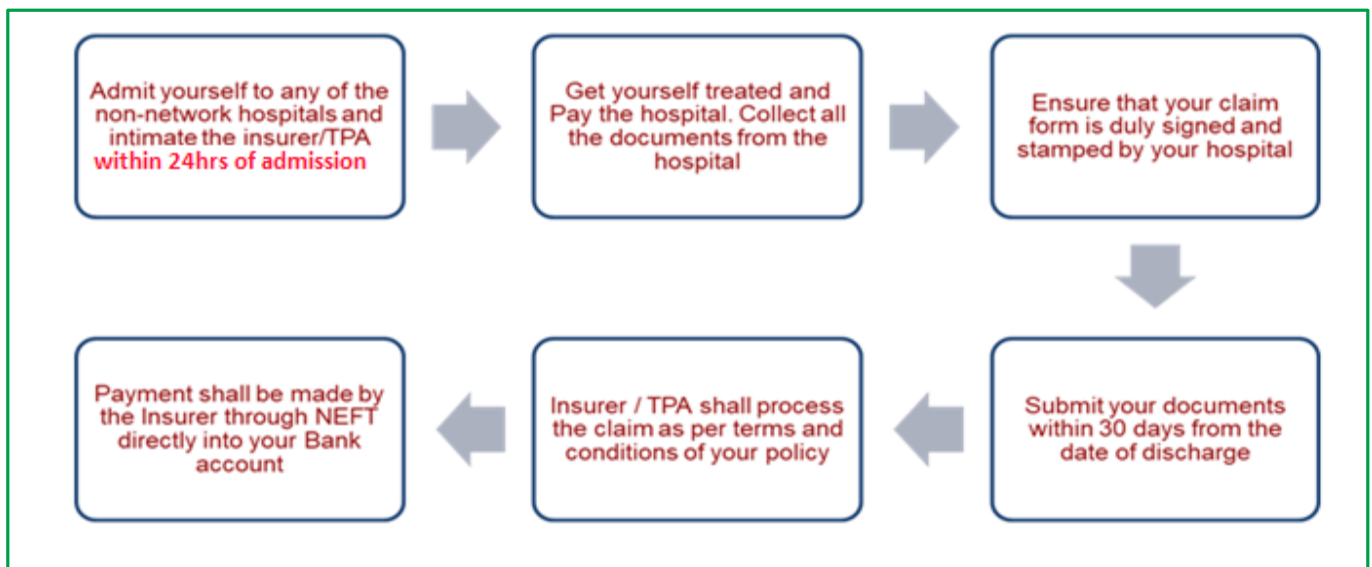
PROCEDURE FOR AVAILING CASHLESS



DOCUMENTS REQUIRED FOR AVAILING CASHLESS

Preauthorization Form	Duly filled, signed & stamped Pre-Authorization Form from the hospital giving complete details of the ailment suffered the line of treatment and the estimated cost of treatment.
Investigation Reports	Investigation reports & previous consultation papers/ Admission advice (if any) prior to admission
Accident Claims	Copy of MLC/ FIR report in case of Road traffic accidents
Photo ID Proof	Photo ID proof such as Aadhar Card / PAN card / Passport / Driving License
Health Card	Copy of TPA Health ID card

PROCEDURE FOR REIMBURSEMENT



Key Pointers:

- I. Intimate Claim at least 2 days before the planned hospitalization, and in emergency case within 24 hours of hospitalization.
- II. Submit Claim within 30 Days of Discharge.
- III. Submit Query Reply within 30 Days.
- IV. Mention Mobile No. and E-mail ID in Claim form for all Claim related communication.
- V. Avail Cashless in Network Hospital ONLY-Do not opt for reimbursement from a network Hospital.

MANDATORY DOCUMENTS REQUIRED FOR REIMBURSEMENT CLAIMS

List of Mandatory Claims Documents-Reimbursement and Pre/post Claims

1. Duly signed claim form Part-A and Part-B (To be signed by Hospital)-mention contact No and E-mail ID on Claim form for necessary communication related to the lodged claim.
2. Attested Photocopy of Hospital Registration Certificate - containing registration number, number of beds with and expiry date registration Certificate.
3. Claim intimation copy
4. Original Discharge certificate
5. Original final bill (Provisional bill/Bill of Supply will not be considered) with item wise breakup
6. Original Pre-Printed/Prenumbered money receipt
7. All original prescriptions.
8. All original investigation reports
9. Attested copy of Indoor Case Papers
10. Advice for admission/emergency consultation paper
11. Original pharmacy bills-containing name of the patient, name of the consulting physician, name of the medicines and quantity along with batch no and expiry date and GST no of medicine shop.
12. Original copy of Implant Invoice along with Payment Receipts & Implant Labels / Stickers for Stents/Mesh/IOL/Pacemaker.
13. Copy of the First Information Report (FIR) from Police Department / Copy of the Medico-Legal Certificate(MLC) in case of Road Traffic Accident (RTA) and other medico legal cases.
14. KYC document: Photo Identity & Address Proof of Insured (E.g. Voter's Identity Card, Driving License, PAN Card, Passport, Aadhar Card).
15. Bill of Ambulance if Claimed Ambulance Charge.
16. NEFT details: Original cancelled cheque leaf of the employee and copy of front-page passbook

Other specific documents: -

1. Original A-Scan (Biometry) report in case of cataract surgery
2. Original histopathology report for the first claim arising out of Cancer.
3. In case late submission a letter from employee stating reason for delayed submission of claim documents beyond 30 days of discharge/completion of post hospitalization treatment.
4. PPN network–Relevant declaration by patient/patient's attendant wherever applicable.

CLAIM INTIMATION DETAILS

In case of planned hospitalization, the TPA is to be informed at least 2 days before the hospitalization, but in any emergency case within 24 hours of hospitalization.

For-Reimbursement /Non-cashless claims: <https://m.medibuddy.in/intimatereimbursement.aspx>

Required Details for Claim Intimation:

Member ID:	Patient Name:	Contact No:
Employee ID:	Email ID:	Relation:
Admission Date:	Disease:	City:
Hospital Name:	Hospital Address:	Requested Amount:

Escalation Matrix- Insurance TPA Pvt Ltd

Escalation Level	Name	Email ID	Mobile no.
POC	Sourav Sarkar	sourav.sarkar@mediassist.in	9108450329
1st Escalation	Prashant Kumar	prashant.kumar@mediassist.in	8867840276
Final	Sanjiv chatterjee	sanjiv.chatterjee@mediassist.in	

Service Partners	K. M. Dastur Reinsurance Brokers Pvt. Ltd.
Regional Office Address	4th floor, Suite No 6, 60B, Chowringhee Rd, Kolkata, West Bengal 700020

Escalation Matrix- K. M. Dastur Reinsurance Brokers Pvt. Ltd				
Escalation Level	Process Owner	Designation	Contact Details	E-mail ID
Level -1	Mr. Pawan Kumar	Sr. Executive	7007996899	pawan.singh@kmdastur.com
Level -1	Mr. Wasim Ahmad	Sr. Executive	7880320452	wasim.ahmad@kmdastur.com
Level -2	Md. Imran	Manager	9334330817	Md.Imran@kmdastur.com
Level -3	Dr. Joydip Mukherjee	Manager		Joydip.mukherjee@kmdastur.com
Level -4	Dr. Yasmeen Chatterjee	General Manager		Yasmeen.Chatterjee@kmdastur.com