



यूको बैंक UCO BANK

प्रधान कार्यालय Head Office

Personnel Services Department

3-4, डीडी ब्लॉक DD Block, सेक्टर Sector-I, साल्ट लेक Salt Lake कोलकाता Kolkata-700 064

Circular No. CHO/PMG/32/2015-16

Date: 08.10.2015

TO ALL BRANCHES/OFFICES IN INDIAN UNION

Sub: Implementation of Medical Insurance Scheme to retirees – As per provisions of Bipartite Settlement/Joint Note dated 25th May, 2015.

We refer to the provisions of Bipartite settlement/ Joint note dated 25th May, 2015 as per which Medical Insurance Scheme is to be extended to the Retirees also subject to payment of Insurance premium by them. The Contents of Medical Insurance Scheme being extended to Retirees are almost similar to those applicable to in service employees except that in case of Retirees, spouse only will be accepted as dependent. However, it has been decided to bring to the notice of Retirees the contents of the Scheme so that they can form their opinion of joining the Medical Insurance Scheme and submit their consent.

The scheme shall cover expenses of the officers/employees and dependent family members in case of hospitalization/Domiciliary treatment in view of any illness/injury.

The scheme would also cover the existing retired officers/employees of the Bank and dependent spouses subject to payment of stipulated premium by the retired employees.

The employees of the bank who have retired on superannuation/voluntarily and have put in a minimum required years service in the bank are eligible to join the said scheme.

The salient features of the scheme are furnished below:

1	The Scheme will be effective from 1 st November 2015
2	The insurance policy is aimed to cover the medical expenses of the retirees and his/her dependant spouse only.
3	One time option shall be extended to the officers/employees who have retired from Services of the Bank on superannuation/Voluntarily.
4	Those Retired Employees who do not opt now, would not be allowed to join later.
5	The eligible retired employees who join and subsequently opt out will not be allowed to rejoin.
6	Policy shall be issued by United India Insurance Co. in the name of Indian Banks' Association Member Banks.



7	Identity Card is proposed to be issued by United India Insurance company Ltd.				
8	Except what is admissible /payable by the Insurance Company under the insurance policy, Bank will not be responsible for payment of any other amount.				
9	SUM INSURED/ PREMIUM				
	Cadre	Sum Insured	Premium	Service Tax @ 14% rounded to next rupee	Total annual premium including Service Tax
	Officers	Rs. 4.00 lacs	Rs. 6573/-	Rs. 921/-	Rs. 7494/-
	Workmen	Rs. 3.00 lacs	Rs. 4930	Rs. 691/-	Rs. 5621/-

The retired employees who are willing to join the said Medical Insurance Scheme are advised visit the Bank's website www.ucobank.com and click on Staff Pensioners Corner, which will be available w.e.f. 15th Oct., 2015 and upload required details (on-line) **on or before 25.10.2015**. After uploading the same, concerned retiree is advised to take the print out of the same and send the hard copy along with signature & TWO original photographs of self and spouse (separate pass port size) by First Class Courier or speed post to the UCO Bank, Head office, Personnel services Department, 2nd Floor, DD 3 & 4 Block, Sector – 1, Salt Lake, Kolkata – 700 064 so that it reaches by 31.10.2015. Please note that the bank shall not be responsible for any delay in receipt of the application for what so ever reason.

General Conditions:

- The retired employee has to furnish the details of his/her account number with UCO Bank to which he/she wishes the Bank to debit the premium amount along with service tax. He/She shall also give mandate/ authorization to this effect to the Bank.
- Bank will debit the required amount as per the authorization letter given to the specified account of UCO Bank as and when due/demanded without any prior intimation/information to the optee subject to availability of sufficient funds in the account.

Renewal of Policy

- Bank will continue to act as per the Authorization letter unless the instruction otherwise is conveyed in writing by such retired employee at least one month before due date of premium.
- At the time when the premium becomes due for payment, in case sufficient balance is not maintained by the retired employee in his



Account of UCO Bank as specified above for which mandate is given by him/her, the option would be treated as lapsed and the Bank shall not be held responsible under any circumstances for non-inclusion of the concerned individuals in the Insurance Policy.

- c) The Annual Premium payable is subject to change from time to time as fixed by the Insurance Company every year.

The terms & conditions of the scheme shall also be subject to Industry Level decision and the clarification interpretation of various terms & conditions of the scheme shall be strictly as communicated by the IBA and the retired employees shall be bound by the same.

All branches/offices are requested to bring the contents of the circular to the notice of all pensioners and non-pensioners also. Since this is a one time opportunity, all co-operation must be extended to the retired employees on humanitarian grounds.


The Nodal Officer for the purpose of implementation of the Medical Insurance Scheme is Mrs. Mita Mukherjee, Manager. For any additional information/clarification regarding the implementation of the Scheme, Branches/Offices may contact the Nodal Officer at landline phone no. 033-44559259 or at e-mail ho.mediclaim@ucobank.co.in.

Policy Terms & Conditions as worked out between IBA / Banks and Insurance Companies are mentioned in Annexure –I and Frequently Asked Questions – Annexure – II, which forms an integral part of this circular on implementation of Medical Insurance Scheme for Officers / Employees.

Navigation for submitting option online-Steps to be followed:

- Go to Website www.ucobank.com
- Click on staff pensioners corner.
- Three links will be displayed.
 1. Register (option) for Medical Insurance Scheme for Retired Employee.
 2. Re-print Application.
 3. Modify details in Application.
- Click point no. 1 and fill required details and submit.

The copy of this circular should be displayed on Notice Board for information of all concerned.


(S.P. Singh)

General Manager
Personnel Services

Encl: Annexure – I & II



Policy Terms & Conditions

1. **Family Definition:** Retired Employee and Spouse.
2. **Sum Insured :** Retired officers Rs.4.00 lakhs and retired clerks/sub-staff Rs.3.00 lakhs to cover Hospitalization and Domiciliary Treatment coverage.
3. **Date of Joining the Scheme:** The scheme will be implemented from 1st November 2015. All Retired Employees to be covered from the date of their joining the scheme and payment of premium. Once a retired employee exits he will not be allowed to rejoin.
4. **Age Limit :** There is no age limit for joining the scheme .
5. **Premium :** The premium for the current year inclusive of service tax for retired officers is Rs.7494/- and for retired clerks / sub-staff Rs.5621/-.
6. **Room Eligibility :** Maximum eligible Room Rent Including Room and boarding charges Rs.5000/- per day. Maximum ICU Charges payable are Rs.7500/- per day.
7. **Pre-Post Hospitalization:** Expenses incurred during the Pre-hospitalization and Post-hospitalization period will be covered for 30 days prior to hospitalization and 90 days after discharge respectively.
8. **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 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
9. **Pre-existing and other waivers :** Pre-existing diseases /Ailments are covered. All diseases and ailments are covered under the policy without a waiting period.
10. **Change of Treatment :** Change of treatment from one system of medicine to another is covered in the policy if recommended by treating doctor.



- 11. Congenital Anomalies :** Congenital Internal External diseases, defects and anomalies are covered under the policy.
- 12. 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.
- 13. 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 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 complications payable in full.
- 14. 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 and Minor burns or injury requiring dressing are not covered.
- 15. Taxes and other Charges:**
- a) All Taxes, Surcharges, Service Charges, Registration charges, Admission Charges, Nursing, IV Administration charges will be payable.
- b) Charges for diapers and sanitary pads are payable if necessary as part of the treatment.
- c) Charges for hiring a nurse/attendant during hospitalization will be payable only in case of recommendation from the treating doctor in case ICU/ICCU, Neo natal nursing care or any other case where the patient is critical and requiring specialized nursing care.
- 16. Alternative Therapy:** Reimbursement of expenses for hospitalization and only domiciliary treatment under the recognized system of medicines, viz. Ayurveda, Unani, domiciliary treatment if such treatment is taken in a clinic hospital recognized by the central and state government.
- 17. Physiotherapy charges:** Physiotherapy charges shall be covered as recommended by attending doctor even if taken at home during the period of post hospitalization.

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18. 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 fluorescein 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 Cardio myopathy.

19. 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.

Diseases covered under domiciliary treatment.

Cancer , Leukemia, Thalassemia, Tuberculosis, Paralysis, Cardiac Ailments , Pleurisy , Leprosy, Kidney Ailment ,All Seizure disorders, Parkinson's diseases, Psychiatric disorder including schizophrenia and psychotherapy ,Diabetes and its complications, hypertension, Hepatitis -B , Hepatitis - C, Hemophilia, Myasthenia gravis, Wilson's disease, Ulcerative Colitis , Epidermolysis bullosa, Venous Thrombosis(not caused by smoking) Aplastic Anaemia, Psoriasis, Third Degree burns, Arthritis , Hypothyroidism , Hyperthyroidism expenses incurred on radiotherapy and chemotherapy in the treatment of cancer and leukemia, Glaucoma, Tumor, Diphtheria, Malaria, Non-Alcoholic Cirrhosis of Liver, Purpura, Typhoid, Accidents of Serious Nature , Cerebral Palsy, , Polio, All Strokes Leading to Paralysis, Haemorrhages caused by accidents, All animal/reptile/insect bite or sting , chronic pancreatitis, Immuno suppressants, multiple sclerosis / motoneuron disease, status asthmaticus, sequela of meningitis, osteoporosis, muscular dystrophies, sleep apnea syndrome(not related to obesity), any organ related (chronic) condition, sickle cell disease, systemic lupus erythematosus (SLE), any connective tissue disorder, varicose

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veins, thrombo embolism venous thrombosis/venous thrombo embolism (VTE)], growth disorders, Graves' disease, Chronic obstructive Pulmonary Disease, Chronic Bronchitis, Asthma, Physiotherapy and swine flu shall be considered for reimbursement under domiciliary treatment.

20. 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 TPA, at the TPA Help Desk, or Zonal Office of the Bank.

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

22. Submission of Domiciliary claim:

All documents of to be submitted once a month by the 10th of the next month, eg., The total bills of November, 2015 need to be submitted on or before 10th December,2015.

23. 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 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 that 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) 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 in case 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 service food charges (other than patient's diet provided by hospital), baby food, cosmetics, tissue paper, toiletry items and similar incidental expenses.

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Frequently Asked Questions

Q. Who is a TPA And How will I know my TPA?

A. A Third Party Administrator is An IRDA licensed TPA who is engaged by the Insurance Company in Servicing the Health Insurance Policy. For UCO Bank, Heritage Health TPA Pvt. Ltd.. i.e. the "TPA" authorized by United India Insurance Co. will issue detailed guidelines for availing cashless treatment facility shortly which will be made available to you. E-Mail address of the "TPA" is heritage_health@bajora.in & Website of TPA is www.heritagehealthtpa.com.

Q. What services would a TPA be offering?

A. TPA will offer following services for servicing the policy.

- i) A personalized Identity card will be issued to each member and dependents to avail of Cashless facilities in all the network hospitals of TPA.
- ii) Cashless service facility at network hospitals upto the authorized limit as per policy terms & conditions
- iii) Claims processing of reimbursement claims.
- iv) 24 X7 Call Center service through toll free number. The Toll free Number is 1800-345-3477, Helpline No. – 033-22484648.
- v) Website giving online facility for generation of E-card, claim intimation, filing, upload and tracking of claims and Payment Status.
- vi) Help Desks at various locations across the country.
- vii) Grievance Portal to solve all enquiries and grievances within 24 hours .

Q. What is a Health Identity card?

A. A Health Identity card will be given to you by TPA. It will consist of the name of your bank, Your Employee ID, a Unique identification Number, the Policy period and the TPA contact details. The Health card will help in availing cashless facilities in the Zonal TPA network hospitals. The Health kit will be delivered to designated Zonal offices of the bank.

Q. What is my recourse, if ID card is not given to me. Will I be able to avail cashless facilities without the same?

A. Please check with your Zonal Office, if you are an enrolled member with the policy. If not kindly make provisions to enroll yourself. Once the Zonal Office sends the Information to the insurance company the TPA will send you the ID card Kit. If you are an enrolled member please call up the TPA call

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centre and they shall assist you with the same. Cashless cannot be availed without the health ID card.

Q. What is the procedure of Applying for a New Health ID card in case of loss?

A. Along with the ID card a welcome letter will be given to you with your login ID and password. This will help you to go on the TPA website and download a E-card which will work similar to the Health ID card.

Q. What Is Cashless Facility and How do I avail Cashless?

A. Cashless Facility is a benefit extended by the Insurance Company through a TPA wherein the insured has the option to get admitted to a Network hospital without the burden of payment of the Hospital Bill. The entire bill is settled directly by the insurance company subject to terms and conditions of the policy.

Cashless can be availed by :

- a) Approaching the nearest Zonal Office.
- b) Directly Approaching the Network Hospital

Q. What is the Procedure to be followed if we approach the Bank Claim Processing Hub?

A. The Insured can approach the nearest Zonal Office of the Bank in order to avail cashless services. The Process is as under:

- i) Employee approaches the nearest Zonal Office with the details of his hospitalization(The name of the hospital, the admission date the ailment and the estimated cost
- ii) The bank officer guides him to the TPA Help Desk
- iii)The Help Desk enters the information and prepares a letter of Authorization
- iv) The Help Desk gives a copy of the Authorization letter to the employee and simultaneously sends a copy to the hospital
- v) The employee can get admitted to the hospital by showing the Authorization letter to the hospital.

Q. What is the Procedure to be followed for cashless directly with the Network Hospital?

A. Cashless can be availed at the "TPA network" hospital. The procedure mentioned below needs to be followed while availing Cashless in a hospitals.

- i) Choose network Hospital from updated TPA list of hospital on the website.
- ii) Show TPA ID card and collect Pre-Authorization form from the hospital. Fill up personal details and the rest to be filled up by the hospital treating doctor along with contact number.

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iii) Hospital will send the fax/e-mail to TPA.

iv) The TPA shall process the claim as per policy terms and conditions and send approval letter to the hospital

v) Get admitted, take treatment and get discharged without payment of except for non reimbursable items. Please ensure claim form is filled and duly signed and final bill is signed before discharge.

vi) Payment will be made to the Hospital/Nursing Home directly by TPA.

Q. Will I Get Cashless facility in a non-network hospital?

A. No. Cashless facility **will only be available in a network hospital.**

Q. What are the documents required to avail Cashless facility?

A. Cashless facility is available only in network hospitals. The following documents will be required before issuing cashless Authorization Letter.

i) Duly filled, signed & stamped Pre Authorization Form from the hospital

ii) Investigation reports & previous consultation papers (if any)

iii) Photo ID proof.

Q. Does cashless hospitalization mean getting treatment free of cost?

A. Cashless hospitalization does not mean that the treatment is free of cost Any expenses that are not payable under the insurance policy will not be authorized during hospitalization the same have to be borne by the patient.

Q. Does cashless hospitalization cover all medical expenses?

A. Charges for telephone, television, barber or beauty services, food charges (other than patient's diet provided by hospital), baby food, cosmetics, tissue paper, toiletry and similar incidental expenses are not payable. All the other charges related to the treatment covered as per the terms & conditions of the policy.

Q. What is Claim Intimation? Do I have to Intimate to United India Insurance Company / TPA in case do not avail cashless facility?

A. Claim intimation is to be given (Telephonically/e-mail/fax/online intimation) prior to the Hospitalization or in case of emergencies immediately upon hospitalization but prior to discharge). If the Hospital opted for is not on the Panel of TPA i.e. Heritage Health TPA Pvt. Ltd., you may get admitted to the hospital and submit the claim for reimbursement. In such a case, The hospital should satisfy the criteria of hospital as defined in the policy.

Q. How to avail Reimbursement of claim?/Procedure of Reimbursement Claim?

A. The process is listed below:

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i) Get admitted to the hospital, take treatment and pay the bill after collecting all the original documents from the hospital (where employee is not admitted to Network Hospital).

ii) Insured can get admitted in any hospital (Network /Non Network).

iii) Claim documents to be submitted to Help Desk, Bank's Zonal Office or nearest office of Heritage Health TPA Pvt. Ltd. i.e. TPA appointed for our Bank as per the convenience of the employee

iv) The claim is processed on the basis of the terms and conditions laid down in the policy and amount reimbursed to concerned employee's account means of NEFT.

Q. Is there any scope of Repudiation of Claim?

A. If the ailment is not covered in the terms and conditions of the policy, the claim may be repudiated. (For details of the policy terms and condition, kindly log onto the TPA website) The claim can also be repudiated in the event of fraud, abuse, misrepresentation and non disclosures. In case of Repudiation, the claim will be first put up before the committee.

Q. What documents are needed for processing claims that have to be reimbursed?

A. Following documents are required for processing reimbursement claims:

i) Claim Form duly filled and signed by the claimant.

ii) Final Bill & Admission-cum-Discharge Card from the hospital in original.

iii) First consultation letter/initial investigations supporting the diagnosis prior to hospitalization.

iv) All relevant bills and receipts in original.

v) Medicine/chemist bills supported by prescriptions in original

vi) Original receipt and diagnostic test reports to be supported by a letter from the consulting doctor prescribing such tests.

Q. What is pre-post hospitalization & how much amount/limit/ number of days are covered for the same?

A. **Pre- Hospitalization:** Pre Hospitalization means relevant medical expenses incurred on consultations, diagnostic tests etc., 30 days prior to hospitalization and related to the hospitalization claim.

Post Hospitalization: Post Hospitalization means relevant medical expenses incurred up to 90 days from the date of discharge and related to the hospitalization claim.

Q. What is the time limit for submission of documents in case of reimbursement claims?

A. All the documents need to be submitted within 30 days of discharge. For the post hospitalization 120 days from date of discharge. The post

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hospitalization claim will be limited to the treatment for 90 days after discharge.

Q. Whether all dependents of retired employees will be covered under the scheme?

A. In case of retired employees **only employee and spouse are covered.**

Q. If an employee retires during the currency of the policy, will he or she continue to get benefits of serving employee till expiry of policy?

A. Yes.

Q. Whether annual health check up expenses are covered?

A. No. This is not part of the scheme approved in the bipartite agreement

Q. Is there any upper age limit for retired employees?

A. No. There is no upper age limit.

Q. If retired employees join in the scheme and subsequently opt out, can they rejoin later?

A. No. the retired employee once opts out of the scheme cannot rejoin later.



