

SYNDICATE BANK PENSIONERS & RETIREES ASSOCIATION(REGD.)

(Affiliated to AIBPARC, a wing of AIBOC)

CENTRAL OFFICE

203, Glendale Residency, King Koti Road, Abids, Hyderabad – 500001

Phones – Chairman: 09448122384; President; 08171461116;

General Secretary: 09440528806; Secretary: 09885661991



Circular No.12/2015

(PLEASE CIRCULATE TO ALL MEMBERS/ RETIREES)

Date: 28.08.2015

Dear Comrades,

IBA MEDICAL INSURANCE SCHEME - DETAILS RELEASED BY BANK

ADMINISTRATIVE GUIDELINESSENT TO ALL BRANCHES

LAST DATE FOR SUBMISSION OF OPTION 10-09-2015

We are happy to inform that at last the long awaited medical insurance scheme for bank retirees has become a reality. Details of IBA scheme are furnished in the bank circular No.33/2015/CYC/0012/HO/SWD/HEALTH-INS Dated 24.08.2015. The scheme is optional. Last date for exercising one time option both by pensioners and non-pensioners is 10.09.2015. Administrative guidelines are already sent by HO to all branches of the bank. Pensioners have to submit option letter to pension drawing branch and the non-pensioners have to send the letter directly to HO: SWD: Manipal. As far as we are concerned please note that we are opposed to decision of IBA to collect premium amount from the retirees and AIBPARC is seized of the matter. We have also been constantly demanding at our bank level to waive/ reimburse the entire cost of premium payable by the retirees. We are happy to note that in partial consideration of our demand the Staff Welfare Co-ordination Committee in its meeting held today i.e., on 28.08.2015 has decided to recommended to competent authority for reimbursement of 50% of premium amount by the bank. Details and final decision are awaited. Comrades, though the cost of premium is burdensome and not attractive, we find various advantages in the scheme. And it is always advisable to join a common scheme which is applicable to in service employees and retirees that too one monitored by bank. Therefore in the given circumstance, we advise all our members/retirees to join the scheme by submitting option letters without fail. Text of bank circular with particulars of the IBA scheme and option letter form is reproduced hereunder for information of all retirees. Keeping in view the Urgency, we have communicated the information by SMS to all our members on their mobile phones as recorded with us. We also requested bank to send similar SMS to all retirees and they have acceded to our request.

With warm greetings

Yours comradely,

K. Suresh Babu

SECRETARY

**SBPRA
AIBPARC
CBPRO**

**ZINDABAD
ZINDABAD
ZINDABAD**

Text of Circular issued by SyndicateBank, PERSONNEL DEPARTMENT, STAFF WELFARE DIVISION : HEAD OFFICE : MANIPAL

Telephone: 0820 2571181/ FAX : 0820 2572420 email : hoswd@syndicatebank.co.in

Circular No.33/2015/CYC/0012/HO/SWD/HEALTH-INS

Date: 24.08.2015

To: ALL BRANCHES/OFFICES

IBA Health Insurance Scheme for employees/retirees.

In the recently concluded wage settlement, it was decided to introduce new Medical Insurance Scheme to employees in lieu of existing Hospitalisation/Domiciliary treatment scheme. The Insurance policy will be issued by lead Insurance Company viz., United India Insurance Co Ltd in the name of Indian Banks' Association Member Banks. M/s K M Dastur will be the Reinsurance Brokers for this policy.

The new scheme as applicable to the employees in service would be continued beyond their retirement/superannuation/resignation, etc., subject to payment of stipulated premium by them.

The new scheme would also cover the existing retired employees of the Bank and dependent spouse subject to payment of stipulated premium by them. All the retired officers are eligible for a cover of Rs.4.00 lakhs and retired clerks/sub-staff for a cover of Rs.3.00 lakhs. The premium payable for the current year will be Rs.7494/- for retired officers and Rs.5621/- for retired clerks/sub-staff.

Accordingly one time option is given to all the ex-employees/retirees who ceased to be in service upto 31.07.2015 to join the scheme now. Those who do not opt now, would not be allowed to join later on. Further, once they have joined and subsequently opt out, they cannot rejoin.

The scheme details are furnished in the appendix to Bipartite settlement/joint note dated 25.05.2015 signed with recognized unions/associations and are annexed to circular no 260 and 261/2015/BC. For easy reference, the highlights of the scheme and the FAQs with answers are enclosed as Annexure I. Format of consent/ authorization letter (Annexure II) to be submitted by non-pensioners and others whose data are not available in the pension drawing branch is enclosed. Pensioners are requested to submit the pre-filled Annexure II in duplicate downloaded by the pension drawing branch to the pension drawing branch for onward transmission to HO SWD.

Those pensioners who are desirous of joining the scheme shall immediately approach their pension drawing branch for submission of the consent/authorization letter (Annexure II) to their pension drawing branch who in turn will send the original to HO:SWD and file one copy in the concerned pensioner's file kept in the branch. In the case of non-pensioners, they may be advised to submit the filled in Annexure II (format is also available in Bank's website) directly to HO:SWD. **The last date for submitting the option letter is 10.09.2015.**

Premium from all the retirees who are willing to join the scheme will be collected by debit to their account number provided to us in the consent/undertaking letter (Annexure II) and remitted to United India Insurance Co Ltd by a single payment. For this purpose the optees may be advised to keep sufficient balance in the a/c till the premium is debited, failing which the cover will not be available even if the balance is kept thereafter.

Instructions to branches for data entry: Branches have to open the inhouse application portal <http://172.18.200/162/inhouse/> and click on HO:SWD/SRD icon and select "IBA Health Insurance Scheme" from the list. Then they have to log in by entering in house application user ID and Password already available with them. After successful login, the data entry screen will appear. Branches should correct the details appearing therein if there is any incorrect information/data appearing in the screen. In case spouse is there, his /her name and date of birth should be entered.

All fields except e-mail ID, spouse name and date of birth of spouse are mandatory. After saving the data entered, Annexure II has to be downloaded, got signed by the pensioner and original forwarded to HO:SWD by speed post/courier, besides sending scanned copy/fax to HO:SWD for immediate use. Copy of Annexure II is to be filed in the concerned pensioners file maintained at the branch.

The user manual is available in the above application as well as kept in Node No. //172.18.200.222/d\$/HO:SWD.

All the branches/offices are requested to bring the contents of this circular to the notice of all the staff pensioners in the branch and non-pensioners also. Individual pensioners are to be contacted immediately and requested to submit and confirm the details in consent/authorization letter (Annexure II). Since this is a one time limited period option all co-operation must be extended to our retired colleagues with a humanitarian approach so that the benefit of the health insurance is made available to all of them.

In case any further clarification/information is required branches/offices may contact HO:SWD. A copy of this circular may be displayed in the branch notice board for the information of all retiree staffs.

Sd/-
(K SANTHOSH KAMATH)
GENERAL MANAGER (P).

Annexure I

MEDICAL SCHEME FOR RETIRED BANK EMPLOYEES POLICY TERMS, CONDITIONS AND SOME FREQUENTLY ASKED QUESTIONS:

- 1. Family Definition :** Ex-Employee + Spouse.
- 2. Sum Insured :** Retired Officers Rs.4.00 lakhs and retired Clerks/Sub-staff Rs.3.00lakhs of Hospitalization and Domiciliary Treatment coverage.
- 3. Date of Joining the Scheme :** All Retired Employees to be covered from the date of their joining the scheme and payment of premium. Once a retired employee exits the scheme, he will not be allowed to rejoin later.
- 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 is Rs.5000/- per day. Maximum ICU Charges eligible is 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 for those ailments listed in Schedule A 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 any 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 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.

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) Chargers 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, Sidha, Homeopathy, Naturopathy, 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.

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 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 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.

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 UIIC TPA, at the UIIC TPA Help Desk, or , the Bank Claims Hub.

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 Domiciliary claim to be submitted once a month by the 10th of the next month. e.g. The total bills of January 2015 to be submitted on 10th Feb 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 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 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 -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.

FAQs

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

A. A Third Party Administrator is An IRDA licensed TPA who is engaged by the Insurance Company in Servicing the Health Insurance Policy. Your United India TPA will send you a complete kit consisting of various guidelines for availing cashless and submission of claims.

Q. What services would a United India TPA be offering?

A. As the authorized United India TPA servicing the policy following services are offered:

- i) A personalized Identity Card will be issued to each member and dependents to avail of Cashless facilities in all the network hospitals of United India 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 X 7 Call Center service through toll free number.
- 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 United India TPA. It will consist of the name of your bank , Your Employee ID, a Unique Identification Number , the Policy period and the United India TPA contact details. The Health card will help in availing cashless facilities in the United India TPA network hospitals. The Health kit will be delivered to designated regional offices of each 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 HR , if you are an enrolled member with the policy. If not kindly make provisions to enroll yourself. Once the HR sends the Information to the Insurance company the United India TPA will send you the ID card Kit. If you are an enrolled member please call up the United India

TPA call 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 United India TPA website and download an 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 United India 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 Bank Claim Processing Hub
- 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 Bank Processing Hub in order to avail cashless services. The Process is as under:

- i) Employee approaches the bank processing Hub 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 United India 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 United India TPA network hospital. The procedure mentioned below needs to be followed while availing Cashless at hospitals.

- i) Choose network Hospital from updated United India TPA network list of hospital on the website.
- ii) Show United India 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.
- iii) Hospital will send the fax/e-mail to United India TPA.
- iv) The United India TPA shall process the claim as per policy terms and conditions and send an approval letter to the hospital.
- v) Get admitted, take treatment and get discharged without payment of bill except for non payable 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 United India TPA.

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

A. No. Cashless facility will only be available in a network hospital. However in cases of emergency we may consider providing an advance to the patient.

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.
- iv) Health ID number/policy number/employee number (Please mention on the AL form and provide a copy of Health ID card).

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 and the same will 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 items and similar incidental expenses are not payable. All the other charges related to the treatment are covered as per the terms & conditions of the policy.

Q. What is Claim Intimation? Do I have to Intimate to United India / United India TPA in case I 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 you opt for is not on the Panel of United India TPA, 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:

i)Get admitted to the hospital, take treatment and pay the bill after collecting all the original documents from the hospital.

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

iii)Claim documents to be submitted to Help Desk, Bank Claim Processing Office or nearest United India TPA office 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 NEFT will be done directly to the employee.

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).

Also in the event of fraud, abuse, misrepresentation and non disclosures. In case of Repudiation, the claim will be first put up before the committee and then repudiated.

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 & 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 like consultations, diagnostic tests, 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 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 will be 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. If the retired employee opt out of the scheme they cannot rejoin late

ANNEXURE II

Date:
Place:

The General Manager (P)
Staff Welfare Division
HO:Manipal.

Dear Sir,

SUB: Medical Health Insurance Scheme introduced by IBA.
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I am interested in joining the Medical Insurance Scheme of IBA for member banks introduced as per X Bipartite Settlement/Joint Note dated 25.05.2015 and furnish herebelow the required information pertaining to me.

Details of Pensioner/Retiree		Details of spouse of Pensioner/Retiree	
Name		Name of spouse	
Emp No		Date of Birth of Spouse	
Pension No			
Date of Birth			
Date of Retirement			
Type of retirement (Superannuation/ death/VRS/CRS etc)			
Cadre at the time of retirement			
Mobile No.			
Email Id			
Account No.			
Address			

*I retired as an officer and I am aware that I alongwith my spouse will be eligible for a health insurance cover of Rs.4.00 lakhs under the Group Health Insurance policy. I hereby authorise you to debit the premium amount of Rs.7494/- to my SB a/c No now and the policy may be renewed every year by debiting the renewal premium as communicated by the insurance company to my above a/c without further reference to me unless my intension not to renew the policy is informed to at least one month in advance of the renewal date. I am aware that once I exit the scheme, I will not be allowed to rejoin later.

OR

*I retired as a clerk/sub-staff and I am aware that I alongwith my spouse will be eligible for a health insurance cover of Rs.3.00 lakhs under the Group Health Insurance policy. I hereby authorise you to debit the premium amount of Rs.5621/- to my SB a/c No..... now and the policy may be renewed every year by debiting the renewal premium as communicated by the insurance company to my above a/c without further reference to me unless my intension not to renew the policy is informed to at least one month in advance of the renewal date. I am aware that once I exit the scheme, I will not be allowed to rejoin later.

I undertake to keep sufficient balance in my above a/c for this purpose failing which the policy may not be issued/renewed.

Yours faithfully,

*tick whichever is applicable.

SIGNATURE