

**SCHEDULE FOR REIMBURSEMENT OF
HOSPITALISATION EXPENSES**

MEDICAL INSURANCE SCHEME

Having regard to the need to extend better coverage and reimbursement of hospitalization and medical expenses incurred by the officers / employees/dependent family members, the demand for full reimbursement of expenses connected with hospitalisation and medical treatment including domiciliary hospitalization and domiciliary treatment was discussed by and between the parties and a new scheme for reimbursement of medical expenses has been formulated.

The salient feature of the Scheme is as under:

The scheme shall cover expenses of the officers / employees and dependent family members in cases he/she 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 employee/ dependent family member, 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 and domiciliary treatment expenses as defined in the Scheme, for medical/surgical treatment at any Nursing Home/ Hospital / Clinic (for domiciliary treatment)/ Day care Centre which are registered with the local bodies in India as herein defined (hereinafter called HOSPITAL) as an inpatient or otherwise as specified as per the scheme.

The Scheme covers Employee + Spouse + Dependent Children + any two of the dependent Parents /Parents-in-law.

- No age limit for dependent children (including step children and legally adopted children).
- A child would be considered dependent if his/her monthly income does not exceed ₹10,000/- per month;

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- Widowed Daughter and dependent divorced / separated daughters, sisters including unmarried / divorced / abandoned or separated from husband/ widowed sisters and Crippled Child shall be considered as dependent for the purpose of this policy.
- Physically challenged Brother / Sister with 40% or more disability shall also be covered as Dependent.
- No Age Limits for Dependent Parents. Any two, i.e. either dependent parents or parents-in-law will be covered as dependent.
- Parents would be considered dependent if their monthly income does not exceed ₹10,000/- per month or as revised by Indian Banks' Association in due course, and wholly dependent on the employee as defined in this scheme.

All the existing permanent officers / employees of the Banks which are parties to this Settlement shall be covered by this Scheme from the date of introduction/implementation of this Scheme. All New Officers / employees shall be covered from the date of joining as per their appointment in the bank.

Till the new scheme is made effective and gets implemented, the existing provisions as per Bipartite Settlement/ Joint Note dated 27.4.2010 will continue to operate.

The new Scheme as applicable to the officers/ 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 officers/ employees of the Banks and dependent spouse subject to payment of stipulated premium by them.

In the event of any claim becoming admissible under this scheme, the Bank will reimburse 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 employee.

Reimbursement shall cover Room and Boarding expenses as provided by the Hospital/Nursing Home not exceeding ₹5000 per day or the actual amount whichever is less. Intensive Care Unit (ICU) expenses not exceeding ₹7500/- per day or actual amount whichever is less. Surgeon, team of surgeons, Assistant surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees, Nursing Charges, Service Charges, IV Administration Charges, Nebulization Charges, RMO charges, Anaesthetic, 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-

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Occular 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.

Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to officers/ employee/dependent would also be covered for reimbursement.

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.

Alternative systems of treatments other than treatment under Allopathy or modern medicine shall include Ayurveda, Unani, Siddha, Homeopathy and Naturopathy in the Indian context, for Hospitalization and Domiciliary treatment.

CASHLESS FACILITY: The scheme also includes the benefit of cashless treatment facility in hospitals under a scheme worked by the Banks and the hospitals under a common insurance scheme.

CONTRIBUTION: The officers / employees shall not be required to share the cost of such benefits under the new scheme. However, in the case of officers / employees retiring from the Banks after the scheme is introduced and those who are already retired from the services of the banks and who opt to avail the benefits of the scheme, the amount of contribution by such persons shall be decided at the respective Bank level.

Day care Treatments shall be covered under the scheme and would refer to medical treatment and or surgical procedure which is

- i. undertaken under general or local anaesthesia in a hospital/day care centre in less than a day because of technological advancement, and
- ii. which would have otherwise required hospitalisation of more than a day. Treatment normally taken on an out patient basis is not included in the scope of this definition.

DOMICILIARY HOSPITALIZATION: Domiciliary Hospitalization shall be covered under this scheme and would mean 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.

DOMICILIARY TREATMENT shall also be covered under this scheme i.e. treatment taken for specified diseases which may or may not require hospitalization as mentioned herein below.

Domiciliary Hospitalization / Domiciliary Treatment : Medical expenses incurred in case of the following diseases which need Domiciliary Hospitalization /domiciliary treatment as may be certified by the recognized hospital authorities and bank's 'medical officer shall be deemed as hospitalization expenses and reimbursed to the extent of 100%.

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

The cost of medicines, investigations, and consultations, etc.in respect of domiciliary treatment shall be reimbursed for the period stated by the specialist in Prescription. If no period stated, the prescription for the purpose of reimbursement shall be valid for a period not exceeding 90 days.

HOSPITAL / NURSING HOME: A Hospital under this scheme would mean 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;

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- 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.

This clause will however be relaxed in areas where it is difficult to find such hospitals. 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.

HOSPITALIZATION: Hospitalization would mean 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,

ID CARD: In terms of the scheme arrived at between the Banks and insurance companies, ID Cards would be issued to all the officers / employees/ dependent family members/retired officers / employees/their dependents for the purpose of availing cashless facility in network hospitals.

PRE-EXISTING DISEASE: Pre Existing Diseases would be covered for reimbursement under this scheme.

PRE-HOSPITALISATION MEDICAL EXPENSES: Medical expenses incurred immediately 30 days before the insured person is hospitalized will be considered as part of a claim provided that such medical expenses are incurred for the same condition for which the insured person's hospitalization was required.

POST HOSPITALISATION MEDICAL EXPENSES: Relevant medical expenses incurred immediately 90 days after the employee/ dependent/ retirement employee is discharged from the hospital provided that such medical expenses are incurred for the same condition for which the Insured Person's Hospitalization was required.

Additional Ex-Gratia for Critical Illness : In addition to the reimbursement covered under this scheme, officers / employees (only officers / employees and not their dependents or retired officers / employees) shall be provided additional ex gratia of ₹ 1,00,000/- . In case an employee contracts a Critical Illness as listed below, the sum of ₹1,00,000/- shall be paid. This benefit shall be provided on first detection/diagnosis of the Critical Illness.

- Cancer including Leukemia
- Stroke
- Paralysis
- By Pass Surgery

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- Major Organ Transplant/Bone marrow transplantation
- End Stage Liver Disease
- Heart Attack
- Kidney Failure
- Heart Valve Replacement Surgery

Hospitalization is not required to claim this benefit.

Expenses on Hospitalization for minimum period of a day are admissible. However, this time limit shall not be applied to specific treatments, such as:

1	Adenoidectomy	19	Haemo dialysis
2	Appendectomy	20	Fissurectomy / Fistulectomy
3	Auroplasty not Cosmetic in nature	21	Mastoidectomy
4	Coronary angiography /Renal	22	Hydrocele
5	Coronary angioplasty	23	Hysterectomy
6	Dental surgery	24	Inguinal/ventral/umbilical/femoral hernia
7	D&C	25	Parenteral chemotherapy
8	Excision of cyst/granuloma/lump/tumor	26	Polypectomy
9	Eye surgery	27	Septoplasty
10	Fracture including hairline fracture /dislocation	28	Piles/ fistula
11	Radiotherapy	29	Prostate surgeries
12	Chemotherapy including parental chemotherapy	30	Sinusitis surgeries
13	Lithotripsy	31	Tonsillectomy
14	Incision and drainage of abscess	32	Liver aspiration
15	Varicocelelectomy	33	Sclerotherapy
16	Wound suturing	34	Varicose Vein Ligation
17	FESS	35	All scopies along with biopsies
18	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	36	Lumbar puncture
		37	Ascitic Pleural tapping

This condition will also not apply in case of stay in hospital of less than a day provided 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 which would have otherwise required hospitalization of more than a day.

MATERNITY EXPENSES BENEFIT EXTENSION : Hospitalization expenses in respect of the new born child can be covered within the Mother's Maternity expenses. The maximum

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benefit allowable under this clause will be up to ₹ 50000/- for normal delivery and-₹ 75,000/- for Caesarean Section-

Baby Day one Cover: New born baby is covered from day one. All expenses incurred on the new born baby during maternity will be covered in addition to the maternity limit and up to Rs, 20,000/-.

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 trip will also be reimbursable.

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.

Congenital Anomalies: Expenses for Treatment of Congenital Internal / External diseases, defects anomalies are covered under the scheme.

Psychiatric diseases: Expenses for treatment of psychiatric and psychosomatic diseases shall be payable with or without hospitalization.

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.

Treatment taken for Accidents can be payable even on OPD basis in Hospital.


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

Treatment for Genetic Disorder and stem cell therapy shall be covered under the scheme.

Treatment for Age related Macular Degeneration (ARMD), treatment such as Rotational Field Quantum magnetic Resonance (RFQMR), Enhanced External Counter Pulsation (EECP), etc.


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are covered under the scheme. Treatment for all neurological/ macular degenerative disorders shall be covered under the scheme.

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.

Ambulatory devices i.e., 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 under the scheme.

Physiotherapy charges: Physiotherapy charges shall be covered for the period specified by the Medical Practitioner even if taken at home.

While reimbursement to the officers / employees shall be made by the Banks as hitherto, the Scheme shall be administered by the Banks through a scheme worked out between IBA/Banks and Insurance companies and officers / employees would in no way be directly bound by the terms and conditions of such scheme or arrangements.

However, for the purpose of clarity and information, the details of the Scheme worked out between IBA/Banks and insurance companies is appended herein as Appendix I & II.

The above stated scheme would not supersede the continuation of any bank-level arrangement or scheme providing for reimbursement of medical expenses, which is not covered herein, that may be in operation in any Bank.

Appendix I

Medical Scheme for the Officers/ Employees of IBA Member Banks, parties to the Bipartite Settlement/ Joint Note dated 25th May 2015 In lieu of the Existing Hospitalization Scheme

The scheme covers expenses of the officers / employees and dependent in cases he/she 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 and domiciliary treatment expenses as defined in the Scheme, for medical/surgical treatment at any Nursing Home/Hospital / Clinic (for domiciliary treatment)/ Day care Centre which are registered with the local bodies, in India as herein defined (hereinafter called HOSPITAL) as an inpatient or otherwise as specified as per the scheme, to the extent of the sum Insured + Corporate buffer.

1.1. The Scheme Covers Employee + Spouse + Dependent Children + 2 dependent Parents /parents-in-law.

- No age limit for dependent children. (including step children and legally adopted children) A child would be considered dependent if their monthly income does not exceed Rs. 10,000/- per month; which is at present, or revised by Indian Banks' Association in due course. Widowed Daughter and dependant divorced / separated daughters, sisters including unmarried / divorced / abandoned or separated from husband/ widowed sisters and Crippled Child shall be considered as dependent for the purpose of this policy. Physically challenged Brother / Sister with 40% or more disability.
- No Age Limits for Dependent Parents. Either Dependent Parents or parents-in-law will be covered. Parents would be considered dependent if their monthly income does not exceed Rs. 10,000/- per month, which is at present, or revised by Indian Banks' Association in due course, and wholly dependent on the employee as defined in this scheme.

(The definition of family shall undergo a change as decided in due course in the negotiations)

- 1.2.1 All New Officers / employees to be covered from the date of joining as per their appointment letter. For additions /deletions during policy period, premium to be charged /refunded on pro rata basis.
- 1.2.2 Continuity benefits coverage to officers / employees on retirement and also to the Retired Officers / employees, who may be inducted in the Scheme.
- 1.3 Sum Insured: Hospitalization and Domiciliary Treatment coverage as defined in the scheme per annum
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| Officers | : Rs.400000 |
| Clerical Staff | : Rs.300000 |
| Sub Staff | : Rs.300000 |
- Change in sum insured after commencement of policy to be considered in case of promotion of the employee or vice versa.
- 1.4 Corporate Buffer: Rs. 100,00,00,000/- Corporate buffer may be appropriated as per the premium of the bank. If the Corporate buffer of one bank is exhausted, the remaining amount can be claimed from the unutilized corporate buffer of the other banks. Corporate Buffer can be authorized by the Management, through an Authorized person / Committee as decided by IBA / Bank, and informed directly to the THIRD PARTY ADMINISTRATOR by keeping the insurance company in the loop.

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- 1.5 In the event of any claim becoming admissible under this scheme, the company will pay through Third Party Administrator to the Hospital / Nursing Home or Insured 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 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, Anaesthetic, 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.
 - E. Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to the insured.
- 1.6 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 -

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- 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.

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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 Hospitalisation only and Domiciliary for treatment only under ailments mentioned under clause number 3.1 (Ref: 3.4 Alternative Therapy)

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.

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- maintains daily records of patients and will make these accessible to the insurance companies authorised personnel.

2.10 DAY CARE TREATMENT:

Day care Treatment refers to medical treatment and or surgical procedure which is

- undertaken under general or local anesthesia in a hospital/day care Centre in less than a day because of technological advancement, and
- Which would have otherwise required a hospitalisation of more than a day.

Treatment normally taken on an out patient 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:

- The condition of the patient is such that he/she is not in a condition to be removed to a hospital or
- The patient takes treatment at home on account of non-availability of room in a hospital.

2.12 DOMICILIARY TREATMENT

Treatment taken for specified diseases which may or may not require hospitalization as mentioned in the Scheme under clause Number 3.1

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.

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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 MATERNITY EXPENSES:

Maternity expenses/treatment shall include:

a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).

b) Expenses towards medical termination of pregnancy during the policy period.

c) Complications on Maternity would be covered up to the Sum Insured plus the Corporate Buffer.

2.21 MEDICAL ADVICE:

Any consultation or advice from a medical practitioner/doctor including the issue of any prescription or repeat prescription.

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2.22 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.

2.23 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 conform to the professional standards widely accepted in international medical practice or by the medical community in India.

2.24 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, parents-in-law, spouse and children.)

2.25 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.

2.26 NEW BORN BABY:

A new born baby means baby born during the Policy Period aged between one day and 90 days, both days inclusive.

2.27 NON NETWORK :

Any hospital, day care Centre or other provider that is not part of the network.

2.28 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.

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