

Medical Insurance Scheme in respect of Retired Employees of the Bank

A New Medical Insurance Scheme for Retired Employees was implemented w.e.f 01.11.2015 in association with M/s. United India Insurance Co. Ltd. and M/s. Vidal Health TPA. As per the Scheme both the retired employee and spouse of the retired employee are covered and the Scheme is renewable every year. It may be noted that, the Scheme has been renewed for one year w.e.f 01/11/2016. While renewing the scheme, two options have been made available to the retirees, as given below.

Option I – Renewal on As Is basis (Without Domiciliary Coverage)

Under the Option, expenses incurred for hospitalization alone are envisaged in the scope of the policy and expenses incurred for domiciliary treatments are not covered. The coverage under this option shall be as given below.

Category	Total Sum Insured
Officers (Retired)	Rs. 4 Lakh
Award Staff (Retired)	Rs. 3 Lakh

The Scheme envisages either cashless or reimbursement facility in case of hospitalization. Cashless facility will be available only at selected Network Hospitals, as approved by the TPA. The list of Network Hospitals, where cashless facility can be availed, is made available in the Website of Third Party Administrator (M/s. Vidal Health TPA) <https://www.vidalhealthtpa.com/home/Network-Services/Network-Hospitals>. In order to make use of the cashless facility, beneficiaries may approach the Insurance Desk maintained at the Network Hospitals, with the ID Cards already provided to the retiree along with another valid ID proof. In case of any contingencies, E- Cards will be provided by the TPA via email to the beneficiaries, on demand. The TPA may be contacted in the following email ID federalbank@vidalhealthtpa.com. In case employee/dependents are admitted to a Hospital and not availing cashless facility, details of such hospitalization shall have to be invariably intimated to the Insurer/Third Party Administrator within 7 days from the time of hospitalization and the claims shall be submitted in the prescribed format (attached), directly to Third Party Administrator, within 30 days from the date of discharge.

Option II – Renewal on As Is basis (With Domiciliary Coverage)

Under the Option, expenses incurred for domiciliary treatment are also covered, for a list of diseases as annexed, in addition to the hospitalization expenses. However, the coverage for domiciliary expenses is capped at a maximum of 10% of the total Sum Insured, i.e. Rs. 40,000/- for Officers and Rs. 30,000/- for Award Staff. Please note that, the total coverage under this option including that for domiciliary treatment is limited to the total Sum Insured as applicable in the respective cadre of the retiree (Rs.4 Lakh in the case of Officer and Rs. 3 Lakh in the case of Award Staff). Coverage under this option shall be as given below.

Category	Total Sum Insured	Domiciliary Cover (10% of overall Sum Insured)
Officers (Retired)	Rs. 4 Lakh	Rs. 40,000/-
Award Staff (Retired)	Rs. 3 Lakh	Rs. 30,000/-

Retired employees may submit the claims related to domiciliary treatments along with the required documents as detailed below. It may be noted that, any other documents as demanded by Insurance Company/TPA, at the time of processing the claim, will also be required to be submitted.

1. Duly filled in IBA Domiciliary Treatment Claim Reimbursement Statement (Annexure I)
2. Duly signed Claim Form - Part A
3. Copy of Health Card
4. Copy of cancelled cheque leaf & ECS Mandate (Along with first claim and whenever there is change in Account Number).
5. All Original Bills/Lab Reports for the medicines purchased/lab tests conducted.
6. All domiciliary claims are to be supported with original prescriptions showing the nature of ailment(s) and details of medicines to be consumed. Prescription for lab test if any, shall also be submitted.
7. If original prescription has already been submitted, retired employees need to submit, only self attested copies of valid prescriptions with subsequent claims. Please note that, while submitting the claim with self attested copy of prescription, care shall be taken to mention (at the bottom of Annexure I) the details such as month, date etc. of the earlier claim submitted using the original prescription.
8. The validity of the prescription shall be for a maximum period of 90 days only, unless specific period is mentioned in the prescription. In case of prescriptions where the time limit is more than twelve months and for lifelong medicines, a re-validation shall have to be made on or before 12 months from the date of issue of the prescription.
9. Members shall invariably retain a copy of the claim application and connected documents/ bills/ vouchers/reports for future reference.

Claims under Domiciliary treatment in respect of retired employees shall have to be submitted on a monthly basis. For a hassle free processing of claims related to domiciliary treatments, all concerned are advised to submit the claim forms in the prescribed format, before 15th of every month directly to the TPA (M/s. Vidal Health TPA).

The format for claiming expenses incurred for domiciliary treatment is attached for the reference of all concerned.

TPA Address:

Vidal Health TPA Services, #39-4130, 1st Floor, Mareena Building, M G Road, Ernakulam – 682 016.
Ph: +91-484-2358683 , Fax: +91-484-2359269

For any queries, please feel free to contact in the No. 9544971166/0484 - 2634308.