

# UNITED FORUM OF BANK UNIONS

(AIBEA-AIBOC-NCBE-AIBOA-BEFI-INBEF-INBOC-NOBW-NOBO)

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**SANJEEV K. BANDLISH**

Convenor

**LETTER No. UFBU/2023/Med.Ins**

**Date: 02-06-2023**

**To**

**Shri Brajeshwar Sharma,  
Sr. Advisor – HR & IR,  
Indian Banks' Association  
Mumbai**

Dear Sir,

**Reg: Group Medical Insurance Scheme**

We are in receipt of your letter dated 19-05-2023 and note the contents therein.

We would like to broadly submit our views as under:

1. The Group Medical Insurance Policy should be a combined and composite Policy comprising of
  - (a) the scheme applicable to in-service employees and officers
  - (b) the scheme applicable to the retirees.
2. Insurance Companies should be asked to submit their premium quotation for the combined composite Policy.
3. The existing Scheme for the in-service employees to continue for the renewal period October, 2023 to September, 2024 with modification on few areas as under:
  - a. TPA having Maximum number of cashless facilities and coverage of hospitals on pan India basis should be chosen.
  - b. Process of submission of documents by employees/ officers should be as discussed in last meeting i.e. through electronic mode (HRMD) and link to TPA.
  - c. Penalty clause for delayed approval and payment should be incorporated.
  - d. All above should be incorporated in the Scheme for retirees also.

4. Further Improvements in the Scheme will be taken up in the ensuing wage revision negotiations.
5. For the Retired employees/officers, we have already suggested a basic insurance policy with suitable cap relating to room rent charges/ICU charges, etc. according to the area of location of the Hospital as well as by working out some ceilings on some of the common treatments.
6. This should be the base policy and with optional top up policy facility.
7. The additional premium for the additional coverage/top up policy will be payable by the concerned retiree. The premium for this basic policy to be negotiated with the Insurance Company and to be kept at a reasonable rate.
8. **The premium for the basic policy to be borne by the respective Bank managements.**
9. The Insurance Company should also offer Top-up schemes for higher amounts of sum insured and higher risk coverage, etc. on an optional basis as per the needs and choice of the retirees.
10. For example, the Basic Policy may be for Rs. 2 lacs for retired employees and officers. The amount of the coverage to be further discussed and finalized.
11. Over and above this basic policy applicable to retirees, optional top up facility should be available, say, additional coverage from Rs 1 lac to 10 lacs and additional premium to be paid by retirees.
12. The basic policy should have the option for single insured as per the choice of the retiree.
13. All the existing and future retirees should be covered by this basic insurance policy.
14. Retirees who are not covered by the existing Policy should be given an option to join this Policy.
15. IBA to consider forming a common Welfare Trust comprising of all the Banks who are part of this Group Insurance Scheme and the Insurance Policy to be made in the name of the Welfare Trust, so that the incidence of GST may not be applicable.
16. Room Rent/Bed Charge per day (tentative) for Retirees

Metro/urban centres	3000
Other centres	2500

17. ICU Charges:

Metro/urban centres	6000
Other centres	5000

These bed charges, room rent, ICU rates, etc. to be finalized after discussions and looking to rates applicable in different areas. Room rent/Bed charges may also to be tagged as a percentage of the amount coverage of the Policy.

18. **Cap on treatments**

Cap/maximum amount of reimbursement can be made applicable to the following treatments.

Cataract operation, hernia, angiogram, angioplasty, CABG, Knee Replacement, Kidney Stone Removal, surgery related to Fractures, Cholecystectomy, etc. etc. – **illustrative list only.**

Ceiling can be differently fixed for hospitals in metro/urban centres and for other centres; it can be 80% of the cap fixed for metro/urban centres.

19. The list of treatment and ceiling to be finalised after mutual discussion and taking inputs from some medical experts.

20. **Co-pay system** : We are not in favour of introduction of Co-Pay system.

We request you to convene a meeting of the Sub-Committee immediately so that a model scheme can be worked out for discussion and finalization between IBA and UFBU.

Thanking you,

Yours faithfully,

**C.H. Venkatachalam**  
**AIBEA**

**Sanjeev K. Bandlish**  
**NCBE**

**Dilip Kumar Saha**  
**AIBOC**