## **UNITED FORUM OF BANK UNIONS**

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

## CIRCULAR No. UFBU/2025/8

Date : 22-5-2025

## TO MEMBERS OF ALL CONSTITUENT UNIONS:

Dear Comrades,

## **Discussions with IBA on Medical Insurance Scheme**

All our Unions and members are aware that after a lot of efforts by the UFBU, vide Minutes signed with IBA on 2-7-2024, we could secure a common Group Medical Insurance Policy for in service employees/officers and retirees which helped to reduce the premium payable by the retirees. This Policy has to be renewed this year by October, 2025. Hence in order the discuss further improvements/ modifications in the Scheme, IBA had arranged a virtual meeting with UFBU yesterday evening.

IBA team was led by Shri Rajneesh Karnatak (MD & CEO, Bank of India), Chairman of the Negotiating Committee and UFBU was represented by all our Unions.

During the discussions the following suggestions were placed from our side:

- 1. Existing Scheme of Group Medical Insurance should be continued further.
- 2. Policy should continue to be a combined Policy covering serving staff and retirees.
- 3. The base cover amount to be increased considerably under three categories viz. a) workmen staff b) officers upto Scale V and c) Officers Scale VI and above.
- 4. Suitable increase in allocation under Buffer cover.
- 5. Premium for the retirees to be borne by the Banks.
- 6. Inclusion of new diseases and treatments under the Scheme.
- 7. TPAs should be effectively monitored and periodically reviewed to ensure quick disposals and to avoid unilateral rejections.
- 8. IBA should have a say in selecting and appointing TPAs.
- 9. For serving staff, inclusion of parents (who are not dependents due to income criteria) under the Policy on payment of the extra premium by concerned staff.
- 10. For retirees, dependent physically and mentally challenged children to be included for coverage as add on facility.
- 11. All Hospitals to be covered under cashless facility.
- 12. Adherence to IRDAI guidelines on cashless facility by all hospitals.
- 13. Master Policy should be as per the provisions of our Settlement/Joint Note.
- 14. Automatic trigger of Buffer cover upto prescribed amount for hospitalization for critical illnesses/specified diseases.
- 15. Original Bills/Hospital reports, etc. to be submitted to the Bank/Branch to avoid TPAs asking the claimants to submit duplicate Bills/Reports.

- 16. As per IRDAI guidelines, TPA should correspond with the Hospital for any query or clarifications about the treatment given.
- 17. Inclusion of root canal treatment under dental treatment.
- 18. Cost of artificial limb to be covered under the scheme
- 19. Medicines prescribed life long after treatment to be covered under domiciliary treatment.
- 20. Review of ceiling on room rent/bed charges

IBA noted down all our suggestions and assured to examine and discuss the same with the Insurance company to understand the cost implications before the issue could be further discussed with the UFBU in the next round of meeting.

Further developments will be informed to unions and members in due course.

With greetings.

Yours comradely, 4r AIBEA AIBOC NCBE INBOC AIBOA **BEFI** INBEF NOBW NOBO