



NATIONAL CONFEDERATION OF BANK OF INDIA STAFF UNIONS

(Affiliated to: NCBE)

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Ref. No.NCBISU: P: GMIS:2026

DATE:06.07.2026

TO
COM. L.CHANDRASEKHAR
GENERAL SECRETARY
NCBE
AMARAVATI, HYDERABAD

Dear Comrade,

GMIS FOR SERVING & RETIRED EMPLOYEES FOR THE YEAR 2026-27- SUGGESTIONS

We refer to the captioned subject and forward our suggestions & proposals for improvements.

- The sum insured may be enhanced minimum to Rs. 600000/- per employee and to ensure medical expenses reimbursement without Cap as per CGHS schedule. This facility is available to all government employees & retirees.
- It may be mentioned that as per IBA HR & Industrial Relation Letter no.2476 Dated 02-09-2025 for Cataract surgery upper cap amount is Rs. 40000/- per eye, where as the TPA are sanctioning very less amount in general, we may quote a case where the hospital claim bill was for Rs. 48000/- and the TPA conveyed the sanction/approval for Rs. 22000/- under the cashless facility, so the retiree has to pay balance amount of Rs. 26000/- at the time of discharge. This is only one example.
- The employees have to face a lot of hardship at the time of discharge for settlement of hospital bill under cashless facility. So steps may be taken for the smooth settlement of the hospital bill under cashless facility.
- All OPD expenses including **Consultation, Clinical/diagnostic, Lab test charges, Cost of medicine & Dental treatment** be reimbursed.
- It may be mentioned that only sum insured was enhanced from 3 to 4 Lacs in 2025, where as the other permissible charges have not been revised since 2015 that is the inception of the scheme, such as Room rent, ICU charges, Ambulance charges, Delivery charges etc.
- The insurance premium for retirees should not be enhanced abnormally & no GST be recovered from retirees.
- **The biggest areas for improvements are:**
 1. Higher room rent limits.
 2. Increased maternity and ambulance benefits.
 3. Reduced paperwork.
 4. Larger sum insured.
 5. Preventive healthcare and mental wellness benefits.

We also enclose here with some tips for your ready reference for the improvement of the policy. We hope for need based improvements for the welfare of employees/retirees.

With Greetings,

Yours Comradely

(K.K. KHOSLA)
PRESIDENT
NCBISU

Suggestions for Improvement in the Group Medical Insurance Scheme (GMIS)

1. Increase Room Rent Limits (High Priority)

Present Limits:

- Normal Room: Rs. 5,000 per day
- ICU: Rs. 7,500 per day

Suggestion:

- Increase the Normal Room Rent minimum Limit **Rs. 8,000 per day**.
- Increase the ICU Room Rent minimum Limit **Rs. 15,000 per day**.

Justification:

Hospital room tariffs have increased substantially over the years. The existing limits result in proportionate deductions from admissible claims, causing a significant financial burden on employees. The room rent limits should be revised in line with prevailing hospital charges.

2. Increase Ambulance Coverage

Present Limit:

- Rs. 2,500 per trip

Suggestion:

- Increase the ambulance charges limit to **Rs. 5,000–Rs. 10,000 per trip**, particularly for emergency and inter-city transportation.

Justification:

The present limit is inadequate considering the current cost of ambulance services, especially in emergencies.

3. Improve Maternity Benefits

Present Benefits:

- Normal Delivery: Rs. 50,000
- Caesarean Delivery: Rs. 75,000
- Baby Day-One Cover: Rs. 20,000

Suggestion:

- Normal Delivery: **Rs. 75,000**
- Caesarean Delivery: **Rs. 1,00,000**
- Baby Day-One Cover: **Rs. 50,000**
- Include the cost of **newborn vaccinations during the first year**.

Justification:

Maternity-related medical expenses have increased considerably. The existing limits require revision to meet present-day healthcare costs.

4. Increase Cataract Surgery Coverage

Present Limit:

- Rs. 40,000 per eye, as per IBA guidelines.

Suggestion:

- Reimburse cataract surgery expenses **up to the actual cost**, subject to the applicable CGHS rates or revised IBA-approved schedule.

Justification:

Modern cataract procedures involve higher costs than the present ceiling, compelling employees to bear a substantial portion of the expenses.

5. Expand Pre- and Post-Hospitalization Coverage

Present Coverage:

- Pre-hospitalization: 30 days
- Post-hospitalization: 90 days

Suggestion:

- Increase Pre-hospitalization Coverage to **60 days**.
- Increase Post-hospitalization Coverage to **180 days**.

Justification:

Many illnesses require extended investigations before admission and prolonged follow-up treatment after discharge. Enhanced coverage would provide comprehensive medical support.

6. Reduce Documentation Burden

Suggestion:

- Hassle free settlement of hospitalization bills under cashless facility.
- Accept digitally signed diagnostic reports, including X-rays, CT Scans, MRI reports and other investigations.
- Introduce complete online submission of claim documents.
- Eliminate repeated KYC requirements for existing employees.

Justification:

The present documentation process is cumbersome and time-consuming. Digital processing will simplify and expedite claim settlement.

7. Introduce Preventive Health Benefits

Suggestion:

Include the following preventive healthcare facilities:

- Annual health check-up for all employees.
- Free wellness consultations.
- Mental health counseling.
- Nutrition and fitness guidance.

Justification:

These features are available in other insurance policies for individuals. Preventive healthcare reduces long-term medical expenses and promotes the overall well-being of employees.

8. Cover Modern Medical Treatments

Suggestion:

The policy should specifically include:

- Telemedicine consultations.
- Home healthcare services where medically necessary.
- Other modern treatment modalities as approved by medical authorities.

Justification:

Healthcare delivery has evolved considerably, and insurance coverage should reflect current medical practices.

9. Increase the Sum Insured

Present Coverage:

- Rs. 4.00 lakh (where applicable)

Suggestion:

- Increase the minimum Sum Insured to **Rs. 6.00 lakh** for employees.
- Introduce higher optional family floater coverage at reasonable premium rates.

Justification:

Medical inflation has significantly increased hospitalization costs, making the present sum insured inadequate.

10. Introduce No-Claim Wellness Rewards

Suggestion:

Employees who do not make claims during the policy year may be provided with:

- Annual health check-up vouchers.
- Wellness reward points redeemable for medical services.
- Gym or fitness reimbursement.

Justification:

Such incentives encourage healthier lifestyles and reduce long-term claim ratios.

11. Strengthen Employee Support Services

Suggestion:

Provide:

- A dedicated HR/TPA Relationship Manager.
- A 24x7 claim assistance helpline.
- Real-time claim tracking through an online portal/mobile application.
- Guaranteed response to claim-related queries within 24 hours.

Justification:

Improved support services will ensure timely assistance, faster claim processing and greater employee satisfaction.

Overall Recommendation

The existing Group Medical Insurance Policy already provides several employee-friendly features, such as:

- Day-one coverage for pre-existing diseases.
- Maternity benefits and newborn cover.
- Cashless hospitalization facilities.

However, considering the sharp rise in healthcare costs and changing medical practices, the above recommendations deserve serious consideration. Their implementation will make the policy more comprehensive, practical and beneficial for employees and their families while ensuring adequate financial protection against medical expenses.

Cashless Means Cashless – Employees Shouldn't Pay a Single Rupee.

ADDITIONAL POINTS FOR CONSIDERATION

Organ donor's medical expenses

All medical expenses, Pre and Post hospitalization, of the organ donor be covered within the overall sum insured.

Modern Medical Treatments

- ◆ 12 modern treatment are now covered as per IRDAI Guidelines on Standard Exclusion dated 27.09.2019.
- ◆
- ◆ The 12 modern treatments are as follows:
 1. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
 2. Balloon Sinuplasty
 3. Deep Brain stimulation
 4. Oral chemotherapy
 5. Immunotherapy- Monoclonal Antibody to be given as injection
 6. Intra vitreal injections
 7. Robotic surgeries
 8. Stereotactic radio surgeries
 9. Bronchical Thermoplasty
 10. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
 11. IONM - (Intra Operative Neuro Monitoring)
 12. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

Personal Accident Relief

In case the insured person meets an accident, the sum insured to be restored to the extent of medical expenses incurred for treatment of accidental injuries.

Good Health Incentives

Suitable Cumulative Bonus, say 5%, of sum insured be provided in cases where no claim has been reported under the expiring policy.

Preventive Health check up expenses of prescribed diagnostic tests only, for 2 consecutive claim free years @ 2% of sum insured, subject to maximum of Rs. 4,000/=.

Incentive for Non Cashless Claims

The GMIS optees be given option of suitable compensation, say 5%, reduction in due premium.

All these Good Health Incentives will motivate more retirees to join GMIS and thus make it more cost effective for the insurance company also.

UEGENTLY REQUIRED IMPROVEMENTS

ON the PART OF TPAs

(A) There are numerous occasions when the **Network hospitals deny CASHLESS OPTION** for claim of medical expenses which **should never be there**.

In many cases it is understood that such hospitals disallow CASHLESS OPTION as huge amounts of their due claims towards medical expenses' bills of (insured) patients remain unpaid and pending for long with the TPAs due to their non-settlement and payment.

The Network hospitals, as such, need to be paid within stipulated shortest time, their due bills towards claims already approved earlier at the time of initial approval at the time of hospital admissions and discharge under the same under CASHLESS TREATMENT OPTION.

(B) The Network hospitals usually allow some percentage of discount on the specified medicines, room rent and other hospital expenses for IPD patients availing CASHLESS facility.

As per IRDA guidelines, such discount is to be given on the full amount of the hospital bill, for eligible items, even in cases in which the hospital bill is not fully settled from the available balance in the sum assured.

Such a discount is not allowed in cases where part of the hospital bill is paid in cash due to non-availability of balance of sum assured.

Such a discount is also not allowed even in cases where part of the hospital bill is covered from the TOP-UP / SUPER TOP-UP, having already exhausted basic sum assured.

(C) Also, at the time of the TPA giving initial approval for treatment in any Network hospital, the insured should be made aware of the room rent likely to be sanctioned finally by the TPA vis-à-vis the routine room rent chargeable by the network hospital and also mention discount on medicines / hospital expenses as available to the insured at that particular network hospital as per TPA agreement with the network hospital.

This will empower the insured to make a judicious decision while opting for type of room for stay in hospital.

All these three points should be strictly adhered to by the TPA concerned.