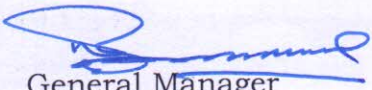


NOTICE

Bank's existing Group Mediclaim Insurance Policy is going to expire on 30.11.2022.

In this regard, Quotations are called from interested Insurance Companies/ Insurance Brokers for implication of Group Mediclaim Insurance Policy (as per 10th Bipartite Settlement) for the period 01.12.2022 to 30.11.2023. Quotes should be addressed to **'The General Manager, Punjab Gramin Bank, Head Office, Jalandhar Road, Kapurthala'**.

Sr. No.	Officers	Clerical & Sub-Staff
No. of Employees	1188	636
Coverage Required (As per IBA Scheme)	Rs.4,00,000/-	Rs.3,00,000/-
Total No. of Employees	1824	
Email ID	hrdpgb@pgb.co.in	
Last Date of Submission	13.11.2022 (5:00 PM)	


General Manager

Place: Kapurthala
Date: 04.11.2022

Policy Coverage Details	
Policy Period:	01.12.2021 to 30.11.2022
Family Definition:	<p>Employee + Spouse + Dependent Children + 2 Dependent Parents or In-laws</p> <ul style="list-style-type: none"> No age limit for dependent children. Would be considered dependent if their monthly income does not exceed Rs. 12,000/- 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. Subject that their individual monthly income does not exceed Rs. 12,000. No Age Limits for Dependent Parents. Either Dependent Parents or In-laws will be covered. A parent would be considered dependent if their monthly income does not exceed Rs. 12,000/-
Coverage Type:	Family Floater
Sum Insured for Hospitalization:	For Officers – INR 4,00,000/- For Clerks / Sub-Staff – INR 3,00,000/-
Sum Insured for Critical Illness:	Rs.1,00,000/- per employee
Geographical Limit:	Treatment taken in India only.
Continuity Benefit:	Continuity benefits coverage to employees on retirement till the end of the policy period provided there is no request for refund of the premium.

Key Policy Terms & Conditions	
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.
Hospital Room Rent:	Room and Boarding expenses as provided by the Hospital/Nursing Home not exceeding Rs. 5000/- per day or the actual amount whichever is less.
ICU Rent:	Intensive Care Unit (ICU) expenses not exceeding Rs. 7500/- per day or actual amount whichever is less
All other expenses	As per actual
Cost of Donor:	Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to the insured.
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 Hospitalization.
Pre and Post Hospitalization Expenses:	Expenses related to the ailment for hospitalization will be covered 30 days prior to hospitalization and 90 days after discharge

Key Policy Terms & Conditions	
Alternative Treatment:	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, in a hospital registered by the Central / State authorities for Hospitalization only and Domiciliary for treatment only under 62 ailments taken in hospital/ clinic registered by the Central / State authorities.
Pre-existing Diseases:	Covered from Day One
30 days Waiting Period	Waived Off
Waiting Periods on Specific Diseases:	Waived Off
Maternity Benefit:	For Normal- INR 50,000/- and for C-Section- INR 75,000/-
9 months waiting period:	Waived Off
Pre & Post Natal Expenses:	Pre-natal & post-natal charges in respect of maternity benefit are covered under the policy up to 30 days and 60 days only, unless the same requires hospitalization.
Missed Abortions, Miscarriage or abortions:	Covered under the limit of Maternity
Complications in Maternity:	Covered up to the Sum Insured + Corporate Buffer
New born baby 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 up to Rs, 20000/- Per child. However, if the baby contracts any illness the same shall be considered in the Sum Insured + Corporate buffer. Baby to be taken as an additional member within the normal family floater.
Domiciliary Cover (OPD):	<p>Medical expenses incurred in case of the following diseases which need domiciliary treatment as may be certified by the attending medical practitioner and / or bank's medical officer shall be deemed as hospitalization expenses and reimbursed to the extent of 100% subject to the overall limit of Sum Insured under the policy.</p> <ul style="list-style-type: none"> 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, Hepatitis -B, Hepatitis - C, Hemophilia, Myasthenia gravis, Wilson's disease, Ulcerative Colitis, Epidermolysis bullosa, Venous Thrombosis (not caused by smoking) Aplastic Anemia, Psoriasis, Third Degree burns, Arthritis, Hypothyroidism, Hyperthyroidism <p>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, Hemorrhages caused by accidents, All animal/reptile/insect bite or sting, chronic pancreatitis, Immuno suppressants, multiple sclerosis / motor neuron disease, status asthmaticus, sequelae 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 obstructive Pulmonary Disease, Chronic Bronchitis, Asthma, Physiotherapy</p>

Key Policy Terms & Conditions	
	and swine flu shall be considered for reimbursement under domiciliary treatment.
Coverage details in the Domiciliary Limit:	The cost of Medicines, Investigations, and consultations, etc. in respect of domiciliary treatment shall be reimbursed for the period stated by the specialist and / or the attending doctor and / or the bank's medical officer, in Prescription. If no period stated, the prescription for the purpose of reimbursement shall be valid for a period not exceeding 90 days.
Congenital Anomalies:	Expenses for Treatment of Congenital Internal / External diseases, defects anomalies are covered under the policy
Psychiatric Ailment:	Expenses for treatment of psychiatric and psychosomatic diseases be payable with or without hospitalization.
All 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 / daycare surgery.
Treatment for accidents on OPD Basis:	Treatment taken for Accidents can be payable even on OPD basis in Hospital up to Sum Insured
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.
Genetic Disorder:	Covered
Other Medical Treatment:	Treatment for Age related Macular Degeneration (ARMD), treatment such as Rotational Field Quantum magnetic Resonance (RFQMR), Enhanced External Counter Pulsation (EECP), etc. are covered under the scheme. Treatment for all neurological/ macular degenerative disorders.
Physiotherapy Charges:	Physiotherapy charges shall be covered for the period specified by the Medical Practitioner even if taken at home.

Policy Exclusions	
War and War Like Operations:	Injury / disease directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy, War like operations (whether war be declared or not).
Circumcision:	Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.
Vaccination and Inoculations:	Not Covered
Cosmetic Surgeries / Treatments:	Change of life or cosmetic or aesthetic treatment of any description is not covered. Plastic surgery other than as may be necessitated due to an accident or as part of any illness.
Spectacles and Hearing aids:	Cost of spectacles and contact lenses, hearing aids. Other than Intra- Ocular Lenses and Cochlear Implant.
Dental Treatment:	Dental treatment or surgery of any kind which are done in a dental clinic and those that are cosmetic in nature.
Convalescence, Obesity and Venereal Diseases:	Convalescence, rest cure, Obesity treatment and its complications including morbid obesity, treatment relating disorders, Venereal disease, intentional self-injury and use of intoxication drugs / alcohol.
Infertility and Sterility:	Not Covered

HIV and Aids:	All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB--III) or lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
Hospitalization for Investigation:	Charges incurred at Hospital or Nursing Home primarily for diagnosis x- ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home, unless recommended by the attending doctor.
Vitamins and Tonics:	Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician
Non-Medical Expenses:	All non-medical expenses including convenience items for personal comfort such as charges for telephone, television, /barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items and similar incidental expenses, unless and otherwise they are necessitated during the course of treatment.
Attempted suicide:	Attempted suicide, war, invasion, nuclear radiation is not covered.

CRITICAL ILL- NESS

Critical Illness is to be provided to the employee only subject to a sum insured of INR 1,00,000/-. Cover starts on inception of the policy. In case an employee contracts a Critical Illness as listed below, the total sum insured of INR1,00,000/- is paid, as a benefit. This benefit is provided on first detection/diagnosis of the Critical Illness, during the policy period.

- Cancer including Leukaemia
- Stroke
- Paralysis
- By Pass Surgery
- Major Organ Transplant
- End Stage Liver Disease
- Heart Attack
- Kidney Failure
- Heart Valve Replacement Surgery

Hospitalization is not required to claim this benefit. Further the Employee can claim the cost of hospitalization on the same from the Group Mediclaim Policy as cashless / reimbursement of expenses for the treatment taken by him.

Under this policy there would be no waiting period for the payment of the claim from the inception of the policy, nor any survival period for the payment of the claim on the individual contracting any of the above- mentioned Critical Illness.

ANNEXURE-I

S. No.	Particulars	Description
1.	Name of Insurance Company/Broker and address of the Registered office- Complete Address: Land Line Phone Number: Mobile Number: E-mail Website, If any	
2.	Date & Year of Establishment (Enclose documentary evidence and copy of audited balance sheet for the year 2019-20, 2020-21 & 2021-22)	
3.	Type of organization	
4.	Name of the client RRBs/PSBs 1. 2. 3. 4. 5.	
5.	Address of the nearest branch/office who will provide the service	
6.	Details of the contact person (Name, address, Ph. No. etc.)	
7.	Permanent Account Number (PAN) of the Company/Firm	
8.	GSTN of the Company/Firm	
9.	Proposed premium (for existing staff) 1. Officers 2. Clerical Staff 3. Sub Staff	
11.	Proposed corporate Buffer	
12.	Whether scheme covering pre-existing disease/ailments	
13.	Any special benefit/coverage/discount for RRBs	

(Signature of Insurance Company/Broker with Seal)