

December 3, 2016

NOTICE

Medical Insurance Scheme for Retirees - Operational Guidelines for reimbursement of Domiciliary Claims

The operational guidelines/procedure for reimbursement of Domiciliary Claims is given hereunder.

All the concerned retirees are advised to go through the provisions of the very carefully so that the benefits available can be claimed in a proper manner without delay. Please note that these are the operational guidelines in brief and subject to change from time to time.

(Dinesh Saxena)
DY. GENERAL MANAGER



BRIEF OPERATIONAL GUIDELINES FOR RETIREES FOR REIMBURSEMENT OF DOMICILIARY TREATMENT

Policy Period	01.11.2016 to 31.10.2017		
Plan Type	Group Medical Insurance Scheme for Retired Employees		
Beneficiary	Retired Employee + Spouse		
Sum insured (earmarked for	Cadre	Amount earmarked for Domiciliary expenses reimbursement	
claim of Domiciliary	Officers Rs.40,000/-		
treatment)	Clerical & Sub Staff Rs.30,000/-		
Coverages	 Expenses for Medicines Doctor's Consultation Investigations as prescribed by Doctor. (disease related investigations and medicines only) 		
Domiciliary Coverage:	Domiciliary treatment shall be covered under the scheme for treatment of under mentioned 59 specified diseases which may or may not require nospitalization. Medical expenses incurred in case of the following diseases which need domiciliary hospitalization/ domiciliary treatment, as may be certified by the recognized hospital authorities or bank's medical officer shall be deemed as hospitalization expenses and reimbursement to the extent of 100%.		
	13 Diabetes and its comp 14 Hypertension 15 Hepatitis -B 16 Hepatitis - C 17 Hemophilia 18 Myasthenia gravis 19 Wilson's disease 20 Ulcerative Colitis 21 Epidermolysis bullosa	Leukemia Thalassemia Tuberculosis Paralysis Cardiac Ailments Pleurisy Leprosy Kidney Ailment All Seizure disorders Parkinson's diseases Psychiatric disorder including schizophrenia and sychotherapy 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 Anaemia	



	25	Arthritis	
	26	Hypothyroidism	
	27	Hyperthyroidism expenses incurred on radiotherapy and	
		chemotherapy in the treatment of cancer and leukemia	
	28	Glaucoma	
	29	Tumor	
	30	Diptheria	
	31	Malaria	
	32	Non-Alcoholic Cirrhosis of Liver	
	33	Purpura	
	34	Typhoid	
	35	Accidents of Serious Nature	
	36	Cerebral Palsy	
	37	Polio	
	38	All Strokes Leading to Paralysis	
	39	Haemorrhages caused by accidents	
	40	All animal/reptile/insect bite or sting	
	41	Chronic pancreatitis	
	42	Immuno suppressants	
	43	Multiple sclerosis / motorneuron disease	
	44	Status asthamaticus	
	45	Sequalea of meningitis	
	46	Osteoporosis	
	47	Muscular dystrophies	
	48	Sleep apnea syndrome(not related to obesity)	
	49	Any organ related (chronic) condition	
	50	Sickle cell disease	
	51	Systemic lupus erythematous (SLE)	
	52	Any connective tissue disorder	
	53	Varicose veins	
	54	Thrombo embolism venous	
	34	thrombosis/venous thrombo embolism (VTE)]	
	55	Growth disorders	
	56	Graves' disease	
	57	Chronic Pulmonary Disease	
	58	Chronic Bronchitis	
	59	Physiotherapy and swine flu shall be considered for	
		reimbursement under domiciliary treatment.	
Pre-existing	Covered in the policy.		
diseases			
coverage Claim Form	The of	nim form is the same which is for hospitalization	
Ciaiiii roim	The claim form is the same which is for hospitalisation.		
Enclosures	Original Prescription (Prescription must bear the disease name)		
Differosures	Original investigation reports.		
	Original medicine bills.		
Procedure	•	On the claim form, write at the top of the form →Domiciliary	
	claim from to		
	•	Claim may be submitted to Circle Office by post or to nearest	
	•	- · · · · · · · · · · · · · · · · · · ·	



branch for onward submission to Circle Office.

• Claims may be preferred on monthly basis. For small amounts, claims may be preferred on quarterly basis.

Guidelines for time limits for the prescriptions:-

If no period is mentioned on the prescription, by the treating doctor, regarding up to what period the medicine is to be taken then that prescription is **valid for 90** days. If doctor has prescribed medicine for the period 180 or above, then that prescription is valid for maximum period of **180 days only**. After 180 days, fresh prescription is required to be taken from the treating doctor.

For preferring domiciliary claims, original prescription is required to be submitted to TPA/Insurance Company. If due to any reason original is required to be kept then Xerox copy, duly attested by Branch Manager(clearly mentioning name, designation and branch) is required to be submitted.

All claims must be submitted on prescribed form after the end of the month for which the medicines have been purchased. Further in case of hospitalisation for less than 24 hours for treatment of domiciliary diseases, room rent is not payable as per policy.

GRIEVANCE REDRESSAL

In the event of any grievance relating to the insurance, the insured Person may raise query and grievance in writing to the TPA, through its website **www.rakshatpa.com link online grievance**.

The insured person may also submit in writing to the Policy Issuing Office or Grievance Cells at the Regional Office of the United India Insurance on https://uic.co.in link online complaint.