

**JAMMU AND KASHMIR GRAMEEN BANK MEDICAL REIMBURSEMENT
SCHEME**

The salient features of the Scheme are as under:

The scheme shall cover medical expenses of the officers / employees and dependent family members in cases he/she shall contract any disease or suffer from any illness or sustain any bodily injury through accident and if such disease or injury shall require any employee/ dependent family member, upon the advice of a duly qualified Physician/Medical Specialist/Medical practitioner or of a duly qualified Surgeon to incur hospitalization / domiciliary hospitalization and domiciliary treatment expenses as defined in the Scheme, for medical/surgical treatment at any Nursing Home/ Hospital / Clinic (for domiciliary treatment)/ Day care Centre which are registered with the local bodies in India as herein defined (hereinafter called HOSPITAL) as an inpatient or otherwise as specified as per the scheme.

The Scheme covers Employee + Spouse + Dependent Children + any two of the dependent Parents /Parents-in-law.

- No age limit for dependent children (including step children and legally adopted children).
- A child would be considered dependent if his/her monthly income does not exceed Rs. 18,000/- per month;
- 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 shall also be covered as Dependent.
- No Age Limits for Dependent Parents. Any two, i.e. either dependent parents or parents-in-law will be covered as dependent.
- Parents would be considered dependent if their monthly income does not exceed Rs. 18,000/- per month or as revised by Indian Banks Association in due course, and wholly dependent on the employee as defined in this scheme.

Reimbursement shall cover Room and Boarding expenses as provided by the Hospital/Nursing Home not exceeding Rs. 5000 per day or the actual amount whichever is less. Intensive Care Unit (ICU) expenses not exceeding Rs. 7500/-

per day or actual amount whichever is less. Surgeon, team of surgeons, Assistant surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees, Service Charges, IV Administration Charges, Nebulization Charges, RMO charges, Anaesthetic, Blood, Oxygen, Operation Theatre Charges, surgical appliances, OT consumables, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like pacemaker, defibrillator, ventilator, orthopaedic implants, Cochlear Implant, any other implant, Intra- Occular Lenses, infra cardiac valve replacements, vascular stents, any other valve replacement, laboratory/ diagnostic tests, X-ray CT Scan, MRI, any other scan, scopes and such similar expenses that are medically necessary or incurred during hospitalization as per the advice of the attending doctor.

Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to officers/ employee/dependent would also be covered for reimbursement.

Pre and Post Hospitalization expenses payable in respect of each hospitalization shall be the actual expenses incurred subject to 30 days prior to hospitalization and 90 days after discharge.

Alternative systems of treatments other than treatment under Allopathy or modern medicine shall include Ayurveda, Unani, Siddha, Homeopathy and Naturopathy in the Indian context, for Hospitalization and Domiciliary treatment.

Day care Treatments shall be covered under the scheme and would refer to medical treatment and or surgical procedure which is

- i. undertaken under general or local anesthesia in a hospital/day care centre in less than a day because of technological advancement, and
- ii. which would have otherwise required hospitalisation of more than a day. Treatment normally taken on an outpatient basis is not included in the scope of this definition.

DOMICILIARY HOSPITALIZATION/ TREATMENT: Domiciliary Hospitalization shall be covered under this scheme and would mean medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

- a) The condition of the patient is such that he/she is not in a condition to be removed to a hospital or
- b) the patient takes treatment at home on account of non-availability of room in a hospital.

DOMICILIARY TREATMENT shall also be covered under this scheme i.e. treatment taken for specified diseases which may or may not require hospitalization as mentioned herein below.

Domiciliary Hospitalization / Domiciliary Treatment: Medical expenses incurred in case of the following diseases which need Domiciliary Hospitalization /domiciliary treatment as may be certified by the recognized hospital authorities and bank's medical officer shall be deemed as hospitalization expenses and reimbursed to the extent of 100%.

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, Asthma, Hepatitis –B, Hepatitis - C, Hemophilia, Myasthenia gravis, Wilson s disease, Ulcerative Colitis, Epidermolysis bullosa, Venous Thrombosis (not caused by smoking) Aplastic Anaemia, Psoriasis, Third Degree burns, Arthritis, Hypothyroidism, Hyperthyroidism, 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, Haemorrhages caused by accidents, all animal/reptile/insect bite or sting, chronic pancreatitis, Immuno suppressants, multiple sclerosis / motor neuron disease, status asthmaticus, sequela 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 Pulmonary Disease, Chronic Bronchitis, swine flu, Type 1 Diabetes, Rheumatoid Arthritis, Psoriasis/Psoriatic Arthritis, System lupus Erythematosus, Inflammatory Bowel Diseases, Addison's Diseases, Sjogren's Diseases, Hashimoto's Thyroiditis, Auto immune vacuities, Pernicious Anemia, Celiac disease and Auto immune myositis shall be considered for reimbursement under domiciliary treatment.

The cost of medicines, investigations, and consultations, etc.in respect of domiciliary treatment shall be reimbursed for the period stated by the specialist in Prescription. If no period stated, the prescription for the purpose of reimbursement shall be valid for a period not exceeding 90 days.

However, the cost of medicines in case of dependents (including spouse) for domiciliary treatment shall be restricted to a period of 90 days in annual coverage period.

HOSPITAL / NURSING HOME: A Hospital under this scheme would mean any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under the Clinical establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- Has qualified nursing staff under its employment round the clock.
- Has at least 10 in-patient beds in towns having a population of less than 10 lacs and at least 15 in-patient beds in all other places;
- Has qualified medical practitioner(s) in charge, round the clock;
- Has a fully equipped Operation Theatre of its own where surgical procedures are carried out;

The term ' Hospital / Nursing Home ' shall not include an establishment which is a place of rest, a place for the aged, a place for drug-addicts or place for alcoholics, a hotel or a similar place.

HOSPITALIZATION: Hospitalization would mean 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,

PRE-HOSPITALISATION MEDICAL EXPENSES: Medical expenses incurred immediately 30 days before hospitalization will be considered as part of a claim provided that such medical expenses are incurred for the same condition for which the patient's hospitalization was required.

POST HOSPITALISATION MEDICAL EXPENSES: Relevant medical expenses incurred immediately 90 days after the discharge of the patient from the hospital provided that such medical expenses are incurred for the same condition for which the Hospitalization was required.

Additional Ex- Gratia for Critical Illness: In addition to the reimbursement covered under this scheme, officers / employees (only officers / employees and not their dependents or retired officers / employees) shall be provided additional ex gratia of ₹1,00,000/- . In case an employee contracts a Critical Illness as listed below, the sum of ₹1,00,000/- shall be paid. This benefit shall be provided on first detection/diagnosis of the Critical Illness.

1. Cancer including Leukemia
2. Stroke
3. Paralysis
4. By Pass Surgery
5. Major Organ Transplant/Bone marrow transplantation
6. End Stage Liver Disease
7. Heart Attack
8. Kidney Failure
9. Heart Valve Replacement Surgery

Hospitalization is not required to claim this benefit.

The annual limit for hospitalization/domiciliary treatment as defined in the scheme shall be as under:

Workman Staff: Rs. 3,00,000/- (Rupees Three Lacs only)

Officers Staff: Rs.4,00,000/- (Rupees Four Lacs only)

Change in limit shall be applicable in case of promotion of the employee or vice versa.

Expenses on Hospitalization for minimum period of a day are admissible. However, this time limit shall not be applied to specific treatments, such as:

1	Adenoidectomy	19	Haemo dialysis
2	Appendectomy	20	Fissurectomy / Fistulectomy
3	Auroplasty not Cosmetic in nature	21	Mastoidectomy
4	Coronary angiography /Renal	22	Hydrocele

5	Coronary angioplasty	23	Hysterectomy
6	Dental surgery	24	Inguinal/ventral/umbilical/femoral hernia
7	D&C	25	Parenteral chemotherapy
8	Excision of cyst/granuloma/lump/tumor	26	Polypectomy
9	Eye surgery	27	Septoplasty
10	Fracture including hairline fracture /dislocation	28	Piles/ fistula
11	Radiotherapy	29	Prostate surgeries
12	Chemotherapy including parental chemotherapy	30	Sinusitis surgeries
13	Lithotripsy	31	Tonsillectomy
14	Incision and drainage of abscess	32	Liver aspiration
15	Varicocelelectomy	33	Sclerotherapy
16	Wound suturing	34	Varicose Vein Ligation
17	FESS	35	All scopies along with biopsies
18	Operations/Micro surgical operations on the nose, middle ear/internal ear, tongue, mouth, face, tonsils & adenoids, salivary glands & salivary ducts, breast, skin & subcutaneous tissues, digestive tract, female/male sexual organs	36 37	Lumbar puncture Ascitic Pleural tapping

This condition will also not apply in case of stay in hospital of less than a day provided the treatment is undertaken under General or Local Anesthesia in a hospital / day care Centre in less than a day because of technological advancement and which would have otherwise required hospitalization of more than a day.

MATERNITY EXPENSES : Hospitalization expenses in respect of the new born child can be covered within the Mother s Maternity expenses. The maximum benefit allowable under this clause will be up to Rs. 50000/- for normal delivery and Rs. 75,000/- for Caesarean Section.

Special Conditions applicable to Maternity Expenses benefit extension:

- I. New born baby to be covered for medical purposes/ considered as the member of the family.
- II. Pre-natal and post natal charges in respect of maternity benefit are covered up to 30 days and 60 days only, unless the same requires hospitalization.
- III. Missed Abortions, Miscarriage or abortions induced by accidents are covered under the limit of Maternity.

- IV. Expenses incurred for Medical Termination of Pregnancy.
- V. Claim in respect of delivery to be given irrespective of the number of children.

Baby Day Care: 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 and up to Rs, 20,000/-.

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 trip will also be reimbursable.

Ambulance charges actually incurred on transfer from one center to another center due to Non availability of medical services/ medical complication shall be payable in full.

Congenital Anomalies: Expenses for Treatment of Congenital Internal / External Diseases, defects anomalies are covered under the scheme.

Psychiatric diseases: Expenses for treatment of psychiatric and psychosomatic diseases shall be payable with or without hospitalization.

Advanced Medical Treatment: All new kinds of approved advanced medical procedures e.g. laser surgery, stem cell therapy for treatment of a disease is payable on hospitalization /day care surgery.

Treatment taken for Accidents can be payable even on OPD basis in Hospital.

Taxes and other Charges: All Taxes, Surcharges, Service Charges, Registration charges, Admission Charges, and Administration charges shall also 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.

Treatment for Genetic Disorder and stem cell therapy shall be covered under the scheme.

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 shall be covered under the scheme.

Rental Charges for External and or durable Medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Bi-PAP, Infusion pump etc. will be covered under the scheme. However, purchase of the above equipment to be subsequently used at home in exceptional cases on medical advice shall be covered.

Ambulatory devices i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, elastocrepe bandages, external orthopedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer (including Glucose Test Strips)/ Nebulizer/ prosthetic devise/ Thermometer, alpha / water bed and similar related items etc., will be covered under the scheme.

Physiotherapy charges: Physiotherapy charges shall be covered for the period specified by the Medical Practitioner even if taken at home.

Annual Period: The annual period for medical reimbursement shall be Financial Year.

Applicability of Scheme: All the regular employees of the bank are covered under the scheme. The revised scheme shall be applicable in cases where Discharge date is same / after the implementation date of scheme. However, all claims in which discharge date is prior to implementation of revised scheme, the same shall be settled as per previous policy / rates including post hospitalization expenses, if any.

EXCLUSIONS:

The Bank shall not be liable to make any payment in respect of any expenses whatsoever incurred by any covered Person in connection with or in respect of:

1. 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).
2.
 - a. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.
 - b. Vaccination or inoculation.
 - c. Change of life or cosmetic or aesthetic treatment of any description is not covered.
 - d. Plastic surgery other than as may be necessitated due to an accident or as part of any illness.
3. Cost of spectacles and contact lenses, hearing aids. Other than IntraOcular Lenses and Cochlear Implant.
4. Dental treatment or surgery of any kind which are done in a dental clinic and those that are cosmetic in nature.

5. 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.
6. 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.
7. 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.
8. Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician
9. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials.
10. 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.