

PNB RETIREES' WELFARE ASSOCIATION

IBA GROUP MEDICAL INSURANCE SCHEME FOR RETIREES 2020 –21

Name of TPA	Heritage Health Insurance TPA Pvt. Ltd. (Insurance company: National Insurance Company Limited.)			
TPA Office	Regd. Office : Mcleod House, 3 N.S. Road, Kolkata 700 001 Corporate Office : NICCO HOUSE 5th Floor, 2 Hare Street, Kolkata 700 001. Timing : From 10 A.M. To 6 P.M. (Monday to Saturday)			
TPA Website	www.heritagehealthtpa.com			
24hrs. X 7days Help Line	033-40145200 / 033-40557600 (24x7) Toll Free No. : 1800-102-4547			
TPA e-mails	For Any Information- pnb.heritage@bajoria.in For Any Complaint - heritage.complaint@bajoria.in Grievance Redressal: Prasun Ghosh-9830032920 Mail: pghosh@bajoria.in			
TPA Help Desk	Mahender Kumar – 9599882550 Ritika Raghuvanshi –9599634433			
Circle-wise TPA Help Desks	Sanjib Basak and Soumallya Das are common to all Circles. The additional personnel are as under:-			
	Kolkata (East)	Ranjit Anand	pnb.heritage@bajoria.in	7603099953
	Kolkata (North)			
	South 24 Pgs			
	North 24 Pgs			
	Hooghly			
	Kolkata (West)	Md. Azim	pnb.heritage@bajoria.in	8961184814
	Kolkata (South)	Dev Halder	pnb.heritage@bajoria.in	8910629713
	Kharagpur	Bhaskar Mukherjee	pnb.heritage@bajoria.in	9874479062
	Paschim Medinipur			
	Purba Medinipur			
	Purulia			
	Malda	Amit Mondal	pnb.heritage@bajoria.in	8759410508
	Murshidabad	Kamal Halder	pnb.heritage@bajoria.in	9775485810
	Nadia			
	Jalpaiguri (Siliguri)	Ayan Sinha	pnb.heritage@bajoria.in	8972860739
	Bardhaman	Moumick Roy	pnb.heritage@bajoria.in	9749247986
	Durgapur	Sanjoy Chatterjee	pnb.heritage@bajoria.in	9434147391
ID Cards	Sandip Srivastava – 9831056476 Rajat Ghosh - 9475066448			
Reimbursement	Ravi Kant - 8878321055 Soumallya Das – 8336845653			

Cashless Facility	Kuntal Roy - 9007001828 Soubhgya Ranjan Das - 8777033755 Dr.Debabrota Mukherjee - 7980834281
Policy Document	Base Insurance Policy Number (without Domiciliary) : 251100502010000329 Super Top Up Policy Number: 251100502010000334
Policy Coverage	Group Health Insurance on Family Floater basis (Self & Spouse) and Single user basis for Widow / Widower / Unmarried Base Sum Insured for: Rs.1 lac / 2lacs / 3lacs / 4 lacs (Award staff upto Rs.3 lacs) Super Top up policy is only available to Retiree Award Staff who opt for Rs.3 lacs and Retiree Officers who opt for Rs.4 lacs Sum Insured in Base Policy. Award Staff can opt for Rs.1 lac to 4 lacs and Officers can avail Rs.1 Lac to 5 lacs Sum Insured in Super Top policy.
How to use TPA website	<p>Open the site Home page. Click on Registration under LOGIN / REGISTRATION. There are 12 fields. Against Insurance Co., choose Indian Bank Association (in Nationalinsurance Co). Fill in other fields. Policy Number and Card Number can be skipped. Use your PF number as User ID and the password must include at least one Cap, one small, one numeric and one special character and total characters should be from 8 to 16.</p> <p>Once you are registered, you log in by using your User Id and Pass Word. You can check your profile, claim status, generate e-card, submit claims online, intimate any hospitalization, find listed hospitals of your choice, download claim forms and many other things.</p>
ID Cards	<p>Members can download their E Cards issued by TPA by logging into the site or simply by clicking "E Card Download", without logging into the site. The plastic cards would be sent to the residence of the members shortly.</p> <p>In case there is any mistake in the names printed on the cards, members should apply to the TPA by submitting the card and a copy of PPO, for necessary correction.</p>
Claim Intimation	<p>Prior intimation of any claim (in case of non-cashless hospitalization) can be given through "web intimation" or through the Help Lines or the Nodal Officer, Sanjib Basak - 8335075063</p> <p>Mail: sanjibbasak@bajoria.in or through mail: pnb.heritage@bajoria.in</p> <p>For Cashless : 72 hours prior / in case of emergency hospitalization – within 24 hours. For Reimbursement : within 48 hours of admission.</p>
Claim Form	Available in the website of the TPA and of the Association (www.pnbrwa.com).
Coverage	<ul style="list-style-type: none"> - All diseases, including pre-existing ones, from day one. - Inpatient Hospitalisation expenses (all diseases are covered which require hospitalization except where the patient is admitted for investigations only, no claim will be payable) - Pre/Post hospitalization expenses covered (in Base Policy only) but subject to relevant disease only <ul style="list-style-type: none"> • Pre-hospitalization for 30 days • Post Hospitalization for 90 days - Listed Day Care Procedures provided it is not performed as an OPD procedure. - Once the Base Limit is exhausted, Super Top Up limit will be active. - Pre & Post Hospitalization stands covered under Super Top Up policy

Room Rent & ICU charges	<p><u>For Sum Insured Rs.1 lac and Rs.2 Lacs:</u> Room Rent per day shall be payable up to 1.5% of Sum Insured and ICU charges per day shall be payable up to 2% of Sum Insured.</p> <p><u>For Sum Insured Rs.3 lacs and Rs.4 lacs:</u> Room rent per day shall be payable up to Rs.5000/- and ICU charges up to Rs.7500/-</p>
Ambulance Charges	<p>- Ambulance charges upto Rs.2500/- per trip. - Taxi and Auto in actual maximum up to Rs. 750/- per trip (Proper receipt should be there) .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</p>
Alternative therapy	For Ayurvedic, Unani, Siddha, Homeopathy and Naturopathy treatment, hospitalization expenses are admissible only when the treatment has been undergone in a Government Hospital or in any Institute recognized by the Government and / or accredited by Quality Council of India/National Accreditation Board on Health.
Day Care Treatments (Even if less than 24 hours of stay in hospital)	(1) Adenoidectomy (2) Appendectomy (3) Ascitic / Plueral tapping (4) Auroplasty not Cosmetic in nature (5) Coronary angiography / Renal (6) Coronary angioplasty (7) Dental surgery (8) D&C (9) Excision of cyst/ granuloma / lump/tumor (10) Eye surgery (11) Fracture including hairline fracture (12) Radiotherapy (13) Chemotherapy including parental (14) Lithotripsy (15) Incision and drainage of abscess (16) Varicocelelectomy (17) Wound suturing (18) FESS (19) 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. (20) Haemo dialysis (21) Fissurectomy / Fistulectomy (22) Mastoidectomy (23) Hydrocele (24) Hysterectomy (25) Inguinal/ ventral / umbilical / femoral hernia (26) Parenteral chemotherapy (27) Polypectomy (28) Septoplasty (29) Piles / fistula (30) Prostate surgeries / dislocation (31) Sinusitis surgeries (32) Tonsillectomy Chemotherapy (33) Liver aspiration (34) Sclerotherapy (35) Varicose Vein Ligation (36) All scopies along with biopsies (37) Lumbar puncture
Miscellaneous Coverage	<p>Under the policy:-</p> <ul style="list-style-type: none"> - Expenses for treatment of Congenital internal/external diseases, defects anomalies are covered. - Expenses for treatment of psychiatric and psychosomatic diseases be payable with or without hospitalization. - Treatment taken for Accidents can be payable even on OPD basis in hospital up to sum insured. - Treatment for Genetic Disorder and stem cell therapy is covered under the scheme. - Treatment for Age Related Macular Degeneration treatment such as Rotational Field Quantum magnetic Resonance, enhanced external Counter Pulsation etc are covered under the scheme, Treatment for all neurological / age related macular degeneration disorder shall be covered under the scheme.

Admissible Charges	The following charges in the scheme are payable:- Nursing Charges, Service Charges, Administration Charges, Nebulization Charges, RMO charges, Anesthetic, 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, orthopedic implants, Cochlear Implant, any other implant, Intra-Ocular Lenses, infra cardiac valve replacements, vascular stents, any other valve replacement, laboratory/diagnostic tests, X-ray CT Scan, MRI, any other scan, scopies and such similar expenses that are medically necessary, or incurred during hospitalization as per the advice of the attending doctor.
List of Hospitals	The list is also available in the website www.heritagehealthtpa.com > Home > Hospitals. It is also available in our website and in WhatsApp pages.
Cashless Service	<ul style="list-style-type: none"> To avail the cashless facility one needs to approach the hospital which is under the network of Insurance Company / TPA. Please fill a Pre Authorization form while getting admitted to the Network hospital. The completed form is sent to the TPA by the hospital. Depending upon the terms of the policy, the TPA, will issue an authorization or a denial letter to the hospital. The request for preauthorization must reach the HHITPA in time i.e. within 24 hours in case of emergency hospitalization or 72 hours in advance for planned hospitalization. Please carry your member ID card issued by HHITPA and a valid Photo ID (issued by govt. authority) Proof with you and submit the photo copy of the same to the hospital. Pl note that if authorization for "Cashless Service" from HHITPA has been received then at the time of discharge, complete the following steps:- <ul style="list-style-type: none"> ➤ Verify the bills and counter sign all the bills. ➤ Pay for those items that are not reimbursable under the health insurance policy. ➤ Leave the original discharge summary, Bills and other investigations reports with the hospital. ➤ Retain a photocopy for your records. If the authorization for "Cashless Service" is not received from HHITPA:- <ul style="list-style-type: none"> ➤ Settle the hospital bills in full and collect all the bills, discharge summary, Investigation reports and other documents, in original. ➤ Confirm from hospital that bill is raised as per rates and terms agreed with HHITPA ➤ Lodge your claim papers with HHITPA for Reimbursement processing maximum within 30 days of discharge.
Submission of claims for Re-imbursement	<p>When lodging your claim with HHITPA for cashless denied cases or for Pre-Post Hospitalization expenses in case of Cashless Approved case, please make sure that all the documents listed below are sent.</p> <ul style="list-style-type: none"> ➤ Claim form duly filled & signed by the insured. ➤ Copy of your Member ID card duly signed. ➤ Copy of your photo ID card (both sides), duly signed. ➤ Discharge summary / Discharge card In Original (Photocopy only in case of pre/post hospitalization claims). ➤ Hospital bills (Original). For all consolidated amounts, the detailed breakup of the billed amount is required from the hospital. ➤ For medicines purchased from outside pharmacy, the bills should be accompanied by

	<p>a prescription from the doctor (Original).</p> <ul style="list-style-type: none"> ➤ All investigation reports(Original). ➤ In case of hospitalization due to accident, medico legal certificate (MLC) from police. ➤ All previous treatment papers related to Ailment. ➤ Cancelled Cheque (with pre-printed name) and duly filled NEFT Form stating Branch MICR Code, Branch IFSC Code, Account type, Complete Account Number etc.(Refer our website for Form). ➤ If hospital is not a network provider attach copy of Registration Certificate of the hospital or a certificate from the hospital giving infrastructure details i.e. Number of Beds, Availability of Doctor's & Nurse's round the clock, Operation theatre. ➤ Summary of claim made with details of Bill No, Date and amount. <p>Claim can be submitted to their Kolkata office by hand or by post or to the Zonal Office, Kolkata on a designated day every week when a representative from the HHITPA would be present to collect the claims.</p>
Not covered in the policy	<ul style="list-style-type: none"> • No expenses related to maternity is payable. No day one cover available for new born child. • 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 unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident. • Vaccination or inoculation. • Change of life or cosmetic or aesthetic treatment of any description. • Plastic surgery other than as may be necessitated due to an accident or as part of any illness. • Cost of spectacles and contact lenses, hearing aids. Other than Intra-Ocular Lenses and Cochlear Implant. • Dental treatment or surgery of any kind which are done in a dental clinic and those that are cosmetic in nature. • 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. <p>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.</p> <ul style="list-style-type: none"> • 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 unless forming part of treatment for injury or diseases as certified by the attending physician • Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials. • All non-medical expenses including convenience items for personal comfort such as charges for telephone, television, / barber or beauty services, diet charges, cosmetics, tissue paper, diapers, sanitary pads, toiletry items etc., unless and otherwise they are necessitated during the course of treatment. • Home visit charges during pre and post hospitalization of Doctor, Aya, Attendants and Nurses. • Attempted suicide, war, invasion, nuclear radiations are not covered.