



## ALL INDIA UCO BANK PENSIONERS' FEDERATION

Affiliated to All India Bank Pensioners' & Retirees' Confederation and All India UCO Bank Officers' Federation  
**4, N S Road, Chartered Bank Building (1<sup>st</sup> Floor), Room No. 172, Kolkata-700001**  
Mobile no.9830841788 , Phone no. 033-40005572 e-mail Id -s.sarkar7039@yahoo.com

Ref.No. AIUCBPF/5/2026-2029

Dated 12<sup>TH</sup> June, 2026.

To,  
Com. C.Gangadhar Yadav [Working President]  
Com. K.Chandrasekharan [Vice President]  
AIBPARC,  
4 N.S.ROAD, KOLKATA.

Dear Comrades,

**Sub: Submission of suggestions on IBA Group Mediclaim Policy [2026-27] for Bank Retirees from ALL INDIA UCO BANK PENSIONERS' FEDERATION.**

We cite below our suggestions on **IBA GROUP MEDICLAIM POLICY** for 2026-27 for Bank Retirees.

1. GST on annual premium and on hospital bills are to be waived fully.
2. The annual premium of individual Bank Retirees are to be subsidized fully by the respective Banks.
3. The premium applicable on the cover of physically and mentally challenged dependent is not to be calculated on add-on basis but it is to be absorbed within the amount of the premium of the parents.
4. The premium of the Top Up Policy of the Bank Retirees should be the same as that of the serving Employees and Officers of the Bank. There should not be separate premium chart for the Bank Retirees. [Top Up limits -Please see Point No.8,9].
5. It is understood that the IRDA has raised serious objections regarding the various methodologies used by individual Insurers to calculate the Claim Ratio. Given that premium hikes for the IBA Policy have consistently justified on these grounds, a stringent review is required. The following facts should be brought to the notice of IBA. a) The claim volumes for age related ailments, e.g Cataract Surgery, knee replacements are now declining, as a significant portion of the



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- insured cohort has already availed of these benefits in recent years. b) The system has stabilized, retirees are no longer rushing for avoidable surgeries. c) IBA /UFBU must rigorously scrutinize and audit the claim ratio data provided by the Insurance Company before accepting any premium revisions.
6. There should be common Base Policy applicable to all Retirees across the board, covering all categories from Award staff to Officers (Scale I to Scale V & above).The Base Policy should offer uniform coverage slabs of 3, 4, 5, 7,10 lacs. It should be universally available to all categories of Retired Staff Members.
  7. Top up Policies-To ensure competitive pricing, separate bids should be invited for Top up Policies and bidding process should be opened to all eligible bidders. The contract for the Top up Policy must be awarded to the lowest bidder (L1) to minimize the premium burden on the retirees.
  8. The Threshold Limits of Top up Policy should be of 1,2,3,4, 5,6,7 lacs.
  9. Top ups for 1,2,3,4,5,6,7 lacs coverage should be available for all categories of Retired Staff Members.
  10. Domiciliary Treatment facility should be available in lines with Serving Employees.
  11. TPAs should not be changed frequently. TPA changes should only be initiated upon specific, justified demands from the respective Banks.
  12. Hospitals under the Preferred Provider Network (PPN) are grossly misusing the system. Many are reluctant to treat the patients at agreed PPN rates and frequently levy charges much higher than the fixed tariffs. Since TPAs refuse to reimburse these excess amounts, Retirees are forced to pay out of pocket. Strict enforcement and monitoring of PPN Compliance are urgently required.



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13. Claims are subjected to delays due to redundant and irrelevant queries raised by TPAs. Unnecessary queries should be stopped.
14. Time taken in settlement of claims is more than the stipulated time frame fixed by the IRDA. Penal interest should be paid to the claimants on delayed settlement.
15. The Policy must incorporate additional/lump sum coverage upon the first time detection of major critical illness, specifically Cancer, Cardiac and Kidney diseases to buffer the heavy financial shock associated with these diseases.
16. Reimbursement on actuals to be settled even if treatment at Notified Hospitals. At times noticed Hospitals refuse cashless treatment. So Retiree gets the treatment and claims reimbursement. Here TPA settles agreed amount for cashless between them and the Hospital.
17. Introduction of Tier 1 Tier 2 Tier 3 Centres in the Policy and charge premium accordingly for the benefit of members. Many Retirees reside at Small Centres and take treat at those places. Their treatment cost is much less than treatment at Major/Metro Centres. Even for treatments with caps, lesser amount is settled for treatment at Small Centres.
18. Robotic Surgery: Blanket permission to be given at least for robotic knee replacement surgery.
19. Increase in reimbursement limits for specified treatments like cataract operation. At least 25% increase in the limits is required. Cataract Operation reimbursement should be same in all places. Why variation?
20. Explore possibility of including critical illness cover : considering increase in instances of Retirees diagnosed with cancer [all of a sudden] or in case of stroke etc.
21. Physical Health Card should be sent to each and every Bank Retiree who will renew the Policy [apart from sending e Mediclaim Card].



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22. Each and Every Bank will accept online and offline Mediclaim Renewal application forms from willing Bank Retirees.

All our above suggestions on IBA Group Mediclaim Policy for Bank Retirees [2026-27] are being forwarded to you for your necessary consideration and doing the needful.

Comradely Yours,

For All India UCO Bank Pensioners' Federation  
*Subrata Sarkar*  
General Secretary



(Subrata Sarkar)

**General Secretary**

Place: Kolkata.

Dated 12/6/2026

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Copy forwarded to GS, AIBPARC for kind information and perusal.