



**The Andhra Pradesh
State Cooperative Bank Ltd.**
(A State Partnered Scheduled Bank)



International Year
of Cooperatives

Ref: HRMD/Payments/2025-26

04.04.2025

Notification

Sealed Quotations are invited for coverage of Medical Insurance to Regular Staff under Group Medi-Claim Floater Policies (GMFP) for a period of one year i.e., from 20.04.2025 to 19.04.2026.

We wish to inform that our Regular Staff Group Medi-claim Floater Policy is due for renewal on 20.04.2025. In this connection, we request you to furnish the quotations for insurance coverage of Rs.4.00 lakh per family consisting of Self, Spouse, dependent children and Parents/Parents-in-law.

We are enclosing herewith the terms and conditions for the floater policy. The other details pertaining to regular employees will be emailed upon furnishing of Non-Disclosure Agreement (Format Enclosed).

Please send your quotations in a sealed cover superscribed as "**Quotation for GMFP - Regular Staff**" to reach this office on or before 10.04.2025 by 5.00 PM, addressed to,

The Dy. General Manager (HRMD)
The A.P. State Cooperative Bank Ltd.,
#27-29-28, NTR Sahakara Bhavan,
Help Hospital Road,
Governorpet,
Vijayawada - 520002

Encl: 1. Terms & Conditions
2. Non-Disclosure Agreement.

Chief General Manager(HRMD)

B. Ramachandraiah
Chief General Manager
Emp. Code:458

HO: #27-29-28, NTR Sahakara Bhavan, Governorpet, Vijayawada, NTR District - 520002.

Dept.: HRMD

☎: 0866-2429032

✉: hrdpayments@apcob.org

COOPERATIVES BUILD A BETTER WORLD



INSURANCE COVERAGE OF Rs.4.00 LAKH TO REGULAR STAFF

Terms & conditions

1.	Coverage of pre-existing diseases.
2.	30 days waiting period to be waived.
3.	Waiver of condition pertaining to first year exclusions.
4.	Choice to be given to the Bank in choosing TPA in the absence of in-house.
5.	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.
6.	Room rent expenses not exceeding Rs.5,000/- per day or the actual amount whichever is less. Intensive Care Unit (ICU) expenses not exceeding Rs.7,500/-per day or actual amount whichever is less.
7.	To cause additions, corrections and deletions of persons for any erroneous exclusion which is subsequently identified.
8.	Addition & deletion of lives; premium to be charged/refunded on pro-rata basis.
9.	Family definition: Self, spouse, dependent children and dependent parents/parents-in-law.
10.	Ambulance charges 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 max up to Rs.750/- per trip will also be reimbursable. Ambulance charges actually incurred on transfer from one centre to another centre due to non-availability of medical services/medical complications shall be payable in full.
11.	Treatment taken for accidents can be payable even on OPD basis in Hospital.
12.	No sub limits on diseases.
13.	Day care procedures are to be covered.
14.	No co-payment.
15.	Maternity expenses: Normal delivery up to Rs.75,000/- Cesarean (C-Section) up to Rs.1,00,000/- Maternity expenses/treatment shall include: a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization). b) Expenses towards miscarriage and lawful medical termination of pregnancy during the policy period. c) Complications in maternity including operations for extra uterine pregnancy, ectopic pregnancy shall be covered up to the Sum Insured.
16.	New born baby is to be covered from day 1 within the Sum Insured.
17.	Alternative Therapy: Cashless treatment/Reimbursement of expenses for hospitalization under the recognised system of medicines, viz, Ayurveda, Unani, Sidha, Homeopathy, Naturopathy, if such treatment is taken in a clinic/hospital registered, by the Central and State Government.

