



मानव संसाधन प्रभाग, प्रधान कार्यालय,
प्लॉट सं 4, सेक्टर 10, द्वारका, नयी दिल्ली
HUMAN RESOURCES DIVISION HEAD OFFICE,
PLOT No. 4, SECTOR 10, DWARKA, NEW DELHI

TO ALL BRANCHES/OFFICES.

10.03.2025

HUMAN RESOURCES MANAGEMENT DIVISION CIRCULAR NO.818/2025

REG: PNB HOSPITALIZATION CONTRIBUTORY BENEFIT SCHEME FOR RETIRED EMPLOYEES – REVISED SCHEME

PNB Hospitalization Contributory Benefit Scheme for Retired employees was introduced vide HRD Circular No.515 dated 19.02.2009. The Scheme came into effect from 25.03.2009 with an annual limit of reimbursement of Rs.40,000/- (Rupees Forty Thousand Only) for self and spouse within overall limit of Rs.2,00,000/- (Rupees Two Lacs Only) up to the age of 75 years and the same would be restored after attaining the age of 75 years.

The annual limit of reimbursement under the scheme was enhanced from Rs.40,000/- (Rupees Forty Thousand Only) to Rs.1,00,000/- (Rupees One Lac Only) w.e.f. 01.10.2012 for self and spouse within overall limit of Rs.2,00,000/- (Rupees Two Lacs Only). Further the Sub-Limits of reimbursement in the scheme were enhanced w.e.f. 01.04.2014 within the overall limit of Rs.2,00,000/- (Rupees Two Lacs Only) up to the age of 75 years, and the salient features of the Scheme were circulated vide PAD Circular No. 201/2014 dated 27.03.2014.

We have been receiving references from the retired employees regarding revision in the limits and sub-limits of the aforesaid scheme. Accordingly, **PNB Hospitalization Contributory Benefit Scheme for Retired employees- Revised Scheme** has been approved, the salient features of which are as under:

I	Objective	To provide hospitalisation assistance to the eligible retired employees of the bank.
II	Eligibility	<ul style="list-style-type: none">All officers/workmen employees retired on superannuation can become member of the scheme.Officers/workmen who had retired voluntarily under PNB Officers' Service Regulations/PNB Employees Pension Regulation after putting in 30 Years of service in the bank or completing 55 years of age, whichever is

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		<p>earlier, to become member of the revised scheme with a condition that such retirees shall be entitled to avail benefits under the scheme only on attaining the age of 60 years.</p> <ul style="list-style-type: none"> • The scheme will also remain available for VRS 2000 retirees with the condition that they shall be eligible for the benefits only after completion of 60years age. • Apart from spouse of the employee who die while in service, the revised scheme is also available to the spouse of the deceased retired employee who was not a member of the scheme. <p>For complete details, refer Clause 2 of the Scheme placed at Annexure I</p>
III	Coverage	Reimbursement limit for self and spouse (put together) under the scheme will be Rs.1.50 Lacs per annum (including charges payable under Non hospitalisation) with overall limit of Rs.3.00 Lacs up to the age of 75 years. This limit will be restored after the age of 75 years.
IV	Sub-Limits	The sub-limits under various heads of the scheme have been enhanced (placed at Annexure I-A). Further, a few packages in addition to the existing ones have been introduced.
V	Contribution	<ul style="list-style-type: none"> • One Time Contribution: For new members for single coverage – Rs. 15000/- For self & spouse both: Rs. 18000/- (Additional 20% i.e. Rs. 3000/-) For existing members who opt for membership under the revised scheme - Rs.10,000/- for single coverage For self & spouse both: Rs.12000/- (Additional 20% i.e. Rs. 2000/-) • Annual Contribution-Rs.3000/-. (For both existing and new members)
VI	Lock in period	Earlier there was a lock in period from the date of collection of One time Contribution amount for those retirees who enrol themselves after 3 months of retirement. Under the revised scheme there will be no lock-in period.
VII	Domiciliary Treatment	Not covered
VIII	Commencement of the Scheme	01.04.2025

Details of the Revised Scheme are given in **Annexure I**.

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Employees retired up to 28.02.2025 (both existing members who wish to opt under revised scheme, retirees who have submitted their application under the existing scheme till 07.03.2025 and non-members retirees/family pensioners) may opt for the aforesaid revised scheme and give their consent on the proforma available at **Annexure II**, to BO/CO/ZO/HO on or before 25.03.2025, for which a new page “**PNB HOSPITALISATION CONTRIBUTORY BENEFIT SCHEME FOR RETIRED EMPLOYEES-REVISED SCHEME**” has been devised in HRMS. Further, to make the process of submitting consent by retirees more convenient, the facility to submit options through HRMS Self Service has also been provided in addition to manual submission of consent form at the branch. Thus, retirees may submit consent through options mentioned hereunder, on or before 25.03.2025.

1. Submitting Consent through HRMS Self Service & PNB Parivar 2.0-

Retired employees can submit their consent in HRMS (www.pnbnet.net.in) or PNB Parivar 2.0 through Self Service option at the navigation given below. While submitting consent through HRMS Self Service, the requirement of uploading the Proforma and verification is not required.

Retiree Self Service → Hospitalisation Enrolment ESS

2. Submitting Consent at Branch/ Offices-

Duly filled Proforma (Annexure II) can be submitted at any of the BO/CO/ZO/HO Divisions and verified consent will be uploaded in HRMS, after scanning by the Branch/Offices for entering in HRMS. Navigation to enter consent in HRMS is as under:

Navigator → Workforce Administration → Hospitalisation Benefits → Hospitalisation Enrolment Revised Scheme → Add New Value

After successful submission of the consent by either of the two options as above, the one-time contribution amount and annual contribution amount will be debited from the account as mentioned by the retired employees in their Proforma/ self-service application by HO HRD Hospitalisation Cell. The retired employee will be enrolled as member under the revised scheme and coverage will start from commencement of the revised scheme i.e. 01.04. 2025. **The member retirees who do not wish to submit their consent for enrolment under the revised scheme on or before 25.03.2025, will continue their membership under the existing scheme.**

Employees superannuating on or after 31.03.2025 and those retiring on VRS on or after 07.03.2025, may enrol themselves under the revised scheme only, by submitting their

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consent by either of the two options mentioned above. As there is no lock-in period under the revised scheme the retiree will be enrolled under the scheme and coverage will start from the date of debit of one-time contribution amount.

All the offices/branches are requested to bring the contents of this circular to the notice of all staff members (including ex-staff) and a copy of the same be displayed on the notice board of the branch/office. **In case of any query, branches/offices/retirees may contact over Telephone No. 011-28044776 and mail at hrdhospitalisation@pnb.co.in.**

**CHIEF GENERAL MANAGER
(SURESH KUMAR RANA)**

PNB HOSPITALISATION CONTRIBUTORY BENEFIT SCHEME FOR RETIRED EMPLOYEES-REVISED SCHEME.

1. TITLE:

The scheme will be called **PNB Hospitalisation Contributory Benefit Scheme for Retired Employees-Revised Scheme.**

2. ELIGIBILITY:

The enrolment under the Scheme will be guided by the following terms & conditions:

- 2.1. Retired employees who are members of the existing scheme and who wish to opt for the revised scheme may do so by paying Rs.10,000/- and an additional 20% (i.e.Rs.2000/-) contribution for coverage of two lives (self and spouse) followed by Rs.3,000/- annual contribution to be paid every year. The overall coverage in such cases will be maximum Rs.3.00 lacs, which will be inclusive of balance cover remaining under the existing scheme.
- 2.2. Retired employees who are members of the existing scheme and who wish to continue their membership in the existing scheme only, may be allowed to continue as per the terms and conditions of the existing scheme i.e. overall coverage of Rs.2 lacs (annual Rs.1 lac) with the sub-limits under various sub-heads as circulated vide PAD Cir. No. 201 dated 27.03.2014.
- 2.3. Retired employees who are not a member of the existing scheme may enrol themselves under the revised scheme only and not under the existing scheme, by paying one time contribution of Rs.15,000/- and additional 20% contribution for coverage of two lives (self and spouse) followed by Rs.3,000/- annual contribution to be paid every year.
- 2.4. The VRS retirees who are non-members of the existing scheme may also enrol under the revised scheme only by paying one time contribution of Rs.15,000/- and an additional 20% contribution for coverage of two lives (self and spouse) with the condition that they will be eligible for the benefits only after completion of 60 years of age. Further, such retirees will be required to pay the annual contribution of Rs.3000/- every year only after completion of 60 years of age.
- 2.5. Where retiree and spouse were members of the existing scheme and the retiree is deceased as on date, in such cases if spouse of the deceased retired employee wishes to enroll under the revised scheme, he/she may enroll by paying one time

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- contribution of Rs.10,000/- followed by Rs.3,000/- annual contribution to be paid every year. The overall coverage in such cases will be a maximum of Rs.3.00 lacs, which will be inclusive of balance cover remaining under the existing scheme.
- 2.6. The spouse of employee who dies while in service can become a member of the revised scheme by paying one time contribution of Rs.15,000/- followed by Rs.3,000/- annual contribution to be paid every year.
- 2.7. The surviving spouse of the deceased retired employee who was not a member of the existing scheme will also be eligible for enrolment under the revised scheme by paying one time contribution of Rs.15,000/- followed by Rs.3,000/- annual contribution to be paid every year.
- 2.8. Employees discharged/dismitted/removed from the service/compulsorily retired or terminated on grounds of misconduct will NOT be eligible under the scheme.
- 2.9. Annual Contribution will be collected every year, preferably in the month of April. In case of not paying the annual contribution for more than one year, the retiree will have to enrol again under the scheme by paying one-time contribution.
- 2.10. The retired employees will be given an option to exit from the revised scheme any time after joining, but the one-time contribution amount will not be refunded. However, in such cases, the subsequent annual contribution will not be debited.

3. OBJECTIVE:

- 3.1. To provide hospitalisation assistance to the eligible retired employees of the Bank and their spouse who have settled anywhere in India if at any time during the currency of the scheme, he/she and his/her spouse sustains injury or contracts disease/illness, and if such injury/disease or illness required hospitalization in nursing home/hospital.
- 3.2. Reimbursement for pre and post hospitalization expenses for 30 days each is payable within the overall annual limit of Rs.1.50 lacs combined for self and spouse.

4. CONTRIBUTION:

One Time Contribution For new members for single coverage – Rs. 15000/-

For self & spouse both: Rs. 18000/- (Additional 20% i.e. Rs. 3000/-)

One Time Contribution For existing members who opt for membership under the revised scheme - Rs.10,000/- for single coverage

For self & spouse both: Rs.12000/- (Additional 20% i.e. Rs. 2000/-)

Annual Contribution - Rs.3000/- (For both existing and new members)

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5. ENHANCEMENT IN SUB-LIMITS & INTRODUCTION OF ADDITIONAL SURGERY PACKAGES:

Under the revised scheme, the sub-limits as per HRD Circular No. 201/2014 have been enhanced and based on the present medical trends, few packages in addition to the existing are being introduced under the revised scheme as per **Annexure I-A**.

6. DEFINITIONS:

The following words, terms of expressions wherever they may appear in this Scheme or even otherwise will be deemed to have meaning expressed hereunder:

Member: will mean a regular member of PNB Hospitalisation Contributory Benefit Scheme for Retired Employees as per clause 2 above.

Hospital/Nursing Home: will deem to be an Institution with regular premises for stay and operation by a qualified physician or surgeon or a team of qualified physicians and/or surgeons with minimum qualification of MBBS for the care or treatment of disease / illness / injury and having proper facilities to keep and treat the indoor patients. The term hospital will not include the establishment, which is a place of rest, a place for aged, a place for drug addicts, a place for alcoholics or hotel.

It is to be noted that reimbursement of claims is to be made only in those cases where concerned nursing home/hospital maintains proper records in respect of hospitalization i.e. date of admission of patient, date of discharge, diagnosis and treatment given and details of the charges charged by them in their bills/ receipts, which could be verified in case of need.

Medical Practitioner: will mean a duly qualified and registered physician or consultant/ specialist or a general medical practitioner who is legally licensed to practice with minimum qualification of MBBS.

Disease: Disease will mean any illness, disease or injury requiring hospitalization.

Surgical Operation: Surgical operation will be deemed to mean that:

- Cutting operation (not including any lancing operation or injection) or
- Any operation or treatment involving the reducing of fractures and / or
- Any treatment or adjustment in respect of any dislocation of joints or bones (provided this requires hospitalization), orthopaedic or Neurosurgery or Plastic Operations (for non-beautification treatment only) by a qualified surgeon.

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Period of Hospitalisation: will include charges for hospital/nursing home and charges required for the disease during period of hospitalization and for 30 days pre and post hospitalization (within the overall limit of Rs.1.50 Lacs p.a.) for surgeries referred in the schedule of charges annexed as **Annexure I-A**. Further, reimbursement of same disease will be admissible if there is gap of 45 days between the date of discharge and subsequent date of hospitalization.

7. BENEFITS:

Reimbursement limit for self and spouse (put together) under the scheme will be Rs.1.50 Lacs per annum (including charges payable under Non hospitalisation) with overall lifetime limit of Rs.3 lacs up to the age of 75 years. The limit will be restored to Rs.3.00 lacs after the age of 75 years.

8. REIMBURSEMENT OF HOSPITALISATION CHARGES:

Charges for the following will be reimbursed subject to verification by Bank's Empanelled Doctor.

- a. **Consultation:** Consultation charges are payable as per Schedule of Charges annexed as ANNEXURE-I A.
- b. **Medicines:** Reimbursement is allowed towards the cost of admissible medicines purchased and supplied by the hospitals during period of hospitalisation as per ANNEXURE-I A.
- c. **Diagnostic Materials:** Cost of Radiological/Pathological investigations undergone during period of hospitalisation are reimbursable as per ANNEXURE-I A.
- d. **Operation Charges:** Operation charges are reimbursed as per ANNEXURE-I A. Operation charges include operation theatre charges, anaesthesia charges, Surgeon's fees, Assistant's Fees, Anaesthetist's fees and medicines/materials used in operation theatre.
- e. **Visit Charges:** During hospitalization period, charges for routine visit per day are reimbursable as per ANNEXURE-I A.
- f. **Surcharge:** Surcharge, if any levied by the Government/ Municipal/ Trust / Charitable hospital is also reimbursable within the overall limit.
- g. **Intra-Ocular Lens:** Cost of intra-ocular lens implanted during the cataract operation, undergone even without indoor hospitalization are reimbursable as per ANNEXURE-I A.

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- h. **Pacemaker/Implants/Prosthetic Valves:** Cost of these is reimbursable as per Annexure-I A.
- i. Non hospitalisation charges will be reimbursed only for the ailments/procedures mentioned in schedule of charges. (Annexure- IA).
- j. Domiciliary treatment will not be covered.

9. PROCEDURE FOR SETTLEMENT OF CLAIMS:

- 9.1 Claim pertaining to expenses incurred on or after 01.04.2025 will be considered under the revised scheme, correspondence in relation to the scheme will be sent to the Assistant General Manager, Human Resources Management Division, HO, New Delhi.
- 9.2 If the claim is being primarily lodged under the said scheme claim must be accompanied by original documents such as the following:
- i. All bills in original and to be verified by Hospitals /Nursing Homes /Doctors.
 - ii. Discharge certificate from the concerned hospital /nursing home containing date of admission, date of discharge, diagnosis, treatment given, name and nature of operation performed if any, name and qualifications of the treating surgeons / his assistant and anesthetist (this certificate is required to be got submitted from the concerned hospital /nursing home and not by the treating doctor in his individual capacity).
 - iii. Details and break-up of medicines, drugs, diagnostic materials, visit of the Doctor /Consultant should accompany the claim.
 - iv. Other relevant information, if any, required by the bank.

- 9.3 The claim received will be put up to the Bank's Empanelled Doctor for his /her approval after which the claim will be calculated as per the limits and sub limits given under **ANNEXURE-I A**. The decision of the Bank's Empanelled Doctor in the matter will be final.

Further, a Committee comprising of CGM-HR, GM-HRMD and GM-HRDD will consider the admissibility of the claims where the diseases which are not mentioned in **ANNEXURE I-A**, after taking views of the Bank's empanelled doctor.

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Objections/Discrepancies in respect of settled claims will be entertained within 30 days of the receipt of sanction/rejection.

9.4 Claims complete in all respects must be sent to HRD Division, HO for reimbursement on Form No. PNB 1220 within 6 weeks of date of discharge from the hospital. Claims submitted late will not be entertained.

10. FALSE CLAIM/ INFORMATION:

In case false claims / information are found to have been submitted by any member at any stage, his membership will be cancelled forever, and he will not be re-enrolled again. Contribution paid will automatically be forfeited and claim made if any, will not be reimbursed.

11. FUND MANAGEMENT:

The fund will continue to be managed as per the approval of the Board of Trustees of PNB Centenary Welfare Trust. The corpus of the scheme will comprise of contribution received from the member retired employees and funds received from the Staff Welfare Fund.

12. REVIEW OF THE SCHEME:

The fund position, claim settlement etc. will be reviewed half yearly/yearly by the Core Working Group for Staff Welfare and recommendation will be placed before the Competent Authority.

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ANNEXURE-I A

SCHEDULE OF CHARGES

1	PRE-HOSPITALISATION (Only if followed by Hospitalisation)	RATES W.E.F. 01.04.2025 (Rs.)
	a) Diagnostic material (includes only Path. Tests, X-rays, ECE etc. needed for the diagnosis of the ailment)	
	i) Routine	4500/-
	ii) In special diseases such as cancer, brain tumours cardiac ailment, endocrine disorder, major neurological ailments and kidney transplant etc.	15000/-
	b) Consultations	1500/-
	c) Medicines	4500/-
	d) Admission/Registration (Actual fees upto Rs.)	400/-
2.	NON - HOSPITALISATION (Charges include the cost of drugs etc.)	
	a) Treatment of simple fracture	3000/-
	b) Reduction or Dislocation of joints or bones not requiring open operations	5000/-
	c) Vasectomy (inclusive of drugs)	5000/-
	d) Kidney dialysis	2000/- per dialysis
	e) CAT scanning (per scan)	3000/-
	f) NMR/MRI Scan (per scan)	5000/-
	g) Cryopexy	4500/- (For full course of treatment irrespective of number of sittings)
	h) Photocoagulation	4500/- (For full course of treatment irrespective of number of sittings)
	i) Gastroscopy	3000/-
	j) Cystoscopy	3500/-
	k) Sigmoidocopy/Colonoscopy	3000/-
	l) Oesophagoscopy	3500/-
	m) Bronchoscopy	3500/-

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3.	<u>HOSPITALISATION</u>		
	a)	Room charges, Boarding & Nursing Medical attendance – per illness	Max. Rs.30000/-
		i) Metropolitan cities – per day	2000/-
		ii) other cities – per day	1500/-
		Note: ICU/ICCU charges – (at all places) per day Special - Rs.1200/- General - Rs. 800/-	Over & above charges under a(i) or a(ii)
	b)	Fee of Surgeon per operation	25000/- (Maximum)
	c)	Anaesthesia, Oxygen, Blood transfusion and Anaesthetist fees, Operation Theatre or Room or/and Surgical appliances per operation	
		i) Routine illness (including implant)	Anaesthesia-7500/- (Max.) OT-7500/- (Max.) Oxygen-900/- Blood Transfusion-900/- 15000/-(Maximum)
		ii) In case of Special Diseases e.g. Cancer, Brain tumours, cardiac ailment, endocrine disorder, major neurological ailment and kidney transplants etc. (including implant)	Anaesthesia-7500/- (Max.) OT-7500/- (Max.) Oxygen-900/- Blood Transfusion-900/- 30000 (Maximum)
	d)	X-ray, Path. Tests, Electro-Cardiogram and other tests per illness (including post 30 days)	
		i) Routine illness	10000/-
		ii) Special diseases e.g. Cancer, brain tumours, cardiac ailment, endocrine disorder, major neurological ailments and kidney transplant etc.	15000/-
	e)	Medicines & drugs per illness (including post 30 days)	
		i) Routine illness	10000/-
		ii) Special diseases e.g. cancer, brain tumours, cardiac ailment, endocrine disorder, major neurological ailments and kidney transplant etc.	25000/-

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f)	Consultant & Physician fee per illness (including post 30 days).	
	i) Routine	Max 6000/- (Rs.750 per visit)
	ii) Special diseases e.g. cancer, brain tumours, cardiac ailment, endocrine disorder, major neurological ailments and kidney transplant etc.	Max 9000/- (Rs.750 per visit)
g)	Radiotherapy/Chemotherapy (inclusive of drugs)	100000/-per annum
h)	Pacemaker (Lifesaving device) Within overall limit	75000/-
i)	Prosthetic valves implants (excluding IOL)	50000/-
j)	Ambulance charges only	1500/-
k)	IOL	7500/-
Note: OT charges and anaesthesia charges each should not exceed 20% of Surgeon's fees payable under Contributory Benefit Scheme.		

TABLE OF SURGEON'S FEE

Abdomen Appendectomy & free of adhesions, surgical exploration of the abdominal cavity/Laparotomy	5000/-
Removal of, or other operation on gall bladder	15000/-
Gastro-enterostomy	15000/-
Resection of stomach, bowel or rectum	15000/-
Other cutting into abdominal cavity for diagnosis, treatment or removal of organs therein.	15000/-
NOTE: The fee for a number of operations of the abdomen performed at one time will not exceed Rs. 15000/-	
Abscesses (See Tumours)	
<u>Amputations</u>	
Thigh, leg	15000/-
Upper arm, Forearm, entire hand or feet	15000/-
Finger or toes each	4500/-
<u>Breast</u>	
a) Removal of benign tumour or cyst requiring hospital confinement	9000/-
b) Simple amputation	5000/-
c) Radical amputation	15000/-
<u>Chest</u>	
Complete Thoracoplasty, Transthoracic approach to stomach, diaphragm or oesophagus	15000/-
Sympathectomy	6000/-

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Laryngectomy	6000/-
Removal of Lung or portion of Lung	15000/-
Bronchoscopy/esophagoscopy – Diagnostic	5000/-
NOTE: The fee for a number of operations of the chest performed at one time will not exceed Rs.15000/-.	
Heart	
Operation on heart, open heart surgery, repairs, replacement of valves only	25000/-
Dislocation	
Reduction of Hip or Elbow joint	4500/-
Ankle joint	4500/-
Knee joint	4500/-
Shoulder joint	4500/-
Collar bone – open operation only	5000/-
Lower Jaw	5000/-
Wrist	4500/-
NOTE: For a dislocation requiring an open operation, the maximum will be the twice of amount shown above)	
Ear, Nose & Throat (ENT)	
Fenestration, one or both ears	5000/-
Mastoidectomy, one or both sides, simple	5000/-
Radical	5000/-
Tonsillectomy, adenoidectomy or both	5000/-
Sinus operation by cutting (puncture of ant rum excepted	4500/-
Sub mucous Resection of nasal septum	5000/-
Tracheostomy	5000/-
Any other cutting operation	4500/-
Stapedectomy	5000/-
Myringoplasty/Tympanoplasty	5000/-
Excision or Fixation by cutting	
Hip Joint	5000/-
Knee or Elbow joint	5000/-
Shoulder, wrist or ankle joint	5000/-
Removal of diseased portion of bone including Sequestrectomy, Curettage & Bone Grafting	4500/-
Eye	
Operation for detached retina or corneal transplant	15000/-
Removal of Cataract	15000/-
Any other cutting operation into the eyeball (e.g. through the cornea) or cutting operation on eye muscles	5000/-
Glaucoma	15000/-

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Removal of eyeball	5000/-
Any other cutting operation of eyeball	5000/-
Removal of adenoma or benign tumour of Thyroid	15000/-
Toxic Goitre	15000/-
<u>Hernia</u>	
Single Hernia	4500/-
More than one Hernia	7500/-
<u>Joint</u>	
Incision into (tapping excepted)	6000/-
<u>Ligaments and tendons</u>	
Cutting	4500/-
Transplant – Single - Multiple	4500/- 7500/-
Suturing of tendon – Single - Multiple	3000/- 6000/-
<u>Paracenteses</u>	
Tapping	1500/- each sitting (Max.5000/-)
Removal of Pilonidal Cyst or Sinus	9000/-
<u>Rectum</u>	
Haemorrhoidectomy – external/internal or internal & external both	9000/-
Cutting operation for fissure	9000/-
Cutting operation for the thrombosed haemorrhoids	4500/-
Cutting operation for fistula-in-Ano - Single - Multiple	6000/- 7500/-
<u>Skull</u>	
Cutting into cranial cavity (trephine excepted)	25000/-
Trephine	9000/-
<u>Spine or Spinal Cord</u>	
Operation for spinal cord tumour	25000/-
Operation with removal of vertebra or vertebrae (except coccyx, transverse or spinous process)	15000/-
Removal of part or all of coccyx. Or of transverse or spinous process	6000/-
Dacro-cysto rhmectomy (DCR)	5000/-
<u>Fracture treatment of</u>	
Thigh, Vertebra or Vertebrae, Pelvis (Coccyx excepted)	7500/-
Leg, Knee, Kneecap, Upper Arm, Ankle, Skull	7500/-
Shoulder Blade	4500/-

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Lower Jaw (Alveolar process excepted) Collar Bone, Forearm, Wrist	5000/-
Metacarpal/Metatarsal/Finger/Toes	3750/-
Nose	3750/-
Rib or Ribs	2250/-

Note: The amounts shown above are for simple fracture. For a compound fracture, the maximum payment will be 50% more than for the corresponding simple fracture. For a fracture requiring an open operation, the maximum payment will be twice the amount shown for the corresponding simple fracture (bone grafting, bone splicing and skeletal traction pin are considered open operation).

Genito Urinary Tract	Rates
Removal of, or cutting into Kidney	15000/-
Removal of Tumours or stones in Ureter /Pyelolithotomy	15000/-
Bladder stones including operative procedure	9000/-
Bladder tumours	15000/-
Bladder with transplants	15000/-
Cystoscopy including catheterization but not operative procedures	4500/-
Removal of Prostate by open operation/Endoscopies	15000/-
Vericocele, hydrocele, orchidectomy or appendicectomy	
- Simple	5000/-
- Bilateral	12000/-
Hysterectomy	15000/-
Other cutting operation in uterus and its appendages with abdominal approach	9000/-
Cervix amputation	5000/-
Dilation and curettage (non-puerperal) cervix, cauterization, polypectomy or any combination of these	3000/-
Vaginal plastic operation for cystocele or rectocele	7500/-
Tubectomy	4500/-
Goitre	
Removal of thyroid , sub-total	15000/-
Tumours	
Cutting operations for removal of one or more benign or superficial tumours, cysts or abscesses requiring hospital confinement	4500/-
Malignant tumours of face, lips or skin	15000/-
Cleft lip and palate	15000/-
Vericose Veins	
Injection treatment – complete procedure one or both legs	4500/-

पंजाब नैशनल बैंक
मानव संसाधन प्रभाग, प्रधान कार्यालय
PUNJAB NATIONAL BANK
HUMAN RESOURCES DIVISION HEAD OFFICE

Cutting operation, complete procedure	
- one leg	6000/-
- both legs	9000/-

Note: Except for operations expressly accepted in the table, the Bank will determine a payment for any cutting operation not listed in the table consistent with the payment for any listed operation of comparable difficulty and complexity but in no event will such payment exceed Rs. 25000/-.

PACKAGE CHARGES

Some hospitals/ Nursing homes are charging based on package for treatment of diseases pertaining to heart, kidney, coronary, eyes etc. Therefore, in the following cases maximum charges will be reimbursed to the extent given below: -

S. No.	Surgical Procedure	Rates
1	Angiography- Cardiac/Cerebral/Renal)	20000/-
2	Angioplasty: Cardiac/Cerebral/Renal) -With Stent	120000/- 150000/-
3	By-pass surgery	150000/-
4.	Kidney/Liver Transplant	150000/-
5.	Total Hip Joint/Knee Joint Replacement	150000/-
6.	Surgery for STROKE (CVA)	150000/-
7.	Cataract	30000/-
8	Lungs Transplant	150000/- (newly added)
9.	Abdomen Appendectomy, surgical exploration of the abdominal cavity/Laparotomy	40000/- (newly added)
10.	Removal of, or other operation on gall bladder	40000/- (newly added)
11.	Hernioplasty	40000/ (newly added)
12.	Haemorrhoidectomy-external/internal or internal & external both	35000/- (newly added)
13.	Removal of Prostate by open operation/Endoscopies	40000/- (newly added)
14.	Hysterectomy	40000/- (newly added)
15.	Vitrectomy	20000/- (newly added)

The above charges include all the expenses eligible for reimbursement under the scheme incurred during hospitalisation (including pre and post 30 days of hospital stay).

NOTE: The claims will be settled either based on break - up provided OR under the package charges given above, whichever is lower.

**APPLICATION/ENROLMENT FORM FOR PNB HOSPITALISATION CONTRIBUTORY BENEFIT SCHEME
FOR RETIRED EMPLOYEES-REVISED SCHEME**

THE DY. GENERAL MANAGER
PUNJAB NATIONAL BANK,
HRD HOSPITALISATION CELL,
CORPORATE OFFICE PLOT NO. 4
SECTOR 10, DWARKA,
NEW DELHI 110075

Joint Photograph of Self and Spouse

NEW MEMBER

EXISTING MEMBER

PLEASE **ENROL** ME AS **MEMBER** OF THE ABOVE SCHEME TO WHICH I HEREBY OPT. I HAVE GONE THROUGH THE RULES AND REGULATIONS OF THE SCHEME AND AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE SAME AS MAY BE MODIFIED / AMENDED FROM TIME TO TIME. PARTICULARS ABOUT ME AND MY SPOUSE ARE GIVEN BELOW:

PF NO		EMPLOYEE NAME	
DOB		ALIVE	YES/NO
CADRE/DESIGNATION		DATE OF JOINING	
SPOUSE NAME		ALIVE (SPOUSE)	YES/NO
DOB (SPOUSE)		DATE OF RETIREMENT	
RETIRED FROM		MOB NO.	
RETIREMENT REASON	SUPERANNUATION <input type="checkbox"/>	VOLUNTARY RETD UNDER OFFICER'S SERVICE REGULATION <input type="checkbox"/>	
DISMISSED <input type="checkbox"/>	COMPULSORILY RETD <input type="checkbox"/>	VOLUNTARY RETD UNDER PENSION REGULATION <input type="checkbox"/>	
MEDICAL GROUND <input type="checkbox"/>	VRS UNDER VRS 2000 <input type="checkbox"/>	DEMITTED THE OFFICE OF GM <input type="checkbox"/>	ANY OTHER <input type="checkbox"/>
CORRESPONDENCE ADDRESS			PIN
E-MAIL			

I AGREE AS UNDER:

1. **I IRRECOVERABLY AUTHORIZE THE BANK TO DEBIT MY ONE TIME SUBSCRIPTION AMOUNT FROM MY BELOW MENTIONED ACCOUNT.**

A/C NO.	
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2. I have read and understood the PNB Hospitalisation Contributory Benefit Scheme for Retried Employees-Revised Scheme and agreed to abide by the terms and conditions of the scheme.
3. I also undertake that if at any point of time, during the currency of my membership of the scheme, the information submitted by me, either in relation to application form or Hospitalisation claim preferred by me, is found to be false/misleading, my membership to the scheme will be terminated without any notice to me. The amount deposited by me towards my subscription of the scheme will stand forfeited and I will not be eligible to become member of the scheme again.
4. The information given above by me is true to the best of my knowledge.
5. I shall inform the Bank in case of any changes in my details such as contact information, account details, etc.
6. I authorize the bank to collect Annual Mandatory Contribution of Rs.3000/- every year.
7. Signature of Employee Signature/T.I. of Spouse.....

It is certified that Shri/Smt. _____ retired on (date)_____ from (Name of Office) _____ as (Designation) _____.

Signature of retired employee and signature/Thumb Impression of his/her spouse given above are hereby verified.

Authorized Signatory
BO/CO/HO
PA No.....