



AIACE/CENTRAL/2023/094

dt. 15-10-2023

Problems of Executives to be discussed with Chairman, CIL on 16th October, 2023

1. PAY-CONFLICT ARISING OUT OF IMPLEMENTATION OF NCWA-XI

a. The problem

Pay conflict between executives and wage board employees due to implementation of NCWA-XI

b. Suggestions

Formation of Pay Conflict Resolution Committee at CIL and subsidiary level which should examine and recommend measures to compensate executives to resolve the pay-conflict issue on one to one basis. It is suggested that Pay conflict should be resolved fully on case to case basis and avoid ad-hoc measure. (Ref. -1)

2. COVERAGE OF NON-EXECUTIVE EMPLOYEES UNDER 10 YEARS WAGE AGREEMENT AND NPS, PRP AND OTHER PERQUISITE TO THEM LIKE EXECUTIVES.

a. The problem

At times, we find resentment among non-executives as they are deprived of NPS, PRP and other perquisites like executives. (Ref. -2)

b. Suggestions

Allowing NPS, PRP and other perquisites like executives may add to harmony among various section of manpower in Coal India.

3. CPRMSE BENEFITS

a. Basic need of retirees

- (i) Cashless Treatment in empanelled hospitals for Both Indoor (IPD) and Outdoor (OPD)
- (ii) Hassle-free Reimbursement of Both IPD and OPD treatment which can be availed in any govt. / NABL approved Hospital
- (iii) A 24x7 Call centre with Phone and e-mail address to assist retirees to accept Intimation and facilitate cashless claims
- (iv) Timely settlement of payment to Beneficiary and Hospital

b. Suggestions

- (i) Like coal production, Outsourcing the Bill Processing to a recognised agency like UTIISL etc. and utilise the existing manpower in productive work in core field (Ref.-3)
- (ii) Engaging a service provider for a centralised 24x7 call centre and treatment approval (Ref-4)
- (iii) Need to allow treatment in NABH Hospitals and Laboratories irrespective of seeking prior/post approval (Ref -5 & 9)
- (iv) For hasslefree treatment, distribution of QR-enabled Smart Cards for all CPMRSE Beneficiaries (Ref-6)
- (v) Appointment of Doctors (specialist and GDMOs) which will encourage retirees to go for company hospitals. (Ref-7)
- (vi) Request for proper measures as Hospitals unilaterally opt out of empanelment and other empanelled hospitals not extending CGHS Rates under CPRMSE (Ref-8)
- (vii) In view of increasing cost and increase in CGHS rates, Request to enhance (a) Annual Domiciliary reimbursement to Rs 100,000 and (b) Whole life limit to Rs 50 lakhs (Ref-9 & 10)
- (viii) Inclusion of Ayush Treatment under CPRMSE /CPRMSNE which is otherwise allowed in MAR for working executives/employees (Ref-11)

4. CMPS-1998 PENSION ENHANCEMENT

a. Preamble to the problem in pension revision

- (i) Retirees are the worst sufferers due to CMPS-1998 pension, once fixed, has remained constant due to various reasons due to poor Fund management pointed out by CAG/PAC.
- (ii) Fund accumulated in the pension fund could not be invested in Instrument of high return. Yearly deficit in fund was managed by diverting CMPF subscribers' contributions to pension fund.
- (iii) The actuarial valuation of Pension fund has been done only four times in the years 2001, 2005, 2012 & 2013 with no fruitful implementation of its recommendations ever.
- (iv) the BoT of CMPFO had revised the rate of contribution to 14 per cent from the erstwhile 4.91 per cent with effect from 1.10.2017 vide GSR No. 540 (E) dated 08.06.2018 to resolve the issue of deficit in the Pension Fund Account.
- (v) The Ministry/ Management stated to PAC that, as a result of revision of pension contribution, Pension Fund had a surplus of Rs.308.41 crore in 2018-19.
- (vi) Subsequently, on the advice of Coal ministry, CMPFO had requested the coal companies to voluntary levy Rs.10/- per tonne of coal production which strengthened the depleting pension fund. The proposal was accepted by Coal India Ltd. (CIL) in middle of the year 2020.
- (vii) Later, BoT agreed to send recommendations to the Ministry of Coal for welfare cess to be revised to Rs. 15 per tonne.

b. Suggestions

The suggestions, supported by detailed calculations, are as given in Ref-12.

Since it is difficult to undo the past deeds and undesirable to find the faulty fund managers who led to Fund mismanagement, the only way out seems to be levy of welfare cess. A modest levy of Rs 10 per ton, as of now, can be suitably enhanced and kept voluntary in its present form. This will allow stability as well as enhancement of pension fund for years to come without any burden on the part of Government. Even, Delhi Electricity Regularity Commission (DERC) levies a pension surcharge of around 5-8% to pay towards pension of erstwhile Delhi Vidyut Board (DVB) employees.

Unlike other industries, coal mining is an industry where present growth is largely dependent on past conservation and efforts exerted by its erstwhile workforce. Hence, it is morally correct on part of Coal India to continue to levy welfare cess for survival of its retirees whose contribution to the present production cannot be denied. It is highly recommended that in place of frequent enhancement of welfare cess, let it be linked as a percentage (may be 1% or lower) of selling price of coal.

Ref. No. Letter No.

- 1 2023_093 Letter to Chairman, CIL on Resolution of pay conflict between executives and Non-executives after implementation of NCWA XI and inclusion of AIACE members in pay conflict resolution committee
- 2 2023_089 Letter to Chairman, CIL and CMD, SCCL on Notice for Demonstration on 30-10-2023
- 3 2019_45 Letter to Chairman, CIL on Medical Reimbursement and Cashless treatment of Coal India Employees
- 4 2020_014 Letter to CIL on Additional Insurance cover along with CPRMSE
- 5 2020_109 Letter to Chairman, CIL on Request for Various Amendments in CPRMSE and inclusion of Divyang children as beneficiary
- 6 2020_119 Letter to Chairman, CIL on Distribution of Smart Cards for CPRMSE Beneficiaries of CIL Subsidiaries
- 7 2020_125 Letter to Chairman, CIL on Request to form a committee inclusive of AIACE representatives to suggest ways for improvement in CPRMSE
- 8 2023_010 Letter to Chairman, CIL on Request for proper measures as Hospitals unilaterally opt out of empanelment and other empanelled hospitals not extending CGHS Rates under CPRMSE
- 9 2023_011 Letter to Chairman, CIL on Request for Minor amendments under CPRMSE to facilitate convenient medical treatment
- 10 2023_020 Letter to Chairman, CIL on Request for speedy reforms for availing postretirement medicare under CPRMSE
- 11 2023_029 Letter to CIL on Inclusion of Ayush Treatment under CPRMSE and CPRMSNE which is otherwise allowed in MAR for working executives/employees.
- 12 2023_021 Letter to Coal Secy on A Study showing Feasibility of Pension enhancement under Coal Mines Pension Scheme-1998



ALL INDIA ASSOCIATION OF COAL EXECUTIVES (AIACE)

(Regd. Under the Trade Union Act, 1926; Regd. No. 546 / 2016)

302, Block No. 4, Ram Krishna Enclave, Nutan Chowk, Sarkanda; Bilaspur (CG)

E-mail : centralaiace@gmail.com ; Ph. 9907434051

Ref No. AIACE/CENTRAL/2023 / 093

Dated 11.10.2023

To

The Chairman,

Coal India Limited,

Coal Bhawan,

Premise No-04 MAR, Plot No-AF-III, Action Area-1A,

Newtown, Rajarhat, Kolkata-700156

Sub:- Resolution of pay conflict between executives and Non-executives after implementation of NCWA XI and inclusion of AIACE members in pay conflict resolution committee

Dear Sir,

It has been gathered that CIL management has formed a committee to suggest ways to resolve pay conflict arisen due to implementation of wage revision of non-executives as per NCWA-XI agreement.

AIACE had been drawing your kind attention and had given some suggestions vide letter nos. (i) AIACE/CENTRAL/2023/034 dated 23/6/23, (ii) AIACE/CENTRAL/2023/048 dt 24/7/2023, (iii) AIACE/CENTRAL/2023/049 dt. 25/7/2023 and AIACE/CENTRAL/063 dt. 16/8/2023 on how to solve the conflict and keep all the employees satisfied and motivated. (attached in Enclosures)

It is brought to your kind notice that the semi - qualified employees having diploma in engineering in Civil, Mechanical, Electrical, Electronics etc. branches were upgraded to E1 grade long back in the year 2010 and they are still in E1 grade who could not compete departmental examination conducted from time to time for promotion to executive grade after their upgradation. It is also a fact that many of them (in E 1 grade) opted out just after upgradation and they were reverted back to non-executive grade. Such Non-executive employees are much benefitted and they are drawing much more salary than their counterparts who are in E1 grade and also who got promotion after competing departmental exam and now working at E4/E5 level.

The pay slips of one A1 grade employee (Pawan Kumar Rai) and one E5 executive (Sutanu Dey) are enclosed here with to know what is what as pay conflict. Both of them joined as foreman in 1987 in the same period. (Payslips attached in Enclosures). By observing both the payslips for the month of September 2023, it is seen that Basic wage and Gross wage of A1 grade employee is respectively Rs 155253.53 and Rs 248714.04 respectively whereas, Basic Salary and Gross salary of E5 level executive is Rs 100100.00 and Rs 198650.15 respectively. Thus, it is seen that there is huge difference in monthly earnings as well as statutory contributions resulting into loss of terminal benefits also.

We invite reference to our letter no AIACE/CENTRAL/2020/66 dated 8/7/2020 regarding career growth of executives as well as promotion of employees into executive grade E1 and E2 on DPC basis after completion of certain years in the highest grade of wage board employees. We had also suggested to promote to E2 grade from non-executive employees after competing at limited departmental exam who can go up in the ladder on the basis of experience. By doing this, these employees will be motivated to exert more in their works in the fag end of their service life as most of them are in late 50's and will be retiring in coming 4-5 years. Afterwards, these E2 grade executives may be considered for direct promotion to E 3 grade after departmental examination.

We believe that, if our above proposal would have been considered and implemented earlier, this pay conflict would not have occurred.

The classification of E1 and E2 grade as Non-unionised supervisor may also be considered as they will remain in supervisory position. It may be recalled that the 3rd PRC mentions pay revision of board level, below board level and non-unionised supervisors.

As of now, there is no classification of non-unionised supervisor in CIL under PRC.

AIACE has been struggling for complete resolution of pay conflict and we will not accept any ad-hoc measure in this regard. We apprehend that the committee formed to resolve the pay conflict has limited scope of work and it's recommendation may not help in resolving the issue.

We have already given demonstration call on 30th October before CIL office, if the issues including pay conflict are not resolved.

In the light of above facts, it is requested to form Pay Conflict Resolution Committee at CIL and subsidiary level which should examine and recommend measures to compensate executives to resolve the pay-conflict issue on one to one basis. It is suggested that Pay conflict should be resolved fully on case to case basis and avoid ad-hoc measure.

It is also requested for inclusion of members from AIACE whose in-depth studies may help CIL in arriving at an amicable solution efficiently. Needless to emphasize the fact that these members, who are stalwart of yester years, had also faced and resolved such problems while they were in active service life of CIL and SCCL.

Hoping positive and the earliest action on our proposal.

With regards,



(P. K. SINGH RATHOR)

Principal General Secretary

Enclosure

1. All the letters mentioned

CC

Secy, MOC, New Delhi

Secy, DPE, New Delhi.

CMD, SCCL, Kothagudem

All CMDs of every subsidiary of CIL

Payslips for comparison

!South Eastern CoalFields	!Employee Code :23680978	!Name :SHRI PAWAN KUMAR RAI	!Basic :0.00	!Leave Encas:
!Area :HASDEO	!Designation :FOREMAN IN-CHARGE (E&M)	!VDA Rate(Prev):11.80	!Bank A/c :*****6864	!Aadhar No. :*****9595
!Unit :RAJNAGAR OC	!Department :E & M	!VDA Rate(Curr):13.60	!Emp. Type :Monthly Rated Em	!CMPF No. :JBP/47/428
!Pay Area :SECL - HASDEO	!Grade :T&S GRADE A1	!UGA Code :Non-UG	!Incr. Date :01.07.2024	!PAN No. :*****451F
!Month-Yr :SEP-2023	!Bank :CENTRAL BANK OF INDI	!OT Code :	!TS Rate :62.50	!Union Name :
!LTC Date :	!Bharat Bhraman:	!EL Due :	!CL Due :	!SL/HPL Due :

!Month-Yr	!ATTD	!Off Days	!EL	!CL	!SL	!HPL	!SPL	!CML	!Other	!ABS	!UG	!NS	!LV	!Chg	!Sunday	!Sunday	!Holi	!Holi	!OT	!OT	!Paid Days	
!Prev	19	4	13		2				2						2			2		0	0.00	26
!Curr																					0.00	0.0

EARNINGS										DEDUCTIONS										FORM 16									
!BASIC	: 155253.53					!CMPF	: 23152.00								!Ann Reg Inc	: 1736962.37													
!VDA	: 21114.48					!CMPS	: 12346.00								!Ann Irr Inc	: 988898.23													
!SDA	: 2786.80					!ELEC CHRG	: 1552.54								!Prev Inc	: 0.00													
!TRNS.SUB.	: 1312.50					!PROF TAX	: 208.00								!Annual Perk	: 232347.32													
!WEEK OFF	: 13781.14					!INC TAX	: 44457.00								!Gross Sal	: 2958207.92													
!SPL ALLW	: 6897.04					!MANDIR DEDN	: 35.00								!Exem U/S 10	: 0.00													
!ATT BONUS	: 46576.05					!MISC DEDU	: 2.00								!Total Sal	: 2958208.00													
!GAS CYLINDE	: 992.50														!Aggrg Ded	: 50000.00													
															!Ded S24 Int	: 0.00													
															!Aggrg Ch VI	: 0.00													
															!Total Inc	: 2908210.00													
															!Tax Payable	: 572463.00													
															!H/Edu Cess	: 22898.52													
															!TaxDed SoFar	: 474889													

!Total Gross	:248714.04	!PF Gross	:192935.95	!Pension Gross	:	!Tax Gross	:248714.04	!Qtr. Bon Bas	:	!CPRMSNE GRS	:
!Total Deduction	:81752.54	!Yearly Gross	:2167705.05	!Yearly Tax Gross	:2167705.05	!Yearly PF	:216358	!Qtr. Bon Day	:	!Block St.Dt.	:01.01.2021
!Net Pay	:166961.50	!Yearly LIC	:	!Yearly Pension	:78754	!Yearly VPF	:	!Qtr. Bonus	:	!Block En.Dt.	:31.12.2024

Pay_point: 8N14M101 - 8N14M101 #

!Bharat Coking Coal Ltd	!PIS No :90260373	!Name :SUTANU DEY .	!Basic :100100.00	!Bank :STATE BANK OF INDIA PAN :*****096H																					
!Area : LODNA	!Design :MANAGER (EXCAVATION)		!Bank A/C:*****2377	!AADHAR :*****9484																					
!Unit : NTST OCP	!Dept :EXCAVATION		!EmpTyp:Executives	!CHPF A/C:JBP/47/441																					
!Pay.Area :BOCL - LODNA	!Grade :E-5	!VDA-CURR :39.20	!VDA-PREV:39.20	!Mon-Yr:SEP-2023																					
!OT Code :	!Mon-Yr	!ATTE	!EL	!CL	!SL	!HPL	!SPL	!ABS	!OTH	!WG	!UG	!NS	!LV-ENCSH	!SUNS	!SUND	!HOLM	!HOLM	!OT.E	!OT.F	!OD	!CHOUR	!P.Days	!EL-BAL	!CL-BAL	!SL/HPL-BAL
!UGA Code :Non-UG	!Curr	22						2	1									0.00	0			30	132	7	211
!TS Rate :	!Prev	3						2	1													2.0			

EARNINGS										DEDUCTIONS										FORM 16									
!BASIC	: 100100.00	!Adj	: 6673.34			!CMPF	: 16721.00	!Adj	: 1115.00	!PROF TAX	: 208.00				!Gross Sal	: 3004381.04													
!VDA	: 39239.20	!Adj	: 2615.95			!CMPS	: 9754.00			!INC TAX	: 32427.00				!Ded U/S 10	: 11389.00													
!PERKS	: 35035.00	!Adj	: 2335.66			!HRR	:			!MISC DEDU	: 2.00			!Ded U/S 16	: 50000.00														
!HEENTAX ADJ:	: 12651.00					!BENV REC	: 50.00							!Other Inc	: 0.00														
						!ITAX ADJHRR	: 1948.00							!Ded CH-VI	: 0.00														
						!CLUB DEDN	: 300.00							!Taxable Inc	: 2942992.00														
						!CMOAI	: 100.00							!Total Tax	: 606214.00														

!Total Earn	:196650.15	!Total Dedn	:57939.00	!Net payment	:140711.15	!Tax Gross	:174374.20			!Relief	: 0.00
										!Tax deductio	: 444081
										!Balance tax	: 162133.00

Pay_point: J16-6666 - North Tisra 6666 #



ALL INDIA ASSOCIATION OF COAL EXECUTIVES (AIACE)

(Regd. Under the Trade Union Act, 1926; Regd. No. 546 / 2016)

302, Block No. 4, Ram Krishna Enclave, Nutan Chowk, Sarkanda; Bilaspur (CG)

E-mail : centralaiace@gmail.com ; Ph. 9907434051

Ref No. AIACE/CENTRAL/2023 / 063

Dated 16.8.2023

To
The Chairman,
Coal India Limited,
Coal Bhawan,
Premise No-04 MAR, Plot No-AF-III, Action Area-1A,
Newtown, Rajarhat, Kolkata-700156

Sub:- Formation of Pay Conflict Resolution Committee at CIL and subsidiary level to examine and recommend measures to compensate executives to offset pay conflict arising due to implementation of NCWA-XI

Dear Sir,

AIACE has been drawing your kind attention regarding pay conflict between executives and wage board employees due to implementation of NCWA-XI through its various letters vide letter nos. (i) AIACE/CENTRAL/2023/048 dt 24/7/2023, (ii) AIACE/CENTRAL/2023/034 dated 23/6/23 and (iii) AIACE/CENTRAL/2023/049 dt. 25/7/2023. (Copies enclosed in Annexures I, II & III)

It was requested for needful actions immediately to provide PERSONAL PAY (PP) to executives in order to resolve this issue latest by 30th September 2023.

It seems that the basic requirement of formation of a committee, to study and resolve the issues, has not yet started. This is to highlight the fact that, executives are in agitating mood and may be compelled to resort to agitational path including strike, in case the issue is not resolved.

In the light of above facts, it is requested to form Pay Conflict Resolution Committee at CIL and subsidiary level to examine and recommend measures to compensate executives to resolve the issue arising due to implementation of NCWA XI.

It is also requested for inclusion of members from AIACE whose in-depth studies may help CIL in arriving at an amicable solution efficiently.

Thanking You,

With regards,

(P. K. SINGH RATHOR)

Principal General Secretary

Cc

The Coal Secretary, Govt of India, New Delhi
The Secretary, DPE, New Delhi.
The CMD, SCCL, Singreni



Ref No. AIACE/CENTRAL/2023 / 048

Dated 24.7.2023

To
The Chairman,
Coal India Limited,
Coal Bhawan,
Premise No-04 MAR, Plot No-AF-III, Action Area-1A,
Newtown, Rajarhat, Kolkata-700156

Sub:- Initiating action for providing PP to compensate executives to offset pay conflict arising due to implementation of NCWA XI

Dear Sir,

Kindly refer to our letter no. AIACE/CENTRAL/2023/034 dated 23/6/23 on the subject in which it was requested to start action for providing PP to compensate executives to offset pay conflict arising due to implementation of NCWA XI. (Vide Enclosure – I)

One month has passed and we believe that mgt might have initiated action on our request as per extant rule and procedure to resolve the issue.

It is brought to kind notice that executives are very much agitated over the issue and may resort to any action as decided in future if the issue is not resolved in time.

It is once again requested for initiating appropriate needful actions immediately to provide PERSONAL PAY(PP) to executives and eliminate the conflict latest by 30th September 2023. Otherwise, executives may be compelled to resort to agitational path including strike, if needed afterward.

You may appreciate the fact that various guidelines in this regard have been compiled by DPE in the name GUIDELINES FOR ADMINISTRATIVE MINISTRIES/DEPARTMENTS AND CENTRAL PUBLIC SECTOR ENTERPRISES which can be accessed at https://dpe.gov.in/sites/default/files/DPE_Guidelines_2019.pdf

Thanking You,

(P. K. SINGH RATHOR)

Principal General Secretary

Cc

The Coal Secretary, Govt of India, New Delhi
The Secretary, DPE, New Delhi.

Bcc - The Coal Minister, Govt of India, New Delhi.


ALL INDIA ASSOCIATION OF COAL EXECUTIVES (AIACE)
(Regd. Under the Trade Union Act, 1926; Regd. No. 546 / 2016)
302, Block No. 4, Ram Krishna Enclave, Nutan Chowk, Sarkanda; Bilaspur (CG)
E-mail : centralaiace@gmail.com ; Ph. 9907434051
Ref No. AIACE/CENTRAL/2023 / 034
Dated 23.6.2023

To

The Chairman,

Coal India Limited,

Coal Bhawan,

Premise No-04 MAR, Plot No-AF-III, Action Area-1A,

Newtown, Rajarhat, Kolkata-700156

Sub:- Thanks for finalizing NCWA-XI for implementation and demand for consequent Pay-protection to executives to resolve pay conflict arising due to wage revision latest by September, 2023

Dear Sir,

It is our pleasure to extend our heartiest congratulations, for successfully concluding MoA for NCWA-XI and implementing wef June 23. It has been confirmed by Ministry of Coal vide letter No. 55011/3/2015-PRIW-I/Vol.IV dt. 22-6-2023 at Sl. No.3. (Copy enclosed vide Annexure-I)

This letter No. 55011/3/2015-PRIW-I/Vol.IV dt. 22-6-2023 at Sl. No.4, has ***“further advised that the guidelines of DPE, in this regard, issued from time to time, may be followed.”***

It is to repeat that, wage negotiations for workmen in CPSE are guided by DPE circular no. W-02/0015/2016-DPE (WC)-GL-XXIV/17 dt. 24-11-2017 on the subject “Wage Policy for the 8th round of wage negotiations for workmen in Central Public Sector Enterprises (CPSEs)” which says that, ***“The management of the concerned CPSEs have to ensure that negotiated scales of pay do not exceed scales of pay of executives/officers and non-unionized supervisors of respective CPSEs.”***

Our association (AIACE) believes and is also firm that the NCWA-XI, when implemented will, result into pay conflict of workmen with that of executives.

Hence, to counter the resultant pay-conflicts arising out of this Agreement, executives must be compensated by allowing pay-protection through Personal Pay package to them, so that their salary does not fall below the wage of workers.

As such, we request CIL for initiating appropriate needful actions immediately to provide PERSONAL PAY(PP) to executives and eliminate the conflict latest by 30th September 2023. Otherwise, executives may be compelled to resort to agitational path including strike, if needed afterward.

Thanking You,

(P. K. SINGH RATHOR)

Principal General Secretary

Cc

The Secretary, DPE, New Delhi.

The Coal Secretary, Govt of India.

DP/DT/DF/DM, CIL

CMD, subsidiary companies of CIL.

Chairman, SCOPE.

Bcc - The Coal Minister, Govt of India, New Delhi.



ALL INDIA ASSOCIATION OF COAL EXECUTIVES (AIACE)
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 E-mail : centralaiace@gmail.com ; Ph. 9907434051

AIACE/CENTRAL/2021 / 049

Dated 25.7.2023

To

The Secretary
 Department of Public Enterprises,
 160, Udyog Bhavan,
 New Delhi-110011.
 Email: secy-dpe@nic.in

Sub: Violation of DPE guideline resulting into Pay-Conflict between executives and that of staffs and workers after Wage Revision under NCWA XI in coal sector (CIL/SCCL) and request for direction to Coal ministry, Coal India and SCCL to resolve the issue

Dear Sir,

Anticipating apprehension of pay conflict between that of executives and employees of Coal India and Singreni Collieries after implementation of negotiated wage as agreed by management and trade unions, AIACE has been highlighting the issue from time to time to management, Ministry of Coal and DPE vide our letter nos. AIACE/CENTRAL/2023/ 012 dt 3-3-2023, AIACE/CENTRAL/2023/ 032 dt 21-6-2023 and AIACE/CENTRAL/2023/ 036 dt 27-6-2023.

The salary of executives working in CIL and SCCL was revised as per recommendations of 3rd PRC and approved by the central govt. It was done for a period of 10 years wef 1/1/2017. But the wages of staffs and workers are fixed by JBCCI as per agreement between mgt and trade union which is called NCWA for 5 years.

For the coal sector, NCWA-XI has been implemented for 5 years w.e.f. 1/7/21 to 30/6/26. Vide letter No. 55011/3/2015-PRIW-I/Vol.IV dt. 22-6-2023, Ministry of Coal has confirmed about successfully concluding MoA for NCWA-XI and implementing wef June 23 for workmen in Coal India Ltd, SCCL and some private players (Copy enclosed in Annexure-I).

This implementation has created a huge pay conflict between that of executives and workers.

There exist DPE guidelines issued by DPE circular no. W-02/0015/2016-DPE (WC)-GL-XXIV/17 dt. 24-11-2017 which says that **"To avoid conflict of pay scales of executives/non-unionised supervisors with that of workmen, CPSEs may consider adoption of graded DA neutralisation and/or graded fitment during the wage negotiations."** (Copy enclosed in Annexure-II).

However, it is regretted that this wage negotiation has created a Pay-conflict with the pay scales of executives which can be addressed by providing PP (Personal Pay) component as suggested by DPE. (vide Annexure – III).

Some of the glaring examples of pay difference are given in Annexure-IV, in which 2 case studies are presented as below:

- i) first case is Comparison Of Salary And Wage Of Subordinate Engineer & Foreman I/C,
- ii) and second case is Comparison Of Salary And Wage Of Cost Accountant And Sr Officer (Finance)

From the above, it is clear that a non-executive staff is getting more wage than and executive. There are many other cases where daily rated workers are also getting more wage than executives. This has created an alarming situation and executives are very much demotivated and demoralized.

It is submitted that PF, leave encashment and other benefits are based on basic salary/wage and in case of more basic wage, these will also be affected.

So, firstly the salary of E1 grade executive be so upgraded that it becomes more than that of highest wage of non-executive staff/worker. When the salary of E1 level executive is increased, it will cross the salary of E2 level executive and so on.

So, the pay conflict needs to be resolved from E1 to E9 level starting from E1 grade.

In view of these facts, DPE is requested to intervene in the matter and issue necessary guidelines to coal companies for introducing pay protection of executives by way of allowing a PP (Personal Pay) component to executives.

We at AIACE hope that, our above request will be duly considered by DPE and it will issue appropriate direction to Coal Ministry, Coal India and Singareni Collieries Company to ensure that basic salary of Executives is made higher than the negotiated wages for non-executives.

Regards,



P. K. Singh Rathor
Principal General Secretary, AIACE

CC

1. Coal Secretary, Ministry of Coal, Govt of India, New Delhi.
2. Secretary, DOPT, Govt of India, New Delhi.
3. Secretary, Ministry of Finance, Govt of India, New Delhi.
4. Director General, SCOPE, New Delhi.
5. Chairman, CIL, Kolkata.
6. CMD, Singareni collieries Company Ltd, Kothagudem.
7. DT/DP/DF/DM, CIL, Kolkata.



ALL INDIA ASSOCIATION OF COAL EXECUTIVES (AIACE)

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Email: centralaiace@gmail.com; Ph. 9907434051

Ref No. **AIACE/CENTRAL/2020 / 066**

Dated 8.7.2020

To

The Chairman
Coal India Limited,
Coal Bhawan, Premise No-04 MAR, Plot No-AF-III, Action Area-1A,
Newtown, Rajarhat, Kolkata-700156

Sub:-- Career Growth of Executives in CIL

Dear Sir,

It may be appreciated that an individual who engages in the same set of duties for a long duration might not end up happy with his/her work life. To feel valued and noticed for their efforts, employees seek promotions as a form of incentive to stay in the company. In today's fast-paced world, if employees don't sense any appreciation for their work, they are de-motivated and productivity is reduced.

As a general rule, it is best to keep the interval between promotions short of the average tenure of the employee. While it may not be possible for each staff to be promoted at the same pace, employees should at least be given a chance to explore other roles within the organization. When employees feel that they can apply their skills in distinct spheres of work, they tend to feel a higher sense of job satisfaction.

In the light of above, CIL should revisit promotion policies and also ensure that every employee is aware of these so that their expectations are kept in check. We may be permitted to suggest 3 major reforms which will infuse motivational impact among the executives of Coal India Ltd.

1. Re designation of grade as follow except medical discipline

- E1- Sub-ordinate Manager
- E2- Junior Manager/Management Trainee
- E3- Assistant Manager
- E4- Deputy Manager
- E5- Manager
- E6- Asst General Manager
- E7- Deputy General Manager
- E8- General Manager
- E9- Executive Director.

For medical discipline, the designations may be as below:

- E3- Assistant Medical Superintendent
- E4- Deputy Medical Superintendent
- E5- Medical Superintendent
- E6- Dy Chief Medical Superintendent
- E7- Chief Medical Superintendent
- E8- Chief of Medical Services
- E9- Executive Director(Medical)

2. Clubbing of disciplines for purpose of promotion from E5 to E6 onward based on competency as below:

Clubbing of disciplines for purpose promotion

Operation :-- Mining,Excavation,E&M,Survey,Civil

Commercial :-- Finance,Sales & Marketing, Material

Mgt.

General Services :-- Personnel, Legal, Industrial Engg,ED, Security, Medical ,Secretarial, Community development and others.

Technical services :-- Geology, Drilling ,Environment and others.

3. Hierarchy , grade wise % of executive manpower and promotional avenues purely on vacancy basis.

E1	20%(By promotion from non-executives diploma holders in engg, Inter ICWA/CA/CS and others) after serving at least 15 years in non-executive grade)
E2	17 %(7 % by promotion from E1 grade after serving at least 10 years in E1 grade, 5% by promotion from E1 after clearing departmental exam and 5% through direct recruitment as Management Trainee)
E3	15%(5% by promotion from E2 grade(diploma holders) having minimum 5 years experience in E2 grade, 5% by promotion from E2 who were promoted after clearing departmental exam and 5% from E2 who joined through direct recruitment as Management Trainee)
E4	15% from E3 grade (direct recruitees/those who were promoted through departmental exam) after completion of 5 years in E3
E5	15% and promotion from E4 grade after completion of 5 years in E4
E6	10% and promotion from E5 grade after completion of 5 years in E5
E7	6% and promotion from E5 grade after completion of 5 years in E6
E8	1.5 % and promotion from E7 grade after completion of 5 years in E7
E9	0.5 % and promotion from E8 grade after completion of 1 year in E8

Only E1 level executives be made eligible for departmental exam and non-others for promotion to E2 grade and for promotion in E1 grade minimum experience in the company should be 15 years.

The ratio of executives comes as shown below:

E9:E8	1:3
E8:E7	1:4
E7:E6	1:1.66
E6:E5	1:1.5
E5:E4	1:1
E4:E3	1:1
E3:E2	1:1.13
E2:E1	1:1.18

It is submitted that the above proposal, if implemented, will be able to arrest frustration among executives/non-executive employees regarding career growth. It will also create promotion avenue for semi-qualified employees (diploma holders in Engg and inter CA/ICWA/CS and others) up to E3 grade on the experience basis. As of now, the career of such employees is blocked which has created acute frustration and demoralisation in them.

In the light of above facts, AIACE demands to give a favorable look on the proposal for deliberation, approval and implementation.

Thanking You,

Yours Sincerely,



(P.K.SINGH RATHOR)

Principal General Secretary

All India Association of Coal Executives (AIACE)



Ref No. AIACE/CENTRAL / 089

Dated 5.10.2023

To

- (i) The Chairman
Coal India Ltd.,
Kolkata
- (ii) The CMD,
SCCL, Kothagudam

Sub: Notice for staging a day long Demonstration by working executives and retired Coal Pensioners on 30-10-2023 from 12 noon to 4 pm at (i) CIL, HQ, Kolkata & (ii) SCCL Office, Hyderabad

Dear Sir,

The executives and employees along with coal pensioners are feeling aggrieved as management has failed to resolve the burning problems which are as below:

- a) Awarding wage revision of employees under NCWA-XI in violation of DPE guidelines and creating pay conflict between executive and non- executive employees
- b) Orphaning the present coal pensioners in the hand of an inefficient organization called CMPFO by allowing it free hand by BOT members (including representatives of management of CIL and SCCL on the board) which mismanaged the Pension Fund as blamed by CAG vide http://164.100.47.193/lsscommittee/Public20Accounts/17_Public_Accounts_36.pdf

As such, working executives, employees and retired Coal Pensioners across the country, under the umbrella of All India Coal Pensioners Association (AICPA) and All India Association of Coal Executives (AIACE), have decided to stage one day demonstration in front of (i) CIL, HQ, Kolkata & (ii) SCCL Office, Hyderabad on 30/10/2023 from. 12 noon to 4 PM for speedy implementation of needful measures.

We seek redressal of following issues without further delay:-

- (i) Needful actions to provide PERSONAL PAY (PP) to executives in order to resolve the issue of pay-conflict arising out of implementation of NCWA-XI
- (ii) Coverage of non-executive employees under 10 years wage agreement and NPS, PRP and other Perquisite to them like executives.
- (iii) Reforms in Medical Rules for Working and Retired executives whereby, treatment availed in any hospital/doctor is permitted. The clause for working executives requiring referral by a company doctor should be deleted and be applicable only if Travelling allowances involved is to be reimbursed.
- (iv) Hassle free cashless Indoor treatment be fully ensured at all empanelled hospitals
- (v) Speedy implementation on suggestions contained in 12th Report of Public Accounts Committee for **Restructuring of Coal Mines Pension Scheme** (Presented in Parliament on 18th March, 2020)
- (vi) Incorporate Dearness Relief (DR) component as a part of pension to ensure equitable pension irrespective of retirement date.

- (vii) Enhancement of present voluntary welfare cess of Rs 10 per tonne, to a value based on selling price of coal to be levied by all government and private coal companies.
- (viii) Abide by the provisions enacted in CMPS-1998 to review and revise pension every 3 years
- (ix) Instead of time-and-again announcing launch of simplified process of starting widow/widower pension at Bank level, let the process start in true sense
- (x) Uniform implementation of CPRMS for both executives and non-executives.

This may be treated as a notice for demonstration on the said date if no visible action is seen by the management latest by 20/10/2023.

AIACE/AICPA members will demonstrate peacefully but in case of breach of law and order, the management may be held responsible for creating such a situation due to which our members had no option but to demonstrate for fulfillment of their demands.

Yours sincerely,



P. K. SINGH RATHOR
Convenor, AICPA/AIACE

CC-

Sri Pralhad Joshi, Minister of Coal, Govt of India, New Delhi.

The Coal Secretary, Govt of India, New Delhi.

The Chief Labour Commissioner (Central), Govt of India, New Delhi.

Director General of Police, Govt of West Bengal, Kolkata.

Director General of Police, Govt of Telangana, Hyderabad

Superintendent of Police, North 24-Pargana district, Kolkata.

Superintendent of Police, Rangareddy district, Hyderabad.

Thana In- Charge, New Town Police Station, Kolkata

Thana In -charge, Namapally Police Station, Hyderabad.



ALL INDIA ASSOCIATION OF COAL EXECUTIVES (AIACE)

(Regd. under The Trade Union Act 1926; Regd. No. 546 / 2016)

302, Block No. - 304, RamKrishna Enclave, Nutan Chowk, Sarkanda, Bilaspur (CG);

Email: centralaiace@gmail.com; Ph. 9907434051

AIACE/CENTRAL/2019/45

Dated 7/3 /2019

To
The Chairman,
Coal India Limited,
Coal Bhawan,
Premise No-04 MAR, Plot No-AF-III, Action Area-1A,
Newtown, Rajarhat, Kolkata-700156

Sub: -- Medical Reimbursement and Cashless treatment of Coal India Employees.

Dear Sir,

CIL and its subsidiaries are extending medical facilities to the working and retired employees and their families through various medical establishments from the dispensary level to the central and apex hospitals in different parts of the coalfields. Special emphasis is also given on occupational health, HIV /AIDS

awareness programme.

The company also provides reimbursement facilities of cost of treatment/medicines undergone at different hospitals other than that of CIL. Settling of claims is naturally a huge task considering the reduced manpower strength which can be deployed in processing these medical claims. There are instances where more than a year has passed and bills remain unprocessed / unpaid. This situation is somewhat tolerable for the working classes but it becomes a hardship for retired manpower.

One way to solve this agony is to go for online submission and passing of scanned documents with digital / physical signature of claimant (as adopted recently while implementing NPS for Executives), and other way is to issue a smart-card type of facility to every employee. The procedure of resorting to submission of scanned copies of documents is still in nascent stage and may not be possible for implementation by CIL. Now to overcome similar situations, a government agency UTIITSL has developed expertise and they have been engaged as Bill Processing Agency (BPA) by government agencies like Central Government Health Scheme (CGHS), Exservicemen Contributory Health Scheme (ECHS), Employee's State Insurance Corporation (ESIC), National Institute of Mental Health and Neuro Sciences (NIMHANS), Railway, Railway Cashless Treatment Scheme (CTSE).

At a nominal cost, UTIITSL/BPA has agreed to provide a transparent system for online referral generation and bill processing for scrutiny and processing of all bills (SST/Secondary/Investigations etc) of Empanelled Hospitals/Diagnostic Centers for beneficiaries. Many organizations have even deployed UTIITSL for preparation of employees Smart Card also. It is felt that it will be a good step if CIL comes forward in outsourcing this Bill processing job to UTIITSL. This will reduce the workload of CIL and its manpower will effectively concentrate on the core job of CIL which is nothing but Coal Mining efficiently and economically in an eco -friendly manner with due regard to safety, conservation and quality as stipulated in its mission.

If called for discussions, the core team of AIACE is ready to offer CIL further suggestions for developing / refining a better scheme in line with facts stated above..

We sincerely hope that our suggestions will be considered and CIL will wake itself up in this matter.

Regards,



P K SINGH RATHOR
Principal General Secretary

Cc - DP/DF/DT/DM,CIL Kolkata.



ALL INDIA ASSOCIATION OF COAL EXECUTIVES (AIACE)

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Email: centralaiace@gmail.com; Ph. 9907434051

AIACE/CENTRAL/2020 / 14

Dated 18.2.2020

To

The Chairman,
Coal India Limited,
Coal Bhawan,
Premise No-04 MAR, Plot No-AF-III, Action Area-1A,
Newtown, Rajarhat, Kolkata-700156

Sub:- Request for introducing Group Insurance Scheme to Supplement augmentation of CPRMSE

Dear Sir,

Consequent to our letter no. AIACE/CENTRAL/2020 / 9 dated 4.2.2020 to Chairman, CIL, we thankfully acknowledge our gratitude to you for facilitating a meaningful discussion with Director (Finance) and his team on 7.2.2020 over various issue faced by retirees in getting medical benefits under CPRMSE.

Earlier we had advocated for engaging UTIISL as a Bill Clearing (Processing) Agency for avoiding delay in settlement of claims by individuals as well as empanelled hospitals. In the meeting we understood various difficulties and reluctance of concerned parties for adopting such system. We were informed about various steps, including digitization, being undertaken by CIL to overcome such delay in settlement. Hoping that CIL will certainly succeed in its endeavour, we had promised to work for finding ways to improve implementation of CPRMSE by way of studying various models being adopted by PSUs like SAIL, ONGC, Mazgaon Dock, BHEL etc.

Many of these organizations offer Group Insurance Coverage to their retirees, whereas, a very few have their own contributory post retirement medical care schemes. Both types of schemes have their inherent advantages and disadvantages. We have tried to assimilate best of both worlds.

Accordingly, we have identified and proposed in subsequent paragraphs, some suggestions to supplement our CPRMSE, which is otherwise, one of the best Post-Retirement Medical Care Scheme.

1. Basic need of retirees

- (i) Cashless Treatment in empanelled hospitals – Both Indoor (IPD) and Outdoor (OPD)
- (ii) Hassle-free Reimbursement of treatment
availed in any govt. / NABL approved Hospital – Both IPD and OPD treatment
- (iii) A 24 x 7 Call centre with Phone and e-mail address to assist retirees to accept Intimation and facilitate cashless claims

2. Limitations of present CPRMSE

- (i) Cashless IPD treatment is provided in hardly 1% – 5% empanelled hospitals. These are mainly located in and around Kolkata and a few other cities. Many of these hospitals have even stopped this facility due to claim settlement issues lasting several months/years. Cashless OPD treatment is a distant dream.

(ii) Reimbursement of treatment in empanelled hospitals only are allowed, which is not hassle-free. Reimbursement of treatment in non-empanelled NABL-approved hospitals are not allowed.

(iii) There is no provision of any 24 x 7 helpline.

3. Supplementary measures to augment CPRMSE

It is obvious that it is impractical on the part of CIL to overcome these difficulties. Under the circumstances, it is suggested that a tailor made Group Insurance coverage of (say) Rs 5/ 10/15/25 lac, on Floater basis, be provided retirees. Its premium can be collected from the retirees, either directly OR, out of annual reimbursement of Rs 36000/- being paid to every individual.

It may be noted that, in 2013, the Insurance Regulatory and Development Authority (IRDA) made some changes to the regulations whereby one can make the claim from one insurance company and procure the settlement summary for availing balance settlement from other agency/insurance company. Insurance company provides certified copies of all the bills for such settlement. Thus, claim up to Insured limit can be settled by the Insurance Company on their term and balance will be processed by CIL on company's terms and conditions.

As being practiced by other organizations, CIL can invite bids from Insurance companies for a tailor made Group Insurance Plan. The scope of Insurance cover may be tentatively at par with RBI, available at, https://rbidocs.rbi.org.in/rdocs/content/pdfs/GMPP10072019_A2.pdf (Annexure-I)

Notably, Insurance companies are also offering cashless OPD treatment at a slightly higher premium (may be 40%-50% higher).

4. Impact of Supplementary measures to augment CPRMSE

By adopting the above stated measure, the resultant measure can be summarised as.

- (i) Fulfil all aspirations of retired beneficiary as stated in Section - 1 above.
- (ii) More fund availability for every member under CPRMSE
- (iii) Increase the overall credibility of CIL which is presently at the lowest ebb among empanelled hospitals

A step forward in this direction is highly solicited from our esteemed company. This will be a boon for the retirees who will be gifted Post-Retirement Medicare Scheme for their fag end of life.

Regards,



P. K. Singh Rathor

Principal General Secretary, AIACE

A look on RBI Group Insurance Scheme coverage requirements

(A) Scope of Cover

The Policy should cover expenses of hospitalization (room charges Doctors/surgeons fees, ICU/ICCU, Medicines, pathology reports, etc.) on a reimbursement/cashless basis, incurred as a result of illness and/or accidents as an in-patient in a recognised hospital. The policy should cover dental treatment following an injury/accident. The policy should cover hospitalization expenses incurred in connection with accidents caused due to terrorism. Pre/Post Hospitalization to be covered 30 & 60 days respectively. In case of physiotherapy, the post hospitalization is to be covered up to 180 days, subject to applicable per hospitalization ceiling. The policy should cover standard day care procedures (140+) indicative list of procedures are attached. The day care list will also be inclusive of day care Medical Treatment undertaken due to advancement of technology. Any further new advancement in treatment modalities to be covered if it is a part of Day Care.

The scope also covers,

1. Cashless facility (Minimum 24 hours hospitalization or irrespective of day care surgeries) for hospitalization procedures arising out of sickness or accident. Claims can be made on cashless/reimbursement basis.
2. For repeated hospitalization of the same ailments within 45 days of hospitalization reimbursement facility will be available, except in the case of serious ailments viz. cancer, CRF & heart ailments, etc. where cashless facility would continue.
3. Cover for new members and their dependents from the date of joining of the member (date of retirement/superannuation/ special retirement scheme/inclusion under MAF, etc. at the discretion of RBI).
4. Pre-existing diseases must be covered for all the members
5. Waiting period (30 days, First year, etc) will not be applicable. No Time Deductible to be applicable on any ailment.
6. Domiciliary Hospitalization benefit is covered.
7. Chemotherapy, Dialysis, Radiotherapy, Chronic Renal failure including medicines, AIDS & HIV, Indoor Ayurvedic Treatment taken in government run/government approved hospital and at CGHS empanelled ayurveda hospitals.
8. Ayurvedic treatment for cancer patients at Private Ayurvedic Hospitals.
9. Supply and fitting of external prosthetic devices, artificial aids including eye glasses, hearing aids, artificial limbs, etc. if the same is necessitated following an accident.
10. Local Ambulance charges for admission, transfer to another hospital and /or discharge under critical condition as advised by the doctor.
11. Surcharges levied by hospital or any other charges similar in nature would be payable under the policy.
12. Registration charges levied by hospital or any other charges similar in nature would be payable under the policy.
13. Nursing charges should not be clubbed with room rent for arriving at eligibility.

14. Service Charge levied by the Hospital or any other charges similar in nature would be payable under the policy.
15. Charges for special nurse covered for insured persons irrespective of age during the hospitalization.
16. Special nursing charges for persons above 75 years of age for a maximum period of 60 days after GMP 2019-2020 3 hospitalization if recommended by attending doctor or hospital.
17. In case of bilateral knee or hip replacement surgery done during the same hospitalization, reimbursement to be made up to twice the ceiling applicable as per Table I and Cashless Extended in empanelled hospitals to be made twice the ceiling applicable as per Annex I.
18. Cataract operation with a cap of Rs.40000/- PER EYE uniform for all. PPN charges are not applicable for cataract claims and to be processed as per specified limit of Rs. 40,000/-
19. Investigation charges during hospitalisation will be reimbursed in full irrespective of room occupied. Prorata deduction will not be applicable on investigation charges.
20. Oral chemotherapy subject to sum insured on cumulative basis.
21. Eye treatment- Reimbursement of cost of intra vitreous injection Avastin/ Lucentis/ Macugen / Ozurdex etc. up to ceiling of Rs. 20,000/- (inclusive of all hospitalization cost) per dose/ per eye upto maximum five dosages per eye during the policy year. Total Sub Limit – Rs. 100,000/- PER EYE.
22. Psychiatric Treatment to be included on IPD basis up to the sum insured.
23. EECP (Enhanced external counter pulsation) to be included under the policy on OPD basis up to the per hospitalization limit. Settlement of claim to be done on reimbursement basis only after completion of full treatment
24. Donor Medical expenses in case of transplants like kidney, liver etc. to be covered within the sum insured (Organ cost not covered under policy)
25. Zolendronic Injection, Bortezomib Injection & Terifrac Injection administration, Injection Firmagon, Injection Gemtide & Injection Rituximab administration covered under day care procedures subject to sum insured on cumulative basis.
26. Injections for Autoimmune disorders/arthritis and ankylosing spondylosis. Limit will read as Rs. 25,000 per case with maximum cap of 3-cases per year per family. GMP 2019-2020 4
27. Chemotherapy at home is covered.
28. All organ transplants, including stem cell transplant for blood cancer covered.
29. Artificial limbs payable for all diseases. Artificial limbs fitted following any surgical procedure to be covered. Timeline not restricted to post 60 days for the same.



ALL INDIA ASSOCIATION OF COAL EXECUTIVES (AIACE)

(Regd. under The Trade Union Act 1926; Regd. No. 546 / 2016)

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Email: centralaiace@gmail.com; Ph. 9907434051

AIACE/CENTRAL/2020 / 109

Dated 11.11.2020

To

The Chairman,
Coal India Limited,
Coal Bhawan,
Premise No-04 MAR, Plot No-AF-III, Action Area-1A,
Newtown, Rajarhat, Kolkata-700156

Sub: Request for Various Amendments in CPRMSE and inclusion of Divyang children as beneficiary

Dear Sir,

Coal India Ltd. has implemented a Contributory Post Retirement Medicare Scheme called CPRMSE for retired executives. Under this schemes, CIL and its subsidiaries are extending medical facilities to the retired employees and/or their spouses in CIL Hospitals along with 344 empanelled hospitals across India where employees prefer to stay after retirement.

This scheme presents a very rosy picture at the first glance, but after 8 years of implementation, retirees are now realising the dark side of this scheme as they are now unable to avail hassle free treatment for themselves and their dependents. No doubt, CIL is a Maharatna company but its beneficiaries are losers in every respect.

This time we have following 3 areas which require your immediate attention.

(i) Cashless Treatment at empanelled hospitals

Almost all hospitals refuse cashless treatment, do not extend CGHS rates for treatment and due payments/reimbursement to willing hospitals and executives are delayed abnormally. During our interaction at CIL, HQ in February, 2020 we were given to understand that things will improve soon citing the ongoing work of Smart cards for CPRMSE beneficiaries. However, over the past several months, we are forced to conclude that these Smart Cards will only show online Balance of Executives Beneficiary Amount and won't serve any purpose. Otherwise, the entire bill settlement and 24x7 cashless treatments will remain in our dreams only. Our earlier proposal of engaging Bill Processing Agency was also not found acceptable at your end.

After all we cannot blame CIL also for this failure because, the core business of CIL remains coal production and it cannot undertake the tedious job of running a Medicare scheme for the manpower which is not on its roll. So we have now developed a mid-way solution to problem as briefed below.

CPRMSE is conceived to be managed by a Trust to provide the retirees with medical benefits which are both Indoor (IPD) and Outdoor (OPD). Generally, most executives avail OPD treatments and delays in cashless treatment/payment/reimbursement can await improvements in the system by CIL. On the contrary, IPD treatments are few in numbers but are critical in nature requiring immediate cashless treatment and needful competent approval. We suggest that OPD treatments can be retained by CIL and the IPD treatment part may be off-loaded to Health Insurance companies. Of course, engaging Insurance companies will require payment of Annual premiums for which a suitable mechanism for sharing premium may be evolved in consultation with Insurance companies and retirees in general. Now a days, Insurance companies are offering Individual Floater premium for Senior Citizens for a minimum coverage of Rs 10 lakhs to maximum of Rs 25 lakhs. If CIL ropes in Companies for Group Health Insurance schemes, the competitive lower premiums can be ensured. Proceeding

further, if CPRMSE Trust is unable to bear this premium even by suitably adjusting yearly OPD payments (which at present is limited to Rs 36000 only), contributions from members may be invited. Many PSUs including SAIL etc. have opted for Insurance based post-retirement medicare for their employees.

(ii) Eligibility of Divyang children to be allowed under CPRMSE

Secondly, the post retirement medical scheme for non-executives, CPRMSNE, has a very useful criteria of eligibility for beneficiaries. Under Section 2.0, it has allowed Divyang Child(ren), without age limits, to be beneficiaries. We also request similar inclusion in CPRMSE by issuing suitable amendment order.

We have received representation from some of our members that benefits of CPRMSE may please be extended to their dependent Divyang children who are not presently covered. There are also some cases of dependent children suffering from critical illnesses such as kidney failure, heart disease, etc. List of such Divyang cases is enclosed in Annexure.

You will appreciate that parents are dependent on their children in their old age, but when they have to look after disabled children it becomes both financially and psychologically very hard on them.

We earnestly appeal to you to extend coverage of CPRMSE to dependent Divyang and critically ill children of retired executives of Coal India Ltd. Decision on this matter may please be taken at the earliest as many of the retired executives are in the evening of their lives and hope that such children are properly cared for.

(iii) Revision to allow treatment in NABH Hospitals and Laboratories

Last, but not the least, we once again reiterate our request to approve treatment at all hospitals and laboratories which are approved by National Accreditation Board for Hospitals & Healthcare Providers (NABH), many of whom are charging at affordable rates. This will end dependence on and monopoly of empanelled hospitals and benefit all executives, who are settled across the length and breadth of country; and also it will benefit the executives to avail facilities at their neighbourhood.

In the past, we have written several letters seeking improvement and amendments in CPRMSE but all have gone into deaf ears. It is a pity that, while in power, the decision makers are not taking corrective measures and a time comes when they too become a victim of their failures.

However, this time we firmly believe that the above suggested reforms will go a long way to help the retirees approaching at the fag end of their lives.

Thanking You,

Regards,



P. K. Singh Rathor
Principal General Secretary, AIACE

Encl: 1 List, as above

Cc:

1. Secretary, Ministry of Coal, Govt of India.
2. Secretary, Ministry of Health and Family Welfare, Govt of India.
3. D(P)/D(F)/D(T)/D(M),CIL, Kolkata
4. CMD/D(P)/D(F), All subsidiary companies of CIL 5. CMD/D(P),SCCL, Kothagudem.
6. Chief of Medical Services, CIL, Kolkata

ALL INDIA ASSOCIATION OF COAL EXECUTIVES (AIACE)

LIST OF RETIRED EXECUTIVES WITH DIVYANG CHILDREN

S. N.	NAME	EIS NO.	AIACE MEM NO.	CPRMSE NO	DESIGNATION	CO. OPTED FOR CPRMSE	NAME OF DEPENDENT	AGE	RELATIONSHIP	NATURE OF DISABILITY
1	SANTOSH KUMAR DAKUA	90099938	53	CIL/06/11/1140	CHIEF MGR	CIL	RITVIK DAKUA	28	SON	MENTAL RETARDATION
2	D.D.RAMPURKAR	90119322	1105	WCL/782	SR.MGR(SYS)	WCL	PARAG D RAMPURKAR	40	SON	MENTAL RETARDATION
3	ANIL KUMAR VERMA	90156886	2067	NCL/1021	GM(E&M)	NCL	APURVA VERMA	29	SON	NEUROLOGICAL 60%
4	ANIL KUMAR DE	90035924	281	ECL/264	GM(F)	ECL	PARAG DE	38	SON	MENTAL RETARDATION
5	JAI PRAKASH TIWARI	90157678	965	NCL/07/641	CHIEF MGR (X)	NCL	PRAKASH SAURABH	39	SON	LEG AMPUTATED.SPEECH & MENTAL PROBLEM
6	K. MURALEEDHARAN PILLAI	90193053	1528	CCL/04/13/713	MANAGER (MM)	CCL	MOHIT MOHAN	37	SON	MENTAL RETARDATION
7	NARESH CHANDRA MAJI	90027236	1774	ECL/02/19/1673	SR.MGR(M)	ECL	AVISHEK MAJI	24	SON	MENTAL RETARDATION
8	ASHOK PUNJAJI WAGH	90122672	1832	WCL/1246	MANAGER (M)	WCL	ASHISH WAGH	27	SON	DEAF & DUMB
9	T N CHATURVEDI	90122698	1149	WCL/1353	CHIEF MGR (X)	WCL	UDIT CHATURVEDI	29	SON	MENTAL RETARDATION
9(a)	T N CHATURVEDI	90122698	1149	WCL/1353	CHIEF MGR (X)	WCL	RADHIKA CHATURVEDI	30	DAUGHTER	MENTAL RETARDATION
10	R.K.SRVASTAVA	90154626	229	CIL/03/14/1992	CHIEF MGR(MM)	CIL	ABHINAV SRIVASTAVA	34	SON	ORTHOPAEDIC



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302, Block No. - 304, RamKrishna Enclave, Nutan Chowk, Sarkanda, Bilaspur (CG);

Email: centralaiace@gmail.com; Ph. 9907434051

AIACE/CENTRAL/2020 / 119

Dated 1.12.2020

To

The Chairman,
Coal India Limited,
Coal Bhawan,
Premise No-04 MAR, Plot No-AF-III, Action Area-1A,
Newtown, Rajarhat, Kolkata-700156

Sub: Distribution of Smart Cards for CPMRSE Beneficiaries of CIL Subsidiaries.

Dear Sir,

AIACE welcomes the recent Notice regarding distribution of QR-enabled Smart Cards for the members of the Contributory Post-Retirement Medicare Scheme- Executives from 7-12-2020.

We are also aware that digitization process is going on in all subsidiaries and similar data for preparing Smart Cards for beneficiaries from subsidiaries are in progress and data have been compiled. In fact, WCL is learnt to have introduced these Smart Cards for their beneficiaries much earlier than CIL.

Hence, keeping in mind the inherent advantages associated with Smart Cards, we request that these data for Smart Cards be got transferred from subsidiaries for preparation and distribution centrally by CIL, HQ. This will hasten the process and ensure uniformity in the system. Needless to say that there exists an experienced team at CIL to accomplish this work, and will avoid time consuming training process for subsidiaries workforce.

As every month executives are retiring, preparation of Smart cards will remain a continual process. The work may be offloaded to subsidiaries at a later stage after clearing the backlog of distribution to existing retirees. We request that, let a time frame be fixed, say by the end of current fiscal year, by which Smart Cards should be issued by CIL, HQ to all existing retirees.

A move in this direction will help uniformity for all beneficiaries and remove the hidden uncertainties looming large over all beneficiaries availing CPRMSE benefits from subsidiaries and they will be assured of timely distribution.

Regards,

P. K. Singh Rathor
Principal General Secretary, AIACE

Cc

CMDs, All subsidiaries of CIL



ALL INDIA ASSOCIATION OF COAL EXECUTIVES (AIACE)

(Regd. under The Trade Union Act 1926; Regd. No. 546 / 2016)

302, Block No. - 304, RamKrishna Enclave, Nutan Chowk, Sarkanda, Bilaspur (CG);

Email: centralaiace@gmail.com; Ph. 9907434051

AIACE/CENTRAL/2020 / 125

Dated 14.12.2020

To

The Chairman,
Coal India Limited,
Coal Bhawan, Premise No-04 MAR, Plot No-AF-III, Action Area-1A,
Newtown, Rajarhat, Kolkata-700156

Sub: Request to form a committee inclusive of AIACE representatives to suggest ways for improvement in CPRMSE

Dear Sir,

AIACE is proud to be an association of executives of Coal India Ltd and SCCL, with its members being both WORKING and RETIRED Executives from coal industry.

Coal India Ltd. has implemented a Contributory Post Retirement Medicare Scheme, CPRMSE, with effect from 25th April, 2008. Under this scheme, CIL and its subsidiaries are extending medical facilities to the retired employees and their families through various medical establishments from the dispensary level to the central and apex hospitals in different parts of the coalfields.

Over the years, it has been observed that this scheme suffers from inherent drawbacks which call for several changes/amendments/revision in CPRMSE. From time to time we had been highlighting these issues in the past, and in some cases we have achieved desired results in selective cases.

However, in the present circumstances, we feel that there is a necessity to recast the scheme and to make it more effective. Haphazard selective remedial steps are not going to solve problems lying at various ends from empanelled hospital to CIL management to executive concerned.

Even though CMS department gives us a sympathetic audience, it is felt that, **need of the hour is to form an empowered committee of officers – both from CIL side and retired-executive side, to study and understand the difficulties at various levels, in order to recast the scheme.**

Retired executives and AIACE members are the worst sufferers and like to be a part of this empowered committee to present the problems, share their varying experiences and suggest remedial measures. Some of the points to be studied by the committee can be as listed below:

- a) Smart medical card to all executives in all subsidiaries under the centralized overall control/supervision of CIL. b) Cash less Indoor treatment in all empanelled hospitals
- c) A 24x7 call centre to assist/resolve grievances of retired working and retired beneficiaries
- d) A well notified centralized liaison centre to assist empanelled hospitals towards their claim settlement
- e) Upward Revision of hospital charges, like many PSUs who have entered into agreements with empanelled hospitals.
- f) Settlement of OPD medical bills within stipulated time and fixing of responsibility for non-adherence,
- g) Acceptance of digital life certificate for availing CPRMSE benefits
- h) Inclusion of eligibility of dibyang children under CPRMSE in line with CPRMSNE
- i) Appointment of Doctors (specialist and GDMOs) which will encourage retirees to go for company hospitals.

We sincerely hope that our proposal/suggestions will find takers at CIL and your kind approval will follow for constituting such an empowered committee.

Regards,

P. K. Singh Rathor

Principal General Secretary, AIACE



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(Regd. under The Trade Union Act 1926; Regd. No. 546 / 2016)

302, Block No. - 304, RamKrishna Enclave, Nutan Chowk, Sarkanda, Bilaspur (CG);

Email: centralaiace@gmail.com; Ph. 9907434051

AIACE/CENTRAL/2023 / 010

Dated 22.2.2023

To

The Chairman,
Coal India Limited,
Coal Bhawan,
Premise No-04 MAR, Plot No-AF-III, Action Area-1A,
Newtown, Rajarhat, Kolkata-700156

Sub: Request for proper measures as Hospitals unilaterally opt out of empanelment and other empanelled hospitals not extending CGHS Rates under CPRMSE

Dear Sir,

Coal India Ltd. has implemented a Contributory Post Retirement Medicare Scheme called CPRMSE for retired executives and CPRMSNE for retired non-executives. Under these schemes, CIL and its subsidiaries are extending medical facilities to the retired employees and/or their spouses in CIL Hospitals along with 369 empanelled hospitals across India where employees prefer to stay after retirement.

No doubt, CIL is a Maharatna company but its beneficiaries are losers in every respect. These schemes present a very rosy picture at the first glance, but after years of their implementations, retirees are now realising the dark side of these schemes they being unable to avail hassle free cashless treatment for themselves and their dependents. Situation worsens as even these hospitals are creating problems like,

- a) Declining their empanelment with CIL, or
- b) Even if they do not decline, they are refusing to extend CGHS Rates to beneficiaries
- c) Refusing cashless treatment due to reasons best known to them.
- d) Stating that MOU with CIL has not been renewed
- e) Billing differently for different departments which are under the same roof
- f) Billing with a new Name citing change of ownership/management of hospital

Beneficiaries do not have the locus standi to argue/verify with the hospitals for their act.

During our interaction at CIL, HQ in February 2020, we were given to understand that things will improve soon, hospitals are continuously violating MOU with CIL.

Under the circumstances, we are forced to demand for,

- a) appropriate action by CIL and permission to avail medical treatment under any doctor in any hospital/clinic whose honesty must be accepted as all of them are governed by various government rules and regulations.
- b) adherence to a revised Rate of List in place of age old CGHS rates

- c) strict review/monitoring of every empanelled hospital by a high power committee of CIL for smooth implementation of CPRMSE/CPRMSNE and to devise suitable remedial measures for various hindrances ailing the scheme at various point of time

Thanking You,

With Regards,



P. K. Singh Rathor
Principal General Secretary, AIACE

Encl: Annexure-I, as above

Cc:

1. Secretary, Ministry of Coal, Govt of India.
2. Secretary, Ministry of Health and Family Welfare, Govt of India.
3. D(P)/D(F)/D(T)/D(M),CIL, Kolkata
4. CMD/D(P)/D(F), All subsidiary companies of CIL 5. CMD/D(P),SCCL, Kothagudem.
6. Chief of Medical Services, CIL, Kolkata



AIACE/CENTRAL/2023 / 011

Dated 2.3.2023

To

The Chairman,
Coal India Limited,
Coal Bhawan,
Premise No-04 MAR, Plot No-AF-III, Action Area-1A,
Newtown, Rajarhat, Kolkata-700156

Sub: Request for Minor amendments under CPRMSE to facilitate convenient medical treatment

Dear Sir,

Coal India Ltd. has implemented a Contributory Post Retirement Medicare Scheme called CPRMSE for retired executives and is governed by various provisions of this scheme.

These provisions have undergone various amendments from time to time as per need.

CIL is updating the list of empanelled hospitals regularly but fact is that many of these hospitals do not abide by the MOU and refuse treatment as per agreement. The patients feel harassed by visiting these hospitals. The medical department of CIL fails to have regular contact with these hospitals.

On the basis of experiences faced by many of our members, we request for the following 3 minor amendments, as the clause 7.2 of this scheme, authorises CIL chairman and/or D(P&IR) to amend, modify and approve any relaxation of minor nature.

We narrate the 3 clauses needing amendments along with requested suggestions in blue font italics for your kind consideration.

3.2.1. Indoor Treatment

a.

- iv However, in case of treatment undertaken in non-empanelled hospitals in nonemergency situations or situations other than as mentioned in 3.2.1 (a) (i), prior intimation should be given to the respective CMS of Subsidiary Companies or Dy. CMO, CIL as the case may be.

It is requested that post-intimation may also be allowed because in every situation prior information may not be possible due to sudden attack of disease.

3.2.1. Indoor Treatment

c.

- iv Cost of treatment in OPD of empanelled hospitals/ PSU hospitals/ other PSUs empanelled Hospital/ ESI Hospital/ NABH accredited Hospital/ Government hospital including hospital under Municipal Corporation or Hospital/ Diagnostic Centres empanelled by CGHS/ Company's hospital (CIL/ Subsidiary's own hospital, as the case may be) would also be permitted and the same will be adjusted against the maximum applicable limit of ₹25 lakhs. [10]

It is requested to allow OPD treatment in non-empanelled hospitals because patient will first go to OPD for treatment and then IPD if required, which is permitted vide 3.2.1.(a).(iv) above.

3.2.2. Outpatient/Domiciliary Treatment ^[12]

The amount payable per year for Outpatient/ Domiciliary treatment would be ₹36000/- (Rupees Thirty-six thousand) for all the retired Executives irrespective of their date of retirement for couple/ single membership.

It is requested that this limit be increased to Rs 100000.00 (One lakh) per year, since for normal diseases like sugar/BP/ joints pain etc every one need not go to hospital, OPD or IPD. This amendment is likely to reduce the number of claims for OPD treatment.

Lastly, the limit of Rs 25 lakh be increased to Rs 50 lakh for treatment as the cost of treatment has increased which is evident from the recent reports that prevalent CGHS rates, framed in 2014, are also going to be revised shortly due to rise in various costs.

Hoping, our request will be given due consideration.

Thanking You,

With Regards,



P. K. Singh Rathor
Principal General Secretary, AIACE

1. CMD/D(P)/D(F), All subsidiary companies of CIL
2. Chief of Medical Services, CIL, Kolkata



ALL INDIA ASSOCIATION OF COAL EXECUTIVES (AIACE)

(Regd. under The Trade Union Act 1926; Regd. No. 546 / 2016)

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Email: centralaiace@gmail.com; Ph. 9907434051

AIACE/CENTRAL/2023 / 020

Dated 13.4.2023

To

The Chairman,
Coal India Limited,
Coal Bhawan,
Premise No-04 MAR, Plot No-AF-III, Action Area-1A,
Newtown, Rajarhat, Kolkata-700156

Sub: Request for speedy reforms for availing post-retirement medicare under CPRMSE

Dear Sir,

As per the latest list of hospitals empanelled with CIL, published on 3rd March, 2023, there are 366 empanelled hospitals with CIL. Many of these hospitals have changed their names and also management has changed after the empanelment. We have been writing in the past about this from time to time with expectation that our inputs will be taken into consideration while updating the list of hospitals. It is brought to your notice that barring a few, most of the hospitals are refusing treatment on CGHS rates and some are denying being empanelled with CIL.

We want to draw kind attention towards the ultimate misery being faced by retired executives while availing postretirement medicare under CPRMSE.

In this connection, we have been writing to you repeatedly over the past years but nothing fruitful is being achieved. Our last letter no. AIACE/CENTRAL/2023 / 010 dated 22.2.2023 provides a vivid description of the misery of retirees and ways suggested for implementation. (vide Annexure-I)

In addition to problems highlighted and reforms suggested in that letter, we shall further like to add the followings:

- a) The much-awaited revision of CGHS rates, released vide Release ID: 1915950 dt 12-4-2023 (vide Annexure-II), covers only CGHS package rates of consultation fees, ICU charges and room rent. A mammoth task of revising the entire rate list is a dream yet to come true. Hence, we strongly feel that CIL, of its own, should enter into negotiated rates with hospitals, in place of CGHS rates still awaiting overall revision. Some other PSUs have reportedly undertaken this practice. Even, CIL has such negotiated rates with CMCH Vellore and Shankar Nethralay, Chennai.
- b) It is to mention that, availing cashless indoor treatment is a matter of great concern for everyone. Hence, it is suggested that Indoor treatment under CPRMSE be off-loaded to Health Insurance players, who have wide expertise and client insured with them never face difficulties in availing cashless treatment in long chain of hospitals, much longer than the 366 odd hospitals empanelled with CIL.
- c) It is further requested to enhance the treatment limit to a higher limit of Rs 50 lakhs in place of Rs 25 lakhs which was probably set a decade ago as per cost of index prevailing at that time.

Hope, our suggestions will be given due consideration.

With Regards,

P. K. Singh Rathor
Principal General Secretary, AIACE

Encl: Annexure-I & II, as above

Cc:

1. Secretary, Ministry of Coal, Govt of India.
2. Secretary, Ministry of Health and Family Welfare, Govt of India.
3. D(P)/D(F)/D(T)/D(M),CIL, Kolkata
4. CMD/D(P)/D(F), All subsidiary companies of CIL 5. CMD/D(P), SCCL, Kothagudem.
6. Chief of Medical Services, CIL, Kolkata



AIACE/CENTRAL/2023 / 010

Dated 22.2.2023

To

The Chairman,
Coal India Limited,
Coal Bhawan,
Premise No-04 MAR, Plot No-AF-III, Action Area-1A,
Newtown, Rajarhat, Kolkata-700156

Sub: Request for proper measures as Hospitals unilaterally opt out of empanelment and other empanelled hospitals not extending CGHS Rates under CPRMSE

Dear Sir,

Coal India Ltd. has implemented a Contributory Post Retirement Medicare Scheme called CPRMSE for retired executives and CPRMSNE for retired non-executives. Under these schemes, CIL and its subsidiaries are extending medical facilities to the retired employees and/or their spouses in CIL Hospitals along with 369 empanelled hospitals across India where employees prefer to stay after retirement.

No doubt, CIL is a Maharatna company but its beneficiaries are losers in every respect. These schemes present a very rosy picture at the first glance, but after years of their implementations, retirees are now realising the dark side of these schemes they being unable to avail hassle free cashless treatment for themselves and their dependents. Situation worsens as even these hospitals are creating problems like,

- a) Declining their empanelment with CIL, or
- b) Even if they do not decline, they are refusing to extend CGHS Rates to beneficiaries
- c) Refusing cashless treatment due to reasons best known to them.
- d) Stating that MOU with CIL has not been renewed
- e) Billing differently for different departments which are under the same roof
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Beneficiaries do not have the locus standi to argue/verify with the hospitals for their act.

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Under the circumstances, we are forced to demand for,

- a) appropriate action by CIL and permission to avail medical treatment under any doctor in any hospital/clinic whose honesty must be accepted as all of them are governed by various government rules and regulations.
- b) adherence to a revised Rate of List in place of age old CGHS rates
- c) strict review/monitoring of every empanelled hospital by a high power committee of CIL for smooth implementation of CPRMSE/CPRMSNE and to devise suitable remedial measures for various hindrances ailing the scheme at various point of time

Thanking You,

With Regards,



P. K. Singh Rathor
Principal General Secretary, AIACE

Encl: Annexure-I, as above

Cc:

7. Secretary, Ministry of Coal, Govt of India.
8. Secretary, Ministry of Health and Family Welfare, Govt of India.
9. D(P)/D(F)/D(T)/D(M),CIL, Kolkata
10. CMD/D(P)/D(F), All subsidiary companies of CIL 11. CMD/D(P),SCCL, Kothagudem.
12. Chief of Medical Services, CIL, Kolkata



Ministry of Health and Family Welfare

<https://pib.gov.in/PressReleaseDetail.aspx?PRID=1915950> MV
HFW/CGHS Rate Revision/12th April 2023/2

(Release ID: 1915950)

Union Health Ministry Revises CGHS Package Rates for the benefit of CGHS Beneficiaries

Referral Process under CGHS simplified; beneficiaries can now be referred through video call

Posted On: 12 APR 2023 6:11PM by PIB Delhi

Union Ministry of Health and Family Welfare has decided to revised the CGHS package rates for all CGHS beneficiaries. The Union Govt has also simplified the referral process under CGHS for the benefit of its employees.

After due examination of demands from stakeholders and taking into consideration the increase in costs of various components of health care, the Union Health Ministry has proposed to initially revise the CGHS package rates of consultation fees, ICU charges and room rent, as per details given under:

Revised CGHS rates:

Item	Existing	Revised
Consultation Fee –		
OPD Consultation	Rs 150	Rs 350
IPD Consultation	Rs.300	Rs 350
ICU charges – includes Rs 750 for non-NABH hospitals and Rs 862* for NABH hospitals includes – monitoring, RMO charges, nursing care and in addition Room rent is as per ward entitlement of beneficiary –general ward / semi-private ward / private ward is permitted. *15% more for NABH accredited	Rs 862 for NABH + Room rent as per ward entitlement	Rs 5,400/- (Rs 862 + Rs 4,500/- for Private ward = 5,362- rounded to Rs 5,400) including accommodation for all ward entitlements.
Room Rent –		
General ward	Rs 1000/-	Rs 1,500/-
Semi-Private ward	Rs 2,000/-	Rs. 3,000/-
Private ward	Rs.3,000/-	Rs.4,500/-

The referral process under CGHS has also been simplified. Earlier the CGHS beneficiary had to visit the CGHS Wellness Center himself and take referral to the hospital. But now, if the CGHS beneficiary is unable to go, he can send someone on his behalf with his documents to the wellness center. The medical officer can refer the beneficiary to go to the hospital after checking the documents. Apart from this, CGHS beneficiary can also take referral through video call.



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(Regd. under The Trade Union Act 1926; Regd. No. 546 / 2016)

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Website: www.aiace.co.in; Email: centralaiace@gmail.com; Ph. 9907434051

Ref No. AIACE/CENTRAL/2023 / 029

Dated 19.6.2023

To
The Chairman
Coal India Limited,
Coal Bhawan, Premise No-04 MAR, Plot No-AF-III, Action Area-1A,
Newtown, Rajarhat, Kolkata-700156

Sub:- Inclusion of Ayush Treatment under CPRMSE /CPRMSNE which is otherwise allowed in MAR for working executives/employees

Dear Sir,

Medical facilities, to the executives of CIL and its subsidiaries, are governed by Medical Attendance Rules (MAR).

After superannuation, these executives of CIL and its subsidiaries continue to avail medical facilities under a contributory scheme CPRMSE and CPRMSNE.

CIL has a number of hospitals at different levels viz. Colliery Hospitals, Regional Hospitals and Central Hospitals functioning at different place of operations of CIL. Beside these hospitals, CIL has also empaneled around 400 hospitals around the country to provide quality medical service to its all working and retired employees, including executives.

As such, quality of medical facilities to working and retired executives/employees, continue to be almost at par throughout the life span. Provisions under MAR and CPRMSE/CPRMSNE are amended from time to time as per requirements. In one such amendment vide OM No. CIL/C5A(PC)/MAR/2829 dated 08.05.2018, a new clause was inserted as 3.9 in Chapter-III of MAR. As per this amendment, shown below, Ayurvedic, Yunani and Homeopathy (AYUSH) treatments are allowed.

3.9 AYUSH Services are admissible and reimbursable to the employees and their dependent family members as per the applicable CGHS rate in various cities. Reimbursement will be allowed for the treatment availed from Government/ Company approved, recognized or empanelled AYUSH Health centres. (Extract in Annex-I)

This is a welcome amendment in MAR which has somehow missed its place in CPRMSE/CPRMSNE for retirees. As such, it is requested to initiate action for inclusion of Ayush Treatment under CPRMSE /CPRMSNE which is otherwise allowed in MAR for working executives/employees.

This will be a boon to retirees and cost-effective to CIL also as AYUSH is known to be comparatively cheaper option.

Regards,

(P. K. SINGH RATHOR)
Principal General Secretary

Cc:

1. Secretary, Ministry of Coal, Govt of India.
2. Secretary, Ministry of Health and Family Welfare, Govt of India.
3. D(P)/D(F)/D(T)/D(M),CIL, Kolkata
4. CMD/D(P)/D(F), All subsidiary companies of CIL
5. Chief of Medical Services, CIL, Kolkata
6. CMD, SCCL -With similar request



- 3.9. AYUSH Services are admissible and reimbursable to the employees and their dependent family members as per the applicable CGHS rate in various cities. Reimbursement will be allowed for the treatment availed from Government/ Company approved, recognized or empanelled AYUSH Health centres. ^[4]

⁴ Incorporated vide [OM No. CIL/CSA\(PC\)/MAR/2829 dated 08.05.2018.](#)

				(No.)	Remarks				
1994-1995	27	87	17.47%	81190	Estimated	81190	67006	1000	80.41
1995-1996	26	86	17.47%	86927	Estimated	5737	4735	1000	5.68
1996-1997	25	85	17.47%	93070	Estimated	6143	5069	1000	6.08
1997-1998	24	84	10.65%	99646	Estimated	6577	5876	1000	7.05
1998-1999	23	83	10.65%	106688	Estimated	7041	6291	1000	7.55
1999-2000	22	82	10.65%	114227	Estimated	7539	6736	1000	8.08
2000-2001	21	81	10.65%	122298	Estimated	8072	7212	1000	8.65
2001-2002	20	80	10.65%	130940	Estimated	8642	7722	1000	9.27
2002-2003	19	79	6.60%	140193	Estimated	9253	8642	1000	10.37
2003-2004	18	78	6.60%	150100	Estimated	9907	9253	1000	11.10
2004-2005	17	77	6.60%	160706	Estimated	10607	9907	1000	11.89
2005-2006	16	76	6.60%	172062	Estimated	11356	10607	1000	12.73
2006-2007	15	75	6.60%	184221	Estimated	12159	11356	1000	13.63
2007-2008	14	74	4.75%	197239	Estimated	13018	12399	1000	14.88
2008-2009	13	73	4.75%	211176	Estimated	13938	13276	1000	15.93
2009-2010	12	72	4.75%	226099	Estimated	14923	14214	1000	17.06
2010-2011	11	71	4.75%	242076	Estimated	15977	15218	1000	18.26
2011-2012	10	70	4.75%	259182	Estimated	17106	16293	1000	19.55
2012-2013	9	69	3.13%	277497	Estimated	18315	17742	1000	21.29
2013-2014	8	68	3.13%	297105	Estimated	19609	18995	1000	22.79
2014-2015	7	67	3.13%	318100	Estimated	20995	20337	1000	24.40
2015-2016	6	66	3.13%	340578	Estimated	22478	21775	1000	26.13
2016-2017	5	65	3.13%	364645	Estimated	24067	23313	1000	27.98
2017-2018	4	64	1.95%	390412	Estimated	25767	25265	1000	30.32
2018-2019	3	63	1.95%	418000	Actual	27588	27050	1000	32.46
2019-2020	2	62	1.95%	535000	Actual	117000	114719	1000	137.66
2020-2021	1	61	1.95%	566000	Actual	31000	30396	1000	36.47
2021-2022	0	60	1.95%	606666	Actual	40666	40666	----	----
Total						606666	572069		638
Estimation Error, Approx 6%							34597		
Grand Total						606666	606666		638

As shown in Table-I, in the year 1994-1995, there were estimated 81190 out of which at an age of 87 years in 2021-22, a total of 67006 pensioners are estimated to be still surviving considering a mortality rate of 17.47%. Thus, these 67006 pensioners still estimated to be alive 27 years after 1994-95 and eligible for pension enhancement.

Thereafter, next year in 1995-96, there were 86927 pensioners which means that 5737 pensioners were added during this year. Out of these 5737 pensioners added in 1995-96, considering the respective mortality rate of 17.47% at an age of 86 years in 2020-21, there are 4735 pensioners estimated to be alive 26 years after 1995-96 and eligible for pension enhancement.

Similarly, surviving pensioners for all the subsequent years till 2021-22 have been estimated.

4. PROPOSED PENSION ENHANCEMENT

The amount of pension enhancement can be formulated at a later stage. First of all, let us examine the feasibility of pension enhancement by making an academical study to allow a fixed pension enhancement of Rs 1000 to every pensioner up to 2020-21. The pensioners retiring in current year have been excluded from this enhancement. As shown in Table-1 above, the fund requirement has been calculated for all surviving pensioners for the year 2021-22. This requirement is estimated as Rs. 638 Crores for the year 2021-22.

5. STATUS OF PENSION FUND

In 2018-19, 19-20 and 20-21, surplus of in pension fund was observed as the pension contribution was revised with effect from 01.10.2017, as shown in table below.

Table – 2 Pension Fund Flow Position

Financial Year	Accrual (Yearly inflow) (Rs. in crore)	Disbursement (Yearly outflow) (Rs. in crore)
2017-18	1031.00	2459.81
2018-19	3084.12	2842.29
2019-20	3519.14	3369.57
2020-21	4520.14	3831.54
2021-22	4187.82	4449.74

[Q. N. 1046 at https://loksabha.nic.in/Questions/QResult15.aspx?qref=46819&lsno=17](https://loksabha.nic.in/Questions/QResult15.aspx?qref=46819&lsno=17)

6. FUND AVAILABILITY FOR INTRODUCING PENSION ENHANCEMENT

Table – 3 Assesment of Pension Fund Availability

SN	DESCRIPTION	FORMULA	VALUE
A	CMPS-1998 Pensioners, in Lakhs		6.06
B	Pension fund inflow per year, Rs Crore		4187.82
C	Pension fund outflow per year, Rs Crore		4449.74
D	Additional fund required for proposed enhancement for the year 2021-22, Rs Crore		638.00
E	Total fund required with enhanced pension	C + D	5087.74
F	Total yearly shortfall in fund, Rs Crore	E - B	899.92
G	Coal Production in 2020-21, Million Tonne	754	754
H	Cess generated by levy of Rs 15 per tonne of coal, Rs Crore		1131
I	Surplus Fund available with cess of Rs 15 per tonne, Rs Crore	H - F	231.08

From above Table-2&3 presented above, it is seen that for the year 2021-22, Pension fund inflow per year is Rs. 4187.82 Crore
Total fund required with enhanced pension per year is Rs. 5087.74 Crore
Total yearly shortfall in fund is Rs 899.92 Crore
Coal Production in 2020-21 was 754 Million Tonne
Cess generated by levy of Rs 15 per tonne of coal, Rs 1131 Crore per year Thus, we have a Surplus Fund, being Rs 231.08 Crore in later case.

6. CONCLUSION AND RECOMMENDATIONS

This study has made several assumptions on higher side for finding feasibility of restructuring revision and enhancement of pension. The need of the day is to push forward for these reforms vigorously. It is further recommended to link the cess with selling price of coal which presently hovers around Rs 1800 per tonne. This approach of linking the cess with price rise of coal will automatically take into consideration wage/pension revision impact over the years. Hence, fixing one-time cess @1% of coal price will eradicate the problem of seeking raising the cess per tonne of coal production will be eliminated. Further, it can be inferred that, if we are able to raise the cess from 1% per tonne to, say, 5% per tonne, we can pay the enhanced pension, as well as, keep the present inflow from subscribers untouched and add in the efforts of compensating the loss of corpus due to earlier mismanagement.

References

Before finding feasibility of introducing DR component, it is necessary to study how the welfare cess of Rs 15 per ton on coal production is going to facilitate this. Followings are the basic considerations for tabulating the findings of our studies.

i. CMPF Subscribers and Pensioners

Year	As on date	CMPF Subscribers	Number of Pensioners	Data Source
2018-19	31-1-2019	4.18 lakhs (approx.)	5.18 lakhs (approx.)	*
2019-20	31-3-2020	4 lakhs (approx.)	5.35 (approx.)	**
2020-21	31-7-2020	3.91 (approx..)	5.50 (approx.)	***
2020-21	30-9-2021	3.72 (approx..)	5.66 (approx.)	****
2021-22	31-3-2022	3.64 (approx..)	6.06 (approx.)	*****

* <https://coal.gov.in/sites/default/files/2020-09/Chapter1-en.pdf>

** <https://coal.gov.in/sites/default/files/2021-03/chap1AnnualReport2021en.pdf>

*** <https://coal.gov.in/sites/default/files/2021-03/chap1AnnualReport2021en.pdf>

**** <https://coal.gov.in/sites/default/files/2022-11/chap1AnnualReport2022en.pdf>

***** <https://coal.gov.in/sites/default/files/2023-03/chap1AnnualReport2023en.pdf>

Based on the above data, we infer that,

- a) Rate of yearly increase of Pensioners: 6.6% of subscribers
- b) Rate of yearly increase in Pension fund inflow: 5.23% of previous year
- c) Rate of yearly increase in Pension fund outflow: 8.8% of previous year

ii. CMPF Subscribers Decrease rate is envisaged at 5% per annum on the basis of CIL plans to reduce the manpower at a rate of 5% per annum

https://www.icidirect.com/mailimages/IDirect_CoalIndia_CoUpdate_Sep22.pdf

iii. Coal Production at an envisaged rate of 7% annual growth (Million tonne)

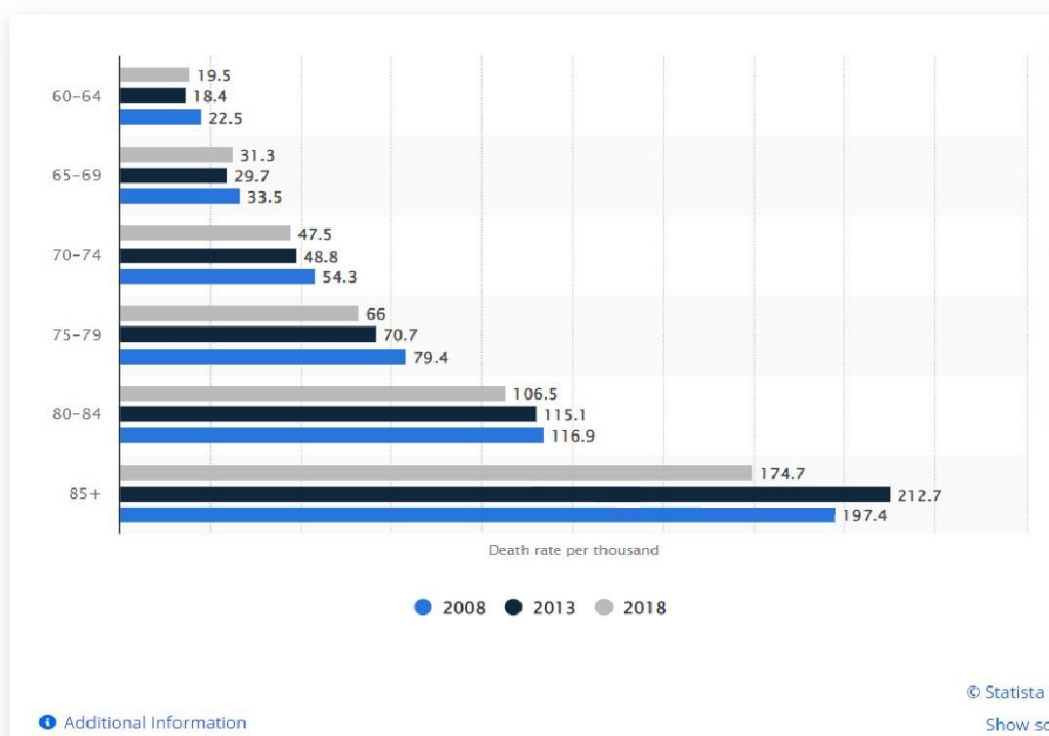
<https://pib.gov.in/newsite/printrelease.aspx?relid=115635>

iv. Assumed cess on per tonne of coal production is taken as Rs 15 based on recommendations in 176th BoT (CMPF) Meeting deliberations on 16-8-2022

v.

Mortality rate among the elderly in India from 2008 to 2018, by age group

(per 1,000 people)



Source:-

<https://www.statista.com/statistics/1302846/india-mortality-rate-among-elderly-by-age-group/>