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/2025 / 033 ***Dated 10.6.2025***

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 and suggestions advanced by us.

The last significant amendment was notified vide CIL/C5A(PC)/CPRMSE/110 dated 30.08.2023 for which we are thankful to you.

However, over the lapse of last 2 years, on the basis of experiences faced by many of our members, we request for few minor amendments in 3 sections i.e. 3.2.1 a(i), 3.2.1 a(ii) and 3.2.1.(c) along with request for insertion of a new clause to allow Annual Preventive Health check-up. For clarity, these suggestions are summarised in a tabular form in Annexure-I.

It is to emphasise the fact that, the clause 7.2 of this CPRMSE scheme authorises CIL chairman and/or D(P&IR) to amend, modify and approve any relaxation of minor nature.

Hoping, our request will be given due consideration.

Thanking You,

With Regards,

P. K. Singh Rathor
Principal General Secretary, AIACE

Annexure-I

IMPROVEMENTS SUGGESTED IN O/O CIL/C5A (PC)/CPRMSE/110 Dated 30.08.2023

Clause No.	Provisions after amendment vide CIL/C5A(PC)/CPRMSE/110 dated 30.08.2023	IMPROVEMENTS SUGGESTED
3.2.1 a(i)	(No amendment made in earlier provisions) Where there is no CIL empaneled Hospital at places where the retired executives reside/ unable to go to such empaneled hospitals/ Diagnostic Centers, the retired executives can avail the medical facilities from other PSU Hospital/ other PSUs empaneled Hospital, ESI Hospital, Government hospital including hospital under Municipal Corporation or Hospital/ Diagnostic Centers empaneled by CGHS subject to CGHS rates for the items covered under CGHS and referred by Company Doctor or other extant guidelines and claim reimbursement of expenses incurred.	Preferably treatment is to be **allowed in all hospitals other than empanelled** hospitals subject to CGHS rates, without any pre-conditions. Prior information should not be mandatory in every case. In case, if male member himself is admitted, giving prior information may not be possible by the spouse. So amendment required is "preferably prior/ post" information should be given within a week of discharge. Emergency does not always mean heart attack or accident. The word ***emergency*** needs to be expanded
3.2.1 a(ii)	ln case of emergency cases (like Heart attack, accidents, etc.,) or ***due to non-availability of empaneled hospitals in a particular town or city***, if any retired Executive and/ or spouse undertake medical treatment in hospitals / nursing homes other than mentioned in 3.2.1 (a)(i) above, the reimbursement will be admissible as per the CGHS rate.	***"due to non-availability of empaneled hospital in a particular town or city"*** ... should be deleted, because in case of emergency, every second is critical and treatment will be taken in nearby hospital only as early as possible For want of proper interpretation, OPD treatment in other than empaneled hospitals are being disallowed on the plea that there is no specific mention of OPD treatment in such cases. Hence, the term "treatment" may be modified as **"OPD and / or Indoor treatment".**
	If CGHS rates are not available in such hospitals/ Nursing homes, such payments will be released on case to case basis on obtaining approval of D(P&IR), CIL or CMDs of the Subsidiary Companies as the case may be. However, the reimbursement will be restricted to CGHS rates only.	Generally, CGHS rates are not available in such hospital**s** / nursing homes. Hospitals / nursing homes do not charge as per CGHS rates but at their own rates. Therefore, responsibility of claiming at CGHS rate should not be with claimant as he would not be knowing CGHS rates. Scrutinizing authority may disallow any excess claim because claimant can only produce the bill whatever is given by the hospital. This will avoid necessity of frequent approval of D (P&IR), CIL / CMD of the subsidiary who are pre occupied with other important work.
3.2.1.(c) Second Para	OPD Treatment: - Cost of treatment in OPD of empaneled hospitals/ PSU hospitals/ other PSUs empaneled hospital/ ESI Hospital/ NABH accredited Hospital/ Government hospital including hospital under Municipal Corporation or hospital/ Diagnostic Centers empaneled by CGHS/ Company's hospital (ClL / 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 Rs25lakhs.	**As there is no specific mention** of **OPD** treatment in case of emergency (heart attack, accident etc) or due to non-availability of empanelled hospital in a particular town or city in **hospitals other than those listed under clause no 3.2.1 (a)(i),** the claim for **OPD** treatment is denied. This clause needs to be expanded suitably to include **Outdoor (OPD)** and emergency treatment along with Indoor treatment. Preferably, Cost of treatment in OPD should be allowed in non empanelled hospitals also because in old age, patient wants to take treatment in nearby hospitals only. Payment can be restricted to CGHS rate or actuals whichever is lower
New Clause requested to be inserted	Annual Preventive Health Check-up:- Annual preventive health check-ups are important because they allow for early detection of health problems, risk assessment, and personalized advice on maintaining optimal health. Regular check-ups can also help individuals manage chronic conditions and adopt healthier lifestyles.	It is requested to insert a separate clause to allow Annual Preventive Health check-up. While organizing separate camps by empanelled hospitals for CPRMSE beneficiaries may not be feasible due to lack of concentration of eligible executives in the vicinity of empanelled hospitals, they may be asked to offer subsidised Annual Preventive check-up in a calendar year.