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 / 078 ***Dated 20.11.2025***

To
The Chairman
Coal India Limited,
Kolkata

Sub: Request for Amendments in CPRMSE/NE, based on Comparative Analysis with IOCL's Post-Retirement Medical Facilities

Dear Sir,

AIACE team has prepared a comparison between CIL's and IOC's post-retirement medical benefit which is attached. **(Annexure-I)**

Your kind attention is drawn to this comparison of Coal India's Contributory Post-Retirement Medicare Scheme (CPRMSE/NE) with the Post-Retirement Medical Benefit Facility (PRMBF) of Indian Oil Corporation Ltd. (IOCL). It is to highlight critical gaps being faced by CIL pensioners/beneficiaries, particularly in the matter of treatment in non-empanelled hospitals.

Over time, medical costs have escalated significantly and the present structure of CPRMSE/NE no longer provides parity with facilities extended in other major CPSEs. IOCL has adopted a **Trust-based, cashless-network-centric, and actuarially managed** medical framework which substantially reduces out-of-pocket expenditure for retirees. In contrast, CIL's retirees face major constraints, especially with respect to reimbursement restrictions, strict CGHS-based caps, limited cashless access, and cumbersome documentation requirements.

The key issues causing hardship to CIL retirees are summarised below:

1. **Treatment in Non-Empanelled Hospitals:** CPRMSE/NE restricts reimbursement to CGHS rates, leading to huge financial burden when treatment is taken in private hospitals, whereas IOCL provides reimbursement as per scheme ceilings through its PRMBF Trust and TPA-driven system.
2. **Lack of Cashless Treatment Outside Empanelled Hospitals:** IOCL retirees enjoy wider cashless access through a robust TPA network; CIL members are forced to make heavy upfront payments.
3. **Administrative Delays:** CIL's reimbursement process is slower due to documentation cycles and absence of a unified TPA, whereas IOCL's Trust+TPA model ensures faster processing within defined SLAs.
4. **Absence of Actuarial Funding Model:** IOCL annually evaluates its PRMBF fund actuarially, improving sustainability and transparency. CPRMSE/NE requires similar reform for long-term viability.
5. **Inflexible Pre-Intimation Procedures:** For non-empanelled planned treatment, CIL retirees must obtain prior approval, causing delays. IOCL allows streamlined pre-auth through its online portal.

In view of the above, it is earnestly requested that **CIL may kindly consider amending CPRMSE/NE** along the following lines:

- Introduce a **Trust-based** administration with annual actuarial valuation similar to IOCL.
- Engage a **TPA** for both empanelled and non-empanelled hospital claims to ensure faster processing.
- Allow **cashless treatment** at selected large private hospital chains even if not formally empanelled.
- Rationalise reimbursement limits by moving beyond strict CGHS capping, at least for major procedures.
- Provide **online pre-authorisation**, emergency relaxation, and simplified documentation norms.

Such reforms will bring CPRMSE/NE on par with leading CPSE medical schemes and significantly improve the welfare of thousands of Coal India retirees.

It is to mention here that this reform will also result in efficiency and economy in working of the scheme.

We request your suitable direction to concerned departments for initiating the needful amendments.

Thanking you,

P. K. Singh Rathor
Principal General Secretary, AIACE

Copy to:

1. The Secretary (Coal), Ministry of Coal, Government of India, New Delhi

Comparative Table — CPRMSE/NE (CIL) vs PRMBF (IOCL)

Feature	CIL – CPRMSE	IOCL – PRMBF
Cashless Facility	Only at empanelled hospitals; not available at non-empanel hospitals.	Wide cashless network through TPA across India.
Non-Empanelled Hospital Treatment	Reimbursement restricted to **CGHS rates**, leading to high personal expenditure.	Reimbursement allowed as per **scheme ceilings**, processed via TPA; generally higher admissibility.
Funding Mechanism	Company-run scheme without dedicated Trust or actuarial funding.	**Trust-based fund** with annual actuarial valuation for sustainability.
Claim Processing	Quarterly cycles; delays common; extensive paperwork.	TPA-driven, faster claim settlement with defined SLAs.
Pre-Intimation Requirement	Mandatory for planned non-empanelled treatment; cumbersome.	Pre-authorisation done online; emergency relaxation available.
Benefit Structure	CGHS-linked, not indexed strongly to medical inflation; limited flexibility.	Block-year ceilings with carry-forward benefits and clearer indexing.
Portability	Restricted change of servicing subsidiary.	Fully centralised system with national coverage.
Digital Interface	Portal exists but limited functionality; no universal cashless pre-auth.	Mature online system for enrolment, claims, and pre-auth.