



ALL INDIA ASSOCIATION OF COAL EXECUTIVES (AIACE)

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

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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. EEC (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.