



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 / 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	RITWIK 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