



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