



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);

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AIACE/CENTRAL/2023 / 011

Dated 2.3.2023

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.

CIL is updating the list of empanelled hospitals regularly but fact is that many of these hospitals do not abide by the MOU and refuse treatment as per agreement. The patients feel harassed by visiting these hospitals. The medical department of CIL fails to have regular contact with these hospitals.

On the basis of experiences faced by many of our members, we request for the following 3 minor amendments, as the clause 7.2 of this scheme, authorises CIL chairman and/or D(P&IR) to amend, modify and approve any relaxation of minor nature.

We narrate the 3 clauses needing amendments along with requested suggestions in blue font italics for your kind consideration.

3.2.1. Indoor Treatment

a.

- iv However, in case of treatment undertaken in non-empanelled hospitals in non-emergency situations or situations other than as mentioned in 3.2.1 (a) (i), prior intimation should be given to the respective CMS of Subsidiary Companies or Dy. CMO, CIL as the case may be.

It is requested that post-intimation may also be allowed because in every situation prior information may not be possible due to sudden attack of disease.

3.2.1. Indoor Treatment

c.

- iv Cost of treatment in OPD of empanelled hospitals/ PSU hospitals/ other PSUs empanelled Hospital/ ESI Hospital/ NABH accredited Hospital/ Government hospital including hospital under Municipal Corporation or Hospital/ Diagnostic Centres empanelled by CGHS/ Company's hospital (CIL/ 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 ₹25 lakhs. [10]

It is requested to allow OPD treatment in non-empanelled hospitals because patient will first go to OPD for treatment and then IPD if required, which is permitted vide 3.2.1.(a).(iv) above.

3.2.2. Outpatient/Domiciliary Treatment ^[12]

The amount payable per year for Outpatient/ Domiciliary treatment would be ₹36000/- (Rupees Thirty-six thousand) for all the retired Executives irrespective of their date of retirement for couple/ single membership.

It is requested that this limit be increased to Rs 100000.00 (One lakh) per year, since for normal diseases like sugar/BP/ joints pain etc every one need not go to hospital, OPD or IPD. This amendment is likely to reduce the number of claims for OPD treatment.

Lastly, the limit of Rs 25 lakh be increased to Rs 50 lakh for treatment as the cost of treatment has increased which is evident from the recent reports that prevalent CGHS rates, framed in 2014, are also going to be revised shortly due to rise in various costs.

Hoping, our request will be given due consideration.

Thanking You,

With Regards,



P. K. Singh Rathor
Principal General Secretary, AIACE

1. CMD/D(P)/D(F), All subsidiary companies of CIL
2. Chief of Medical Services, CIL, Kolkata