

Post Retirement Medical Attendance Facility

SCHEME FOR PROVIDING POST-RETIREMENT MEDICAL ATTENDANCE FACILITY FOR OFFICERS

1.0 Eligibility

Within the overall framework of the rules and regulations of the Medical Rules of the Corporation, the facility of post-retirement medical attendance is admissible to the following categories of officers on a contributory and voluntary basis:

- i) Those who retire from the service of the Corporation on reaching the age of superannuation, subject to rendering minimum service for 10 years in IOC and/or with Government and/or organisations in the Public Sector.
- ii) Those who prematurely/voluntarily retire from the service of the Corporation after attaining the age of 45 years, subject to rendering minimum service for 10 years in IOC and/or with Government and/or in organisations in the Public Sector.
- iii) Those who relinquish charge as whole-time Director of the Corporation at Board level after rendering minimum service for a term of the tenure appointment provided one of the conditions at (i) & (ii) above is met.

Note :

1. Service rendered in IOC/Public Sector or/and with Government should be continuous service, as a regular employee in a regular pay scale.
2. Service rendered with Government and/or in another Public Sector organisation should immediately precede, without any gap, service in IOC, as to constitute the required eligibility period. However, any gap on account of joining, time intervening holidays, etc. will be ignored.
3. Deputation service which is immediately followed by absorption without any gap will be considered as service for the purpose of this scheme.
4. In case of voluntary retirement granted to employees who are 50 years or above, the benefits under the scheme would be admissible with effect from the date of separation from IOCL. Such employees who have been granted voluntary retirement and are below 50 years of age will be covered under the scheme upon attaining the age of 50 years. However, during the intervening period they will be covered under medi-claim policy.
5. In case of premature retirement on medical grounds/death, the entitlement of medical attendance facility will commence immediately.
6. A whole-time Director of the Corporation at the Board level relinquishing charge mid-term to take over Government appointment will be eligible for the facility provided he has rendered minimum service of 10 years in IOC and/or with Government and/or in organisations in Public Sector. However, the eligibility for post -retirement medical attendance facility will arise only after the officer concerned reaches notionally the normal age of superannuation in the Corporation or after the date of his separation from other PSU, whichever is later.

7. The membership of the scheme should be restricted to either husband or wife, where both are ex-employees of the Corporation, as may be opted by them.
8. Employees of the Corporation who separate by way of resignation are not eligible under the scheme.
9. Officers who are dismissed or whose service have been terminated by the Corporation as a measure of punishment for misconduct shall not be eligible for the benefits contemplated under this scheme. Similarly, officers voluntarily or unauthorisedly abandoning the service of the Corporation shall also not be eligible for benefits under the scheme.

1.2 Contribution

- 1.2.1 The facility of post-retirement medical attendance operates on a contributory and voluntary basis. An officer, depending upon the category to which he belongs at the time of cessation of service, is required to make a one-time non-refundable lumpsum contribution, as indicated below, so as to become eligible for the benefits under this scheme:

Category	Rate of one time Lumpsum contribution	
	For member employee (Rs.)	For every additional eligible beneficiary (Rs.)
Grade 'A'	5250	2600
Grade B & C	6500	2600
Grade D, E & F	7700	2600
Grade G, H & I	8400	2600
Board level	9000	2600

- 1.2.2 The lumpsum contribution will be deducted from final settlement of dues, subject to the same being authorised by the retiring officer, vide the application/ enrolment form, which is to be submitted by the officer in advance, prior to cessation of service in the Corporation.
- 1.2.3 Where both husband and wife are employees of the Corporation, the contribution towards membership under the scheme is payable by one of them only. In that event, upon superannuation, the spouse who retires later would not be enrolled under the scheme independently. The medical benefits, as in other cases, are restricted to the prescribed ceilings for the member and the other being covered as the spouse. However, in case it is considered beneficial, option may be exercised jointly by both ex-employees (husband and wife) and the differential amount paid, at the time of superannuation of the latter, to convert the existing membership in the name of the one who has superannuated last.

1.3 Benefits

- 1.3.1 The benefits of post-retirement medical attendance facility under the scheme shall be admissible only to the retired officer, dependent spouse and dependent parents. Any dependent unemployed child(ren) who is/are mentally retarded/spastic/suffering from incurable congenital disease(s) with minimum 60% physical & mental disabilities and certified to be incurable may also be included. The incurable diseases for the purpose have been identified as Heart/Brain damages from birth, physical/mental disabilities from birth which have impaired hearing/speech/vision faculties, AIDS by birth and 'a person of

profound mental retardation since birth & having a mental age below three / four years & generally being unable to learn connected speech or guard against common dangers’.

1.3.2 In case of death of an employee in service, if the spouse has opted for Rehabilitation Option R-1 or R-2, medical coverage will also be allowed to the dependent children for whom medical facility was availed by deceased employee before death. The facility will continue till they meet the conditions of dependency under Medical rules or till the notional date of retirement of the deceased employee. After the notional date of retirement, the medical coverage will be restricted to as provided under normal provisions of Post Retirement Medical Attendance Scheme. One time lump-sum contribution, under the Scheme, as laid down needs to be paid in respect of each child.

1.3.3 If the spouse opts for R-3, the Medical facility under PRMAS will be admissible to the spouse for a maximum period of 7 years from the date of death/total permanent disablement of the employee or till the employment of ward, whichever is earlier.

The medical facility will also be extended to dependent children for whom medical facility was availed before death/disablement alongwith the spouse for a maximum period of 7 years or till the employment is given or till such time the conditions of dependency is met or till the notional date of retirement of the deceased/ permanent disabled employee, whichever is earlier.

1.3.4 The above is subject to the Rule that one-time contribution, as applicable, would need to be paid in respect of each beneficiary. Further, there would be no separate entitlement for the spouse and ward as the facility would be admissible to them within the same domiciliary and hospitalisation limits as prescribed for the grade of the deceased/ disabled employee.

1.3.5 The reimbursable ceiling limits for consultation fees, room charges, charges for various tests and investigations, etc. shall be those as applicable from time to time under the Medical Rules to a serving employee of similar rank.

Note : Reimbursement of expenses towards outstation journeys for medical treatment is not permissible under Post-retirement medical scheme.

1.3.6 Hospitalization:

1.3.6.1 Reimbursement of medical expenses incurred during hospitalisation in hospitals other than Nominated Hospitals, i.e., Hospitals nominated for regular employees except Refinery Hospital will be made to the retired officer depending upon their group for every block of two financial years, subject to the following maximum limits per financial year.

Grade A	-	Rs.25500/-
Grade B & C	-	Rs.37500/-
Grade D, E & F	-	Rs.50250/-
Grade G, H & I	-	Rs.63000/-
Board level	-	Rs.75000/-

Note: (1) The term `for every block of 2 financial years’ is intended to facilitate carry forward of any unavailed amount within the prescribed maximum limits in the first financial year to the next financial year in the block. Similarly, the amount spent in excess of financial limit during the first year be adjusted against the combined ceilings for the first and second financial years of the 2 year block. The unavailed amount under hospitalization entitlement of a block may be carried forward to be availed in the next block of two years. The current block of 2 F.Ys. is 2010-11 and 2011-12.

(2) Unutilized hospitalization entitlement brought forward or carried forward to the next year as per laid down provision, is admissible for hospitalization expenses only.

1.3.6.2 Reimbursement of medical expenses incurred during hospitalization in Nominated Hospitals nominated by the Corporation is made as per ceilings laid down under the Medical Rules of the Corporation as amended from time to time and as applicable to a serving officer of similar rank. However, expenses beyond laid down financial ceilings are regulated as under.

a) Admissible expenses on account of specified ailments as per notified list given in **Annexure-1** is reimbursed irrespective of the financial ceilings.

b) Admissible expenses on account of diseases other than specified ailments as per list referred to at (a) above shall be reimbursable up to 85% of such expenses (75% in the case of workmen).

1.3.6.3 In case the member/other beneficiaries is hospitalized, it would be a pre-requisite to notify Management at the earliest.

1.3.6.4 The facility for an officer who has exhausted or partly exhausted the annual entitlement towards hospitalization in hospitals other than Nominated Hospitals and then shifts for treatment to a Nominated Hospitals, will be regulated as under:

Whenever in a financial year the facility of hospitalization has been earlier availed in a hospital other than a Nominated Hospital, the financial limit as laid down applies unless the member refunds the expenditure incurred during that financial year on hospitalization in non-Nominated hospitals. However, in case where urgent treatment is taken in emergency for a specified ailment, in such case refund of reimbursement claimed by the retired employee may not be insisted upon while shifting him to the Nominated hospital. The beneficiary will have the choice of availing hospitalization in a financial year in accordance with the provision 1.3.4.2 above if it is exclusively in Nominated Hospital.

1.3.6.5 In case of death during hospitalization in a non-nominated hospital, the hospitalization expenses would be admissible for reimbursement as if hospitalization has been taken in a nominated hospital.

1.3.7 Domiciliary treatment:

1.3.7.1 In case of domiciliary medical attendance, the expenses as per the following ceiling limit are reimbursable on Self-certification basis, without any supporting documents twice in a financial year on completion of 6 months period i.e. first claim is to be made after 30th September and second after 31st March in respect of each financial year in the prescribed proforma. The claim in no case is to exceed 50% of the entitled annual ceiling.

Category	Annual ceiling exclusively for Domiciliary treatment for self and other dependent eligible beneficiaries. (Rs.)
Gr. A	12000/-
Gr. B & C	17000/-
Gr. D, E & F	22500/-
Gr. G, H & I	28000/-
Board level	34000/-

Note: The above limits for reimbursement of medical expenses operate as the combined limit for the officer, dependent spouse, dependent parents and dependent eligible child, if any.

1.3.7.2 Patients who suffer from ailments like, Asthma, Diabetes, Parkinson's Syndrome/ Paralysis of limbs, which are chronic in nature, are generally on medicines for long spells, involving substantial expenditure, which in some cases may go beyond their domiciliary entitlements.

In order to give relief where the retired employee and/or eligible dependent beneficiaries enrolled under the scheme, is/are suffering from one of these ailments, which are certified to be chronic in nature requiring long spells of continuous medical attendance, the retired employee at his option, may claim reimbursement of actual domiciliary medical expenses duly supported by receipts/cash memos in lieu of claiming on self-certification basis. Such claims will be limited to the annual ceiling prescribed for domiciliary treatment as per sub-clause 1.3.5.1. Reimbursement of expenses on Spectacles/Contact Lens/Hearing Aid or other such appliances, if any, shall not, however, be admissible for reimbursement. The claims under this provision shall be submitted once at the end of each quarter provided the claim amount is not less than Rs.500.

After this limit (as per clause 1.3.5.1) has been exhausted, the medical expenses incurred on certified chronic ailment(s) and other normal ailments will be settled from the available balance under hospitalisation entitlement of the retired employee. This would be subject to the condition that reimbursement of expenses on normal ailments shall not exceed the annual ceiling laid down for Domiciliary Entitlement for the retired employee. This implies that reimbursements earlier made for chronic ailments out of the Domiciliary Entitlement shall stand adjusted against available balance under Hospitalization Entitlement in the books to the extent the claim for normal ailments is settled.

The procedure in this regard is as under:

- a) A retired employee will submit his option to claim reimbursement of domiciliary treatment expenses under this provision. He will also submit a Medical Certificate in original from an Authorized Medical Attendant (AMA) as per Medical Rules in the prescribed proforma.
- b) Once the retired employee has opted to avail relief under 'Chronic Ailments' for self and/or eligible dependent beneficiaries, the said option will remain valid for the following financial years also till the retired employee repeals the option and revert to the reimbursement on self-certification basis. However, the retired employee has to repeal the option by 30th April of subsequent financial year in order to claim reimbursement on self-certification basis.
- c) The medical claims for expenses on certified chronic ailment(s) will be submitted through a separate claim form, indicating "Chronic Ailment" on the top and shall not be combined with claims for other ailments.
- d) The claims for chronic ailment and/or other ailments shall be settled from the prescribed domiciliary entitlements.
- e) The prescribed limits on consultation fee, diagnostic/ investigation charges etc. in respect of a serving employee of the same status shall be applicable in the case of retired employees. Where the retired employees have opted under the category "chronic-ailments", and have produced a requisite Certificate from the Medical Attendant at the time of exercising their option, the prescription of the

authorised Medical Attendant prescribing medicines up-to a period of 3 months would be considered valid.

- f) In case attending physician subsequently changes / adds to the earlier prescribed medicines for 'chronic ailment(s)' in the course of treatment, the claims of retired employees as per the revised prescription should be processed for reimbursement provided the revised prescription for medicines is with reference to the existing 'chronic ailment(s)'.

1.3.7.3 In cases where the retired employee has exercised the option for reimbursement of domiciliary expenses duly supported by receipt/cash memos, the dental treatment / procedures & Physio-therapy treatment shall be admissible for reimbursement from out of the prescribed annual domiciliary ceiling if it is as per list of items applicable for the serving employees upto the prescribed ceiling for each of these items.

1.3.8 Domiciliary expenses treated as Hospitalization expenses

1.3.8.1 Reimbursement of the following expenses is to be deemed as part of hospitalisation entitlement / expenses.

- a) Reimbursement of expenses on account of Costly investigations/tests/ procedures:

The following investigations/tests/procedures, if obtained as outdoor patient, in a Nominated or Government Hospital, will be excluded from the domiciliary entitlement but reimbursed under hospitalisation entitlement within respective prescribed ceiling for each of them as per existing rules.

- Endoscopy
- ERCP
- Lithotripsy
- Laser treatment (non-cosmetic)
- Cataract
- MRI
- Thallium scan
- Colour Doppler
- Dialysis
- Oxygen Therapy (not exceeding Rs.1500/- p.m.) only in acute cases of Bronchial Asthma
- Diabetic Retinopathy, if performed under day-care

- b) In addition to above, a single test/investigation/procedure obtained as outdoor patient and costing Rs.1000/- & above will be excluded from the domiciliary entitlement but reimbursed against hospitalisation entitlement within the prescribed ceiling for such test/investigation/ procedure provided the same is undertaken in a Nominated or Government Hospital. Any grouping of the tests/investigations/procedures would not be admissible for this purpose.
- c) The cost of artificial limbs/prosthesis in case of amputation will also be reimbursed as a part of hospitalisation expenses within the prescribed hospitalisation entitlement.
- d) Health check-up once in a block of 2 years from out of the hospitalization entitlement of the retired employees is permissible to the members and beneficiaries in a Nominated Hospital as per investigations in **Annexure-2**. The reimbursement would be made on production of cash memo/receipt including list of tests done. Any

test(s)/investigation outside the list including treatment obtained on the basis of health check up will be governed under normal provisions of the Scheme, if admissible.

The medical claims under above clauses will be submitted duly supported by Doctor's prescription, cash memos/receipts etc., for the medical expenses, from a concerned Nominated Hospital/Government Hospital, as per the existing provisions of the Medical Rules.

- e) The post-hospitalization Follow-up domiciliary treatment taken after Heart Surgery in a Nominated Hospital will be considered as part of hospitalization expenses upto 7 years from the date of discharge from hospital after first admission, and reimbursement would be admissible as under:

During the 1 st year	100% reimbursement of the admissible claim
During the 2 nd year	80% reimbursement of the admissible claim
During the 3 rd year	70% reimbursement of the admissible claim
During the 4 th , 5 th , 6 th & 7 th year	60% reimbursement of the admissible claim

However, the reimbursement of follow-up domiciliary treatment, would be admissible afresh as per year-wise prescribed percentages in the event of repeat surgery.

- f) The post-hospitalization follow-up domiciliary treatment taken after Kidney Transplant and / or Cancer Treatment in a Nominated Hospital will be considered as part of hospitalisation expenses, and 100% reimbursement of the admissible claims would be allowed without any restriction on the period of such treatment.
- g) Any test(s)/investigation(s) carried out as an outdoor patient within 30 days prior to the date of admission in a hospital and if directly connected with the surgery/treatment performed/taken subsequently, shall be considered as a part of hospitalisation expenses. The retired employee would, however be required to submit alongwith his reimbursement claim, a certificate from the attending doctor certifying that the test(s)/investigation(s) carried out were directly linked with the hospitalisation. Further, any consultation fee paid to the attending doctor while prescribing the investigations would also be considered as hospitalization expenses alongwith diagnostic charges.
- h) The cost of medicine prescribed upto a period of one month after discharge from hospital and cost of any investigations/tests prescribed by the Doctor on the discharge slip and undertaken within a period of 30 days shall be considered as part of hospitalisation expenses

1.3.8.2 The expenses incurred on Chronic Ambulatory Peritoneal Dialysis (CAPD) at home in lieu of Hemo-Dialysis, taken on the prescription of attending Doctor, will be admissible as hospitalization expenses and reimbursed accordingly.

1.4 **General**

1.4.1 The benefits under the scheme will be pro-rata in the initial financial year in which the officer becomes eligible for the post-retirement medical attendance facility.

1.4.2 In case the officer and/or the spouse receives free/reimbursable medical attendance facility from any other source, the benefits under the scheme will be admissible only to the extent of difference between the expenses incurred and the reimbursement received from such other alternative source, subject to the overall laid down limits.

1.4.3 No medical advance is admissible. However, if hospitalisation takes place in Nominated Hospital and the anticipated cost of medical attendance is likely to exceed Rs.5000/- , the Unit/Regional Office located in that city may issue a letter to the hospital concerned.

- a) requesting extension of medical treatment to the patient identified by name, and to forward the bills by the hospital to the office direct;
- b) mentioning the room charges admissible to the patient; and
- c) pointing out that food charges, telephone charges, disinfectants, excess room charges and other inadmissible expenses, if any, are to be recovered from the patient.

1.4.4 Medical expenses incurred for treatment outside the country are not admissible for reimbursement under this scheme.

1.4.5 The time limits for submission of the medical claims under PRMAS is as under:

1.4.5.1 *Domiciliary*: The medical reimbursement claims for the 6 months period should be lodged within the following 3 months i.e., for the period April-September, the retired employee should submit his claim by 31st December and for the period October-March by 30th June.

1.4.5.2 *Hospitalization*: The claim for reimbursement of hospitalisation expenses should be lodged within 3 months from the date of discharge from the hospital.

1.4.5.3 The above are standard time limit for all medical reimbursement claims. However, delay beyond standard time limit may be condoned in very exceptional cases on merit upto a further period of 3 months for both domiciliary and hospitalisation cases, provided the retired employee furnishes the reasons of delay to the full satisfaction of the Management.

1.5 **Issue of Identity Cards**

- i) Members are issued Identity Cards for getting a verification certificate in the prescribed form, in case of hospitalisation.
- ii) Members are required to submit 2 stamp size colour photographs of each beneficiary and of self alongwith the prescribed form duly attested by IOC/Gazetted Officer for preparation of Identity Cards. The card is valid for 5 years.
- iii) Cost of photographs not exceeding Rs.20/- per person is reimbursed on submission of claim.

1.6 **Administration of Scheme**

1.6.1 The scheme, for the purpose of administration, has been decentralised and the members have the choice for availing medical reimbursement from any of the following units/office.: Guwahati, Barauni, Gujarat, Haldia, Mathura, Panipat, AOD, Refineries Hqrs., Liaison office Kolkata, PL-HO, & R&D Centre, Eastern and Western Regional Offices of Pipelines, and Regional & State offices of Mktg. Divn. & Marketing-HO. An officer joining this scheme is required to indicate, prior to his retirement, the unit through which he would like to prefer his medical claims. The officer can change the reimbursing unit, if he/she decides otherwise, after obtaining approval from the concerned Division. This change is possible only from beginning of next block of "two years".

1.6.2 The facility of hospitalisation or domiciliary medical attendance is not extended or admissible to the retired officers from Corporation's own hospitals which are intended for the serving

employees. The facility is, however, admissible from AOD hospital, Digboi and the following procedures will be considered in respect of hospitalization expenses of retired employees in the AOD hospitals:

- a) Admissible hospitalization expenses on specified ailment(s) (for which full reimbursement is admissible) under the scheme may not be charged from the retired employees but expenses may be booked under the relevant head for record purposes.
- b) With respect to admissible hospitalization expenses for ailment(s) which is not included in the specified list and for which reimbursement beyond prescribed annual ceiling is restricted to 85% (75% in case of non-officers) the retired employees may be asked to deposit the non-reimbursable portion with the hospital at the time of discharge.

1.6.3 The benefits under the scheme as applicable to retiring officers in occupation of company owned/ leased accommodation shall actually be extended only upon the officers handing over the vacant and peaceful possession of accommodation together with the fixtures and fittings within the permissible period for retention of accommodation.

1.6.4 Management can consider appointing a panel of doctors/chemists at different locations for the purpose of medical treatment/ purchase of medicines by the members /beneficiaries of that location.

1.6.5 At any point of time in a particular case of doubtful nature, Management has full right under the scheme:

- a) to refer the patient and/or the claim/bills received to Company CMO/ Doctor-in-attendance/any other doctor nominated by Management for expert opinion;
- b) to insist on the member/other beneficiaries taking medical treatment only from a doctor nominated by Management.
- c) to insist on the member/beneficiaries purchasing medicines either from a chemist nominated by the Corporation or from outlets such as Super Bazar; and
- d) to reject a claim in its entirety.

1.6.6 Management may in its sole discretion decide to terminate the membership of any member/spouse in case Management is satisfied on the basis of evidence on record that the benefits /facilities under the scheme are being misused/abused by a member/spouse, apart from taking such other action as Management may deem fit.

1.6.7 The membership of a member may be terminated and the benefits/ facilities under the Scheme withdrawn after giving him due opportunity by issuing time bound show-cause notice to explain his action, if

- i) a misconduct committed by an employee during active service is detected after his retirement and the Competent Authority is satisfied on the basis of evidence on record that the said misconduct was committed by the member.
- ii) it is established that the member is working against the interest of IOC. Illustratively, the member has made public statement or done public acts to tarnish the image and reputation of IOC or the member has divulged IOC's business strategies, secrets and procedures to the detriment of IOC's interests or the member by virtue of his earlier standing and contacts in IOC, has exercised or attempted to exercise undue influence etc.

The Disciplinary Authority would be Functional Director and Appellate Authority would be Chairman. In case of members who were earlier in the Board, the Disciplinary Authority would be Chairman and Appellate Authority would be the proposed Ethics Committee of Board of Directors. Where the retired officer had held the position of Chairman during service, the Disciplinary Authority would be the Board of Directors.

- 1.6.8 The scheme and/or the benefits thereunder shall be liable to be withdrawn and made inoperative in toto at any time, for misuse or abuse of the benefits under the scheme or for any other reason whatsoever. The scheme and/or the benefits thereunder shall not be deemed to be a matter of right or contract or term/condition of employment.

Note: In case of any doubt or dispute in interpretation of any provision stated above, a reference may please be made to the administrative instructions / guidelines issued from time to time.

SCHEME FOR PROVIDING POST-RETIREMENT MEDICAL SCHEME FOR NON-OFFICERS

2.0 **Eligibility** – The eligibility conditions for seeking membership under the scheme in the case of workmen are generally same as indicated for officers.

2.1 **Contribution**

An eligible employee depending upon the category to which he belongs at the time of cessation of service, will be required to make a one-time non-refundable lumpsum contribution, as indicated below, so as to become eligible for the benefits under this scheme. The lumpsum contribution will be deducted from final settlement of dues, subject to the same being authorised by the retiring employee, vide the application/ enrolment form which is to be submitted by the employee in advance, prior to cessation of service in the Corporation. However, in case of death contribution should be remitted within 3 months from the date of death of the eligible employee.

Category*	Rate of one time lumpsum contribution	
	For employee (Rs.)	For every additional eligible beneficiary (Rs.)
Category 'A' Mktg./IBP – Gd.I to V Other Divns. – Gd. I to VII	2600	1300
Category 'B' Mktg./IBP – Gd. VI Other Divns. – Gd. VIII	3200	1300

(*As on the date of separation)

2.2 **Benefits**

2.2.1 Same as applicable in the scheme for officers but within the prescribed limits as under:

2.2.2 *Hospitalization:*

2.2.2.1 Reimbursement of medical expenses incurred during hospitalisation in other than Nominated hospitals will be made for every block of two financial years, subject to the following limits per financial year :

Category A - Rs.13700/-

Category B - Rs.17500/-

The above limits for reimbursement of medical expenses shall operate as the combined limit for the employee and other dependent beneficiaries.

2.2.2.2 Reimbursement of medical expenses incurred during hospitalisation in Nominated Hospitals nominated by the Corporation will be made as per ceilings laid down under the Medical Rules of the Corporation as amended from time to time and as applicable to a serving non-officer of similar grade. However, expenses beyond financial ceilings mentioned in clause 2.2.2.1 will be regulated as under:

a) Admissible expenses on account of specified ailments as per notified list given in (**Annexure -1**) shall be reimbursable irrespective of the financial ceilings.

- b) Admissible expenses on account of diseases other than specified ailments as per list referred to at (a) above shall be reimbursable up to 75% of such expenses, if the expenditure incurred is beyond the applicable financial ceiling limits.

2.2.3 *Domiciliary treatment:*

2.2.3.1 In case of domiciliary medical attendance, the expenses as per the following ceiling limit shall be reimbursable on Self-certification basis, without any supporting documents twice in a financial year on completion of 6 months period i.e. first claim is to be made after 30th September and second after 31st March in respect of each financial year in the prescribed proforma. The claim in no case is to exceed 50% of the entitled annual ceiling.

Category	Annual ceiling exclusively for Domiciliary treatment for self and other dependent eligible beneficiaries (Rs.)
Category 'A' Mktg./IBP – Gd.I to V Other Divns. – Gd. I to VII	7000
Category 'B' Mktg./IBP – Gd. VI Other Divns. – Gd. VIII	7500

2.2.3.2 Chronic Ailments - Same as in the case of officers.

2.2.4 ***Domiciliary expenses treated as Hospitalization expenses*** - Same as in the case of officers

2.3 The general provisions / guidelines on issue of identity card & provisions on administration of the scheme are generally same as in the case of officers.

Note: In case of any doubt or dispute in interpretation of any provision stated above, a reference may please be made to the administrative instructions / guidelines issued from time to time.

Annexure-1

LIST OF SPECIFIED AILMENTS FOR THE PURPOSE OF REIMBURSEMENT OF HOSPITALISATION EXPENSES UNDER SPECIAL PROVISION OF THE POST-RETIREMENT MEDICAL ATTENDANCE SCHEME

1. Tuberculosis incapacitating from work
2.
 - i. Cancer/Malignancy of any form
 - ii. Bone Marrow Transplantation procedure in Myelodysplastic Syndrome Disorder
3. Leprosy – requiring hospitalization
4. Mental Disorders
 - i. Schizophrenia
 - ii. Manic Depressive Psychosis
 - iii. Acute endogenous depression with suicidal tendency
5. Cardiovascular Diseases
 - i. Myocardial Infraction
 - ii. Chronic Congestive Cardiac Failure
 - iii. Chronic Constructive Pericarditis
 - iv. Complete Heart Block
 - v. Sick Sinus Syndrome leading to pacemaker implantation
 - vi. Severe Hypertension with Papilloedema
 - vii. Heart Surgery/Angioplasty/Heart Disease requiring surgical intervention(invasive or non-invasive)
6. Neurological Diseases
 - i. Brain Tumor/Space Occupying lesion
 - ii. Presenile & Senile Dementia
 - iii. Venous Sinus Thrombosis
 - iv. Parkinson's syndrome incapacitating from work
 - v. Acute ineffective Polyneuritis & Landry's type of ascending paralysis
 - vi. Motor Neurone diseases
 - vii. Paralysis of limb following Cerebral thrombosis/Cerebral injuries/Cerebral Haemorrhage/Cerebral embolism
 - viii. Multiple Sclerosis
 - ix. Spinal injuries & head injuries
 - x. PID causing neurological complications.
 - xi. Epilepsy/Seizures requiring hospitalization
 - xii. Multiple System Atrophy
7. Chronic Renal Failure
 - i. Hemo-Dialysis
 - ii. Renal Transplant
 - iii. Removal of Kidney (Nephrectomy)

8. Certain disease of Old-age requiring hospitalization
 - i. Enlarged prostate gland requiring surgical intervention
 - ii. Cataract requiring surgical intervention
 - iii. Surgical removal of Uterus or adenoma
 - iv. Haemorrhoids needing surgical intervention
 - v. Glaucoma
 - vi. Joint Diseases requiring Surgical intervention/prosthesis
 - vii. Gangrene
 - viii. Artificial Limb
 - ix. Accidents involving Surgery
 - x. Burns injury requiring hospitalisation
 - xi. Different endoscopic interventions diagnostic or therapeutic
 - xii. Hepatitis-C, Hepatitis-B & Acute fulminant Hepatic failure
 - xiii. Meningitis
 - xiv. Retinal detachment, diabetic Retinopathy requiring Laser photocoagulation
 - xv. Encephelopathy
 - xvi. Pulmonary Embolism
 - xvii. Dengue (Haemorrhagic type)
 - xviii. HIV/AIDS
 - xix. Cerebral Malaria
 - xx. Ulcerative Colitis
 - xxi. Herniorrhaphy
 - xxii. Cholecystectomy
 - xxiii. Age-Related Macular Degeneration (AMD) – vision related ailment
 - xxiv. Lithotripsy
 - xxv. Laser treatment (non cosmetic)
9. Any sickness / ailment leading to death during hospitalization in a Nominated Hospital

Annexure-2

Medical check-up under PRMAS

1. Routine physic check-up
2. X-Rays of the chest
3. Routine blood count
4. Routine stool examination
5. Routine urine examination
6. Blood – sugar 2 hours after meals. A record of family history essential
7. Lipid Profile
8. Serum Creatinine
9. SGPT, SGOT & Alkaline Phosphate
10. Electrocardiogram
11. Record of personal habits like smoking, consumption of alcohol, diet, hours of work and rest
12. Examination of the eyes to be advised if necessary
13. Dental check-up
14. Mammography (for female)
15. Pap Smear (for female)
16. Ultrasound for whole abdomen
17. Prostate Specific Antigen (PSA)
18. Hb 1C (for diabetes)