

CIRCULAR

Sub: Group Health Insurance Policy for MTNL Retired Employees, 2008

This is in continuation of this Office's Order No. MTNL/CO/Pers/8(1-176)/2006/277 dt 20.03.2008, whereby Indoor Medical facilities on case-to-case basis to Retired MTNL employees had been withdrawn, and a new arrangement in this respect was to be put in place.

It has now been decided to launch the new **Retired Employees Contributory Medical Scheme, 2008**, in replacement of the existing HUDCO Medical Scheme for Retirees which was being extended on an adhoc basis for extending medical facilities to retired employees. The Indoor part of the Scheme will be managed through an Insurance Policy which will be served by **M/s United India Insurance Co. Ltd** through the following two different TPAs in Delhi and Mumbai (details in Annexure-D)-

For Delhi- M/s MD India HealthCare Services (TPA) Pvt. Ltd

For Mumbai- M/s MedSave HealthCare (TPA) Ltd.

For availing indoor treatment, the retirees shall go to the empanelled Hospitals of TPA, whose list shall be provided separately to each retiree by the TPA. Existing procedure for reimbursement of OPD expenses for retirees shall continue as such till any further orders.

The Scheme shall take effect from 01.10.2008.

Salient features of the Scheme are as below:

1. **Coverage from day one of operation of the Scheme.**
2. **All Pre-existing diseases shall be covered.**
3. **Exclusions as per Insurance Policy (refer Annexure-E).**
4. **Day Care Procedures shall be covered (refer Annexure-E).**
5. **Coverage for indoor treatment :**
 - a. For both Retiree and Spouse **upto Rs. 1.5 Lacs on Family Floater basis.**
 - b. For Single surviving spouse **upto Rs. 1 Lac.**
 - c. **Corporate Floater** at Unit level may be additionally utilized by the Retiree/Spouse, subject to the following limit, when individual cover as mentioned above is fully exhausted-
 - For both Retiree and Spouse upto an amount of **Rs. 1.5 Lacs** with concerned ED's approval.
 - For Single surviving spouse upto an amount of **Rs. 1 Lac** with concerned ED's approval.
 - d. Corporate Floater at Unit level may be utilized in cases of critical illnesses, accidents and surgeries only.
5. **The Scheme will be contributory in nature, as the Retiree/Spouse shall pay 25% of Bed Charges as per their entitlement (refer Annexure-C), for indoor treatment.**
6. **Procedure for claim: (To be submitted to Help Desk of TPA)**
 - a. Cashless treatment can be availed in the Hospitals on the panel of TPAs.
 - b. Where cashless treatment is not possible, reimbursement shall be given by TPA to the extent of Insurance Cover.
 - c. Reimbursable amount shall be remitted by cheque.
 - d. Amount can also be credited directly to the bank account of the retiree/spouse where his/her pension is credited, at the option of the retiree/spouse.

The scheme will be operated centrally from the respective EDs' office at Delhi/ Mumbai. The cases of Retired employees of Corporate Office shall also be dealt at O/o ED, Delhi.

Documents to be submitted by Retiree/Spouse:

1. A retired employee/spouse of the retired employee who wishes to avail the indoor medical facilities under this Scheme **shall apply for the purpose, to the General Manager (Admn), HQ, Delhi/ Mumbai.**
2. **For the purpose, Annexure 'A' and 'B' are to be filled and submitted without any delay (maximum within one month of launch of the Scheme).**
3. Thereafter, new Medical Identity Cards will be issued to the beneficiaries by the TPA. In case any beneficiary has not yet got his/her new medical card and in the meantime, is required to avail the treatment, he/she must carry his/her existing Medical Card/ Pension photo Identity Card with him/her, while going for Hospitalization.

Fresh Hospitalization taking place on or after 01.10.2008 will be covered under the new Scheme. However, any ongoing indoor treatment till the date of discharge, as on 30.09.2008, will remain governed by the existing arrangement in Delhi and Mumbai.

Any further information in this regard may be had from the concerned GM (Admn) Office in Delhi and Mumbai, or from the day time Help Desks provided by the TPA(s) for the benefit of the retirees (refer Annexure D).

This issues with the approval of the Competent Authority.

Hindi version follows.

-sd-
M.K.Saxena
DGM (HR)

Encl: Annexure A, B, C, D & E

Copy to:

1. CMD, MTNL- for kind information
2. Director (Tech)/(Fin)/(HR), MTNL
3. ED/ED(O), MTNL, Delhi/Mumbai, CO
4. CVO, MTNL
5. CS, MTNL
6. GM (Admn)/ (Fin), MTNL, Delhi/Mumbai
7. GM (HR), MTNL, CO
8. DGM (A/c)/ (Fin), MTNL, CO
9. DGM (IR), MTNL, Delhi/ Mumbai
10. Manager (IR), MTNL, CO
11. General Secretary, Recognised Unions, Delhi/Mumbai
12. Sh. S.P.Pawar, Sr. D.M., M/s United India Insurance Co. Ltd.
13. Dr. Pran Nath, Executive Director, M/s MedSave HealthCare (TPA) Ltd.
14. Mr. Ashesh Das, Regional Manager, M/s MD India HealthCare Services (TPA) Pvt. Ltd.
15. Office Copy

MTNL RETIRED EMPLOYEES CONTRIBUTORY MEDICAL SCHEME-2008

APPLICATION FOR REGISTRATION
(Attach one photograph of each self and spouse)

GM (Admn)
MTNL

Sir,

1. I have retired from the services of MTNL after attaining the age of superannuation on _____ and would like to join the Company's Retired Employees Contributory Medical Scheme with effect from _____.
2. I request that medical coverage be extended to self and/or spouse as named below.

Sl. No.	Name of beneficiaries	Relation	Date of Birth	Address

1. Reimbursement of Indoor claims (if any) submitted from time to time may please be deposited in my bank account No. _____ with _____ Bank, New Delhi as admitted/ through cheque drawn in my name. (Photocopy of first page of bank passbook/ bank statement is attached with)
2. I undertake to notify to the company any change in the above particulars as soon as it occurs.
3. I (Retiree/Spouse) understand that the company reserves the right to refuse the membership to any retired employee or terminate the same at any time, by giving one month's notice formally to individual retiree/spouse and specifying the reason thereof. Company's decision in this behalf shall be final.
4. I undertake to abide by the rules of this Scheme, as amended from time to time.

Yours faithfully,

Signature:

(Self) _____ (Spouse) _____

Name:(Self) _____ (Spouse) _____

Phone No. Res: _____ Mobile _____

Emp.No _____ PPONo/EPFNo. _____

Designation at the time of Retirement _____

Pay Scale at the time of Retirement _____

B.Pay at the time of Retirement _____

Address for Correspondence _____

Signature of the
applicant _____

MTNL RETIRED EMPLOYEES CONTRIBUTORY MEDICAL SCHEME-2008

CERTIFICATION/DECLARATION
(Tick mark whichever is applicable)

1. Certified that I have not been re-employed on full-time basis elsewhere, or I am not availing any other medical cover in consequence of employment of my spouse, or any type of medical facility or allowance from any other source.
2. Certified that my spouse is not employed.
3. Certified that my spouse, Mr/Mrs _____ is employed with _____ but he/she is not availing any medical facility nor drawing any medical allowance from his/her employer. (A certificate of his /her employer to that effect is enclosed).

Date:

Signature:

Place:

Name:

Address:

Phone No:

Mobile No:

MTNL RETIRED EMPLOYEES CONTRIBUTORY MEDICAL SCHEME-2008

ROOM/BED ENTITLEMENTS FOR RETIRED EMPLOYEES OF MTNL-

Sl. No.	Group	Cadre	Grade/Scale	Room/Bed charges per day
1.	'A'	CMD & Full Time Directors (on Board)	CMD & Full Time Directors (on Board)	At actual
		(ED/CGM)	E-9	3000
		(DE/CAO/EE/DGM/ SE /Jt GM/GM/CVO/CE)	E5- E8, E8+	2500
2.	'B '	JAO/JTO/AM/Sr.AO/SDE/Sr SDE/PO/LO/WO/ADET/Prob./Exec. Trainees)	E1-E4	2000
3.	'C '	(Sr. TOA (G)/Sr. TOA(P)/TOA(G)/TOA(P)/SS/SSS/TTA/LD/TM/PM)	NE 6- NE-11	1500
4.	'D '	(WA/PEON/Gateman)	NE 1 – NE 5	1000

* ICU, ICCU, HDU charges shall be as per actual for all Groups/Cadres/Grade/Scale.

** Any designation not mentioned above will be covered as per Grade/Scale

Annexure-D

	Name/Address	Contact No.
Insurer	Mr.S.P.Pawar , Sr. Divisional Manager United India Insurance Co. Ltd. Divisional Office-28,34, Neelam Bata Road, NIT Faridabad-12100	0129-2412493 9999986400
TPA (Delhi)	Mr. Ashesh Das , Regional Manager M/s MDIndia HealthCare Services (TPA) Pvt. Ltd. E-98, 2 nd floor, Lajpat Nagar 2 nd , New Delhi- 110024 Tel: 020-25300000, Fax: 020-25300003 Website:www.mdindia.com Email:adas@mdindia.com	9350853382
TPA (Mumbai)	Dr. PranNath , Executive Director M/s MedSave HealthCare (TPA) Ltd. F-701A, Lado Sarai, Mehrauli, New Delhi-110030 Tel: +91-11-29521061-66,39001234 Fax: +91-11-29521067/71 Website:www.medsave.in Email:prannath@medsave.in	9312880025
	Mr. Vivek Srivastava , Sr. Manager- Systems	9313029514
HelpDesk (Delhi)	Cashless Customer Care Branch Office Mr. Deepak Kumar Shukla (Help Desk Executive) Mr. Sanjeev Gupta (Branch Manager)	18002334505 18002331166 011-29811840, 011-32590562 09250259923 09312090609
HelpDesk (Mumbai)	Mr. Shashi Shetty Mr. Kunal Makwana Mr. Vinod Dhemre Office land lines	09322818506 09322818502 09322646395 22032509 40369818 40369819
Nodal Officer (Delhi)	Mr. D.P.Gupta (AO (MR)) K.L.Bhawan, New Delhi	23320382 23716522
Nodal Officer (Mumbai)	Mr. V.V.Karelkar , Executive (Personnel), Welfare-I Dadar, Mumbai	24377676 09869200809

(The detailed Policy may be had from the HelpDesk of the TPA)

Exclusions-

1. Injury or disease directly or indirectly caused by or arising from or attributable to invasion, act of foreign enemy, war like operations (whether war be declared or not).
2. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
3. Cost of spectacles and contact lenses, hearing aids.
4. Dental treatment or surgery of any kind unless requiring hospitalisation.
5. Convalescence, general debility, run down condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal disease, intentional self injury and use of intoxication drugs/alcohol.
6. All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymph tropic Virus Type-III (HTLB-III) or Lymphadenopathy associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
7. Charges incurred at Hospital or Nursing Home primarily for diagnosis X-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home or at home under domiciliary hospitalization as defined.
8. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.
9. Injury or disease directly or indirectly caused by or contributed to by Nuclear Weapons/Materials.
10. Treatment arising from or traceable to pregnancy (including voluntary termination of pregnancy) and childbirth (including caesarean section).
11. Naturopathy treatment whether taken as OPD or as an In-patient.
12. External and or durable material/non medical equipment of any kind used for diagnosis and or for treatment including CPAP, CAPD, infusion pump etc. Ambulatory devices i.e. walker, crutches, belts, collars, caps, splints, slings, braces, stocking etc., of any kind. Diabetic footwear, Glucometer/Thermometer and similar related items etc, and also any medical equipment, which is subsequently used at home etc.
13. Any kind of service charges, surcharges, admission fees/registration charges levied by the hospital.
14. All expenses arising out of any condition directly or indirectly caused to or related to known congenital diseases (internal and external).

Day Care Procedures-

1. Cataract
2. Lithotripsy (Kidney stone removal)
3. Chemotherapy
4. Radiation Therapy
5. Dialysis
6. Eye Surgery
7. Dental Surgery
8. D&C
9. Tonsillectomy