

IT Dept / 1129
30/4/10

PRAGATI POWER CORPORATION LIMITED

AM (IT)

With the approval of the Competent Authority, A Post Retirement Medical Scheme has been evolved for the employees of PPCL who have joined the company after the unbundling of erstwhile DVB w.e.f. 01.07.2002 and has been sent in your e-mail through SAP for uploading the same in the website of the company for dissemination of the information to all concerned.



(Bharat Bhushan Sharma)
Dy. Manager (HR) V

DMCHR/V. / 2009-10 / 868
30/04/2010.

POST RETIREMENT MEDICAL SCHEME

FOR

INDRAPRASTHA POWER GENERATION COMPANY LIMITED

PRAGATI POWER CORPORATION LIMITED

DELHI TRANSCO LIMITED

DELHI POWER COMPANY LIMITED

J. K. Singh
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POST RETIREMENT MEDICAL SCHEME

1.0 Coverage

The Post Retirement Medical Scheme (PRMS) is framed with a view to provide post retirement medical benefits to the regular employees of Indraprastha Power Generation Company Limited (IPGCL) / Pragati Power Corporation Limited (PPCL) / Delhi Transco Limited (DTL) / Delhi Power Company Limited (DPCL) who have joined the Company on or after 1st July 2002 and their spouses & dependents as defined under Central Government Health Scheme (CGHS), on contributory basis, subject to the provisions, as detailed hereunder.

2.0 Eligibility

2.1 The scheme will apply to the following categories of employees of IPGCL / PPCL / DTL / DPCL

2.1.1 Cases of retirement including superannuation / separation on medical grounds

Employees who separate from the Company on account of retirement on attaining the age of superannuation or discharged under the Voluntary Retirement Scheme notified by the Company from time to time or voluntarily retires from the Company as per the Central Government Service Rules or are separated by the Company on Medical Grounds, provided that the concerned employees have completed a minimum qualifying period of ten years of continuous service in Central/ State Government /Public Sector Undertaking out of which a minimum of 5 years shall be in IPGCL & PPCL/ DTL/ DPCL. The spouse and the dependents of the employee who dies while in service of the Company will also be eligible to be covered under this scheme.

The Scheme also covers the employee and his / her spouse and their dependents where an employee meets an accident while discharging official duties, suffers permanent physical disability and leaves the service of the Company on that ground.

2.1.2 The scheme will be compulsorily applicable to all employees joining the Company after its approval by the Board. However, the employees who have joined the Company after unbundling, i.e., on or after 01.7.2002 but before the approval of the scheme by Board, shall be given one time option to join the new Post Retirement Medical Scheme after the notification of the scheme.

2.1.3 However, the criterion of minimum service period in the company as mentioned in Clause 2.1.1 shall be four years instead of five years, in those cases where the prescribed maximum age limit for Direct Recruitment in the R&P Rules is 56 years.

2.1.4 Board level appointees, on completion of minimum three years period shall be eligible for the benefits under the Scheme.

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2.1.5 In case any retired employee who is availing the benefits under this Scheme dies, his / her spouse on his / her option may continue to avail the benefits under this scheme subject to his / her continuing to meet the criteria of eligibility mentioned in the Scheme, after giving intimation in this regard to the Company.

2.2 The benefits under this Scheme shall not be admissible as long as:

- (a) The employee and his / her spouse are availing any medical facilities from or through the Central / State Government / Public Sector Undertaking / Quasi-Government Body / Any other organization.
- (b) Employee or his spouse receives any medical facilities from any organization as dependant of their ward(s).

3.0 Benefits

The medical benefits under the Scheme to the retired employees, their spouses and dependents will be admissible for the treatment taken only in India and would be as under:-

3.1 Indoor Treatment

Reimbursement of medical expenses incurred for indoor treatment shall be governed as under:

- (a) The Indoor treatment can be taken at any Government hospital or hospitals empanelled with the Company or Central Government Health Service Scheme (CGHS).
- (b) Reimbursement of actual accommodation and medical charges shall be limited to the specified entitlements and the rates prescribed by the CGHS.
- (c) Reimbursement of charges of specialized treatment not available in the CGHS rates will be allowed as per actual limited to the rates charged by Holy Family Hospital in Delhi.
- (d) Credit facility available to the serving employees of the Company at the empanelled hospitals shall also be available to the retired employees and their eligible family members.

3.2 Out Patient /Domiciliary Treatment

3.2.1 For outpatient / domiciliary treatment, reimbursement of medical expenses shall be limited to the annual ceiling equivalent to the Pay (Basic pay + Grade pay) of a serving employee of equivalent status/ rank, on the last day of the preceding financial year. The maximum ceiling for the employees who are enrolled for

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the benefits under the scheme, for the first year after their retirement will, however, be proportionate to the number of months for which the benefits will be availed of after retirement up to 31st March of that Financial Year.

3.2.2 The outpatient / domiciliary medical treatment shall be governed as under:

a) Treatment at Full Fledged Company Dispensaries

All retired employees and their eligible family members are entitled to free medical consultation in IPGCL / PPCL / DTL / DPCL's Dispensaries. The expenditure on medicines purchased against the prescription of the Company Dispensary shall be reimbursed.

b) Treatment at Other Places

- i) The outpatient treatment can be taken from any qualified Doctor, Government hospitals/ dispensaries, hospitals empanelled with the Company or CGHS. The actual Consultation fee will be reimbursed to the retired employees subject to the following ceilings :

Category of Doctors	Consultation Fees per visit (Rupees)
In case of specialists having degree of MD or equivalent in any of the branches of medicine / surgery	500
In case of all other specialists (not covered above)	250
In case of non Specialists Doctor	100

The above consultation fees shall be reviewed every five years.

- ii) Medical treatment charges shall be reimbursable subject to the rates prescribed under CGHS.
- iii) The outpatient / domiciliary medical treatment taken for the following specified diseases shall be treated as Indoor treatment:
- Dialysis treatment in case kidney related ailments
 - Radiotherapy /Chemotherapy treatment in cancer related ailments
 - Hemophilia
 - Aplastic Anaemia
 - Costly immuno suppressant drugs in organ transplant etc. and any other chronic life threatening treatment ailments which are to be certified by CMO/ treating specialist of the panel Hospital
 - Any other treatment prescribed in CGHS Rules.

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- iv) Reimbursement of charges of specialized treatment not available in the CGHS rates will be allowed as per actual limited to the rates charged by Holy Family Hospital in Delhi.
- c) **Reimbursement under Homeopathic, Ayurvedic & Naturopathy Systems of Medicine**
- i) **Consultation charges (if medicines prescribed by doctor)**
For each consultation -Rs. 100/-.
- ii) **Medicines**
Medicine expenses reimbursement is restricted to the amount calculated @ Rs. 25/- per day for the period of treatment.
- iii) Indoor treatment in Ayurvedic & Homeopathic systems of medicines shall be governed as per the regulations prescribed in the CGHS Rules.
- iv) In case of Naturopathy treatment, the reimbursement of the same shall be governed as per the regulations prescribed in the CGHS Rules.
- v) **Diagnostic / Pathological Tests**
Reimbursement of expenses incurred on diagnostic / pathological tests etc. shall be reimbursed as per the CGHS rates.
- vi) **Physiotherapy Treatment**
Reimbursement of expenses incurred on Physiotherapy treatment etc. shall be reimbursed as per the CGHS rates

4.0 Contribution

- 4.1 Employees intending to avail the benefits under the Scheme shall be required to pay contribution on monthly basis at following rates: -

Category of employee	Contribution
Executive grades	Rs. 100/-per month
Non - Executive grades	Rs. 75/- per month

The above rates shall be subject to revision from time to time.

- 4.2 At the time of retirement or separation, every employee should have paid minimum amount equivalent to 60 times of the applicable monthly contribution.
- 4.3 In case of an employee who has contributed the above said amount for a minimum period of 5 years, leaves the company before his retirement, he shall be



eligible for refund to the extent of 80% of the principal amount contributed by him and balance 20% shall be retained by the Company as administrative cost.

5.0 Procedure

- 5.1 An eligible employee after his retirement or separation or eligible dependants of the deceased employee as per this Scheme who intends to avail medical benefits under the scheme shall apply to the nominated In-charge in HR Department of the Company.
- 5.2 HR Department after verification of the eligibility conditions as mentioned in the Scheme shall issue Office Order permitting the beneficiary / beneficiaries to avail the benefits with copies to the Trust / Finance and Accounts Department.
- 5.3 Trust / HR Department shall duly register the retired employee concerned and issue a Medical Card to him in the prescribed format.
- 5.4 The Medical Card will be valid for lifetime of eligible retired / separated Employees and / or his / her spouse and their dependents. In case of loss or damage of medical card, a duplicate medical card can be issued to the beneficiary on request in writing on payment of nominal fees of Rs. 100/-.
- 5.5 Trust / Nominated In-charge in HR Department shall deal with all the correspondence and procedures related to Scheme except of Claim as mentioned below.

6.0 Claim

- 6.1 For claiming reimbursement of medical expenditure under the Scheme, the beneficiary can file claim not more than once in a month. The claim shall be filed with the Trust / Finance and Accounts Department of the Company in the prescribed format.
- 6.2 The claim will be processed and reimbursed to the retired employee by the Trust / Finance and Accounts Department of the Company after verifying the validity of the Medical Card and the benefits admissible to the retired employee concerned under the scheme.

7.0 General

- 7.1 In case, any doubt arises regarding the genuineness or otherwise of the claims preferred by the retired employee, the Trust / Company reserves the right to direct the beneficiary to present himself before the Trust / Medical Board of the Company and that no reimbursement will be made till the recommendations of the Trust / Medical Board are received in this regard.
- 7.2 If on reasonable belief or on the basis of recommendation of the Trust/ Medical Board, it is found that there is misuse of the benefits under the scheme by any beneficiary, he/she may be summarily debarred from the benefits under the scheme.



7.3 The Company reserves the right to amend, modify or discontinue the Scheme, in part or full.

7.4 In respect of any matter not covered herein, on specific reference, the same shall be decided by Managing Director/ CMD of the Company.

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