



**MANGALORE REFINERY AND PETROCHEMICALS LIMITED
MANGALORE – HR DEPARTMENT**

MRPL/HR/PRMBF/2016

30/01/2016

CIRCULAR

Subject: Revision to Post Retirement Medical Benefit Facility (PRMBF).

The policy on Post Retirement Medical Benefit Facility is being amended as below. For switching of the scheme, new scheme will be applicable from the current block i.e 2015-17. This circular will supersede all previous circulars on the subject.

SCHEME FOR PROVIDING POST-RETIREMENT MEDICAL BENEFIT FACILITY (PRMBF) FOR EMPLOYEES

1.0 Eligibility

- 1.1 The post-retirement medical benefits are admissible to the following categories of employees on a contributory basis:
- i. Those who retire from the service of the company on reaching the age of superannuation, subject to rendering minimum service for 15 years in MRPL and/or with Government and/or organisations in the Public Sector.
 - ii. Those who prematurely/voluntarily retire from the service of the Company after attaining the age of 45 years, subject to rendering minimum service for 15 years In MRPL and/or with Government and/or in organisations in the Public Sector.
 - iii. Those who relinquish charge as whole-time Director of the Company 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 MRPL/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 MRPL, 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.

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4. In case of voluntary retirement (presently not applicable in MRPL) 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 MRPL. 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 retired employee and spouse 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. The membership of the scheme should be restricted to either husband or wife, where both are ex-employees of the Company, as may be opted by them.
7. Employees of the Company who separate by way of resignation are not eligible under the scheme, irrespective of the age at the time of resignation and or the years of service put by them.
8. Employees who are dismissed or whose service have been terminated by the Company as a measure of punishment for misconduct shall not be eligible for the benefits contemplated under this scheme. Similarly, employees voluntarily or unauthorisedly abandoning the service of the Company shall also not be eligible for benefits under the scheme.

2.0 Contribution for PRMBF

- 2.1 The facility of post-retirement medical benefit Scheme operates on a contributory and voluntary basis. An employee, 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 (₹)	For every additional eligible beneficiary (₹)
Grade E1	6300	3200
Grade E2 & E3	7800	3200
Grade E4, E5 & E6	9250	3200
Grade E7 & E8	10000	3200
Grade E9	10500	3200
Board Level	11000	3200

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- 2.2 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 Company. The lumpsum contribution can be made by cheque / demand draft also.
- 2.3 Where both husband and wife are employees of the Company, 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.

3.0 Coverage under PRMBF

- 3.1 The benefits of post-retirement medical benefit facility under the scheme shall be admissible only to the retired employee and his/her dependent spouse.
- 3.2 The parents of the employee may also be covered under the Scheme subject to meeting the laid down criteria for dependency, which is same as during service. 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 as beneficiary. 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'.
- 3.3 In case of death of an employee in service, if the spouse has opted for Rehabilitation Option R-1*, 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.
- 3.4 If the spouse opts for Rehabilitation Option R-3*, the Medical facility under PRMBF 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 along with 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.

Note: * Options R-1 & R-3 are covered under “Benefits on Separation” policy

- 3.5 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.
- 3.6 In the event of death of retired member, the benefit will continue for the survivor beneficiary.

4.0 Benefits under PRMBF

- 4.1 Under the scheme, the eligible retired employee and their dependant family members can avail the facility of domiciliary / OPD treatment and hospitalization subject to laid down ceilings.
- 4.2 The post retirement medical benefits are broadly administered within the overall framework of the rules and regulations of the Medical Rules of the Company applicable to serving employees in the matter of medical attendance under allopathic system pertaining to domiciliary and hospitalization, but within laid down ceilings and restrictions under the Post Retirement Medical Benefit Facility.

The reimbursable ceiling limits for consultation fees, room charges on hospitalization, charges for various test / investigations etc shall be those as applicable from time to time under the Medical Rules to a serving employee of a similar rank. The Hospitals which have been nominated by the Company for providing medical attendance to serving employees shall also be the 'Nominated Hospitals' under Post Retirement Medical Benefit Facility.

4.3 Hospitalization:

- 4.3.1 Reimbursement of medical expenses incurred during hospitalization in hospitals (either nominated or non-nominated hospitals) will be made to the retired employee depending upon the grade in which he superannuates for every block of two financial years, subject to the following maximum limits per financial year.

Grade E1	₹25,500/-
Grade E2 & E3	₹37,500/-
Grade E4, E5 & E6	₹50,250/-

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Grade E7, E8A, E8B & E9	₹63,000/-
Board Level	₹75,000/-

Note: (1) The term 'for every block of two 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 is 2015-17 comprising of 2 F.Ys. i.e. 2015-16 and 2016-17.

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

4.3.2 Reimbursement of medical expenses Incurred during hospitalization in Nominated Hospitals may be allowed beyond laid down financial ceilings for hospitalization, and it would be 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.

4.3.3 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.

4.3.4 Expenses on legal donor towards prescribed tests / one time hospitalization in cases of liver / Kidney / bone marrow transplantation are reimbursable within the hospitalization entitlement of the employee upon approval by Competent Authority. Such expenses on prospective legal donor, if hospitalization is in a nominated hospital would be reimbursed as in the case of other than serious ailments / Sicknesses (i.e., upto 85 % of the expenses).

4.3.5 The facility for an employee 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:-

- a) 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.
- b) 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.

- c) Further, if retired employee has exhausted his hospitalization entitlement of two year block in the first year itself on hospitalization in non nominated hospital. The retired employee can obtain hospitalization in a nominated hospital in the second year of the block without requiring any refund by him of the expenses reimbursed to him towards hospitalization in non-nominated hospital in the first year of the block.
- d) In cases of those members under 'Chronic option', the hospitalization expenses incurred in a non-nominated hospital by a member under 'chronic option', irrespective of the ailment, shall not be needed to be refunded, if the member is further hospitalized in a nominated hospital during the same F.Y. The details about regulation of 'chronic option' and the facilities under this option are explained at S.No. 4.6.
- e) The reimbursement of claims upon further hospitalization of the member/beneficiary in a nominated hospital in the same financial year shall be in accordance with the provision 4.3.2 above.

4.4 Domiciliary treatment:

4.4.1 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. (₹)
Grade E1	17,000/-
Grade E2 & E3	22,000/-
Grade E4, E5 & E6	28,000/-
Grade E7 & E8	35,000/-
Grade E9	39,000/-
Board Level	45,000/-

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

4.4.2



- a) The retired executives on crossing the age of 75 years shall be allowed additional domiciliary entitlement of 25% of the standard entitlement in their grade (rounded off to next Rs.100) as the enhanced annual combined ceiling.
- b) A further increase by 25% shall be admissible on the standard domiciliary Ceiling in their grade (rounded off to next Rs.100) on crossing the age of 85 years.
- c) The additional entitlement shall be made admissible from the financial year following the financial year in which the age of 75 years or 85 years is crossed by the member or by the spouse (in case of deceased member). The higher ceiling shall be admissible in all cases on fulfilling age criteria.
- d) If the member retired employee expires after reaching 75 years/ 85 years of age, the additional higher domiciliary entitlement as was applicable, shall continue in respect of the spouse and other eligible dependent.
- e) If the member retired employee expires after reaching 75 years/ 85 years of age, the additional domiciliary treatment shall be applicable once the spouse or the other eligible dependent of the member crosses the age of 75 years/ 85 years.
- f) If the member retired employee had crossed 75 years/ 85 years of age, but had expired prior to the date of approval of this proposal, the additional domiciliary entitlement shall be applicable once the spouse or other eligible dependent crosses 75 years/ 85 years of age.

4.4.3 Miscellaneous Expenses Reimbursement:

In order to allow members under the scheme to incur domiciliary expenses on items like homeopathy treatment, spectacles, hearing aid, travel for outstation reference, etc., the reimbursement of lump-sum expenses shall be allowed to the retired employees once in a financial year in the month of March upto a ceiling of ₹15,000/- p.a.

The above amount would be reimbursable on self certification basis once in a financial year either in September or in March, and shall be on pro-rata basis in the financial year in which the member is enrolled in the scheme.

4.5 Special provision for reimbursement of domiciliary medical attendance from Hospitalization ceiling

Reimbursement of the following expenses is to be deemed as part of hospitalisation Entitlement / expenses:-

- i. 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 ₹1500/- p.m.) only in acute cases of Bronchial Asthma
 - Diabetic Retinopathy, if performed under day-care
- ii. In addition to above, a single test / investigation / procedure obtained as outdoor patient and costing ₹1500/- & 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. This being domiciliary expenditure in case of those who are claiming on self certification basis, the reimbursement is restricted to the cost of the tests / investigation and not on account of consultation fee paid to the doctor who has prescribed for the same. Any grouping of the tests / investigations / procedures would not be admissible for this purpose.
- However, where the retired employee is claiming domiciliary medical expenses on the basis of cash receipts / vouchers, because of chronic ailment (s), tests / investigation costing above ₹1500 should necessarily be prescribed in one of the nominated hospitals for which admissible consultation charges shall also be reimbursable. Consultation obtained from a doctor outside the nominated hospital cannot be viewed as consultation from the nominated hospital.
- iii. 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.
- iv. 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**.
- v. 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.

At locations where a nominated hospital does not exist, the member shall be allowed to avail health check-up in a private hospital up to a maximum ₹2000 per

person once in the block of two years, which shall be debited from applicable hospitalization ceiling.

- vi. The OPD treatment of cancer by way of radiation or/ and chemotherapy (but not post -therapy rehabilitation) would be deemed as indoor treatment, which may be obtained within the annual monetary ceiling for hospitalization as otherwise applicable. The ceiling for hospitalization will vary depending upon the category of the employee and the status of the hospital (whether nominated or non-nominated) and the locations.
- vii. 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.

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.

4.6 Special Provision for Chronic Ailments:

- 4.6.1 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. A certificate given by the Authorised Medical Attendant certifying 'chronic' nature of an ailment will be required for exercise of option.
- 4.6.2 For such employees the annual ceiling for domiciliary and hospitalization, as prescribed, shall be combined and operated on two-year block basis. The annual combined ceiling will be available for domiciliary treatment (including chronic ailment(s)), dental treatment, physiotherapy expenses costly investigation / tests, health check-up, hospitalization in non-nominated hospital subject to submission of cash receipts/memos.
- 4.6.3 The carry-forward and brought-forward within the block shall be permissible to the members. However, any un-availed combined ceiling amount in a block shall be allowed to be carried forward to be availed in the next block of 2 years but it shall not exceed the Hospitalization entitlement of the previous block.
- 4.6.4 In case retired employee / dependants undergo hospitalization in a nominated hospital, which can happen anytime in a block of two years, the expenses shall be settled @ 85 % for non-specified ailments and @ 100% for specified ailments without referring to the combined ceiling of the block period.
- 4.6.5 At the end of the block period, if any portion out of combined entitlement of that block (comprising of two FYs) remains unutilized, the same may be

utilized to pay to the retired employee against his hospitalization claim if initially settled @ 85% during the block.

4.6.6 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/-. If the domiciliary medical claims of the members who have opted for (Chronic option) exceeds Rs. 10,000/- (Cumulatively) even before the end of the quarter, the same may be allowed to be claimed immediately without waiting for the end of the quarter.

4.6.7 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) In case attending physician subsequently changes it 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)'.
- c) 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 block year also till the retired employee repeals the option by 30th April of subsequent block year in order to claim reimbursement on self-certification basis which can be done on a 2-yearly block basis in all cases.
- d) In case no option is received, by 30th April of the block year, the domiciliary entitlement shall continue to be regulated for reimbursement as per existing practice.
- e) The claims for chronic ailment and / or other ailments shall be settled from the prescribed domiciliary entitlements. After this entitlement is exhausted, the expenses on chronic ailments and other normal ailments shall be settled under balance available under hospitalisation entitlement. 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. Reimbursement of expenses only on treatment of certified chronic ailment (consultation fee, prescribed diagnostic / investigations / and prescribed medicines) shall continue to be reimbursed from the balance hospitalisation entitlement available for that financial year. Expenses on psychotherapy treatment as prescribed by the attending doctor would be admissible for reimbursement from out of the prescribed annual domiciliary ceiling for the treatments and limited to item wise rates fixed for serving employees.



4.6.8 In case of those members under 'chronic option', the hospitalization expenses incurred in a non-nominated hospital by a patient / member under 'chronic option', irrespective of the ailment, shall not be needed to be refunded if the patient is further hospitalized in a nominated hospital during the same financial year and will be regulated as at 4.3.2 above.

4.6.9 The combined domiciliary and hospitalisation annual ceiling in respect of those members who have opted for reimbursement on the basis of voucher (chronic option), shall operate on pro-rata basis in the financial year in which the member is enrolled in the scheme.

4.7 Domiciliary expenses to be considered as extension of hospitalization

4.7.1 The post-hospitalization follow-up domiciliary treatment taken after Heart Surgery (including angioplasty) and outdoor treatment expenses for Tuberculosis 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 4th, 5th, 6th & 7th 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.

4.7.2 The post hospitalization follow-up domiciliary treatment taken after Kidney/ Liver Transplant & 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. Further, the outdoor treatment expenses for cancer treatment in a nominated hospital, not necessarily undertaken as a follow up of hospitalization/surgery shall be kept outside the laid down domiciliary benefit ceilings without any restriction on the treatment period. Similarly, the treatment of Parkinson's syndrome / disease, which involves prolonged continuous outdoor treatment, shall also be considered for reimbursement as in case of cancer treatment, if taken in a nominated hospital. Further, Brain surgery is included in the list of prescribed ailments under the provision of post hospitalisation follow up domiciliary medical treatment, without any restriction on the period of such treatment (i.e., at par with kidney / liver transplant) with all its applicable conditions. As regards the outdoor / domiciliary treatment expenses incurred in a nominated hospital on an ailment arising as consequent offshoot / side effect of brain surgery, the same may be regulated as stated above.

4.7.3 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 performed / treatment taken subsequently, shall be considered as a part of hospitalisation expenses. The retired employee would, however be required to submit along with 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.

4.7.4 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.

4.7.5 Since Dialysis requires prolonged attendance, under strict medical supervision in a hospital, it is to be treated as hospitalisation for the purpose of regulation of the medical facility.

4.7.6 Considering improved technique in cataract surgery involving insertion of intra ocular lens, reimbursement of the cost of the intra ocular lens inserted at actual not exceeding the ceiling as already defined for regular employees in the medical rules is allowed.

4.7.7 Provisions related to post hospitalisation follow up domiciliary medical treatment for ailments prescribed above :

- i. Outdoor / domiciliary treatment expenses of a PRMBF member incurred in a nominated hospital on the ailment arising as consequent offshoot / side effect of one of the prescribed ailment(s) as covered above, is also to be considered as part of hospitalisation expenses under the same provisions as laid down for the prescribed ailment, and regulated accordingly.
- ii. The attending doctor must certify that the side effect (i.e., offshoot ailment) has arisen consequent to one of the ailment prescribed above under the extent provision of post hospitalisation follow up domiciliary medical treatment.
- iii. Above regulation shall however apply only in those cases where the retired employee has opted for claiming domiciliary treatment expenses against vouchers / bills (i.e., under chronic option) and not in respect of those who are claiming under self certification basis.

5.0 General Terms of the Scheme

5.1 The annual ceilings in the financial year in which the member is enrolled under the Scheme shall be determined on pro-rata basis.

5.2 In case the employee 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.



5.3 No medical advance is admissible. However, if hospitalisation takes place in Nominated Hospital and the anticipated cost of medical attendance is likely to exceed ₹5000/-

- 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.

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

5.5 The AMA's prescription under 'chronic ailment' option shall be considered valid for six months with permission to procure medicines upto a maximum of three months at one time, if prescribed so by the AMA. The procurement of medicines shall be allowed upto a period of six months as a special dispensation in case the member is visiting abroad, if prescribed by AMA. In such cases, the retired employee will have to mandatorily enclose copy of air ticket/boarding pass/ copy of passport / visa showing date of exit from India and date of entry on return as a proof of staying abroad for the said period.

Under 'self certification' option AMA's prescription shall be valid for one month and the claims for reimbursement shall be preferred within three months from the date of incurring the expenditure.

5.6 The time limits for submission of the medical claims under PRMBF is as under:

5.6.1 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.

5.6.2 Hospitalization: In case the member / spouse is hospitalised it would be a prerequisite to notify the management at the earliest. The claim for reimbursement of hospitalisation expenses should be lodged within 3 months from the date of discharge from the hospital.

5.6.3 The above are standard time limit for all medical reimbursement claims. However, delay beyond above mentioned time limits shall be regulated as under :-

- a) Delay in submitting the medical claims (beyond standard time limit) pertaining to any period during particular block (i.e. two financial years) may be condoned up to a period till the end of the following / next financial year.

For e.g., any claim during block of 2015-17 (Two financial years) shall remain valid for reimbursement till the end of following / next financial year i.e., 2017-18. Thereafter, the validity of the claim will be deemed to have lapsed.

- b) Entitlement / ceilings of the PRMBF member towards domiciliary and hospitalisation treatment will be regulated as per the entitlement available on the date of submission of claims within the permissible period. However, reimbursement of the claims will be governed as per the rates/ provisions/ rules, etc. as was applicable at the relevant time of taking treatment.
- c) Further, the claims towards domiciliary expenses availed on self certification basis against a relevant six monthly period is clarified to be settled against the entitlement as was applicable for the said period only.
- d) The "authority" to condone the delay shall be HR Head in grade GM and above.

5.6.4 All expenses on hospitalisation in nominated or non-nominated hospital, domiciliary expenses on chronic ailment, costly investigations, tests / procedures , health check ups, etc. are booked against the hospitalisation entitlement of the employee in the order in which they are incurred / claimed. However, hospitalisation expenses in the nominated hospital during the same year would be reimbursed / settled @ 85% for non specified ailments and @ 100% for specified ailments. At the end of the financial year, if any portion out of the prescribed hospitalisation entitlement of that year remains unutilised, the same shall be utilised to pay the retired employee against his / her hospitalisation claim, if initially settled @ 85%.

5.6.5 Reimbursement for chronic ailments / costly investigations / tests / day care procedures and health check up in a financial year shall not exceed the prescribed hospitalisation annual limit of the individual.

6.0 Issue of Identity Cards

6.1 Members are issued Identity Cards for getting a verification certificate in the prescribed form, in case of hospitalization.

6.2 Members are required to submit 2 stamp size colour photographs of each beneficiary and of self along with the prescribed form duly attested by MRPL/Gazetted Employee for preparation of Identity Cards. The card is valid for 5 years.

6.3 Cost of photographs not exceeding ₹20/- per person is reimbursed on submission of claim.

7.0 Administration of the Scheme

7.1 The scheme, for the purpose of administration, has been decentralised and the members have to avail~~ing~~ medical reimbursement from Mangalore office.

Employees on superannuation, if choose to settle at a place other than the last place of posting, the address declared by him/her for medical facility under

PRMBF should essentially be the same as given for claiming re-settlement benefits after retirement. Further in such cases, if a change is subsequently necessitated for justified reasons, the same may be permitted only after 3 years from the date of re-settlement with the approval of concerned Director.

- 7.2 Each retired employee shall be compulsorily required to submit a life certificate in the month of April every year on self certification basis in respect of self, spouse and any other dependent family member if availing benefit under PRMBF. In case where medical bills pertaining to a block year (s) / Financial year is claimed for reimbursement in the subsequent financial year, then the same shall be processed for payment only after submission of life certificate in the subsequent financial year. In the event of death of the retired employee, his/her spouse would submit the life certificate.
- 7.3 The benefits under the scheme as applicable to retiring employees in occupation of company owned leased accommodation shall actually be extended only upon the employees handing over the vacant and peaceful possession of accommodation together with the fixtures and fittings within the permissible period for retention of accommodation. However in case the superannuating employee retains company owned/ leased accommodation, under PRMBF, only hospitalization in case of serious sickness as notified under medical rules accidents shall be permitted till vacation of company owned/ leased accommodation. However in such case, if an amount of ₹2.0 lakhs has been withheld by the Company from the dues payable to the concerned employee as a security deposit, the benefits under PRMBF shall become admissible to the concerned superannuating employee.
- 7.4 In case of an employee who has been charge-sheeted for certain acts of omission / commission prior to superannuation and the disciplinary proceedings is yet to commence or concluded at the time of superannuation, the charge- sheeted employee would be allowed to be enrolled under the scheme at the time of superannuation. As regards flow of medical benefits/ reimbursement under PRMBF, the Disciplinary authority after due consideration of charges, misconduct and contemplated punishment would be required to take view prior to superannuation of concerned employee whether to withhold or not to withhold the PRMBF benefits or to permit only hospitalization in case of serious sicknesses/ accidents as notified under the scheme.
- 7.5 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.
- 7.6 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 Company or from outlets such as Super Bazar; and
- d) to reject a claim in its entirety.

7.7 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.

7.8 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

- a) 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.
- b) it is established that the member is working against the interest of MRPL. Illustratively, the member has made public statement or done public acts to tarnish the image and reputation of MRPL or the member has divulged MRPL's business strategies, secrets and procedures to the detriment of MRPL's interests or the member by virtue of his earlier standing and contacts in MRPL, has exercised or attempted to exercise undue influence etc.
- c) The Disciplinary Authority would be Functional Director and Appellate Authority would be Managing Director. In case of members who were earlier in the Board, the Disciplinary Authority would be Chairman and Appellate Authority would be the Special Committee of Board of Directors.

7.9 The scheme and/or the benefits there under 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 there under shall not be deemed to be a matter of right or contract or term/condition of employment.

7.10 All medical claims should contain the name of the retired employee in capital letters, Employee Number, designation at the time of retirement, date of retirement and claim form should be duly signed. The payment will be transferred electronically to the employees account as per the RTGS mandate submitted by him at the time of superannuation.



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 SBENEFIT FACILITY TO NON-MANAGEMENT EMPLOYEES

8.0 Eligibility - The eligibility conditions for seeking membership under the scheme in the case of non-management staff are generally same as indicated for Management employees.

9.0 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 Company. 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 employees (₹)	For every additional eligible beneficiary (₹)
Category 'A' JM2/TS2 to JM6/TS6	3100	1500
Category 'B' JM1/TS1	3850	1500
Category 'C' S1	4500	1500

10.0 Benefits

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

10.1 Hospitalization:

Reimbursement of medical expenses incurred during hospitalisation (either nominated or non-nominated hospitals) will be made for every block of two financial years, subject to the following limits per financial year:

Category A JM2/TS2 to JM6/TS6	₹13700/-
Category B JM1/TS1	₹17500/-

Category C S1	₹21500/-
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The above limits for reimbursement of medical expenses shall operate as the combined limit for the employee and other dependent beneficiaries and shall be regulated as in case of Management employees.

10.2 Domiciliary treatment

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 (₹)
Category 'A' JM2/TS2 to JM6/TS6	₹11000/-
Category 'B' JM1/TS1	₹13000/-
Category C S1	₹15000/-

10.2.1 In order to allow members under the scheme to incur domiciliary expenses on items like homeopathy treatment, spectacles, hearing aid, travel for outstation reference, etc., the reimbursement of lump-sum expenses shall be allowed to the retired employees/ members once in a financial year in the month of March upto ₹10,000/- p.a.

The above amount would be reimbursable on self certification basis once in a financial year either in September or in March, and shall be on pro-rata basis in the financial year in which the member is enrolled in the scheme.

10.2.2 Chronic Ailments - The provisions are same as in the case of Management employees.

10.2.3 Domiciliary expenses treated as Hospitalization expenses - Same as in the case of Management employees.

11.0 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. on the conditions as in case of Management employees.

12.0 The Disciplinary Authority would be designated employee as nominated by GM (HR). The Appellate Authority in all such case would be the HR-Head.

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13.0 The general provisions guidelines on issue of identity card & provisions on Administration of the scheme are generally same as in the case of Management employees.

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.


30/01/16
GM (HR, HRD & CSR)

Circulation through intranet.

For the kind information of MD/D(F)/CVO/D (R).

GGMs/GMs.

All notice boards.

Mumbai/Bangalore/New Delhi Offices.

ANNEXURE - 1.

LIST OF SPECIFIED AILMENTS FOR THE PURPOSE OF REIMBURSEMENT OF HOSPITALISATION EXPENSES UNDER SPECIAL PROVISION OF THE POST- RETIREMENT MEDICAL BENEFIT FACILITY (PRMBF)

1. Tuberculosis incapacitating from work
2.
 - i. Cancer/Malignancy of any form
 - ii. Bone Marrow Transplantation procedure in Myelodysplastic Syndrome Disorder.
 - iii. Bone Marrow Transplantation or Blood Transfusion procedures in Blood Dyscrasias
3. Leprosy - requiring hospitalization
4. Mental Disorders
 - i. Schizophrenia
 - ii. Maniac 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
 - xiii. Brain surgery
7. Respiratory Diseases
 - i. Severe attack of Bronchial Asthma necessitating emergency hospitalization.
 - ii. Interstitial lung Disease
 - iii. Sarcoidosis - Chronic Granulomatous Disease



- iv. Chronic Obstructive Pulmonary Disease
- II. Pneumonia leading to respiratory failure

8. Chronic Renal Failure

- i. Hemo-Dialysis
- ii. Renal Transplant
- iii. Removal of Kidney (Nephrectomy)

9. Other diseases/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 & Hepatic (liver) Transplant
- xiii. Meningitis
- xiv. Retinal detachment, diabetic Retinopathy requiring laser photocoagulation
- xv. Encephelopathy
- xvi. Pulmonary Embolism
- xvii. Dengue (Haemorrhagic type)
- xviii. Chikungunya
- xix. Swine Flu
- xx. HIV/AIDS
- xxi. Cerebral Malaria
- xxii. Ulcerative Colitis
- xxiii. Herniorrhaphy
- xxiv. Cholecystectomy
- xxv. Age-Related Macular Degeneration (AMD) - Vision related ailment
- xxvi. Lithotripsy
- xxvii laser treatment (non cosmetic)

10. Hepatic (Liver) transplant

11. Any sickness / ailment leading to death during hospitalization in a Nominated Hospital

Annexure – 2

Medical check-up under PRMBF

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)