



महानगर टेलीफोन निगम लिमिटेड
(भारत सरकार का उद्यम)
MAHANAGAR TELEPHONE NIGAM LIMITED
(A GOVERNMENT OF INDIA ENTERPRISE)

No. MTNL/CO/Medical/Retiree Tender/GHIS/ 2021 - 32
Dated: 07 /10/2022

CIRCULAR

Sub: Contributory Group Health Insurance Policy for MTNL Retired Employees, 2021

As per the approval of Competent Authority, MTNL had launched the **Contributory Group Health Insurance Scheme for MTNL Retired employees-2021**. 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 TPA's one each in Delhi and Mumbai (details in Annexure-D)

For Delhi - M/s Paramount Health Services & Insurance TPA Pvt Ltd.

For Mumbai - M/s Medsave Health Insurance TPA Ltd.

TPA will be nominated initially for 3 months from the start of the policy and their performance will be observed. Further extension to the TPA will be based on performance report from units. Performance review will be done after two and half months from the start of the policy by the respective units.

For availing Indoor treatment, the Retiree or their dependents shall go to the empanelled Hospitals of TPA alongwith valid TPA medical Card without which the cashless treatment may be denied. The list of such hospitals shall be provided separately to each employee by the TPA.

The Scheme shall come into effect from 01.10.2022 for a period of one year.

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 as per insurance policy (refer Annexure-E).**
5. **Coverage for indoor treatment :**
 - a. For Retiree with spouse **upto Rs. 1.5 Lacs on Family Floater basis.**
 - b. For Single Retiree/ spouse **upto Rs. 1.0 Lacs on Family Floater basis.**
 - c. **Corporate Floater** may be additionally utilized by the Retd. Employee/Dependents, subject to maximum two times of sum insured, when individual cover as mentioned above is exhausted.
 - Retiree and spouse upto an amount of Rs 3 lakhs with concerned ED's approval and Single surviving/spouse upto an amount of Rs 2 lakhs with concerned ED's approval. This floater amount is the final amount of the policy.
 - Details of utilization of Corporate Floater shall be maintained by O/o respective EDs shall maintain the details.
6. **The Scheme will be contributory in nature, as the Employee / Spouse shall pay 25% of Bed Charges as per their entitlement (refer Annexure-C), for indoor treatment.**

7. **Procedure for claim: (To be submitted to Help Desk of TPA)**

- a. Cashless treatment can be availed in the Hospitals on the panel of TPA's.
- b. Where cashless treatment is not possible, reimbursement shall be given by TPA to the extent of Insurance Cover subject to prior intimation to TPA/MTNL Office.
- c. Reimbursable amount shall be remitted by cheque or through ECS.
- d. Amount can also be credited directly to the bank account of the employee where his/her pension is credited, at the option of the employee.

8. **OPD**

As per the approval of Competent Authority, it has been decided to deduct 50% of the premium from OPD limit i.e. an amount of Rs 4925/- per retiree per policy period in case of retiree with spouse and Rs 2725/- per retiree per policy period in case of single retiree/spouse towards their contribution for drawing medical facilities from MTNL. The said amounts shall be deducted from the OPD limit of the retired employees.

The scheme will be operated from the Office of GM (Admn) HQ, MTNL Delhi/Mumbai Unit.

Documents to be submitted by Retd. employee:

1. For availing the indoor medical facilities under this Scheme it is mandatory for the retired employee/dependents to register themselves by applying in the prescribed proforma to the concerned GM (Admn), at HQ in Delhi and Mumbai.
2. For the purpose, Annexure 'A', 'B', 'F' & 'G' 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. It shall be the sole responsibility of the concerned retiree to get the TPA Medical Card issued to him/her after completing the formalities mentioned above. No indoor treatment shall be provided without a valid TPA medical card. In case of any eventuality, the onus shall lie solely with the concerned retiree and MTNL shall not take any responsibility in case the medical facility is denied to concerned retiree due to non-registration in the scheme.

Fresh Hospitalization taking place on or after 01.10.2022 will be covered under the new Scheme. However, any ongoing indoor treatment till the date of discharge, as on 30.09.2022, will remain governed by the existing insurance scheme in MTNL Delhi/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 employees (refer Annexure D).

This issues with the approval of the Competent Authority.


07/10/2022
Shama Kaushik
DGM (HR)

Encl: Annexure A, B, C, D, E, F, G & H

Copy to:

1. ED MTNL, Delhi/Mumbai.
2. GM (Admn)/ (Fin), MTNL, Delhi/Mumbai
3. DGM (A/c), MTNL, CO
4. GS, MTNL Mazdoor Sangh, New Delhi/GS, MTN Kamgar Sangh, Mumbai
5. Sh. I.D.Sharma , D.M., M/s United India Insurance Co. Ltd.
6. M/s Paramount TPA for Delhi.
7. M/s Medsave (TPA) Ltd. for Mumbai.
8. Notice Board.
9. Office Copy

**MTNL RETIRED EMPLOYEES CONTRIBUTORY GROUP HEALTH INSURANCE
SCHEME
APPLICATION FOR REGISTRATION & CLAIMS
(Tick mark whichever is applicable)**

GM (Admn) HQ
MTNL DELHI/MUMBAI

Sir,

1. I am retired employee/dependent of retd. employee of MTNL and would like to join the Company's Retired Employees Contributory Group Health Insurance Scheme.
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 | Photograph |
|---------|-----------------------|----------|---------------|------------|
| | | Self | | |
| | | Spouse | | |

Note: Please enclose two passport size photographs of each member specified in above.

1. Reimbursement of Indoor bills submitted from time to time may please be deposited in my bank account No. _____ with _____ Bank, New Delhi/Mumbai as admitted/ through cheque drawn in my name.
2. I undertake to notify to the company any change in the above particulars as soon as it occurs.
3. In understand that the company reserves the right to refuse the membership to any retiree or terminate the same at any time, by giving one month's notice 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: _____

Phone _____ No.Res: _____ Mobile _____

Name _____

P.C.No _____ Staff. _____ No. _____

Designation _____ Scale of _____

Pay _____ Basic.Pay _____

Address for Correspondence _____

Signature of the applicant _____

Handwritten signature and date: 07/10/2022

**MTNL RETIRED EMPLOYEES CONTRIBUTORY GROUP HEALTH INSURANCE
SCHEME
INFORMATION FOR ISSUE OF MEDICAL CARD**

(A)

1. Name of the Retired Employee _____
2. P.C. No _____ Staff No. _____
3. Date of Retirement _____
4. Designation _____
5. Scale of Pay _____ Basic Pay _____
6. GM Office _____
7. Permanent Address _____

8. Present Address _____

9. Validity from _____ to _____ (to be filled by Issuing Authority)
10. Details on Medical Card-

| Sl. No. | Name of beneficiaries | Relation | Date of Birth | Photograph |
|---------|-----------------------|----------|---------------|------------|
| | | Self | | |
| | | Spouse | | |

NOTE:

1. Please note that Medical Claims are to be made in the prescribed form of the Company.
2. Separate claim should be preferred for each patient and each spell of treatment

Signature of the beneficiary: _____

SL
07/10/2022

MTNL RETIRED EMPLOYEES CONTRIBUTORY MEDICAL INSURANCE SCHEME

ROOM / BED ENTITLEMENTS FOR RETIRED EMPLOYEES OF MTNL-

| Sl. No. | Group | Cadre | Grade/Scale | Room/Bed Category |
|---------|-------|--|--------------------------------------|-------------------|
| 1. | 'A' | CMD & Full Time Directors (on Board) | CMD & Full Time Directors (on Board) | At actual |
| | | ED/CGM/CVO | E-9 + | Rs 3750/- |
| | | Jt GM/ GM/CE/ CAO/DE/E.E./DGM/SE/CS | E-5 to E-9 | Rs 3125/- |
| 2. | 'B' | JAO/JTO/AM/Sr.AO/SDE/Sr. SDE/PO/LO/WO/ADET/Prob./ Exec. Trainees | E1-E4 | Rs. 2500/- |
| 3. | 'C' | Sr. TOA (G)/Sr. TOA(P)/TOA(G)/TOA(P)/SS/SSS/TTA/LD/TM/PM | NE 6- NE-12 | Rs. 1875/- |
| 4. | 'D' | WA/PEON/Gateman | NE 1 – NE 5 | Rs. 1250/- |

Note:

1. ICU, ICCU, HDU charges shall be as per actual for all Groups /Cadres /Grade /Scale subject to note 1 above.
2. Any designation not mentioned above will be covered as per Grade/Scale.
3. All beneficiaries will make co payment of 25% of Room charges as per their entitlement.


 07/10/2022

Annexure-D

| Insurer | Name/Address | Contact No. |
|-----------------------|---|--|
| | Mr. I.D.Sharma , Divisional Manager United India Insurance Co. Ltd. Divisional Office-28,5R/5, NIT Faridabad Above Astha Eye Centre Faridabad-121001 | 0129-2415313 0129-2426119 9999992983 E-mail:ishwarsharma@uiic.co.in |
| | Mr. Lokesh Thukral, Sr. Divisional Manager United India Insurance Co. Ltd. Divisional Office-28,5R/5, NIT Faridabad Above Astha Eye Centre Faridabad-121001 | 0129-2415313 0129-2426119 9990822272 E-mail:lokeshtukral@uiic.co.in |
| TPA (Delhi) | M/s Paramount Health Services TPA D-39, Okhla Phase-I New Delhi-110020 | |
| Help Desk (Delhi) | Sh. Shyam Sunder, 913694812, 9013437419 E-mail: shyamsunder@paramounttpa.com | |
| TPA (Mumbai) | M/s Medsave Health Care TPA F-70A, Lado Sarai, Mehrauli New Delhi-110030 | 8595249035 9312880008 |
| Help Desk (Mumbai) | Mr. Vinod C/o Medsave | 9322646395 e-mail:mtnlmumbai@medsave.in |
| | Mr. Rakesh Bhasin, | 8595249035, E-mail:bhasin@medsave.in |

8/1/22
07/10/22

Annexure-E

(The detailed Policy may be had from the Help Desk 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 Lymphotropic Virus Type-III (HTLV-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. Naturopathy treatment.
11. 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, stockings etc., of any kind. Diabetic footwear, Glucometer /Thermometer and similar related items etc, and also any medical equipment, which are subsequently used at home etc.
12. All expenses arising out of any condition directly or indirectly caused to or related to known congenital diseases (internal and external).

Day Care Procedures-

| | | |
|---|--|---|
| Appendectomy | Haemo dialysis | Inguinal/ventral/umbilical/ femoral hernia |
| Coronary angiography | Lithotripsy | Parenteral Chemotherapy |
| Coronary angioplasty | Incision and drainage of abcess | Piles/ Fistula |
| Dental Surgery | Colonoscopy | Prostrate |
| D&C | Radiotherapy | Sinusitis |
| Eye Surgery | Hydrocele | Tonsillectomy |
| Fracture/dislocation excluding hairline fracture | Hysterectomy | Liver aspiration |
| Sclerotherapy | | |

Handwritten signature and date:
 07/10/2022

any other surgeries/procedures agreed by the TPA/MTNL which require less than 24 hrs of hospitalisation.

ANNEXURE-F

**MTNL RETIRED EMPLOYEES CONTRIBUTORY GROUP HEALTH INSURANCE
SCHEME**

CERTIFICATION/DECLARATION

(Tick mark whichever is applicable)

1. Certified that I am not availing any other medical cover in consequent of employment of my spouse, or any type of medical facility or allowance from any other source or CGHS facility.

2. Certified that my spouse is not employed.

3. Certified that my spouse, Mr/Mrs _____ is employed with/retired from _____ and availing medical facility/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:

[Handwritten Signature]
07/10/2022

Self Declaration Form for Availing MTNL CGHIS Facility

I Ms/Mrs./Mr. _____ retired from O/o _____
MTNL on _____. I, hereby, declare that (Tick the relevant):-

1. I am willing to avail Contributory Group Health Insurance Scheme (CGHIS) provided by MTNL for MTNL's retired employees from 01.10.2022.
2. I agree to deduct 50% of CGHIS premium from my OPD claim amount.
3. I am not willing to avail CGHIS provided by MTNL for it's retired employees from 01.10.2022.
4. I am not availing CGHIS provided by MTNL for it's retired employees since _____.

My personal details are as follows:-

1. Name _____
2. CPF Number _____
3. Scale of Pay at the time of Retirement _____
4. Mobile Number _____
5. E-mail Id _____
6. Address for Correspondence _____

Above details are correct and in case it is found at any stage some information is concealed by me or found false, MTNL management may take suitable disciplinary action against me as per MTNL rules.

Signature _____

Name _____

Handwritten signature and date:
07/10/2022

MAJOR ILLNESS AND DISEASE WISE CAPPINGS

- i) Disease-wise cappings- The package cost worked out by the Insurance Company or below given ceiling whichever is lower

| Hospitalization benefits | Limits restricted to |
|------------------------------|--------------------------------|
| a)Cataract | a. Maximum Rs 20,000/- |
| b)Hernia | b. Maximum Rs 30,000/- |
| c)Hysterectomy | c. Maximum Rs 30,000/- |
| e)Pre & Post Hospitalization | Maximum 10% of the sum insured |

- ii) The following diseases will be treated as Critical/Major illness.

| | |
|--|--------------------------|
| <p>Major illness – Angioplasty, stroke, cardiac surgeries, cancer surgeries and chemotherapy (cancer treatment), brain Surgeries, brain tumor surgeries, Liver Surgeries/transplant , Major organ transplant/Bone Marrow transplant, pacemaker implantation for sick/sinus syndrome, hip replacement and joint replacement, Renal Surgery, Kidney related diseases including dialysis and transplant, Thalessemia, Amputation surgery including that of diabetic patient, Radiation therapy, spinal cord surgery and spinal cord injection/treatment, COVID-19. Death in the hospital as Indoor patient due to any disease.</p> <p>Any other such diseases which requires hospitalization of more than 7 days due to complications.(Decision will be taken for “other such diseases” on case to case basis for such instances by the medical team of qualified Doctors of the insurer/TPA based on the severity of the medical condition).</p> | 100% of the Sum Insured. |
|--|--------------------------|

[Handwritten signature]
07/10/2022