



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

MTNL/CO/Pers/Medical/tendering Renewal/20-21/253
Dated: 15.06.2021

CIRCULAR

Sub: Group Health Insurance Scheme for MTNL Working Employees , 2021

As per approval of Competent Authority, it has been decided to launch the **Working Employees Group Health Insurance Scheme, 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 TPA's in Delhi and Mumbai. The details of list of TPA's will be intimated in due course of time after finalization of TPAs by Delhi and Mumbai unit in consultation with Majority unions and Insurance Company, i.e. M/s UIIC. Till then existing arrangement of TPA's will continue.

For availing indoor treatment, the employees or their dependents shall go to the empanelled Hospitals of TPA, whose list shall be provided separately to each employee by the TPA. However for parents/children who are staying other than Delhi/Mumbai or employee himself during transit may use the services of any hospital on pan India basis. Existing procedure for reimbursement of OPD expenses for employees shall continue as such till any further orders.

The Scheme shall take effect from 14.06.2021 at 00.00 hrs for 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-D).
4. Day Care Procedures as per insurance policy (refer Annexure-E).
5. Coverage for indoor treatment :
 - i) Per Family cover of Rs. 2.00 Lakhs on Family Floater basis.
 - ii) Super Top-up arrangement of Rs 4 Lakhs for Critical/Major diseases shall be available to every employee & their family members of MTNL Delhi and Mumbai.
However the above facility will be available for critical/major diseases case even if the family floater is fully used in minor/other diseases.

How to utilize the Sum Insured and Super top-up arrangement.

a) An amount of Rs 6 lakhs (Sum Insured plus super-top-up) can be utilized if the first disease/hospitalization is major illness.

Ex: If the first hospitalization/disease is Major illness and the bill amount is Rs Six lakhs or more. Then an amount of Rs 6 lakhs (Sum Insured plus super-top-up) will be utilized.

b) If the amount less than Rs 6 lakhs is utilized firstly in Major illness, then the remaining amount will be utilized in the next minor/major illness.

Corporate Office: 5th Floor, MTNL Building, CGO Complex, Lodi Road, New Delhi- 110003.

Ex: If the first disease/hospitalization is Major illness and the bill amount is Rs 4.5 lakhs. Then Rs 4.5 lakhs will be utilized in Major Illness. Subsequently, if the second illness is minor illness/major illness of the same member or other member of the family, then the remaining amount i.e Rs 1.5 lakhs will be utilized in minor illness/major illness.

c. The remaining amount (as mentioned in para b) above) after first Major illness can also be utilized if the disease relapses or re-occurrence of same member.

iii) No capping of sum insured on major illnesses (100% Sum Insured)

6. Other 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	20% of Sum Insured
b) Hernia	25% of Sum Insured
c) Hysterectomy	30% of Sum Insured
d) Maternity Benefit (Normal delivery)	25% of Sum Insured
e) Pre & Post Hospitalization	Maximum 15% of the sum insured

7. The following diseases will be treated as Critical/Major illness.

<p>Major illness – Angioplasty, stroke, cardiac surgeries, cancer surgeries and chemotherapy, 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, Thalassemia, Amputation surgery including that of diabetic patient, Radiation therapy, spinal cord surgery and spinal cord injection, COVID-19, Maternity Benefit (Caesarian delivery or any complications due to delivery). 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.
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8. Expenses on Hospitalisation for minimum period of 24 hours are admissible. However, this time limit is not applied to specific treatments such as-

Appendectomy	Haemo dialysis	Inguinal/ventral/umbilical/femoral hernia
Coronary angiography	Lithotripsy	Parenteral Chemotherapy
Coronary angioplasty	Incision and drainage of abscess	Piles/ Fistula
Dental Surgery	Colonoscopy	prostrate
D&C	Radiotherapy	Sinusitis

Eye Surgery, Intravitreal/avastin/lucentis injections.	Hydrocele	Tonsillectomy
Fracture/dislocation excluding hairline fracture	Hysterectomy	Liver aspiration
Sclerotherapy		

or any other surgeries/procedures/alternative to above due to advancement agreed by the TPA/MTNL which require less than 24 hrs hospitalisation.

This condition will also not apply in case of stay in hospital of less than 24 hours provided -

- The treatment is such that it necessitates hospitalisation and the procedure involves specialised infrastructural facilities available in hospitals.
- Due to technological advances hospitalisation is required for less than 24 hours only.

Note: Procedures/treatments usually done in out patient department are not payable under the policy even if converted as an in-patient in the hospital for more than 24 hours.

9. Room/Bed Entitlement (refer Annexure-C), for indoor treatment.

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

- Cashless treatment can be availed in the Hospitals on the panel of TPA's.
- 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.
- Reimbursable amount shall be remitted by cheque or through ECS in the Bank Account of the Employee
- Amount can also be credited directly to the bank account of the employee where his/her salary is credited, at the option of the employee.

11. Family Definition: Definition of family shall be as per Office Order No MTNL/CO/CGHIS-working employees/360 dated 02.03.2010. "Family" shall include only wife/husband, parents whose monthly income is less than Rs. 3500/- p.m. wholly dependent on the employee; children upto two only including step children and adopted children (Third child born as a twin along with second child will be extended with the facility as that of children upto two). Permanently disabled child irrespective of age will be included in the definition "family".

12. The Nodal officers of UIIC Ltd & Medical Section of Delhi/Mumbai Unit shall hold review meeting weekly with respective TPAs for settlement of the cases. The forum will be GM(Admn) Delhi/Mumbai Unit, Nodal officer UIIC Ltd, Representatives of Majority Unions.

13. MTNL, CO will review the performance of the TPAs after one month from the date of signing of Tripartite Agreement.

The scheme will be operated from the Office of respective Area GMs in areas and GM(Admn) at HQ in Delhi and Mumbai The cases of Working employees of Corporate Office, shall be dealt at O/o PGM(HR), C.O.

Documents to be submitted by Employee:

1. A working employee who wishes to avail the indoor medical facilities under this Scheme shall apply for the purpose to the concerned Area GM in areas and GM(Admn), at HQ in Delhi and Mumbai / PGM (HR) in C.O.
2. For the purpose, Annexure 'A' and 'B' are to be filled and submitted without any delay (maximum within three months 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 got his/her TPA medical card issued and in the meantime, is required to avail the treatment, he/she must carry his/her existing valid MTNL I.D Card, while going for Hospitalization.

Any further information in this regard may be had from the concerned GM (Admn) Office in Delhi and Mumbai/ PGM(HR) in C.O. or from the day time Help Desks provided by the TPA(s) for the benefit of the employees .

This issues with the approval of the Competent Authority.


15/6/2021
Shama Kaushik
DGM (HR)

Note:The said document can accessed from Intranet site of Corporate Office.

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

Copy to:

1. CMD, MTNL.
2. Director (HR)/Dir(Fin)/Dir(Tech) MTNL.
3. CVO, MTNL
4. ED MTNL,Delhi/Mumbai.
5. GM (Admn)/ (Fin), MTNL, Delhi/Mumbai/CO
6. DGM (A/c), MTNL, CO
7. General Secretary, Recognised Unions, Delhi/Mumbai
8. M/s United India Insurance Co. Ltd.
9. All TPAs
10. Office copy.

**MTNL WORKING EMPLOYEES GROUP HEALTH INSURANCE SCHEME 2021
APPLICATION FOR REGISTRATION
(Tick mark whichever is applicable)**

Area GM/GM (Admn)/PGM(HR)

MTNL _____

Sir,

1. I am working employee of MTNL and would like to join the Company's Working Employees Group Health Insurance Scheme.

2. I request that medical coverage be extended to self and dependents as named below.

Sl. No.	Name of beneficiaries	Relation	Date of Birth	Stamp size photo

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 employee 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.
5. My personal details are given below-

a. Phone No.

Res: _____ Mobile _____

- b. Name _____
- c. Emp.No _____ Staff. No. _____
- d. Designation _____ Scale of
Pay _____ Basic.Pay _____
- e. 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 the provisions of CDA rules/Certified Standing Orders.

DATE:

Signature of the
applicant _____



ANNEXURE-B

**MTNL WORKING EMPLOYEES GROUP HEALTH INSURANCE SCHEME 2021
INFORMATION FOR REIMBURSEMENT OF INDIVIDUAL MEDICLAIM**

(A)

1. Name of the Employee _____
2. Emp.No _____ Staff No. _____
3. Date of Joining _____
4. Designation _____
5. Scale of Pay _____ Basic Pay _____
6. GM Office _____
7. Res. Phone No. _____ Mob. _____
E-mail. _____
8. Present _____
Address _____

10. Details on Medical Card-

Sl. No.	Name of beneficiaries	Relation	Date of Birth	Specimen Signature

For Office Use:

- a. Validity of Card/Policy from _____ to _____ is checked and verified.
- b. Above facts are verified from Record, claim may be approved to the tune of Rs. _____

Seal & Signature of the TPA: _____

NOTE:

1. Please note that Medical Claims for reimbursement 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



GHIS for MTNL WORKING EMPLOYEES

ROOM/BED ENTITLEMENTS FOR WORKING EMPLOYEES OF MTNL

Sl. No	Group	Cadre	Cadre equivalent to the CDA scale.	Grade/Scale	Room/Bed Category
1.	'A'	CMD & Full Time Directors (on Board)	-	CMD & Full Time Directors (on Board)	At actual
		ED/CGM/CVO/PGM	Sr.DDG	E-9 +	At actual
		Jt GM/ GM/CE/Sr.GM	DDG	E-7 to E9	Rs 5470/-
		CAO/DE/E.E./DGM/SE/CS	DE/ADG/CAO/Director.	E5-E6	Rs.4690/-
2.	'B'	JAO/JTO/AM/Sr.AO/SDE/Sr SDE/PO/LO/WO/ADET/Prob./ Trainees	JTO/Astt Director/ADET/ACAO.	E1-E4	Rs. 3910/-
3.	'C'	Sr. TOA (G)/Sr. TOA(P)/TOA(G)/TOA(P)/SS/SSS/TTA/LD/TM/PM	-	NE 6- NE-12	Rs. 2815 /-
4.	'D'	WA/PEON/Gateman	-	NE 1 – NE 5	Rs. 1875/-

- 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
- For Identification of Grade / Scale, Photo Identity Card of the employee, issued by the employer is to be presented by the claimant at the time of hospitalisation / submission of the claim documents (for reimbursement cases).

Exclusions

The company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

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 intoxicating 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. However HIV/AIDS to be considered as per Govt Guidelines.
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 hospitalisation as defined.
8. Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician
9. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials
10. Naturopathy Treatment
11. External and or durable Medical / Non-medical equipment of any kind used for diagnosis and/or 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 foot wear, 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).



Annexure-E

DAY CARE PROCEDURES

Appendectomy	Haemodialysis	Inguinal/ventral/umbilical/ femoral hernia
Coronary angiography	Lithotripsy	Parenteral Chemothreapy/immunotherapy
Coronary angioplasty	Incision and drainage of abcess	Piles/ Fistula
Dental Surgery	Colonoscopy	prostrate
D&C	Radiotherapy	Sinusitis
Eye Surgery, Intravitreal/avastin/lucentis injections.	Hydrocele	Tonsillectomy
Fracture/dislocation excluding hairline fracture	Hysterectomy	Liver aspiration
Sclerotherapy		

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

