

CIRCULAR

Sub: Post-retirement Medical Benefit Scheme (PRMBS) for executives

1. In order to alleviate the difficulties faced by the retired executives in depositing annual renewal fees for availing benefits under the Post-Retirement Medical Benefit Scheme (PRMBS), it has been decided to replace the annual renewal fee system with a registration fees of ₹5000/- valid for 10 years w.e.f. 2020-21.
2. Such retired executives / beneficiaries who have already deposited the registration fees of ₹5000/- in terms of Circular No. CHRD/RR/003.8 (A)/959/2018 dated 07/04/2018 will not be required to deposit any further amount. In case any of them has already deposited the renewal fees for 2020-21, such renewal amount will be refunded.
3. Other retired executives/beneficiaries will have to deposit the registration fees. Out of them, those who have deposited the annual renewal fees for 2020-21, may deposit the balance amount out of ₹5000/- on or before 15/07/2020 to be eligible for the benefits under the scheme.
4. In order to continue with the benefits every year, the retired eligible employee/ spouse will have to submit a certificate in the attached format by 30th April of the new financial year. Any change in status during the financial year will have to be reported within 30 days of such change. Beneficiaries will also have the option of submitting on-line certificate every year once the system is put in place.
5. Expenses towards Life time ceiling for hospitalization and Annual ceiling for OPD per family unit comprising of self and spouse will be as per the details given below:

Grade	Life time ceiling (₹) for Hospitalization	Annual ceiling (₹) for OPD	Grade	Life time ceiling (₹) for Hospitalization	Annual ceiling (₹) for OPD
CMD	32 00 000	1 25 000	E5	25 00 000	66 000
Directors	31 00 000	1 00 000	E4	25 00 000	62 000
E9	29 00 000	80 000	E3	23 00 000	58 000
E8	29 00 000	73 000	E2	23 00 000	54 500
E7	27 00 000	73 000	E1	21 00 000	50 500
E6	27 00 000	73 000	E0	20 00 000	40 500

6. The above ceiling will not include In-patient (IP) expenses for five critical diseases viz. Cancer, Heart diseases, Chronic Kidney diseases, Joint replacement and Neurological/Neuro-surgical diseases/conditions. Expenses for these diseases will be borne irrespective of the ceiling. These will be reimbursed outside the said ceiling based on rates specified in NALCO Medical Attendance Rules.

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नेशनल एल्यूमिनियम कम्पनी लिमिटेड

(भारत सरकार का एक उद्यम)

निगम कार्यालय

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National Aluminium Company Limited

(A Government of India Enterprise)

CORPORATE OFFICE

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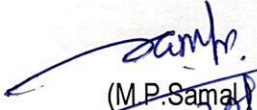
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7. The limits for both OPD and Hospitalization benefits, as mentioned at para 2 above, will be further subject to the following % limits based on numbers of years of service completed by the executive in the company (including past service completed in other CPSEs by a Board level appointee as per DPE guidelines):

Service	Benefit Level
20years and more	100% in each grade
15 years and more up to 20 years	80% in each grade
10 years and more up to 15 years (in death/ VRS/ NEFFARS cases/ Retirement or Separation on Medical ground)	60% in each grade
Less than 10 years (in death/ VRS/ NEFFARS cases/ Retirement or Separation on Medical ground)	50% in each grade

8. Beneficiaries availing medical facilities from NALCO Hospitals at Angul/ Damanjodi may submit a written irrevocable option by 31/07/2020 to avail medical facilities as per their requirement at the available NALCO empaneled Hospitals/Nursing Homes or Government/PSU Hospital anywhere in India and claim reimbursement for the same within the defined ceiling limit and as per the rate prescribed under NALCO Medical Attendance Rules. However, in case of opting for this benefit at par with executives availing facilities at locations other than Angul and Damanjodi, the concerned retired executive/ beneficiary will not be entitled to avail any medical benefit from the NALCO Hospitals, whether in the OPD or IPD.
9. Those, who do not submit such option by 31/07/2020, will be eligible to avail benefits only to the extent available in NALCO Hospitals, including medicines within the prescribed ceiling limit. The respective NALCO Hospital will keep record of such facilities/benefits availed in this regard.
10. However, both options, i.e. availing of medical facilities either at NALCO Hospital or outside will be available to all eligible beneficiaries once the various facilities at NALCO Hospital are monetized and recorded in the Hospital Management System/ Billing System for regulating the applicable ceiling limits.
11. Other issues like fund management, Trust formation, engagement of any third party agency/Insurance for regulation of the scheme and review of benefit ceilings based on Actuarial valuation and affordability etc. will be addressed separately.

This issues with approval of the Competent Authority.


(M.P. Samal)
DGM(H&A)

Distribution:

- o All GMs /RMs(Through e-mail)
- o NALCO Officers' Association of the Units (through respective HRD Deptt.)
- o SC&ST Employees' Welfare Association of the Units/Offices (through respective HRD Deptt.)
- o All Notice Boards

For kind information of:

- o D(P)/D(P&T)/D(C)/D(HR)/D(F)/CVO
- o All EDs
- o Sr.TS to CMD for kind information of CMD

FORM OF ANNUAL DECLARATION FOR AVAILING POST-RETIREMENT MEDICAL BENEFITS

(TO BE SUBMITTED BY 30TH APRIL OF A FINANCIAL YEAR AS REQUIRED UNDER PRMB SCHEME)

01. Name of the retired employee :

02. New (SAP) Personnel Number :

03. Date of Separation : Unit from where separated:

04. Unit/Office from where availing PRMBS benefits:

05. Beneficiary details for whom benefit is to continue for the current year:

Sl. No.	Name/ Relationship with employee	Date of Birth (dd/mm/yyyy)	Mobile Number	E-mail Id.
01.				
02.				

Declaration:

- This is to declare that the beneficiary (ies) named above are alive and I intend to avail the PRMBS benefits for them (him/her) for the current year.
- I/My spouse undertake to inform NALCO about any change in the above status within a period of not later than 30 days of occurrence of such change in status.
- I/my spouse undertake to be liable for forfeiture of all future benefits under the Post-retirement medical Benefit Scheme in case of any undue claim made by me/ my spouse during any period.
- The above information are true and correct to the best of my/our knowledge and belief.

Signed /thumb impressed by:

Sign/ thumb impression :

Name(self) :

Sign/thumb impression :

Name(spouse) :

Witness (in case of thumb impression): Sign _____ Name _____

Relationship with employee _____

Place:

Date:

