



सैण्ट्रल रेलसाइड वेअरहाउस कंपनी लिमिटेड
(भारत सरकार का उद्यम-मिनी रत्न)
आईएसओ 9001:2008 प्रमाणित कंपनी
सीआईएन: यू63023डीएल2007पीएलसी165676

सं. सीआरडब्लूसी- 1/सीजीएचएस/15-16

दिनांक : 05.11.2015

परिपत्र

(संदर्भ: दिनांक 29.06.2015 को हुई निदेशक मंडल की 41वीं बैठक-कार्यसूची मद सं. 41.12)

एतद्वारा सभी संबंधितों यह सूचित किया जाता है कि सीआरडब्लूसी की कर्मचारी चिकित्सा स्वास्थ्य योजना नीति 2015 को निदेशक मंडल द्वारा अपनी दिनांक 29.06.2015 को हुई 41 वीं बैठक में कंपनी में किग्रान्वयन के लिए अनुमोदित कर दिया गया है। सभी संबंधितों की सूचना एवं अवलोकन के लिए योजना का विवरण सीआरडब्लूसी की वेबसाइट www.crwc.in पर उपलब्ध है।

यह दिनांक 01.08.2015 लागू है।

यतिन के पटेल

(यतिन के पटेल)

उप महाप्रबंधक (एल/ओ/एम)

संलग्नक: उपर्युक्त

सेवा में,

1. उप महाप्रबंधक (वित्त एवं लेखा) अधीक्षण अभियंता/प्रबंधक(एमएंडओ- I)/प्रबंधक (एमएंडओ- II)/प्रबंधक (अभियांत्रिकी)/कंपनी सचिव, निगमित कार्यालय, नई दिल्ली।
2. वरि. परामर्शदाता (मा.संसाधन), निगमित कार्यालय, नई दिल्ली।
3. सभी नियमित कार्यकारी (वित्त एवं लेखा/एलओएम/आईटी) निगमित कार्यालय, नई दिल्ली।
4. सभी टर्मिनल प्रबंधक।

प्रतिलिपि:

1. प्रबंध निदेशक की निजी सचिव, सीआरडब्लूसी कॉरपोरेट कार्यालय, नई दिल्ली।
2. श्री जैना-कार्यकारी, आईटी को सीआरडब्लूसी की वेबसाइट पर अपलोड करने के लिए।
3. गार्ड फाइल

CRWC EMPLOYEE'S MEDICAL HEALTH SCHEME POLICY, 2015

1. Title & Commencement:

(a) These rules shall be called as "CRWC EMPLOYEE'S MEDICAL HEALTH SCHEME POLICY, 2015".

(b) These rules shall come into force from the date of issue of circular.

2. Scope and Applicability:

(a) These rules shall apply to :

(i) All regular employees of the company drawing pay in the regular pay scales and their "Family"

(ii) Deputationists opting for Medical benefits of the company,

(b) These Rules shall not apply to Consultants, advisors, casual/daily rated employees and other personnel employed on contract/ consultancy basis, or to such persons whose services have been outsourced through an agency.

(c) All employees including deputationists have to submit the option/ family composition as in dependency certificate to become eligible for Medical benefits.

3. Definitions:

For the purpose of these rules, unless there is anything repugnant in the statement or context, the words or expression shall be defined as follows:

a) "Authorized Medical Attendant" (AMA) means a medical officer, if any, in the service of the Company or any medical practitioner duly qualified in the Allopathic, Homeopathic or Ayurvedic systems of medicine, and registered with the appropriate schedule of the State and acceptable to the Company.

b) 'Company' means "Central Railside Warehouse Company Ltd." and shall include its Corporate office, various Zonal / Regional offices, Project offices, or Field units functioning under the administrative control of the Company in any part of the country or abroad.

- c) Board” means the Board of Directors of the Company.
- d) “Managing Director” means Managing Director of the Company.
- e) "Employee" means a person in the regular employment of the Company drawing pay in the regular scale of pay and includes a person on deputation / Foreign Service to the Company.
- f) “Dependent” shall mean a person whose income from all sources does not exceed the minimum family pension plus dearness relief thereon, prescribed by Central Government from time to time.
- g) Family” for the purpose of these rules shall include:
 - (i) Husband or wife as the case may be and other dependant family members which shall include parents, sisters, widowed sisters, widowed daughters, minor brothers and minor sister, children, stepchildren, dependent divorced / separated daughters and stepmother wholly dependent upon the employee and are normally residing with the employee.
 - (ii) Children till they get married or employed, whichever is earlier. Son is eligible till he starts earning or attains the age of 25 years or gets married whichever is earlier. However in case the son is suffering from any permanent disability of any kind (physical or mental) he is eligible for medical benefits even after 25 years. Daughter is eligible till she starts earning, or gets married, whichever is earlier (irrespective of age)
 - (iii)Widowed mother of the employee, residing with and dependent upon the employee. If both husband and wife are employee of the company, only one of them may avail the medical benefit for the family. However, dependent widowed mother of both, residing with them, will be included independently for the purpose of these benefits

- Note: 1. when both husband and wife are employees of the Company, only one of them may avail benefits under these rules for the family according to their option except that the parents of both will be included independently for the purposes of benefits under these rules, subject to the other conditions for their inclusion being satisfied. For this purpose, they shall furnish to their respective controlling Officers a joint declaration in the prescribed form as to who will prefer the claim for reimbursement of medical expenses incurred on the medical attendance and treatment in respect of wife /husband and other family members. This declaration shall remain in force till such time it is revised on the express request in writing by both husband and wife.
2. The husband or the wife of the employee, as the case may be, employed in the Government or PSU or Autonomous Bodies or local bodies, and private organizations, which provide medical facilities or any sort of financial/medical allowance etc. in lieu

thereof, shall be entitled to choose either the facilities under these rules or the medical facilities/allowance etc. provided by the organization in which he or she is employed. However, on submission of a certificate from the employee as also from the spouse's employer that no medical facilities are being availed from the other source, coverage to the spouse can be extended under these rules.

(iv) The financial limit for claiming dependency shall be as per govt. rules. Dependency certificate has been attached as **Annexure – I**

4. Medical Treatment:

A) Outdoor Treatment

The expenses incurred by the employees towards investigations including pathological investigations, radio diagnosis, etc. in cases of specific occasions of presence of symptoms to rule out a disease or otherwise, if prescribed by AMA, shall be reimbursable on submission of a copy of AMA's prescription and original bills.

➤ CONSULTATION FEE -

Reimbursement of consultation fees paid to the Authorized Medical Attendant/ Specialist shall be reimbursable to the extent of actual fees paid for consultation subject to the ceiling limit specified below:

S.No	Classification of Cities	Rates	Subsequent Consultation	Remarks
A.	MBBS DOCTORS			
	A, B class Cities	350	260	Maximum consultation for outdoor treatment will be restricted to 4 No. However, no ceiling for number of consultations for indoor treatment
	C & Unclassified Cities	175	120	
B.	DOMICILIARY (Home Visit)			
	A & B Class Cities	210		This will be in addition to the normal consultation fees as above.
	C & Unclassified Cities	105		This will be in addition to the normal consultation fees as above.
C.	FOR SPECIALIST			

	CONSULTATION			
	A & B class Cities	525	260	
	C & Unclassified class Cities	350	175	
	Domicillary "A" & "b" Cities	260		This will be in addition to the normal consultation fees as above.
	C & Unclassified class Cities	175		This will be in addition to the normal consultation fees as above.
D.	CONSULTATION WITH HOMEOPATHIC/AYURVEDIC/ UNANI MEDICAL PRACTITIONERS			
	A & B class cities	140	85	Where the practitioner prescribes medicine, which are purchased against cash memos, the same shall also be reimbursed in full.
	C & Unclassified Cities	85	50	Where the practitioner prescribes medicine, which are purchased against cash memos, the same shall also be reimbursed in full.

➤ **REIMBURSEMENT OF CLINICAL TESTS ON OPD / INDOOR TREATMENT**

- 1) All the clinical tests/ procedures taken from any Govt./Private/Trust hospital/ Nursing Home registered with Local Bodies or State Govt or clinical or diagnostics lab or institutions shall be reimbursed on actual basis.
- 2) In case the OPD / Indoor treatment is taken from govt. hospital/ Pvt hospitals, the consultation fee charged by these hospitals may be allowed on actual basis.

➤ **ADMINISTRATION OF INJECTION CHARGES**

Injection Charges – A & B class cities	Rs. 30/-	<i>The cost of disposable syringes/needles are also reimbursable</i>
C & Unclassified Cities	Rs. 20/-	

Dressing Charges - A & B class cities	Rs. 50/-	<i>All major dressings are also reimbursed as per actual if certified by the concerned doctor.</i>
C & Unclassified Cities	Rs. 25/-	

➤ **COST OF MEDICINES**

The cost of medicines, which are required and recommended by AMA, shall be reimbursable on submission of a claim. The costs of the following medicines / preparations are not reimbursable;

- (a) Preparations, which are not medicines but are primarily classified as foods, tonics, toilet preparations, disinfectants / antiseptics as specified in Schedule I of CS (MA) Rules, 1944.
- (b) Expensive drugs, tonics, laxatives or other elegant and proprietary items as specified in Schedule II of CS (MA) Rules, 1944 for which drugs of equal therapeutic value are available.

Note 1. Allopathic medicines, which are not reimbursable, shall be the same as specified in Appendix XVI of the CS(MA) Rules, 1944.

2. Ayurvedic, Unani, Sidha and Homeopathic medicines, which are reimbursable shall be the same as specified in Appendix XVI - Schedule III of CS (MA) Rules, 1944.

3. Sales Tax, Service Tax and other levies, if any, imposed by the Government and paid by the employees while purchasing the medicines from the market shall also be reimbursable.

B) Indoor Treatment

- (i) Indoor treatment means treatment taken during hospitalization for which room rent is charged by the hospital. For this purpose the treatment should be taken from any Govt./Private/Trust hospital/ Nursing Home registered with Local Bodies or State Govt.
- (ii) All expenses for a particular treatment leading to indoor admission, upto 30 days prior to admission and follow-up treatment upto 30 days after the date of discharge from hospital, shall qualify as indoor treatment.
- (iii) The indoor expenses shall include consultation, diagnostics, medicines, ambulance charges, surgery/OT charges, equipments like pacemaker, coronary stents, intraocular lenses, artificial limbs and implants, essential cosmetic treatments in the cases of burns, disfiguring in accidents, etc.

- (iv) Reimbursement on account of Room Rent, based on original receipts, shall be as per the following entitlements:

ROOM RENT FOR INDOOR TREATMENT

Sl. No	Designation	Proposed Room Rent excluding taxes
1.	MD	12000
2.	GM/Addl. GM/ DGM & equivalent	9500
3.	Senior Manager/ Manager	7500
4.	Deputy Manager/ Company Secretary	6500
6.	AM/Executive & Equivalent	5500

Treatment taken at ICU/CCU shall be reimbursed as per actual for all categories. *The room rent shall be as per actual basis restricted as per the financial ceiling as shown against respective category of employees irrespective of type of accommodation occupied/ availed.*

Note: The above entitlement will be applicable for hospitals in NCR/Metro city and for other places in the country; the entitlement shall be worked out and decided by the competent authority in the proportion of HRA of that particular place. For e.g

(1) Entitlement at NCR =5500/-

(2) HRA at a place = 15%

(3) Room rent at that part place = $5500 \times 15/30 = \text{Rs. } 2750/-$

Annexure –II has been attached for claiming reimbursement of Medical Expenses for Outdoor/ Indoor treatment

(C) Special Diseases

- (i) In cases of special diseases /illnesses as mentioned in clause (iv) below, which may require long term continuous outdoor treatment / domiciliary treatment / indoor treatment / rehabilitation / follow-up treatment / post treatment check-ups etc., the reimbursement shall be over and above the upper ceiling limit prescribed in case of outdoor treatment/Indoor treatment above shall be allowed on case to case basis, with the approval of the Managing Director.
- (ii) Reimbursement of medical expenses incurred for a disease requiring long-term continuous outdoor treatment shall be allowed on the condition that the employee produces a certificate from Hospitals which shall include Govt. Hospitals, Govt. Aided Hospitals, Hospitals run by

Charitable Trust or Hospital empanelled by the Company, if any for every six months period (during which claims are to be preferred) to the effect that the disease still requires further treatment.

(iii) However, keeping in view the financial constraints of the Company, the reimbursement shall be allowed of the expenses incurred on the treatment of a patient for a maximum period of five (5) years only, unless the period of treatment of a special disease has specifically been prescribed for less than five years. Expenses incurred on the treatment after five years shall not be reimbursable.

(iv) The following diseases shall be considered as special diseases:

Cancer, Cardiac Ailments, Kidney ailments, Treatments arising out of accidents/fire etc., Diabetes, Mental Diseases, Poliomyelitis, Cerebral Palsy and Spastics, Tubercular diseases, Thalassaemia major, AIDS, Hypertension, Neurological diseases, Thyroid, Rheumatoid Arthritis, Epilepsy, Ovarian Cyst* and Growth Hormone Disorder.

(v) Reimbursements towards expenses incurred like consultation, diagnostics, medicines, etc. shall be allowed as per actual based on production of original receipts and copy of the prescriptions of the AMA as in **Annexure-III**. The nature of special diseases must be properly and legibly mentioned on the prescription by AMA in all the system of treatment. Reimbursement for only one system of treatment for a particular disease at a time shall be admissible.

D) Medical Equipment/ Treatment without Indoor Admission.

Hearing Aid

(i) Expenses incurred towards Hearing Aid shall be reimbursed with ceiling upto Rs.20,000 for Bilateral Hearing Aid and upto Rs. 10,000 for one-sided Hearing Aid. In special circumstances, Digital Hearing Aid with ceiling upto Rs. 30,000 per Ear shall be reimbursed on production of original receipt.

(ii) The use of hearing aid and its type should have been recommended by any ENT specialist registered with appropriate Govt. authority or an ENT specialist of a hospital/clinic/ nursing home, registered with the local authority.

(iii) However, the digital hearing aid shall be permitted under the following two special circumstances duly mentioned by the ENT specialist in his/her prescription:

- Moderate to Severe Sensory Neural Hearing Loss with Aided Speech Discrimination Score, Which cannot be improved to 70% by use of Analog Hearing Aid.
- Sharply sloping audiogram seen on Pure Tone Audiometry, inverted V audiogram or U shaped audiogram involving 2000 Hz.

(iv) Replacement of Hearing Aid may be allowed only after Five(5) years on the recommendation of an ENT specialist as at (ii) above.

Ophthalmic

(v) The expenses towards Ophthalmic (cataract) surgery shall be reimbursed as per actual with cost ceiling for Intra Ocular Lens upto Rs.15,000 for each Eye.

Dental

(vi) The expenses towards Dental treatment for Extraction, Scaling & Gum treatment, Filling of teeth, any major dental treatment involving jaw bones, operation of gums, removal of wisdom teeth, Root Canal Treatment shall only be allowed for reimbursement as per actual, subject to cost ceiling for crown upto Rs.3000 per tooth. However, supply of artificial denture, cleaning/polishing of teeth, filling of teeth with gold or other expensive materials or orthodontic treatment for cosmetic reasons shall not be reimbursable.

Artificial limbs and appliances

(vii) Artificial limbs and appliances used shall be reimbursed as per actual.

E) Homeopathic Treatment

In homoeopathic treatment, the doctors do not prescribe medicines but also supply the same to the patient by themselves often and charge consolidated amount towards consultation fee as well as cost of medicines. It has therefore, been decided that the reimbursement in case of homeopathic treatment may be allowed upto Rs. 60/- for 3 days treatment and Rs. 100/- for one week treatment and upto Rs. 150/- for fortnight treatment. The treatment should be taken from a qualified doctor and the registration number of homeopathic doctor should invariably be indicated. Where the Homeopathic doctor prescribes medicines which are purchased against cash memos, the same shall also be reimbursed in full.

F) Executive Health Check-up Scheme (EHCS)

i) Employee and spouse shall be permitted comprehensive medical checkup at Company's expenses every alternate year between the age of 45 (40 years in case of female employees and wife of male employees) and 55 years and every years above 55 years of age of the concerned employee/spouse till superannuation/retirement of the employee in the Government Hospital, Government aided hospitals, Trust hospital operating on a no profit no loss basis and Hospital/Nursing Home registered with the local bodies/state government including reputed hospitals like Apollo, Escorts etc.

ii) Reimbursement towards expenses incurred shall be allowed as per actual based on the production of original receipts and copy of test reports as in the enclosed format (**Annexure-IV**)

5. Dental Treatment

In case of dental treatments the rates charged by the AMA will be allowed on actual basis for such treatments undergone at hospitals/ clinics.

6. Medical Advance:

Advance for the purpose of Indoor medical treatment may be sanctioned subject to the following conditions:

- a) Employee shall furnish an estimate of the likely expenditure from the hospitals where treatment is proposed to be taken.
- b) Advance shall be released through a cheque/draft in favour of the Hospital. In exceptional circumstances the advance may be released in favour of the employee with the approval of MD.
- c) It will be the responsibility of the employee to ensure that the unutilized portion of the advance is returned by the hospital himself within a week after discharge.
- d) Original bills/vouchers shall be submitted within 30 days from the date of discharge from the hospital failing which recovery of the advance would be made from the salary.
- e) Reimbursement Procedure: All medical expenses including medical advance, other than medical allowance paid through salary, shall be reimbursed as per SOP i.e standard operating procedures.

7. PERIOD OF TREATMENT

- a) Maximum period of outdoor treatment shall be two months for general diseases and in case of declared chronic diseases, it is upto six months thereafter, treatment shall be in any hospital/ Nursing homes if required.
- b) At present part time physician has been appointed in CO, New Delhi for consultation and outdoor treatment. The treatment given by the said part time physician appointed by CRWC may be treated as OPD treatment given in recognized hospital/ nursing home for the purpose of counting the period.
- c) Consulting Doctor can supply medicines by himself up to a maximum period of 7 days.
- d) For undergoing indoor treatment in the hospitals where admissions had been taken in emergent basis, CRWC may arrange direct payment to the hospitals on production of the bills by the company for

which an authorization letter shall be issued by the company to the hospital concerned mentioned with the date of admission.

8. Interpretation

- a) In case of any doubt or dispute regarding interpretation of these Rules, the decision of Managing Director shall be final. He/she may also relax, delete, modify and revise any of the provisions of these rules as required from time to time.
- b) Managing Director may at his/her discretion review and check the veracity of any claim or treatment and the decision of MD taken after such review shall be final.
- c) Misuse, fraudulent use, false declaration, or false claims for reimbursement, by any employee under these Rules will render the employee liable to refund the amount with penal interest besides initiation of disciplinary action as per rule.
- d) These rules have been framed entirely as a welfare measure and do not confer any right or benefit on the employees, nor impose any obligation or liability, whatsoever, on the Company, and shall not be deemed to be any contract or condition of service between the Company and any such employee.
- e) In respect of matters, which are not specifically covered in the above rules, 'Central Services (Medical Attendance) Rules, 1944' of the Central Government as may be in force on that date may be followed, provided they are not inconsistent with these rules.

9. Amendments

Powers to modify the provisions contained in the rules shall lie with the Board of Directors. Any relaxation in deserving cases may be granted by the Managing Director and reported to the Board of Directors in next meeting for their post facto approval.

DEPENDENCY CERTIFICATE

Particulars of wholly dependent members of family for the purpose of claiming reimbursement of Medical Expenses:

S.No	Name of Family Member	Relationship	Age

DECLARATION

I hereby declare that the above particulars furnished by me are true to the best of my knowledge. I also undertake that any change in the above particulars shall be immediately intimated to HR, corp. office. I also understand that any incorrect information submitted by me in this respect shall make me liable for disciplinary action as per rule.

Name _____

Designation _____

Signature _____

Date _____

Place _____

CENTRAL RAILSIDE WAREHOUSE COMPANY LTD.
 (A Public Limited Company)

Bill for claiming reimbursement of Medical Expenses for Outdoor/ Indoor Treatment

1. Name & Designation of Employees :
2. Place of posting :
3. Name and Age of the patient and relationship with the employee :
4. Nature and duration of illness :
5. **Details of amount spent & claimed for reimbursement** :

a) <u>Consultation fee</u>	<u>CR No.</u>	<u>Date</u>	<u>Amount</u>
Paid to AMA	.....	.....	Rs.
Paid to Specialist	.....	.....	Rs.

b) Fees paid for administration Injection : No. of inj. Amount.....

c) Charges for Pathological/ Radiological and Bacteriological Examination etc.	<u>Name of the test</u>	<u>Hospital/ Lab</u>	<u>CR No. & Date</u>	<u>Amount</u>

d) <u>Cost of Medicines</u>	<u>CR No.</u>	<u>Date</u>	<u>Amount</u>
i) Purchase from Licenced Chemists	.....	.....	Rs.
ii) Supplied by AMAs in Emergency	.....	.....	Rs.
e) Operation Charges	.....	.....	Rs.
f) Accommodation Charges	.....	.....	Rs.
g) Dressing Charges	.....	.....	Rs.
h) Miscellaneous (Specify)	.....	.....	Rs.
		Total	Rs.

6. Less Advance drawn, if any : (-) Rs.

7. Net Amount Claimed : Rs.

I hereby declare that the facts stated herein above are true and correct to the best of my knowledge and belief and that the patient for whom, the medical expenses were incurred is wholly/ mainly dependent on me. I further declare that I have been paid Rs. on as medical advance from.....

Delhi Dated:

(Signature of the Employee)

IN CASE OF INDOOR TREATMENT ONLY

8. Details of cost of medicines :

S. No	Description	Hospital	Receipt No.	Amount
.....	Rs.
.....	Rs.
.....	Rs.
.....	Rs.

a) **Accommodation Charges :**

Name of the Hospital	No. of Days	Rate per Day	Receipt No. & Date	Amount
.....	Rs.
.....	Rs.
.....	Rs.
.....	Rs.

b) **Special Nursing Charges:**

	Date	Amount
.....	Rs.
.....	Rs.
.....	Rs.
.....	Rs.

c) **Miscellaneous Charges if any, specify:**

.....

.....

.....

.....

Note: Required Certificate from Hospital to be enclosed.

Signature:

Name:

Designation:

Date:

REIMBURSEMENT OF MEDICAL EXPENSES ON SPECIAL DISEASES.

- 1 Name of Employee: _____
- 2 Employee Code: _____
- 3 Designation & posting: _____
- 4 Scale of Pay & Basic Pay: _____
- 5 Name of Patient: _____
- 6 Relationship with the employee: _____
- 7 Nature of Disease as specified by AMA: _____
- 8 Whether copy of prescription & Verified original bills enclosed: _____
- 9 Total Amount claimed _____

Signature of the employee with date: _____

**Controlling Officer
HR/Corp. Office.**

RE-IMBURSEMENT OF EXPENSES UNDER EXECUTIVE HEALTH CHECK-UP
SCHEME(EHCS).

1 a) Name of Employee (Date of Birth): _____

b) Name of Spouse (Date of Birth): _____

2 Employee Code: _____

3 Designation & Posting: _____

4 Scale of Pay & Basic Pay: _____

5 Date of last re-imburement taken, if any
under EHCS: _____

6 Whether copy of report & verified original
bills enclosed: _____

7 Total amount claimed _____

Signature of the employee with date: _____

Controlling Officer
HR/Corp. Office.