EESL Employees' Medical Attendance Rules and
Health Check-up Scheme, 2017

Preamble

These rules are designed to provide a certain measure of social security to the employees and their family members against various types of illnesses, which may befall them during their employment.

Presently medical facilities to employees and their dependent family members are being allowed by way of reimbursement of Indoor Medical expenditure incurred in the Hospitalization cases with the reimbursement ceiling of Rs. 10 Lakhs per annum.

1.0 Title and Commencement:

1.1 These rules shall be called the "Employees' Medical Attendance and Treatment Rules and Health Check-up Scheme, 2017".

1.2 These rules shall come into force with effect from 1.5.2017, and shall replace the existing "Medical Attendance and Treatment Rules" of NTPC. All claims relating to the period after the date of commencement of these rules shall be settled under these rules.

2.0 Applicability:

2.1 These rules shall apply to all regular employees drawing pay in the regular pay scales, Executive Directors, Directors and Managing Director.

2.2 These rules shall not apply to employees on Fixed Tenure basis, casual employees, daily-rated, part-time employees and other personnel employed on consultancy assignments, or to such persons whose services have been outsourced through an agency.

2.3 These rules shall be applicable to the employees, whether they are on duty or on leave of any kind or under suspension, and, to their families, as defined herein, whether located at the place of duty or elsewhere subject to other provisions of these rules unless otherwise specified.

3.0 Definitions:

For the purpose of these Rules, unless there is anything repugnant in the statement or context, the words or expressions used shall defined as follows:

3.1 'Corporation' or 'Company' means "Energy Efficiency Services Limited" and shall include its Corporate office, various Zonal / Regional offices, Project
offices, or Site Offices functioning under the administrative control of the Corporation in any part of the country or abroad.

3.2 'Employee' means a person in the regular employment of the Corporation drawing pay in the regular scale of pay.

3.3 'Hospital' includes empanelled Hospitals of the Insurance Company, Government Hospitals, Government Aided Hospitals, Hospitals run by Charitable Trust or a Hospital recognized by the Corporation.

3.4 'Family' for this purpose includes:

Self, Spouse, Parents and two surviving children below 25 years in the case of unmarried dependent son and up to 30 years in the case of single/unmarried dependent daughters. The restriction regarding numbers of children shall not apply in respect of employees who are availing the facility of medical Attendance for existing numbers of children. However, the restriction of age shall apply to the existing children. Further, the restriction of age for dependent children will not be applicable for physically handicapped or mentally retarded children dependent on the employee.

For considering a physically handicapped/mentally retarded child as dependent, beyond the age of 25/30 years, the following criteria are to be adopted:

- The income of such child, from all sources, to be less than Rs10,000/- (Rs. Ten Thousand Only) per month as in the case of other dependents.

- The employee has to provide a medical certificate from government hospital certifying the physical/mental condition of the dependent.

The Parents will be covered under the definition of 'Family' irrespective of the pension they are drawing from their past service. Their income from all sources should not exceed Rs 20000/- (Rs Twenty Thousand Only).

Employees shall have the option to declare their parents-in-law as family members, in lieu of their parents. Option exercised by an employee in this may be changed only once during the entire period of service within the Company.

Note: 1. When both husband and wife are employees of the Corporation, only one of them can avail benefits under these rules for the family according to their option, 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 their 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.

4.0 Medical Attendance for Employees Posted in India:

4.1 Medical Treatment from Group Medical Policy taken from the Insurance Company

The medical benefit to the eligible employees shall be covered through a Group Medical Policy and after the exhaustion of Policy limit, an extended cash coverage, i.e. Umbrella Cash Cover, shall be admissible in cases, based on merits.

4.1.1 The medical benefits to the employees and their Family under this Scheme will be admissible for indoor treatment with cashless facility across India at network hospitals of empanelled Insurance Company.

4.1.2 The Employees and their Family members will be covered under the Policy and the limits of sum insured amount would be restricted to a maximum amount of Rs. 10 lacs per annum on family floater basis.

5.0 Administration of the Scheme:

5.1 The Corporation will take a suitable Medical Policy through an IRDA approved insurance company to give medical cover to the employees and their family members.

5.2 Scheme will be administered through Insurance Company. Mediclaim E-cards would be issued by Third Party Administrator (TPA) to all eligible employee and their family members.

5.3 TPA will be the intermediary between employees, Insurance Company and Hospitals.
5.4 Network Hospitals:

5.4.1 The Insurance Company will have Network Hospitals where treatment can be availed.

5.4.2 Cashless facility will be available at network listed hospitals.

5.4.3 Beneficiary need to fill "Pre authorization Form" available in the network hospital to get an authorization from TPA. In case of emergency, the employee need to carry Company ID Card and the TPA card wherein pre-authorization form can be filled later on after admission. This authorization along with a copy of the card issued by TPA is to be given to the Network Hospital at the time of admission. TPA will authorize "Cashless Service" at the Network Hospitals in all cases eligible under the Mediclaim policy.

5.4.4 In case of Denial of "Cashless Service" for any reason, the treatment can be continued by paying for the Services and the claim can be sent to TPA for processing reimbursement. In such cases of emergencies the employee can be given advance as per clause 9.1.

5.4.5 In case of treatment is done in unlisted hospital the cost will be reimbursed by the Insurance Company on submission of claim, subject to other terms of the Mediclaim Policy.

6.0 DETAILED MEDICAL FACILITIES:

Detailed medical facilities with all applicable Terms and Conditions etc. will be notified, after the Insurance Company, TPA and the Scheme are finalized.

7.0 Umbrella Cash Cover: If the Medical coverage of employee under the Medical claims policy is exhausted

7.1 After the exhaustion of limit of Group Medical Insurance, the employee and their family members can still avail the medical Treatment Benefit under the 'Umbrella Cash Cover Medical Benefit' provided by the Company to the maximum limit of amount Rs. 10 Lacs for self and covered family, which is in addition to the above medical policy. However, for employees in Directors and above this limit shall be up to a maximum of Rs 25 Lacs. Also, for Directors and above, the condition of exhaustion of Medical Insurance coverage is not necessary and can directly avail the Umbrella Cash Cover directly. They shall, however, have the option to use the medical policy cover at a later date.

7.2 However the above additional Medical Benefit will be applicable in the case of 'Hospitalization' only.

7.3 The term 'Hospitalization' means admission in a hospital or Nursing Home normally for a minimum period of 24 hours for getting in-door care and treatment of
diseases and/or injuries. The period of hospitalization shall begin from the date of admission of the patient in the hospital till the date of his discharge from the hospital.

The minimum period of Hospitalization i.e 24 Hrs will be relaxed in the case of certain treatment wherein the Hospitalization is required less than 24 hrs: i.e. (i) Stitching of wounds in accident cases; (ii) Close reduction and application of POP casts in case of bone fractures; (iii) Dialysis; (iv) Chemotherapy; (v) Radiotherapy; (vi) Cataract surgery procedure; (vii) ENT surgery; (viii) Laparoscopic surgery; (ix) Angiographies; (x) Endoscopies; (xi) Lithotripsy (Removal of stones from kidney/Gall bladder; (xii) Arthroscopy; (xiii) Treatment of certain other type of cases where, due to technological advances, the period of hospitalization required is less than 24 hours; (xiv) Such treatment that necessitates hospitalization and the procedure involves specialized infra structural facilities available in the hospital. The treatment in such cases shall be covered by the term 'Hospitalization'.

7.4 The period of hospitalization shall begin from the date of admission of the patient in the hospital till the date of his discharge from the hospital.

7.5 In-door treatment includes Doctor's fee, anesthetist charges, ICU/ICCU charges, Nursing expenses, Surgical fee, charges for operation theatre, anesthesia, oxygen, cost of drugs and medicines consumed and/or blood transfusion, charges for pathological, bacteriological, radiological examination and other methods of diagnosis, accommodation charges etc.

7.6 Expenses incurred on the following procedures shall not be reimbursable:
   (a) To improve general physical fitness.
   (b) For cosmetic purposes.
   (c) To improve body figure etc.

7.7 In case of requiring hospitalization, the Employee and family members can be admitted to the following hospitals;

   (a) Any Government Hospital
   (b) Railway Hospital
   (c) Public Sector Undertaking Hospital
   (d) Local Authority Hospital
   (e) Empanelled hospitals of the Company

The list of empanelled hospitals as on 31st March 2017, is enclosed at Annexure-I to these rules. Review of empanelment shall be done once in a year and shall be notified accordingly.

7.8 The charges incurred on such hospitalization shall be reimbursed as per actuals.
7.9 Exception in case of emergency: - In cases of emergencies or unforeseen circumstances, when an employee or any member of his family falls ill at a remote place/ area in countryside, where no Government hospital/ Government recognized hospital as defined in Clause 7.7 above is available within a distance of ten kilometers for in-door treatment, and the condition of the patient require immediate in-door treatment, he may be allowed to take in-door treatment at any hospital of his choice, which is available at the nearest place to save his life in view of the seriousness of his condition, as the delay in providing requisite treatment may endanger his life, or involve risk of serious aggravation of his condition. Expenses incurred on such hospitalization shall be reimbursed on actuals subject to restriction on room rent as specified in table under clause 7.10. This provision shall be applicable after exhaustion of Mediclaim Cover only.

7.10 The accommodation charges for Non-empanelled Hospitals in hospitals shall be regulated as per the scales given below:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Hospital Accommodation Grade Group of Employee</th>
<th>Eligible room category (to be reimbursed in actuals or rates of Sir Ganga ram hospital whichever is lower)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>W1 and above</td>
<td>B-Class Room/ Semi-Private Ward</td>
</tr>
<tr>
<td>2</td>
<td>W7 &amp; above and all supervisors</td>
<td>B-Class Room/ Private Room (non A/C) /2 Bedded AC Room</td>
</tr>
<tr>
<td>3</td>
<td>E-1 and above</td>
<td>A- Class room/ Private Ward (A/C) / AC Room (second highest)</td>
</tr>
<tr>
<td>4</td>
<td>E-5 and above</td>
<td>Private Deluxe Room/Private A/C Room (Highest)</td>
</tr>
<tr>
<td>5</td>
<td>E-8 and above</td>
<td>As per actual, subject to Umbrella cover limit</td>
</tr>
</tbody>
</table>

In case of the hospitals notified as per Clause 7.7 the room rent shall be paid on actuals.

7.11 The above classifications are the maximum ceiling limits for accommodation charges. However, where Non-AC accommodation is not available, MD, at its discretion, may relax this condition. Corporate HR department shall fix the ceiling limit for the room rents for various categories.

7.12 Plastic surgery and Grafting: --
7.12.1 Cases where plastic surgery/grafting is required to repair or to reconstruct a part of the body that has been damaged causing deformity or suffered an injury due to accidents, burns, cancer etc., and is necessary as a part of the treatment of injury,
the expenses so incurred shall be reimbursable subject to the limit as per Clause 7.1 above.

7.12.2 Expenses incurred towards plastic surgery for cosmetic / beautification purposes like face lifting or facial rejuvenation (wrinkle reduction) or abdominoplasty, or to correct some congenital defect, shall not be reimbursed.

7.13 Grant of Advance for Medical Attendance and Treatment

7.13.1 To enable the employee initially to meet the expenditure on treatment taken from notified/empanelled hospital as mentioned in clause 7.0 and sub-clauses thereunder, the employee shall get the advance amount restricted to three months basic and applicable DA with the approval of HR Head. However, in exceptional circumstances, the employee may, at the discretion of the MD, be granted advance of an appropriate amount on the basis of recommendations by the appropriate medical authority of the concerned hospital. In such cases, the advance amount shall be recovered in six monthly installments form the salary or any other amount recoverable. In case of long hospitalization the duration of recovery may be relaxed.

7.13.2 No advance is permissible for getting treatment outside India.

7.14 Submission of claims for reimbursement:

7.14.1 The claim for reimbursement should be supported by original prescriptions, cash memoranda, receipts for fees paid to the Authorized Medical Attendant and the charges paid for surgical operations, maternity, accommodation, diet, pathological, bacteriological and radiological examination / treatment etc. Ordinarily the bills may be submitted immediately after completion of treatment / discharge in case of hospitalization in the prescribed format (Annexure-II) but not later than 30 days after the completion of the treatment. However, this is relaxable in exceptional cases with proper justification and due approval of Head HR at Corporate Office.

7.15 Submission of false claims/ Claims made in a fraudulent manner/ fraudulent means / device:

7.15.1 Genuineness of the claim is an implied condition for reimbursement of expenses incurred by an employee on medical treatment. In cases of doubt regarding the genuineness of claims, management may refer the case to any government/private verification agency/ appropriate medical authority/hospital for verification/second opinion / clarification.

7.15.2 An employee making a false claim or misusing the facility by adopting unfair means, or claiming reimbursement in fraudulent manner shall be guilty of serious misconduct rendering him liable for disciplinary action and consequent punishment including dismissal from service. This would be in addition to the
refund of the amount of excess reimbursement claimed by adopting unfair means, or in fraudulent manner.

7.16 Reimbursement of Ambulance charges:
Employees shall be entitled to reimbursement of charges paid for an ambulance used for their conveyance or the conveyance of members of their families subject to the following conditions:

(i) If it is certified in writing by the concerned employee that conveyance of the patient by any other means would definitely endanger his life or grossly aggravate the conditions of his health;

(ii) If the ambulance is used to take the patient to a place of treatment or from one hospital to another for purposes of certain medical examinations etc.

(iii) If the ambulance used belonged to Government or local fund or a social service organization such as Red Cross Society, etc. or the hospital as defined in clause 7.7

8.0 Medical Attendance for Employees Posted in Overseas Site office

In view of the expanding overseas activities of EESL, it has become essential to provide Medical attendance Treatment benefit for the employees of EESL deputed/posted overseas assignment. Keeping the above objective of company, the employee deputed/posted overseas assignment shall be covered under this policy by obtaining a Travel cum Medical Insurance policy taken from the Insurance Company. The following Medical Treatment benefits will be applicable:

8.1 Any employee deputed/ transferred abroad for assignments for a continuous period of more than 30 days shall be covered under this Rule.

8.2 Under this policy, employee will be covered under the Travel Insurance Policy with sum insured amount of $500,000 (Maximum)

8.3. This policy would be applicable for employee travelling to a country for a single, long term stay. The policy will be applicable initially for a period of 180 days which will be extended based on the further extension of tenure of employees at overseas site posting.

8.4 Travel Insurance Policy will cover Single Country stay and will end when employee returns to India.

8.5 Other overseas deputations (that is, for 30 days or less) shall be governed as per the prevailing rules.

9.0 Compulsory Medical Check-up of employees:

9.1 Considering the mental and physical stress and strain, level of pollution in big cities and industrial towns etc. adversely affecting the health of employees, as a preventive
health measure, all regular employees after their attaining the age of 40 years are required to be undergo medical check-up at company cost in the notified/empanelled hospitals. This check-up is required to be done once in two years for all employees above 40 years once in two years, up to the age of 50 years, and, every year thereafter. The expenses incurred on the same shall be borne by the Corporation.

9.2 The medical check-up should include the following tests: -

(a) Complete Physical Examination;
(b) Eye Checkup;
(c) Dental Checkup;
(d) Comprehensive Cardiac Checkup;
(e) Body Mass Index (BMI);
(f) ECG, TMT / ECHO;
(g) Pulmonary Function Test (PFT);
(h) Liver Function Test;
(i) Kidney Function Test
(j) Complete Haemogram;
(k) Haematoorit;
(l) Breast Examination, Mammography & Pap Smear (in case of female);
(m) Clinical Examination and advice by Gynaecologist (in case of female);
(n) X-ray Chest PA & Ultrasound (Whole Abdomen);
(o) Orthopedic Consultation;
(p) Complete urine & Stool Analysis (Routine and Microscopic);
(q) Complete Blood Analysis, viz. Blood Sugar (Fasting & PP), Blood Urea, Blood Group ABO & RH-typing, Complete Blood Count,

9.3 In case of employee posted at project site/ stations, where Company notified/empanelled hospitals are unavailable, the employee may get the test mentioned in clause 13.2 from any reputed Hospital and get reimbursement as per the maximum ceiling prescribed below:

(i) For Male Employees- Rs. 10,000/- (Rupees Ten Thousand only)
(ii) For Female Employee- Rs. 12,000/- (Rupees Twelve Thousand only)

10.0 The Managing Director has reserves the right to amend, modify the conditions of the Scheme in exceptional circumstances, depending upon the medical emergency, with or without prior notice.

11.0 in case of any doubts arising with regard to any of the provisions in the Medical Attendance Rules and in the cases not covered by these rules, final authority of interpretation will vest in the Managing Director whose decision will be final.
List of EESL Empanelment Hospitals

1. Sri Balaji Action Medical Institute
   FC-34, A-4, PaschimVihar,
   New Delhi- 110063, Ph: 011-42888888
   Fax: 011-25270725

2. Action Cancer Hospital
   Action Cancer Hospital
   A-4, PaschimVihar, New Delhi- 110063
   Ph: 011-49222222, Fax: 011-45024287

3. Global Health Private Limited
   Medanta – The Medicity, Sector- 38, Gurgaon, Haryana – 122001
   Tel: +91 124 4141 414
   Fax: +91 124 4834 111

4. MoolchandMedcity
   Lajpat Nagar III, New Delhi – 110024
   Ph : +91 11 4200 0000
   Fax No. : +91 11 4200 0300

5. Shanti Gopal Hospital
   NH-1, AhinsaKhand –II,
   Indirapuram, Ghaziabad, UP
   Ph : 0120 – 4777000

6. Indian Spinal Injuries Centre
   Indian spinal injuries center, Opp. Vasant Valley School, Sector C, Vasant Kunj,
   New Delhi - 110070
   Contact person: Mr. Sanjeev (9911118364)

7. Fortis Hospital
   1. Fortis Hospital - Noida, B-22, Sector-62, Noida – 201301
   2. Escorts Heart Institute And Research Centre Ltd, Okhla Road, New Delhi – 110025
      Fortis Hospital
   3. Fortis Flt. Lt. RajanDhall Hospital, Sec-B, Pocket-1, ArunaAsaf Ali Marg, Vasant Kunj, New Delhi – 110070
   4. Fortis Memorial Research Institute – Sector 44, Adjacent to Huda City Centre, Gurgaon – 122002
5. Fortis Escorts Hospital, Faridabad, Neelam Bata Road, Faridabad - 121001, Haryana, India


7. Fortis La Femme, S-549, Greater Kailash, Part - II, New Delhi - 110048
Claim for Reimbursement of Expenditure for IPD Medical Treatment
(In case of claims under the Umbrella Cash Cover facility)

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>कर्मचारी का नाम</td>
<td>Name of the Employee</td>
</tr>
<tr>
<td>2.</td>
<td>पद</td>
<td>Designation</td>
</tr>
<tr>
<td>3.</td>
<td>कर्मचारी संबंध</td>
<td>Employee No.</td>
</tr>
<tr>
<td>4.</td>
<td>रोगी का नाम</td>
<td>Name of the Patient</td>
</tr>
<tr>
<td>5.</td>
<td>कर्मचारी के साथ संबंध/निर्वाचन</td>
<td>Relationship with the Employee/Self</td>
</tr>
<tr>
<td>6.</td>
<td>क्या मानव संसाधन विभाग को आई.पी.डी. में निकल अस्पताली की पूर्व सूचना दी गई थी</td>
<td>Whether intimation of IPD treatment already given to HR:</td>
</tr>
<tr>
<td>7.</td>
<td>दाता राशि का विवरण</td>
<td>Break-up of the claimed amount:</td>
</tr>
<tr>
<td></td>
<td>I. बीमारी की प्रकृति</td>
<td>Nature of Ailment:</td>
</tr>
<tr>
<td></td>
<td>II. अस्पताल का नाम</td>
<td>Name of Hospital:</td>
</tr>
<tr>
<td></td>
<td>III. बिल की राशि</td>
<td>Bill amount:</td>
</tr>
<tr>
<td></td>
<td>IV. दवाओं/तालाबाद, बिस्फोट द्वारा खरीदी हो: Cost of Medicines; if any purchased by self:</td>
<td>रु।Rs.</td>
</tr>
<tr>
<td></td>
<td>V. अन्य खर्च (कुछ निर्दिष्ट करे): Other Expenses, if any (please specify):</td>
<td>रु।Rs.</td>
</tr>
<tr>
<td></td>
<td>कुल</td>
<td>TOTAL:</td>
</tr>
<tr>
<td></td>
<td>रुपये शब्दों में</td>
<td>In Words: Rupees</td>
</tr>
<tr>
<td>8.</td>
<td>क्या अस्पताल आयकर से मुक्त है?</td>
<td>Whether the hospital is exempted from Income Tax:</td>
</tr>
</tbody>
</table>
9.  
| यदि हाँ तो कर-मुक्त प्रमाण पत्र/प्रमाण पत्र लगाये। If yes, attach the copy of tax exemption certificate: |
|---|---|
| सूचना/मैं सूचना Attached / Not attached |

Certified that the particulars mentioned in this claim are true to the best of my knowledge and belief that the person for whom the medical expenses were incurred is wholly dependent on me and normally residing with me.

Date: __________________

(Signature of employee)