

**THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE
SCHEME, 2018 FOR UNIVERSITY PENSIONERS (INCLUDING SPOUSE) /
FAMILY PENSIONERS (BOTH TEACHING & NON-TEACHING).**

5. Enrolment.-

- (1) The enrolment of the Pensioners / Family Pensioners under the Scheme shall be compulsory.
- (2) **Option to be exercised for certain cases.** - This Scheme is compulsory for all Pensioners / Family Pensioners of all categories. The following categories of Pensioners / Family Pensioners alone are entitled to exercise their option at the time of submitting the prescribed Form.
 - (a) All India Service (AIS) Pensioner.
 - (b) A Pensioner who is a recipient of All India Service (AIS) Family Pension.
 - (c) If the spouse of the Pensioner is a State Government Employee.
 - (d) If both Husband and Wife are Pensioners.
 - (e) If a Pensioner is also a Family Pensioner.
 - (f) If an individual draws more than one Family Pension.
- (3) In respect of categories (a) to (c) above, the subscription shall be recovered only from the Pensioners / Family Pensioners who has opted to avail the benefits under this scheme. In respect of categories (d) to (f) above, the subscription shall be recovered from one of the Pensioner / Family Pensioner as per the option exercised.
- (4) A Pensioner / Family Pensioner who resides outside the State of Tamil Nadu may opt to not to avail the benefits of the Scheme, in which case, subscription shall not be recovered from such Pensioner/Family Pensioner.
- (5) If no such option is received from the above said categories on or before the completion of one month from the date of issue of this order, it shall be construed that the above said categories of Pensioners / Family Pensioners are willing to enrol themselves under this Scheme. The option once exercised shall be final.
- (6) Those Pensioners / Family Pensioners who had already exercised their option under New Health Insurance Scheme, 2014 need not exercise their option again to this Scheme.

6. Subscriptions to the scheme.-

- (1) A sum of Rs.350/- per month shall be recovered as subscription from the pension / family pension of the Pensioner / Family Pensioner payable from the month of July 2020.
- (2) The subscription recovered by the Pension Disbursing Officers directly from the pension / family pension of the Pensioner / Family Pensioner from the pension / family pension of the Pensioner / Family Pensioner credited into the relevant Heads of Account under Revenue Receipt.

- (3) In respect of Provisional Pensioners:-
The subscription shall be recovered by the Pay Disbursing Officers concerned directly and credited into the relevant Heads of Account under Revenue Receipt.
- (4) In respect of Divisible Family Pensioners, the subscription shall be recovered from each of the Family Pensioners separately.
- (5) The Authorities concerned shall be held responsible for the prompt recovery of the subscription and remittance every month.

12. Pre-authorization by Insurance Company / Third Party Administrator (TPA).-

- (1) The purpose of obtaining pre authorization from Insurance Company / Third Party Administrator (TPA) is to verify if the beneficiary is eligible for financial assistance under the Scheme and whether the proposed treatment or surgery is covered under the Scheme. It is also for the purpose of intimation by the Insurance Company to the Network Hospital that the Hospital should act in accordance with the tripartite agreement between the Insurance Company, Third Party Administrator (TPA) and the Hospital concerned with regard to the rates chargeable by the Hospital for various Eligible Medical Expenses.

(2) In case of planned Hospitalization (to a Network Hospital):

- (a) The Network Hospitals empanelled for CASHLESS facility under the Scheme alone shall be approached for availing medical assistance for the approved treatments and surgeries under this Scheme. The Beneficiary shall approach the Insurance Office of the Network Hospital who is dealing with CASHLESS treatment. In case of difficulty, they can contact the District Level Co-ordinator / District Level Nodal Officer / Toll Free Number / State Level Co-ordinator / State Level Nodal Officer in this regard.
- (b) The Identity Card of the Pensioners / Family Pensioners issued by the Insurance Company / Third Party Administrator or by production of the copy of Form prescribed in Annexure-IV shall be produced to the Network Hospitals for availing CASHLESS facility.
- (c) In case of a Beneficiary falling under sub-clause (iii) of the clause 4(1)(e) of these Guidelines, additional documentation in the prescribed Form certified by Tahsildar of the Taluk jurisdiction within which the beneficiary ordinarily resides or by a Gazetted Officer shall be furnished. In case of failure to do so, the Beneficiary may file claim for reimbursement of Eligible Medical Expenses following the procedure laid out in clause 15 of these Guidelines.
- (d) Network Hospital shall identify, direct and register all the Beneficiaries holding eligibility card.
- (e) The Network Hospital shall send the pre-authorisation request immediately to Insurance Company / Third Party Administrator with ID card proof or PPO with Authorisation Form for the approved treatments and surgeries to be undertaken so that pre-authorisation approval is given by the Insurance Company / Third Party Administrator.

- (f) If the approved treatments and surgeries are covered under this Scheme, an approval of pre-authorisation would be issued to the concerned Network Hospital enabling CASHLESS facility for the Eligible Medical Expenses to be incurred subject to the Ceiling Criteria.
- (g) In case of any deficiency or query, an additional information letter will be sent to the Network Hospital. On retrieval of the said information, the request will be processed accordingly.
- (h) The Insurance Company / Third Party Administrator shall scrutinize the pre-authorisation requests as per the Guidelines with the help of medical professionals and accord authorization for approved treatments and surgeries to be undertaken within 24 hours for planned Hospitalisation.
- (i) The Insurance Company / Third Party Administrator shall also send an automated SMS to the Beneficiaries with the status of the approval and make arrangement to download the approval of pre-authorisation in the designated website of the Insurance Company / Third Party Administrator.
- (j) The Beneficiary should sign in the final authorization letter approved by the Insurance Company / TPA in which the final authorization amount shall be provided to know the Beneficiary.
- (k) The following caption shall be indicated in the final authorization letter both in English and Tamil to lodge complaints for any grievance of the Beneficiary:

“Any grievance / complaint about Eligible Medical Expenses, the beneficiary shall lodge complaint to the Grievance Redressal Officer within one month from the date of discharge from the Network Hospital.”

- (l) The Network Hospital shall obtain the signature of the Beneficiary on the approval of final authorization letter and after obtaining signature, the same shall be sent to the Insurance Company / Third Party Administrator by the Network Hospital at the time of claim settlement.
- (3) In case of Emergency Care or following an Accident (to a Network Hospital):**
- (a) In an accidental case or in medical emergency, the approval of the Insurance Company / Third Party Administrator for the approved treatments and surgeries undertaken in the Network Hospitals shall be obtained for settlement on CASHLESS basis by the Network Hospital / Beneficiary during the period commencing from the date of admission in the Network Hospital for treatment / surgeries as in-patient to the date before discharge from the Network Hospital.
 - (b) Relaxation of pre-authorisation relating to treatments taken and surgeries undergone in any of the Non-Network Hospitals in case of Emergency Care or following an Accident only shall be allowed.

13. Issue of Identity Cards by Insurance Company/Third Party Administrator.-

- (1) The Insurance Company shall arrange to issue identity cards to cover the beneficiaries with the details of the Pensioner including spouse / Family Pensioner. The identity cards will be distributed through the Registrar, University of Madras. The available data of the Pensioners including spouse / Family Pensioners under New Health Insurance Scheme, 2018 on the date of commencement of the Scheme and for future retirees as in Annexure-IV to these Guidelines will be made available by the Pension Section, University of Madras. The identity cards shall be made available within a period of sixty days from the date of commencement of the Scheme. During the interim period of preparation and distribution of the identity cards, the Insurance Company shall authorise acceptance of the Pension Payment Order issued by the Registrar, University of Madras, duly attested or Certificate issued by the Head of Office for Provisional Pensioners as valid identity for the purpose of availing the Scheme. This arrangement will be applicable only for such interim period, till the identity cards are made available.
- (2) The Insurance Company shall arrange to issue identity cards to the existing Pensioners / Family Pensioners or recent retirees in the organisations covered under the scope of the Scheme. The Pay Drawing Officers shall arrange to furnish the data of such Pensioners (including spouse) / Family Pensioners as in Annexure-IV to these Guidelines on their retirement / death of the Pensioners. The data furnished by the Registrar, University of Madras shall be the property of the University of Madras and should not be used for any other purpose without the prior permission of the Vice-Chancellor, University of Madras.
- (3) The ID card may also be downloaded from the designated website of the scheme.
(website address will be informed later)

15. Redressal of Grievances and Reimbursement of payment made to Network Hospital for Eligible Medical Expenses and to Non-Network Hospital in case of Emergency Care or following an Accident.-

- (1) Claims under clauses 11 and 12(2)(c) of these Guidelines for reimbursement of payments made by Beneficiaries to Hospital for Eligible Medical Expenses shall be submitted by the beneficiaries to the Grievance Redressal Officer along with relevant documents and bills. In case of the Pensioners / Family Pensioners drawing pension/family pension outside the State, claims shall also be submitted to Grievance Redressal Officer.
- (2) Reimbursement claims can be submitted to Grievance Redressal Officer through registered post or in Person.
- (3) Claim Documents should be sent to Grievance Redressal Officer within 30 days from the Date of Discharge.
- (4) Claim Forms prescribed by Insurance Company/TPA can be downloaded from designated website of the Insurance Company/TPA.
- (5) Documents that need to submit for a hospitalization reimbursement claim are.-

- (a) Completely filled Claim Form in original which is made available in the designated website of the Scheme. (website address will be informed later)
 - (b) Covering letter stating complete address, contact numbers and email address (if available), along with Schedule of Expenses.
 - (c) Copy of the ID card or copy of Form prescribed in Annexure-IV
 - (d) Copy of Discharge Summary.
 - (e) Copy of Hospital final bill.
 - (f) Numbered receipts for payments made to the hospital [at the time of submission of original submission).
 - (g) Copy of Complete breakup of the hospital bill.
 - (h) Copy of Investigations done with the respective reports.
- (6) The original documents should be kept in safe custody of the Pensioner/Family Pension as these shall be handed over to the Insurance Company at later stage.
- (7) The Grievance Redressal Officer shall examine the claims to verify if the claims relate only to Eligible Medical Expenses and recommend to the First Level Empowered Committee for reimbursement of such sums of money that relate to Eligible Medical Expenses. In case of claims relating to Non-Network Hospital, he shall examine and submit to the First Level Empowered Committee with his opinion as to whether the claim relates to Emergency Care or treatment/surgery undergone following an Accident. The Grievance Redressal Officer shall submit his report with his opinion to the First Level Empowered Committee within a period of one month from the date of receipt of claim from the Beneficiary.
- (8) The First Level Empowered Committee shall examine claims with reference to the recommendations and opinions of the Grievance Redressal Officer and approve all such sums for reimbursement that it finds to be Eligible Medical Expenses, satisfying the requirements of clauses 11 and 12(2)(c) of these Guidelines within a period of one month from the date of receipt of the report from the Grievance Redressal Officer.
- (9) Appeal against the claims of the First Level Empowered Committee shall lie with the Second Level Empowered Committee within a period of one month from the date of receipt of copy of the Proceedings of the Committee.
- (10) The sums determined by the First Level Empowered Committee / Second Level Empowered Committee to be reimbursable shall be paid by the Insurance Company to the Beneficiary within a period of one month from the date of receipt of copy of the Proceedings of the Committee.

- (11) In case, claim is denied, the denial letter is sent quoting the reason for denial of claim to the Beneficiary.
- (12) Any claim in deviation of the above procedure for reimbursement is liable to be rejected.
- (13) Any grievance / dispute arising out of the implementation of the Scheme remaining unresolved by the Second Level Empowered Committee shall be preferred within fifteen days of award of Second Level Empowered Committee to the Syndicate of University of Madras.
- (14) The Civil Courts situated in Chennai shall have exclusive jurisdiction over any grievance / dispute remaining unresolved by the above procedure.
- (15) Nothing aforesaid, shall prejudice the rights of the University of Madras to approach any other forum for dispute resolution permissible under Law.
- (16) The address of the First Level Empowered Committee, Second Level Empowered Committee and High Level Empowered Committee are listed in the Annexure-VI to these Guidelines.

17. Implementation Procedure.-

- (1) The United India Insurance Company Limited, the Public Sector Insurance Company is selected for implementation of the Scheme as per the Go.Ms.No.222 Finance (Pension) Department, Dated 30.06.2018. The University of Madras will provide database of existing Pensioners and Family Pensioners and the basic details as in the format in Annexure-IV to these Guidelines of each Pensioners (including spouse) / Family Pensioners to be covered under the Scheme for the future retirees.
- (2) The Insurance Company shall provide specified health insurance cover at a particular “premium” that covers Eligible Medical Expenses.
- (3) The Insurance Company shall prepare and distribute identification cards to all the Pensioners / Family Pensioners with details of Pensioner’s Spouse within sixty days of the commencement of the Scheme.
- (4) The Scheme will be implemented by the Registrar, University of Madras, Chennai and the premium payable will be released through the Assistant Registrar, F.9 Budget Section. The Pension Pay Officer shall be responsible to arrange to delete the identity cards of such of those Pensioners / Family Pensioners who die in harness. In such cases, the identity cards shall be surrendered.
- (5) The Insurance Company shall ensure that the Pensioners including spouse and eligible dependent of Pensioner defined in these Guidelines / Family Pensioners are treated without having to make any cash payment for any of the Eligible Medical Expenses subject to the Ceiling Criteria up to a limit of **Rupees Four Lakh** in respect of treatments taken and surgeries undergone listed in the Annexure-I to these Guidelines and up to **Rupees Seven Lakh and Fifty Thousand** in respect of specified treatments taken and surgeries undergone listed in the Annexure-I A to these Guidelines in the empanelled Network Hospitals.

- (6) The Insurance Company shall furnish a quarterly / half yearly / annual report on the amount disbursed on CASHLESS facility and reimbursement basis by treatments and surgeries-wise to the Registrar, University of Madras. After scrutinising the report, the Registrar, University of Madras shall furnish the report to the Vice-Chancellor for monitoring the scheme at University Level.
- (7) The Scheme may be administered through the Third Party Administrators. The Insurance Company / Third Party Administrators should have one office unit in each district.
- (8) The Network Hospital will raise the bill on the Insurance Company. The Insurance Company shall process the claim and ensure the settlement of the claims expeditiously so as to provide the services to the Beneficiaries by the hospital without fail. In case of any failure in services from the Hospitals due to pending bills, the Insurance Company will be held responsible by the University.
- (9) The agreement shall be entered into between the University of Madras and the successful Insurance Company.

Please read the following instructions thoroughly before filing the form

1. The Pensioner / Family Pensioner not pertaining to 2(a) to (f) categories must download the Annexure – IV for enrolment under New Health Insurance Scheme and submit the duly filled in application form in triplicate.

2. The Pensioner / Family Pensioner pertaining to 2(a) to (f) categories must download the Annexure * and submit the duly filled in application form in single copy.

Terms for Enrolment to the Scheme given below:-

Enrolment.-

- (1) The enrolment of the Pensioners / Family Pensioners under the Scheme shall be compulsory.
- (2) **Option to be exercised for certain cases.** - This Scheme is compulsory for all Pensioners / Family Pensioners of all categories. The following categories of Pensioners / Family Pensioners alone are entitled to exercise their option at the time of submitting the prescribed Form.
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 - (d) If both Husband and Wife are Pensioners.
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 - (f) If an individual draws more than one Family Pension.
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- (4) A Pensioner / Family Pensioner who resides outside the State of Tamil Nadu may opt to not to avail the benefits of the Scheme, in which case, subscription shall not be recovered from such Pensioner/Family Pensioner.
- (5) If no such option is received from the above said categories on or before the completion of one month from the date of issue of this order, it shall be construed that the above said categories of Pensioners / Family Pensioners are willing to enrol themselves under this Scheme. The option once exercised shall be final.
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