

GOVERNMENT OF TAMIL NADU

TENDER DOCUMENT TO SELECT PUBLIC SECTOR INSURANCE COMPANY TO IMPLEMENT THE “NEW HEALTH INSURANCE SCHEME, 2022 FOR PENSIONERS (INCLUDING SPOUSE) / FAMILY PENSIONERS”.

Invitation of Bid.-

The Government of Tamil Nadu has decided to continue the “New Health Insurance Scheme for Pensioners (including spouse) / Family Pensioners” to achieve the objective of providing quality health care to the Pensioners (including spouse) / Family Pensioners. This tender is being invited to select a Public Sector Insurance Company for implementing the Scheme as set out in the Guidelines referred to hereunder.

1. DEFINITIONS.-

- (1) In this tender document unless the context otherwise provides.-
- (a) **“Scheme”** means “the New Health Insurance Scheme, 2022 for Pensioners (including spouse) / Family Pensioners” ordered in G.O.Ms.No.142, Finance (Health Insurance) Department, Dated: 24.05.2022.
 - (b) **“Guidelines”** means “The Guidelines for New Health Insurance Scheme, 2022 for Pensioners (including spouse) / Family Pensioners” annexed as **Annexure-A**;
 - (c) **“Tender Inviting Authority”** means the Special Secretary to Government, Finance (Health Insurance) Department, Fort St. George, Secretariat, Chennai-600 009.
 - (d) **“Tender Scrutinising Committee”** means the Special Secretary to Government, Finance (Health Insurance) Department, Fort St. George, Secretariat, Chennai-9, the Commissioner of Treasuries and Accounts, Nandanam, Chennai-35 and the Director of Medical and Rural Health Services, Teynampet, Chennai-6.
 - (e) **“Tender Accepting Authority”** means Government of Tamil Nadu, in Finance (Health Insurance) Department, Fort St. George, Secretariat, Chennai-9.
- (2) Words and expressions used but not defined in this document, but defined in the Tamil Nadu Transparency in Tenders Act, 1998 (Tamil Nadu Act 43 of 1998) and Tamil Nadu Transparency in Tenders Rules, 2000 framed thereunder, the Scheme or the Guidelines shall have the same meanings respectively assigned to them in that Act and Rules, the Scheme or the Guidelines, as the case may be.

2. SUBMISSION OF PROPOSALS.-

By virtue of the provisions contained in the Tamil Nadu Transparency in Tenders Act, 1998 (Tamil Nadu Act 43 of 1998), the Tamil Nadu Transparency in Tenders Rules, 2000 and subsequent amendments as amended from time to time, the Government of Tamil Nadu seek detailed proposals from the Public Sector Insurance Companies interested in implementing the Scheme as governed by Guidelines. The proposed document should include the following:

SECTION-A .- TECHNICAL PROPOSAL:

QUALIFYING CRITERIA:

- (i) The Bidder should be a **Public Sector Insurance Company** authorized to conduct the business of health insurance by the Insurance Regulatory and Development Authority of India [IRDAI]. Copy of IRDAI licence to conduct health insurance business, attested by a Notary Public or by a Group 'A' or 'B' Officer of the Central Government or State Government shall be enclosed. The Bidder should also submit the proof of being a Public Sector Insurance Company.
- (ii) Third Party Administrator, if any, implementing the scheme on behalf of the Insurance Company should also be an agency approved by the Insurance Regulatory and Development Authority of India [IRDAI]. The Public Sector Insurance Company or/and the Third Party Administrator(s) should have offices for processing claims in all districts of Tamil Nadu. The details of Third Party Administrator(s) if any/branches of the Insurance Company for processing claims shall be furnished in the format prescribed in **Annexure-B** to this department within a week from the date of signing the agreement.
- (iii) The Public Sector Insurance Company should have experience in the field of providing health insurance in India for a period of not less than two years as on the date of opening of the tender. Copy of proof of documents to the above effect has to be attached.
- (iv) The Public Sector Insurance Company should have experience for not less than one year in continuously implementing health insurance schemes covering more than 5.00 lakh families or 20.00 lakh individuals (including family member beneficiaries), out of which the insurance company should have covered one lakh families or five lakh individuals in atleast five districts under one mass health insurance scheme awarded by Government of India, State Government or any other Organisation as on the date of opening of the tender. The Insurance Regulatory and Development Authority of India's data for overall number of beneficiaries covered under health

insurance shall be provided as proof of 5.00 lakh families or 20.00 lakh individuals being covered under health insurance schemes. Copy of the mass health insurance policy or the agreement executed duly attested by a Notary Public or by a Group 'A' or 'B' Officer of the Central Government or State Government should be provided as proof of mass Health Insurance Scheme covering 1 lakh families or five lakh individuals spread over atleast 5 districts.

- (v) It is essential that the number of beneficiaries covered under health insurance schemes are supported by documentary proof. A copy of Mass Health Insurance Policy or Memorandum of Understanding or Agreement executed may be furnished. Alternatively the details of number of persons covered under health insurance schemes duly certified by the Statutory Auditors/sourced from IRDAI / Annual Reports of the Insurance Company / Returns filed by the Insurance Company may be filed as proof. The copies of all documentary proof shall be countersigned by the competent authority of Insurance Company.
- (vi) The Public Sector Insurance Company / Third Party Administrator(s) should have accredited network hospital in all districts of the State of Tamil Nadu. The successful Bidder would also be required to have, within one month of signing of the Agreement, accredited network hospital in all districts of the State of Tamil Nadu and other places as may be designated by the Government in Finance (Health Insurance) Department. The yardstick prescribed in the Guidelines annexed as Annexure-A shall be adhered to by the successful Bidder while accrediting the Network Hospitals. All the Network Hospitals already accredited under the New Health Insurance Scheme, 2021 for serving employees as in Annexure-II of the said Guidelines shall also automatically be deemed to be networked hospitals. In addition to the Network Hospitals already empanelled under New Health Insurance Scheme, 2018 for Pensioners / Family Pensioners, the details of the Hospitals covered under the Scheme shall be furnished in the format in **Annexure-C** within one month of the execution of Agreement and to be updated on monthly basis.
- (vii) The Insurance Company should not have been banned or debarred by Insurance Regulatory and Development Authority of India [IRDAI] for non-settlement of claim or any other issues. The Insurance Company should give an undertaking to this effect.

Explanation: It is clarified that a ban which is not in currency on the last date for submission of bid would not be deemed to be a bar on the Insurance Company from bidding.

- (viii) Bidders eligible as per above conditions, are not permitted to bid by forming consortium with other insurance companies.
- (ix) A detailed business plan highlighting the process proposed to be adopted for the implementation of the Scheme should be given by the Insurance Company.

SECTION-B .- FINANCIAL PROPOSAL.-

- (i) The Insurance Company shall be required to meet and abide by the rights and obligations, including the penalty clauses as set out in the Guidelines and the draft Agreement in **Annexure-E** and the tenderer shall be required to quote the financial bid accordingly.
- (ii) The details of the financial bid shall be furnished in the format prescribed in **Annexure-D**.

3. CONTENTS OF BID (TENDER DOCUMENT).-

- (1) The Tenderer must submit the proposal as per the details mentioned below:
 - (i) Technical and Financial proposal should be sealed in SINGLE envelope clearly marked in BOLD letters
“PROPOSAL FOR IMPLEMENTING NEW HEALTH INSURANCE SCHEME, 2022 FOR PENSIONERS (INCLUDING SPOUSE) / FAMILY PENSIONERS”
 - (ii) The envelope should have the Bidder’s Name and Address clearly written at the left bottom corner of the envelope.
 - (iii) The bid shall contain the following documents:
 - (a) Attested copy of IRDAI License.
 - (b) Proof of being a Public Sector Insurance Company.
 - (c) Proof of covering a minimum 5 lakh families or 20.00 lakh individual (including family member beneficiaries) policies in aggregate at any point of time in the last three years. (copy of the policy, reflection of the policy details in the balance sheet or annual statement or IRDAI journal and certification by the company auditor to be submitted as evidence).
 - (d) Declaration from the insurer that the Public Sector

Insurance Agency has not been banned /debarred by any State Government/Central Government or its Agencies or not disqualified in participating the Government schemes as per IRDAI Guidelines.

- (e) An undertaking that they have submitted their Bid as a single entity only and have not formed a Consortium for the Scheme.
 - (f) Any Other information.
 - (g) The details of the financial bid in the format prescribed in **Annexure-D**.
- (2) Tenders shall remain valid for 90 (ninety) days after the deadline for submission of tenders prescribed. A tender valid for a shorter period will be rejected. In exceptional circumstances, prior to the expiry of the original time limit, the Tenderer's consent may be solicited for an extension of the period of validity. The request and the responses thereto shall be made in writing.
- (3) The tender may be cancelled.-
- (a) if the envelope is not properly sealed;
 - (b) if Financial Proposal and Technical Proposal are not submitted together in single envelope.

4. AMENDMENTS TO TENDER DOCUMENTS.-

- (1) At any time after the issue of tender documents and before the opening of the tender, the Tender Inviting Authority may make any changes, modifications or amendments to the tender documents and shall send intimation of such changes to all those who have downloaded the tender documents from the website.
- (2) In case any one bidder asks for a clarification to the tender documents before 48 hours of the opening of the tender, the tender inviting authority shall ensure that a reply is sent and copies of the replies to the clarification sought shall be communicated to all those who have downloaded the tender documents without identifying the source of the query and upload such clarification in the designated website.
- (3) The amendments will be notified through corrigendum / addendum posted on the website www.tenders.tn.gov.in. Such amendments/ addendums will form part of the tender document. Bidders are advised to constantly watch for any corrigendum / addendum at the above mentioned web address.
- (4) In order to provide prospective tenderers reasonable time to take the amendments into account in preparing their tenders, the

Tender Inviting Authority may, at its discretion, extend the deadline for the submission of the tender.

5. SIGNATURE ON EACH PAGE OF DOCUMENT.-

The competent authority of the bidder must sign and put official stamp on each page of bid. If any page is unsigned, it may lead to rejection of the bid.

6. PRE-BID MEETING.-

- (1) A Pre-Bid meeting of the prospective bidders will be held at **3.00 P.M. on 15-06-2022 in the Industries Department Conference Hall, 9th Floor, Namakkal Kavignar Maligai, Secretariat, Fort St. George, Chennai-600 009** to clarify any queries the Bidders may have, and for providing additional information if any. No separate intimation of the Pre-Bid meeting will be sent to the prospective Bidders unless there is a change in the time, date or venue of the Pre-Bid meeting, which will be posted on the website www.tenders.tn.gov.in. Maximum two authorized representative of each interested Bidder will be allowed to attend the Pre-Bid Meeting.
- (2) A copy of the minutes of the Pre-Bid Meeting will be sent to all the prospective Bidders who attended the meeting and will be posted on the website: www.tenders.tn.gov.in.

7. DEADLINE FOR SUBMISSION OF TENDERS.-

- (1) Complete tender documents shall be received in the Office of the Special Secretary to Government, Finance (Health Insurance) Department, Government of Tamil Nadu, Fort St. George, Chennai-600 009, not later than **3.00 p.m. on the 22nd day of June 2022.**
- (2) Tender Documents received later than the prescribed date and time will not be considered and returned to the sender unopened. Delay due to postal or any other reason will not be condoned.

8. CONFIDENTIALITY.-

Information relating to the examination, clarification, evaluation, and comparison of bids, and recommendations for the award of contract shall not be disclosed to bidders or to any other persons not officially concerned with such process until the Notification of Award is made.

9. CANVASSING, FRAUDULENT AND CORRUPT PRACTICES.-

Bidders are hereby informed that canvassing in any form for influencing the process of notification of award would result in disqualification of the Bidder. Further, they shall observe the highest

standard of ethics and will not indulge in any corrupt, fraudulent, coercive, undesirable or restrictive practices, as the case may be.

10. PROCEDURE FOR EVALUATION OF BIDS AND AWARD OF CONTRACT.-

- (1) The bids will be evaluated by a panel of officials nominated by Tender Inviting Authority.
- (2) The bids will be opened on **22nd day of June 2022 at 3.30 PM** in the **Industries Department Conference Hall, 9th Floor, Namakkal Kavignar Maligai, Secretariat, Fort St. George, Chennai - 600 009** in the presence of the authorized representatives of the Public Sector Insurance Company who choose to be present.
- (3) The contract will be awarded to the tenderer, whose tender is determined to be the lowest evaluated one among the qualified tenderers.

11. RIGHT TO NEGOTIATE AT THE TIME OF AWARD.-

The Tender Accepting Authority / Government of Tamil Nadu reserve the right to negotiate with lowest evaluated bidder after opening the Financial Bid.

12. RIGHT TO ACCEPT OR REJECT ANY OR ALL BIDS.-

The Government of Tamil Nadu reserves the right to accept or reject any bid or cancel the tender process and reject all bids at any time without assigning any reason prior to the award of contract, without thereby incurring any liability to the bidders. The Tender Accepting Authority is not bound to accept the lowest evaluated bid or any other bids.

13. NOTIFICATION OF AWARD AND SIGNING OF AGREEMENT.-

Orders accepting the tender will be issued by the Finance Department, Government of Tamil Nadu. The successful tenderer shall furnish a duly signed Agreement as per clause 14 in duplicate within seven days of receipt of the order communicating the order of acceptance of tender.

14. DRAFT AGREEMENT.-

The successful tenderer shall be required to enter into an agreement with Government of Tamil Nadu for implementation of the Scheme. The tentative draft of the Agreement shall be as in Annexure-E.

15. PERIOD OF AGREEMENT.-

The Agreement will be in force for a period of four years from the date of commencement of the Scheme. The Government of Tamil Nadu shall have the right to cancel the agreement, if at any time during the

period of the Scheme, the insurance company defaults in delivery of services or it is found that it has misrepresented any fact during the tender process to attain qualification or breaches any of the conditions of the contract.

Place : Chennai-600 009

Date : 08-06-2022.

SPECIAL SECRETARY TO GOVERNMENT
FINANCE (Health Insurance) DEPARTMENT
SECRETARIAT, CHENNAI-600 009.

ANNEXURE-A

to the Tender Document

**THE GUIDELINES FOR NEW HEALTH INSURANCE SCHEME,
2022 FOR PENSIONERS (INCLUDING SPOUSE) / FAMILY
PENSIONERS.**

1. Title and Commencement.-

- (1) These Guidelines may be called “The Guidelines for New Health Insurance Scheme, 2022 for Pensioners (including spouse) / Family Pensioners”.
- (2) These Guidelines shall come into force from 01-07-2022 for a block period of four years i.e. upto 30-06-2026.

2. Application.-

- (1) The New Health Insurance Scheme, 2022 for Pensioners (including spouse) / Family Pensioners will provide health insurance coverage to all the Pensioners (including spouse) / Family Pensioners whose pension/family pension including provisional pension/family pension is paid out of the Consolidated Fund of Tamil Nadu.
- (2) This scheme also be extended to certain other categories of Pensioners / Family Pensioners as stated **in clause 3** of these Guidelines.

3. Extent of the Scheme.-

- (1) This Scheme shall be applied to the following categories of existing/future Pensioners / Family Pensioners whose pension / family pension is paid out of the Consolidated Fund of Tamil Nadu and who draw their pension / family pension from the Pension Pay Office, Chennai / District Treasury / Sub-Treasury.-
 - (a) State Civil Pensioners / Family Pensioners including Village Assistant Pensioners.
 - (b) Teacher Pensioners / Family Pensioners.
 - (c) Pensioners / Family Pensioners of All India Services belonging to the Tamil Nadu Cadre.
 - (d) Pensioners / Family Pensioners of the State Government Employees who had drawn lumpsum payment on absorption in Public Sector Undertakings / Autonomous Bodies / Local Bodies / Co-operative Institutions and have become entitled to restoration of commuted portion of pension as well as revision of the

restored amount.

Note: *The State Government Employees who were permanently absorbed in the State / Central Owned Corporations, Boards and Autonomous Bodies whose terminal benefits were already settled for the service rendered under the State Government are not eligible under this scheme.*

- (e) Divisible Family Pensioners where family pension is granted to more than one family members.
 - (f) Ex-Gratia Pensioners / Family Pensioners.
 - (g) Pensioners / Family Pensioners who are in receipt of Special Pension under Extraordinary Pension Rules, Tamil Nadu and Compassionate Allowance.
 - (h) Provisional Pensioners as provided in rules 60, 66, 69 and 69-B of Tamil Nadu Pension Rules, 1978.
 - (i) Pensioners / Family Pensioners of former Travancore-Cochin State who are drawing their pension on 1st November, 1956 in the Treasuries situated in the areas transferred to Tamil Nadu State on that date i.e. Kanniyakumari District and Shencottah Taluk of Tirunelveli District.
- (2) This scheme is also applicable to the Government Pensioners (including spouse) / Family Pensioners of the above categories who are getting pension / family pension from the Treasuries / Sub-Treasuries.
- (3) **Extension of the Scheme to others subject to certain conditions.-** This Scheme shall be *mutatis mutandis* extended to pensioners / family pensioners of the Local Bodies, Statutory Boards, State Public Sector Undertaking, Universities, where these organizations elect to adopt the Scheme and capable of bearing the employer share of the premium without financial liability befalling on the State Budget. They may be enrolled under this Scheme directly to the Insurance Company subject to payment of premium at the rate as fixed by the Government. The excess of premium including Goods and Service Tax as applicable from time to time over and above the pensioners / family pensioners contribution shall be borne by the respective organization.

4. Definitions.-

- (1) In these Guidelines, unless the context otherwise requires-

- (a) **“Accident”**.- An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.
- (b) **“Accreditation Committee”** means Accreditation Committee constituted by the Government headed by the Commissioner of Treasuries and Accounts, having the Director of Medical and Rural Health Services Department or his nominee and an official representative of the Insurance Company as members.
- (c) **“Agreement”** means an agreement prescribing the terms and conditions of services, which may be rendered to the Beneficiaries under this Scheme entered into between the Government and Insurance Company.
- (d) **“Authorities concerned”** means.-
- (i) Pensioners / Family : Pension Pay Officer, Pensioners attached to Chennai. Pension Pay Office, Chennai.
 - (ii) Pensioners / Family : District Treasury Pensioners attached to Officer / Sub-Treasury Treasuries / Officer concerned. Sub-Treasuries.
 - (iii) Pensioners / Family : The Commissioner of Pensioners drawing Treasuries and outside State. Accounts, Chennai.
 - (iv) Pensioners / Family : Head of Office / Pay Pensioners drawing Disbursing Officers provisional pension / concerned. Provisional family pension.
 - (v) Pensioners / Family : Head of Office / Pay Pensioners who are Disbursing Officers entitled for pension / concerned. family pension and where provisional pension / family pension not sanctioned from the next month of retirement / death of Government employees
 - (vi) Government employees : Head of Office / Pay who are suspended and Disbursing Officers permitted to retire from service but retained in concerned. service under F.R.56(i)(c) on the date of superannuation.

(e) **“Beneficiary”** means.-

- (i) Pensioners, Family Pensioners, Spouse of Pensioner and
- (ii) son/daughter who is suffering from any disorder or disability of mind (including mentally retarded) or who is physically crippled or disabled (*whether such handicap manifests before or after retirement or death while in service of a Government servant*) and who is unable to earn a living even after attaining the age of twenty-five years. Such daughter shall not be eligible from the date on which she gets married.
- (iii) unmarried/widowed/divorced daughters even after attaining the age limit of 25 years upto the date of their marriage/remarriage or till they start earning a sum of Rs.7,850/- per month whichever is earlier subject to the production of a certificate by Pensioner to the satisfaction of the authority to the effect that unmarried/widowed/ divorced daughter is wholly dependent on him/her.
- (iv) Village Assistant Pensioners / Family Pensioners.
- (v) Retired Contributory Pension Scheme Employee and their spouse

(f) **“Cashless facility”** means a facility extended by the Insurance Company (insurer) to the Beneficiary (insured) where the payments, of the costs of treatment undergone by the Beneficiary (insured) in accordance with the Guidelines (policy terms and conditions), are directly made to the Network Hospital by the Insurance Company (insurer).

(g) **“Cashless Service by Network Hospital”** means

- (i) The beneficiaries are provided with CASHLESS treatment with adequate facilities without the need to pay any deposits right from time of the entry into the hospital, through the commencement of the treatment, the end of treatment till discharge, for all the procedures covered under this Scheme.
- (ii) It is envisaged that for each hospitalization the transaction shall be CASHLESS for covered procedures. Enrolled beneficiary will go to hospital

and come out without making any payment to the Network Hospital subject to procedure covered and Ceiling Criteria. However, the beneficiary shall meet the Non-Admissible Expenses (Non-Payable items under the Scheme) and shall settle the bill related to these expenses with the Hospital directly.

- (h) **“Ceiling Criteria”** means the criterion referred **in clause 10(3).**
- (i) **“District Level Empowered Committee”** means District Level Empowered Committee constituted by the Government headed by the District Collector, having the Joint Director of Medical and Rural Health Services Department, the District Treasury Officer and an official representative of the Insurance Company as members.
- (j) **“Eligible Medical Expenses”** means such expenses as defined **in clause 8(3)** of these Guidelines.
- (k) **“Emergency Care”** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person’s health.
- (l) **“Family Pensioner”** means a Family Pensioner including Teacher Family Pensioner who draws family pension from the Pension Pay Office / Treasury / Sub-Treasury under the Tamil Nadu Pension Rules, 1978.
- (m) **“Form”** means the relevant form as may be specified by the Government under these Guidelines;
- (n) **“Government”** means Government of Tamil Nadu.
- (o) **“Grievance Redressal Officer”** means a Joint Director of the Medical and Rural Health Services Department at District Head Quarters.
- (p) **“Guidelines”** mean “The Guidelines for New Health Insurance Scheme, 2022 for Pensioners (including spouse) / Family Pensioners”.
- (q) **“High Level Empowered Committee”** means High Level Empowered Committee constituted by the Government comprising of the Additional Chief Secretary to Government, Finance Department and Principal Secretary to Government, Health and Family Welfare Department.

- (r) **“Hospital”** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act or complies with all minimum criteria as under:
- (i) has qualified nursing staff under its employment round the clock;
 - (ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - (iii) has qualified medical practitioner(s) in charge round the clock;
 - (iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - (v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
- (s) **“Hospitalisation”** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
- (t) **“ICU (Intensive Care Unit) Charges”** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
- (u) **“Insurance Company”** means Public Sector Insurance Company carrying a health insurance business which is registered with Insurance Regulatory and Development Authority of India (IRDAI).
- (v) **“Network Hospital”** means hospitals or health care providers enlisted by Insurance Company / Third Party Authority to provide medical services to a Beneficiary by a CASHLESS facility under this Scheme.
- (w) **“Non-Admissible Expenses”** means the list of Non Payable items in Annexure-IV of these Guidelines.

- (x) **“Non-Network Hospital”** means any hospital, day care centre or other provider that is not a Network Hospital.
 - (y) **“Pensioner”** means a Pensioner including Teacher Pensioner who draws pension from the Pension Pay Office / Treasury / Sub-Treasury under the Tamil Nadu Pension Rules, 1978. In cases where provisional pension is sanctioned pending authorization by the Accountant General, such provisional pensioners are also eligible under this Scheme.
 - (z) **“Scheme”** means the New Health Insurance Scheme, 2022 for Pensioners (including spouse) / Family Pensioners;
 - (aa) **“Spouse”** means a wife / husband of the Pensioner;
 - (ab) **“Subscription”** means subscription per month prescribed by Government which shall be recovered from the pension / family pension of the Pensioner / Family Pensioner;
 - (ac) **“State Level Empowered Committee”** means State Level Empowered Committee constituted by the Government headed by the Commissioner of Treasuries and Accounts having the Director of Medical and Rural Health Services as Member Secretary or his nominee and an official representative nominated by the Insurance Company as members.
 - (ad) **“Tamil Nadu Medical Attendance Rules”** means the rules governing Medical Attendance and Levy of Fees in the Government Medical Institutions in the State of Tamil Nadu.
 - (ae) **“Third Party Administrator or TPA”** means any person who is registered under Insurance Regulatory and Development Authority of India (IRDAI) (Third Party Administrators – Health Services) Regulations, 2016, and is engaged, for a fee or remuneration by an insurance company, for the purpose of providing health services.
- (2) Words or expressions not defined in these Guidelines but defined in the Chapter-I of the Guidelines on Standardisation in Health Insurance issued in Circular No. IRDA / HLT / REG / CIR / 146/ 07/2016, dated 29-07-2016 shall have the same meanings respectively assigned to them in the Insurance Regulatory and Development Authority of India (IRDAI) Guidelines.

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 including Village Assistant Pensioners. The following categories of Pensioners / Family Pensioners alone are entitled to exercise their option at the time of submitting the prescribed Form appended in the Annexure-III to these Guidelines to the Authorities concerned.-
 - (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.
 - (g) Retired Contributory Pension Scheme Employee and their spouse.
- (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 enroll themselves under this Scheme. The option once exercised shall be final.
- (6) Those Pensioners / Family Pensioners who are eligible for exercising their option and had already exercised their option under New Health Insurance Scheme, 2018 need not exercise their option again to this Scheme.

- (7) A retired CPS Employee and his spouse (category (g)) are entitled to opt or not opt to avail the benefits under this scheme.

6. Subscriptions to the Scheme.-

- (1) A sum as prescribed by Government after finalization of tender process per month shall be recovered as subscription from the pension / family pension of the Pensioner / Family Pensioner payable from the month of July 2022.
- (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 shall be credited into the relevant Heads of Account under Revenue Receipt.
- (3) In respect of the State Government Pensioners / Family Pensioners who are getting pension / family pension from the Treasuries / Sub-Treasuries including persons who retired under Contributory Pension Scheme:-
- (a) They shall send their subscription in one lumpsum for every year on or before 31st July for a block of four years commencing from 01-07-2022 to 30-06-2026 directly to the Commissioner of Treasuries and Accounts, Chennai by means of a Demand Draft.
- (b) The filled in Form prescribed in Annexure-III to this order shall also be sent along with Demand Draft.
- (c) The Commissioner of Treasuries and Accounts, Chennai shall credit the subscription into the relevant Heads of Account under Revenue Receipt.
- (d) In the case of persons retired under CPS and opt for the scheme shall remit their subscription in one lumpsum every year on or before 31st July for a block of four years commencing from 01.07.2022 to 30.06.2026 directly to the United India Insurance Company Limited or through its offices in the Districts.
- (4) In respect of Provisional Pensioners:-
- (a) The subscription shall be recovered by the Pay Disbursing Officers concerned directly and credited into the relevant Heads of Account under Revenue Receipt.
- (b) The Pay and Accounts Officers / Pension Pay Officer, Chennai / Treasury Officers / Sub-Treasury Officers from whom provisional pension is drawn shall ensure that the subscription is being recovered towards this

Scheme.

- (5) In respect of Divisible Family Pensioners, the subscription shall be recovered from each of the Family Pensioners separately.
- (6) The Authorities concerned shall be held responsible for the prompt recovery of the subscription and remittance every month.
- (7) The Authorities concerned should also send a monthly/yearly report to the Commissioner of Treasuries and Accounts, Chennai about the deductions and remittances made towards subscription under this Scheme along with Pensioners / Family Pensioners details.
- (8) The Commissioner of Treasuries and Accounts, Chennai shall send half yearly/yearly report to the Government for review of the scheme.

7. Objectives.-

The main objectives of the Scheme are: -

- (1) to extend the scope of assistance for medical treatments available under the existing Scheme;
- (2) to cover more ailments and more hospitals including Government Hospitals already empanelled under CMCHIS.
- (3) to provide financial assistance upto **Rupees Five Lakhs** per Pensioner (including spouse) / Family Pensioner for a block of four years for the approved treatments taken and surgeries undergone as per **Annexure-I**, with provision to pay upto Rs.10.00 lakhs for specified approved treatments taken and surgeries undergone as per **Annexure-I A**; and
- (4) to provide the assistance for approved medical treatments and surgeries as per Annexure-I and Annexure-IA on a CASHLESS basis in Network Hospitals and on reimbursement basis from Non-Network Hospitals for Emergency Care or following an Accident.
- (5) to provide assistance for approved medical treatment and surgeries as per Annexure-I and Annexure-IA on reimbursement basis, non-network hospital for non-emergency care, which shall however be restricted to 75% of the applicable package rate for similar treatment or surgery, in a similar network hospital.

8. Scope of the Scheme.-

- (1) The scope of the Scheme shall be to provide coverage for **Eligible Medical Expenses** incurred by the Beneficiary of this Scheme during Hospitalisation for the treatments and surgeries listed in Annexure-I and Annexure-I A to these Guidelines that are undertaken/undergone in Network Hospitals listed in Annexure-II as amended from time to time.
- (2) The Network Hospitals shall render Cashless Service as defined **in clause 4(g)** of these Guidelines for the approved treatments and surgeries listed in Annexure-I and Annexure-I A to these Guidelines.
- (3) **Eligible Medical Expenses** with reference to the Network Hospital shall include all expenses charged by the Hospital upon Hospitalisation till the date of discharge except **Non-Admissible Expenses as listed in Annexure-IV**. However, with regard to Cataract Surgery, the total assistance shall not exceed Rs.30,000/- per eye and for Hysterectomy (uterus removal surgery) shall not exceed Rs.50,000/-. The Room Rent shall be restricted to the applicable rent for Standard A/c Room available in the hospital. Transport Charges shall be excluded.
- (4) Eligible Medical Expenses with reference to Non-Network Hospital for Emergency Care and following Accident shall include all expenses charged by the Hospital except **Non-Admissible Expenses as listed in Annexure-IV**. The total claims shall however be restricted to package rates as notified by Government on the recommendations of the Accreditation Committee.
- (5) The coverage under the Scheme shall **also include pre-existing illnesses** which have been included in Annexure-I and Annexure-I A to these Guidelines, if any.

9. Hospitals to be covered under the Scheme.-

- (1) The Hospitals under the Scheme shall include both.-
 - (a) Government Hospitals already empanelled under CMCHIS shall automatically be deemed to be Networked Hospitals and the Insurance Company shall ensure that they enter into a tie-up with these hospitals within one month of the commencement of the Scheme; and
 - (b) Private Hospitals.
- (2) All hospitals already accredited under the New Health Insurance Scheme, 2021 for Employees as in Annexure-II to these Guidelines shall automatically be deemed to be Networked Hospitals and the Insurance Company shall ensure that they

enter into a tie-up with these hospitals within one month of the commencement of the Scheme.

Provided that for valid reasons to be adduced by the Insurance Company, Government may, upon recommendations of the Accreditation Committee may agree to approve some reduction in the numbers of existing Network Hospitals.

- (3) At least three medical institutions (excluding Government Hospitals) each situated at Puducherry, Bengaluru, Thiruvananthapuram, Mumbai, Hyderabad and New Delhi shall also be covered.
- (4) The Insurance Company shall at all time during the currency of the contract ensure the availability of a minimum of 6 Networked Hospitals in each district of the State and the availability of a minimum 50 networked hospitals excluding Government Hospitals in the areas under each district cluster as indicated below:
 - (a) Northern Cluster:
Chennai, Chengalpattu, Kancheepuram, Kallakurichi, Ranipet, Vellore, Thirupathur, Tiruvannamalai, Tiruvallur, Villupuram and Cuddalore.
 - (b) Central Cluster:
Perambalur, Ariyalur, Nagapattinam, Mayiladuthurai, Tiruvarur, Tiruchirapalli, Thanjavur, Pudukottai and Karur.
 - (c) Western Cluster:
Krishnagiri, Dharmapuri, Salem, Erode, Namakkal, Nilgiris, Coimbatore and Tiruppur.
 - (d) Southern Cluster:
Madurai, Theni, Sivagangai, Virudhunagar, Dindigul, Ramanathapuram, Tirunelveli, Tenkasi, Kanyakumari and Thoothukudi.
- (5) If any district or cluster does not have the number of hospitals as specified above, the successful Insurance Company can seek specific exemption for that district or cluster and the same will be considered by the Government of Tamil Nadu after verification of the available qualified hospitals in that district or cluster.
- (6) Additions and deletions in the list of approved Network Hospitals and treatment / surgeries, if any for CASHLESS treatment will be done on the recommendation of the Accreditation Committee as and when necessity arises.
- (7) The Network Hospitals under this Scheme shall extend treatment to the Beneficiaries on a CASHLESS basis.

- (8) Insurance Company and Third Party Administrators, wherever applicable, shall ensure that Network Hospitals shall meet with minimum requirements of Standards and Benchmarks for hospitals in the provider network which are prescribed in Chapter-IV of the Guidelines on Standardisation in Health Insurance issued in Circular No.IRDA / HLT / REG / CIR / 146 / 07 /2016, dated 29-07-2016.
- (9) Banning of Hospitals.- Where any fraudulent claim becomes directly attributable to a Hospital included in the networked hospitals listed in the Annexure-II to the Guidelines, the said Hospital shall be removed and excluded under the Scheme by the Insurance Company with the concurrence of the Accreditation Committee and shall be excluded from the list of approved networked hospitals for the purpose of the Scheme. If any hospital is found to collect money over and above the approved package amount and on confirmation of the same, the hospital should refund the money to the beneficiaries and they should pay the penalty of 5 times the amount over and above collected and the amount thus collected may be credited to the Government account.
- (10) The empanelled network hospitals and specialities available for the treatments and surgeries on CASHLESS basis are listed in the Annexure-II to these guidelines.

10. Medical Assistance.-

- (1) The Scheme shall provide coverage for the treatments and surgeries **listed in the Annexure-I to these Guidelines** upto a maximum of **Rupees Five Lakh** per Pensioner (including spouse)/ Family Pensioner for a block of four years from 01-07-2022 to 30-06-2026 ordinarily in any of the Network Hospital on CASHLESS basis and in case of Emergency Care or following an Accident in a Non-Network Hospital on reimbursement basis. However, the financial assistance shall be enhanced to **Rupees Ten Lakh for specified treatments and surgeries as in the Annexure-IA to these Guidelines**. Coverage for approved treatments and Surgeries in Non-Network Hospital for Non-Emergency care shall be on reimbursement basis, which shall be restricted to 75% of the package rate of similar treatment or surgery in a similar Network Hospital. In any case, maximum limit of assistance admissible per Pensioner (including spouse) / Family Pensioner shall not exceed Rupees Ten Lakh.
- (2) Even if the legal spouse / Beneficiaries defined **in clause 4(e)** of these Guidelines is covered under the term '**Pensioner**', the total financial assistance for the Pensioner will be limited to **Rupees Five Lakh** only. In such cases the Pensioner contribution shall be

recovered from only one of the Pensioners as per the option exercised in this regard.

- (3) **Ceiling Criteria:** The benefit will be **on floater basis** i.e. the total coverage upto Rupees Five Lakh in respect of all Eligible Medical Expenses incurred towards approved treatments and surgeries as in the Annexure-I and Rupees Ten Lakh in respect of specified treatments and surgeries as in the Annexure-IA to these Guidelines can be availed of individually or collectively by the Pensioner, his/her spouse and eligible dependent during the said block of four years with no restriction on the number of times of availing. In any case, maximum limit of assistance admissible per Pensioner (including spouse and eligible dependent) / Family Pensioner shall not exceed Rupees Ten Lakh.

11. Settlement of Claims by Insurance Company/Third Party Administrator [TPA].-

- (1) The medical assistance shall be on CASHLESS basis for the **Eligible Medical Expenses** incurred subject to the Ceiling Criteria for approved treatments taken and surgeries undergone during Hospitalisation in any of the empanelled Network Hospitals and no payment for any of the Eligible Medical Expenses need to be made by the Beneficiary. In case, payment has been made by the Beneficiaries either at the instance of the hospital or otherwise for any of the Eligible Medical Expenses, including in a case where pre authorization has been sought but wrongly denied or claim under cashless facility has been restricted, the Insurance Company shall be required to make cash reimbursement of the same, subject to the Ceiling Criteria along with interest at 12% per annum calculated on monthly basis for the period from the date of payment to the hospitals by the Beneficiary and the date of reimbursement of Eligible Medical Expenses upon submission of claims by the Beneficiary after following the process stated in clause 15 of these Guidelines.
- (2) **Non-Network Hospital Claims for emergency care or following an accident:** Eligible Medical Expenses incurred in Non-Network Hospital during Hospitalisation for Emergency Care or following an Accident by the Beneficiary shall be reimbursed by the Insurance Company subject to the Ceiling Criteria upon submission of claim by the Beneficiary or his/her legal heirs to the Grievance Redressal Officer and the approval of the District Level Empowered Committee or State Level Empowered Committee or High Level Empowered Committee. The amounts that can be claimed for reimbursement will be limited to package rates, applicable for that approved treatment / surgeries listed in

Annexure-I and Annexure-IA in similarly placed network hospital based on the recommendations of the Accreditation Committee as per the process stated **in clause 15** of these Guidelines.

- (3) Non-Network Hospital claims for Non-Emergency care: Eligible Medical Expenses incurred in Non-Network Hospital during hospitalisation for non-emergency care by the beneficiary shall be reimbursed by the Insurance Company subject to the ceiling criteria upon submission of claims by the beneficiary or his / her legal heirs to the Grievance Redressal Officer and approved by the District Level Empowered Committee or State Level Empowered Committee or High Level Empowered Committee. The amount that can be claimed for reimbursement will be limited to 75% of the package rate for that similar approved treatment / surgeries listed in Annexure I and Annexure IA in similar Network Hospital based on the recommendations of the Accreditation Committee, as per the process stated in clause-15 these guidelines.
- (4) Insurance Company / Third Party Administrator (TPA) shall render servicing of claims under this Scheme by way of pre-authorization of CASHLESS treatments/surgeries or settlement of claims other than CASHLESS claims or both, as per the underlying terms and conditions of this Scheme and within the framework of these Guidelines for settlement of claims.

12. Pre-authorisation 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 regards the rates chargeable by the Hospital for various Eligible Medical Expenses.
- (2) **In case of Planned Hospitalisation** (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-III 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 (Joint Director of Medical and Rural Health Services) of the concerned district 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) In case of emergency, if the beneficiary did not possess the NHIS card at the time of admission, an emergency number from the insurer can be obtained by the hospital and proceed with the treatment so that there won't be any delay in initiating the treatment during emergencies. In that case the pre authorization may be submitted within 48 hours.
- (c) 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 Accidents 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 Pension Pay Officer, Chennai / Treasury Officers / Sub-Treasury Officers concerned. 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-III to these Guidelines will be made available by the Government of Tamil Nadu through the Commissioner of Treasuries and Accounts, Chennai. 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 Identity Cards already issued under NHIS, 2014/2018 or Pension Payment Order issued by the Accountant General 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 Pension Disbursing Officers shall arrange to furnish the data of such Pensioners (including spouse) / Family Pensioners as in Annexure-III to these Guidelines on their retirement / death of the Pensioners. The data furnished by the State Government shall be the property of the State Government and should not be used for any other purpose without the prior permission of the Government of Tamil Nadu.
- (3) The ID card (e card) provision should be made available to all the beneficiaries so as to download from the designated website of the scheme.

14. Procedure to be followed by the Beneficiaries for availing Medical Assistance under this Scheme:

- (1) **In case of Planned Hospitalisation:** The Beneficiaries seeking medical assistance under this Scheme shall approach the Network Hospitals only for the approved treatments and surgeries to be

undertaken on CASHLESS basis so that pre-authorisation is given by the Insurance Company / Third Party Administrator under the control of the Insurance Company.

- (2) **In case of Emergency Care or following an Accident:** The Beneficiary seeking medical assistance under this Scheme shall approach either Network Hospital for the approved treatments and surgeries to be undertaken on CASHLESS basis or Non-Network Hospital for the treatments and surgeries to be undertaken on reimbursement basis. The Beneficiary has to pay the medical expenses first directly to the hospital and then seek cash reimbursement for the approved treatments and surgeries undertaken subject to Eligible Medical Expenses and Ceiling Criteria. There will be no cashless facility applicable in Non-Network Hospital.
- (3) The Scheme is that ordinarily the Pensioner/Family Pensioner is required to avail CASHLESS facility in Network Hospital (to the extent of Eligible Medical Expenses and Ceiling Criteria under the Scheme) and pay for non-medical expenses directly to the hospital.
- (4) In case, a Pensioner / Family Pensioner undergoes treatments/ surgeries not covered under NHIS wilfully in either Network Hospital or Non-Network Hospital, no claim can be filed under the Health Insurance Scheme. However, they shall be eligible for claim to the extent permissible under the Tamil Nadu Medical Attendance Rules and the G.O.Ms.No.401, Health and Family Welfare (Z1) Department, dated 09-09-2021. For claims under Tamil Nadu Medical Attendance Rules, the beneficiaries may apply to the authority in the Department in which the Government employee last served.

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 (Joint Director of Medical and Rural Health Services) along with relevant documents and bills. In case of the Pensioners / Family Pensioners drawing pension / family pension outside the State, claims shall be submitted to Joint Director of Medical and Rural Health Services, Chennai.

- (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 be submitted for a hospitalization reimbursement claim are.-
 - (a) Original completely filled in Claim Form.
 - (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-III or ID card issued under NHIS, 2014/2018 (if any).
 - (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 Pensioner 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 District 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 District Level Empowered Committee with his opinion as to whether the claim relates to Emergency Care or treatment/surgery undergone following an Accident or non-emergency care. The Grievance Redressal Officer shall submit his report with his opinion to District Level Empowered Committee within a period of one month from the date of receipt of claim from the Beneficiary.
- (8) The District 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 District Level Empowered Committee shall lie with the State 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 District Level Empowered Committee / State Level Empowered Committee in any case not exceeding the applicable package rates specified in clause-11 of this guidelines, 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 State Level Empowered Committee shall be preferred within fifteen days of award of State Level Empowered Committee to the High Level Empowered Committee.
- (14) The Civil Courts situated in Chennai / Madurai shall have exclusive jurisdiction over any grievance / dispute remaining unresolved by the above procedure.
- (15) Nothing aforesaid, shall prejudice the rights of the Government of Tamil Nadu to approach any other forum for dispute resolution permissible under Law.
- (16) The address of the District Level Empowered Committee, State Level Empowered Committee and High Level Empowered Committee are listed in the Annexure-VI to these guidelines.

16. Payment of Premium to Insurance Company.-

- (1) For the first year (starting from the date of commencement of the Scheme) the premium will be initially calculated based on the number of Pensioner / Family Pensioner in position in the Government of Tamil Nadu as on **31-03-2022**. Of this amount, 95% will be paid as adhoc payment on the date of commencement of the Scheme. Actual annual premium will be paid at the beginning of the Second Year based on the updated database provided by the Insurance Company as on starting from the date of commencement of the Scheme after adjusting the 95% of adhoc

payment paid at the beginning of the first year.

- (2) During the 2nd, 3rd and 4th years 95% of the adhoc payment of annual premium will be paid as per the data provided by the Insurance Company after the exclusion of Pensioners / Family Pensioners who died in harness during the previous year, at the commencement of that year.
- (3) For the Second and Third year, actual annual premium will be paid at the beginning of the Third and Fourth year based on the data provided by the Insurance Company as on beginning of the Third and Fourth year after adjusting the 95% of adhoc payment paid at the beginning of the Second and Third year.
- (4) For the Fourth year, the actual annual premium will be paid on or after end of the Fourth year based on the actual data provided by the Insurance Company after adjusting the 95% of adhoc payment paid at the beginning of Fourth year for final settlement.
- (5) Annual premium will be calculated on pro-rata basis for the new pensioners / family pensioners after the beginning of the every year.
- (6) After providing 20% of the premium paid towards the companies administrative cost, if there is any surplus after the claims experience on the premium (excluding Goods and service tax) at the end of the policy period, of the balance 80% after providing for outstanding claims if any, 90% of the leftover surplus will be refunded to the Government within 30 days after the expiry of the policy year. If the claims experience on the premium is more than 100%, the excess above 100% may be compensated from out of the refunded amount remitted by the Insurance Company in the block of 4 years.
- (7) The Commissioner of Treasuries and Accounts will pay the insurance premium to the Insurance Company.

17. Implementation Procedure.-

- (1) The Public Sector Insurance Company for implementation of the scheme will be selected through national competitive bidding. Government of Tamil Nadu will provide database of existing Pensioners and Family Pensioners and the basic details as in the format in Annexure-III 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 Commissioner of Treasuries and Accounts, Chennai and the premium payable will be released through the Commissioner of Treasuries and Accounts. The Pension Pay Officer / Treasury Officers / Sub-Treasury Officers 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 upto a limit of **Rupees Five Lakh** in respect of treatments taken and surgeries undergone listed in the Annexure-I to these Guidelines and upto **Rupees Ten Lakh** 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 Commissioner of Treasuries and Accounts. After scrutinising the report, the Commissioner of Treasuries and Accounts shall furnish the report to the Government in Finance (Health Insurance) Department for monitoring the scheme at Government 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 ensure settlement to the hospital. The claims amount to the hospital has to be settled within 30 days from the day of discharge of the patient. Any deviation will attract penalty on the Insurance Company.
- (9) The agreement as in Annexure-E to these Guideline shall be entered into between the Government of Tamil Nadu and the

successful Insurance Company.

18. Performance Monitoring.-

Performance of the Insurance Company/Third Party Administrator shall be monitored regularly based on the following parameters.-

- Timely pre-authorization. (TAT)
- Timely claim settlement. (TAT)
- Complaints redressal.
- Claim ratio.
- Any other parameters.
- Monthly review at CTA.
- Regional / Zonal review.
- Quarterly review conducted by Government.

19. Online Management Information System (MIS and 24 Hours Pre-authorization.-

- (1) The Insurance Company should post enough dedicated staff, so as to ensure free flow of daily MIS and ensure that progress of scheme is reported to the Commissioner of Treasuries and Accounts in the desired format on a real-time basis.
- (2) The Insurance Company should establish proper networking for quick and error-free processing of pre-authorizations.
- (3) The pre-authorization has to be done round the clock which will be scrutinized by Commissioner of Treasuries and Accounts / Government periodically and pre-authorization shall be done within 24 hours.
- (4) A provision for emergency intimation and approval should also be established.
- (5) A provision to create a Common Toll Free No. for assistance towards Identity Card, Hospitals, claims related matters and other related NHIS issues.
- (6) A provision for sharing LOGIN ID and PASSWORD of Third Party Administrator's implementing New Health Insurance Scheme should be ensured.

20. Publicity.-

- (1) The Insurance Company / Third Party Administrator on its part should ensure that proper publicity is given to the Scheme in all possible ways.
- (2) This will include distribution of brochures at the time issue of

Identity Cards and display boards in Network Hospitals.

- (3) They shall also effectively use services of State Level Nodal Officer and District Level Nodal Officer for this purpose.

21. Appointment of Nodal Officers / Co-ordinators at State and District Levels.-

- (1) The Insurance Company / Third Party Administrator needs to appoint one Chief Nodal Officer / Chief Coordinator at State Level and one Nodal Officer each at all Districts and other places to facilitate admission, treatment and CASHLESS transaction to the Beneficiary. The Insurance Company / Third Party Administrator shall also appoint one Nodal Officer in each of the 50 most frequently visited private hospital among the network hospital and this Nodal Officer shall compulsorily be present in the hospital during regular working hours.
- (2) The Nodal Officers / Coordinators should help the beneficiaries to coordinate with the hospitals for obtaining pre-authorization, claim settlement and follow-up.
- (3) They should also ensure proper reception and care in the hospitals and send regular Management Information System (MIS).
- (4) Insurance Company shall provide all Nodal Officers / Coordinators with cell phone having CUG connectivity with SMS based reporting framework for effective and instant communication.
- (5) They shall follow the Guidelines of Government / instructions of the Commissioner of Treasuries and Accounts / Government in this regard.

22. Penalty.-

- (1) Deficiency in services – Failure to provide services as required by terms of Scheme will attract penalty as may be determined by the Government, subject to the minimum of five times the amount of the expenditure incurred by the Government of Tamil Nadu or beneficiary due to non compliance.
- (2) Failure to process pre-authorisation within 24 hours from the time of submission will attract the Penalty of payment of entire expenditure incurred by the hospital towards the treatment of beneficiary.
- (3) It is the prime responsibility of the insurer to ensure cashless treatment for approved procedures in the empanelled hospital. Hence if any request for reimbursement for approved procedures in empanelled hospitals is received by Government, the Insurance Company should reimburse the entire amount with interest from

date of discharge.

- (4) In addition to that, fine will be levied by the Government up to 100% of claim amount in the premium amount on each occasion towards failure of processing pre-authorisation and claim settlement within the stipulated time.

Place : Chennai-600 009

Date : 08-06-2022.

SPECIAL SECRETARY TO GOVERNMENT
FINANCE (Health Insurance) DEPARTMENT
SECRETARIAT, CHENNAI-600 009.

ANNEXURE – I
to the Guidelines

LIST OF APPROVED TREATMENTS AND SURGERIES
CLASSIFIED UNDER THE BROAD BASED SPECIALITIES

Sl. No.		Name of Diseases, Treatments and Surgeries	
		I.	CARDIOLOGY AND CARDIO THORACIC SURGERY
			Heart Surgery including
1	1	(a)	Coronary By-Pass Surgery (CABG)
2	2	(b)	Valve Replacement and Other Valvulo Plastics
3	3	(c)	Correction of all Congenital Heart Diseases
4	4	(d)	Angioplasty and PTCA Stent
5	5	(e)	Balloon Valvuloplasty
6	6	(f)	Permanent and Temporary Pacemaker Implantation
7	7	(g)	Embolectomies for Peripheral Artery Embolism
8	8	(h)	Surgeries for Repair of Aneurysm
9	9	(i)	Enhanced External Counter Pulsation Therapy (EECP)
10	10	(j)	Surgery For Intracardiac Tumors
11	11	(k)	Surgeries on Aorta
		II.	ORTHOPAEDIC SURGERY
12	12	(a)	Total Hip Replacement
13	13	(b)	Total Knee Replacement
14	14	(c)	Surgeries for Correction of Fractures of Bones and Joints
15	15	(d)	Arthroscopic Repair of Joints and Ligaments
16	16	(e)	Open / Closed Reduction of Dislocations and fractures
17	17	(f)	Joint Replacement surgeries of Upper and Lower Limb
18	18	(g)	Arthroplasty / Arthrodesis Procedures
19	19	(h)	Pyogenic Arthritis / Osteomyelitis
20	20	(i)	Skeletal Skull Traction
21	21	(j)	Bone Resection / Curettage / Cementing- Any Cause
		III.	NEPHROLOGY / UROLOGY
22	22	(a)	Renal Transplantation
23	23	(b)	Lithotripsy
24	24	(c)	Surgeries for Prostate Gland Problems
25	25	(d)	Surgeries for Ureteric Problems
26	26	(e)	Surgeries for Kidney Problems
27	27	(f)	Surgeries for Urinary Bladder Problems
28	28	(g)	Surgeries for urethral problems
29	29	(h)	Torsion Testis
30	30	(i)	Renal Biopsy
		IV.	ONCOLOGY
31	31	(a)	Surgical Management of all Malignant Tumors
32	32	(b)	Laser or Radiation Treatment of Malignancy
33	33	(c)	Chemotherapy for Treatment of Malignancy

34	34	(d)	Surgery For Intracardiac Tumors
35	35	(e)	Life Threatening Benign Tumors / Abscess
36	36	(f)	SUPPORTIVE CARE OF CA
		V.	NEUROLOGY
37	37	(a)	Surgical Procedures on Brain and Spinal Cord
			Advanced Specialized Surgeries on Brain and Spinal Cord
38	38	(b)	such as Cerebrovascular Surgery (Aneurysm and Arteriovenous (Malformation), Surgeries involving base of the Skull and Synotactic Surgeries)
39	39	(c)	Surgery for Intractable Epilepsy
40	40	(d)	Inter-vertebral Disc Prolapse related Surgeries
41	41	(e)	Management of Cerebro-Vascular Accidents (Stroke)
42	42	(f)	Surgery for all Congenital Malformations including Hydrocephalus
43	43	(g)	Management of Guillian Barre Syndrome
44	44	(h)	Spinal Decompressive Surgeries
45	45	(i)	Intrathecal Injections
46	46	(j)	Cervical / Lumbar Sympathectomy
47	47	(k)	Sacrospinous Fixation (Vaginal Route)
48	48	(l)	Surgical And Medical Management of Aneurysm
		VI.	OPHTHALMOLOGY
		(i).	Simple Surgery
49	49	(a)	Any Cataract Surgery with or without Intra Ocular Lens (IOL) Implantation
50	50	(b)	Surgery for Glaucoma
		(ii).	Specialised Surgery
51	51	(a)	Surgery and other procedures for Detachment of Retina.
52	52	(b)	Vitrectomy
53	53	(c)	Keratoplasty (Corneal Grafting)
54	54	(d)	Laser treatment-Krypton Laser, Dye Laser, Argon Laser, Photo Coagulation.
55	55	(e)	Liner Accelerator Therapy (for Senile Macular Degeneration).
56	56	(f)	Scleral / Corneal Graft
57	57	(g)	Oculoplasty Procedures
58	58	(h)	Extra Ocular muscle repair
59	59	(i)	Amniotic Membrane Graft / Autograft (For Pterygium)
60	60	(j)	Collagen Cross Linking For Keratoconus
61	61	(k)	Intravitreal Anti VEGF Injection
		VII.	VASCULAR SURGERY
62	62	(a)	Amputation of Legs, Arms, Toes and Foot
63	63	(b)	Procedures for Vascular Malformations & Creation of AV Shunt for HD
64	64	(c)	All ByPass/Stent /Shunt/ Plasty procedures under vascular surgery
65	65	(d)	Spleen Sparing Devascularisation

66	66	(e)	Devascularisation With Oesophageal Transection
		VIII.	GASTROENTEROLOGY
67	67	(a)	Surgeries for various Gastro Intestinal Ulcers
68	68	(b)	Gall Bladder and Liver Surgeries
69	69	(c)	Surgery for Pancreatitis and Appendicitis
70	70	(d)	Liver Transplantation
71	71	(e)	Corrosive Injuries of GI Tract
72	72	(f)	Laposcopic Cholecystectomy
73	73	(g)	Surgeries for Obstruction/Perforation in GI Tract
74	74	(h)	Intestinal Anastomosis
75	75	(i)	Biliary Peritonitis -Emergency Laparotomy
			Biliary Drainage Procedures / Ercp - External Drainage And Stent Placement - Metallic Biliary Stent / Post OP Biliary Stricture / Leak / Cholangitis / Biliary Pancreatitis/ Choledochal Cyst / Bile Duct Stones
76	76	(j)	
			Oesophageal / Fistula / Stricture / Perforation / Luminal Stenting
77	77	(k)	
78	78	(l)	Splenectomy
79	79	(m)	Rectal Prolapse
80	80	(n)	Achalasia Cardia
		IX.	PLASTIC AND FACIO MAXILLIARY
81	81	(a)	Treatment of Acute Burns
		X.	E.N.T.
82	82	(a)	Tonsillectomy
83	83	(b)	Mastoidectomy
84	84	(c)	Stapedectomy
85	85	(d)	Injuries in Ear, Nose, Throat and Neck areas and its Management
86	86	(e)	Lesions of Neck - Abscess / Cysts / Sinus / Fistula
87	87	(f)	Procedures for Sleep Apnea Syndrome
88	88	(g)	TYMPANOPLAST B125:B376Y-TYPE 1
89	89	(h)	Laryngo Fissurectomy
90	90	(i)	Adenoidectomy - Gromet Insertion
91	91	(j)	Labyrinthectomy
92	92	(k)	Phono Surgery For Vocal Cord Paralysis
93	93	(l)	Myringotomy With Gromet Insertion
94	94	(m)	Submandibular Gland Excision- Any Cause
95	95	(n)	FESS (ENT)
		XI.	GYNAECOLOGY
96	96	(a)	Surgeries on Uterus and Appendages
97	97	(b)	Surgery for Removal of Ovaries and Ovarian Cysts
		XII.	THORACIC
			Procedures on Lungs including Lung cyst, Lung Abscess, Pleural Effusion, Pneumothorax and Pericardial Effusion
98	98	(a)	

		XIII.	GENERAL: OTHER SURGERIES
99	99	(a)	Thyroid Surgery
100	100	(b)	Surgery for various Hernias
101	101	(c)	Surgical / Medical management in Accident and Trauma
102	102	(d)	Management of Coma, Meningitis and Encephalitis
103	103	(e)	Piles and Fistula
104	104	(f)	Surgeries for correction of all congenital deformities /Anomaly and subsequent problems
105	105	(g)	All Interventional Radiology Procedures
106	106	(h)	Radio Frequency Ablation treatment
107	107	(i)	Surgical Management of Complications / Follow up of Covered Procedures
108	108	(j)	Procedures for Foreign Body removal
109	109	(k)	Revision and Reconstructive procedures
110	110	(l)	Surgeries on Endocrine Glands
111	111	(m)	All Stereotactic Procedures
112	112	(n)	Nerve Repair and Decompression
113	113	(o)	All Ostomy procedures and its follow up procedures
114	114	(p)	Anterolateral Clearance For Tuberculosis
115	115	(q)	Hamartoma Excision
116	116	(r)	Thoracic Duplication
117	117	(s)	Vagotomy Any Type Without Drainage Procedures
118	118	(t)	Leiomyoma Excision
119	119	(u)	Laparoscopic procedures for surgical intervention
120	120	(v)	Surgical Treatment for Micro / Macro vascular complications of Diabetes
121	121	(w)	FISSURE IN ANO
122	122	(x)	Urinary Tract Infection and Urosepsis
			<u>MEDICAL CARE</u>
		(i).	Critical Care
123	1	(a)	Management of ARDS
124	2	(d)	Management of Poisoning
125	3	(e)	Septic Shock (ICU Management)
126	4	(f)	Metabolic Coma requiring Ventilator Support
127	5	(g)	ICU care for Management of Complications / Follow up of Covered Procedures
128	6	(h)	Management of Sepsis
129	7	(i)	Exchange transfusion / Phototherapy for Newborn
130	8	(j)	Status Epilepticus With Mechanical Ventilation
131	9	(k)	SJS / TEN / Pemphigus
132	10	(l)	Perinatal Asphyxia
133	11	(m)	Snake Bite/Scorpion Sting with complications
134	12	(n)	AEFI requiring ventilatory support
135	13	(o)	Eclampsia
136	14	(p)	Diphtheria Complications

137	15	(q)	ICU care for Acute Rheumatic Fever And Related Conditions / Acute Exacerbation of Chronic Rheumatic Conditions
138	16	(r)	Dengue Shock Syndrome / Hemorrhagic Fever - (Adult/Paediatrics)
139	17	(s)	Ecmo - Extracorporeal Membrane Oxygenation
140	18	(t)	Submersion Injury With Ventilatory Support
		(ii).	Haematology
141	19	(a)	Hemophilia
142	20	(c)	Hemoglobinopathies/Aplastic Anemia
143	21	(d)	Bone Marrow Transplantation
		(iii).	Pulmonology
144	22	(a)	Massive Hemoptysis
145	23	(b)	Respiratory failure requiring ventilation
146	24	(c)	Treatment of Pneumonia / Bronchiolitis
147	25	(d)	Bronchiectasis With Repeated Hospitalisation > 6 per Year
148	26	(e)	Pneumoconiosis
149	27	(f)	COPD
150	28	(g)	LRTI
		(iv).	Gastroenterology
151	29	(a)	Acute/chronic Pancreatitis – Any Came
152	30	(b)	GI Bleed
153	31	(c)	Hepatic Encephalopathy
154	32	(d)	Management of Cirrhosis – Any Came
155	33	(e)	Corrosive Oesophageal Injury
156	34	(g)	Oesophageal Perforation
157	35	(h)	Banding / Sclerotherapy
		(v).	Cardiology
158	36	(a)	Management of Acute MI
159	37	(e)	Treatment of Cardiac Failure
160	38	(f)	Simple / Complex Arrhythmias
161	39	(g)	Unstable Angina
162	40	(h)	Pericardial Effusion, Tamponade
163	41	(i)	ICU care for Infective Endocarditis
164	42	(j)	ICU care for Pulmonary Embolism
		(vi).	Nephrology
165	43	(a)	Acute / Chronic Renal Failure
166	44	(b)	Nephrotic Syndrome
167	45	(d)	Hemodialysis/ Peritoneal Dialysis
		(vii).	Neurology
168	46	(a)	Neuropathies (GBS)
169	47	(b)	Immunoglobulin Therapy – IV
170	48	(c)	Chronic Inflammatory Demyelinating PolyNeuropathy (CIDP)

171	49	(d)	Hemorrhagic Stroke/Strokes
172	50	(e)	Ischemic Strokes
173	51	(f)	Neuromuscular (Myasthenia Gravis)
174	52	(g)	Neuroinfections -Pyogenic Meningitis
175	53	(h)	Tb Meningitis
176	54	(i)	Encephalitis/Meningitis/Myelitis/Neuritis Including Cerebral Malaria
177	55	(j)	Management of COMA
178	56	(k)	Cavernous Sinus Thrombosis
179	57	(l)	Rhinocerebral Mucormycosis
180	58	(m)	ICU care for Encephalopathy
181	59	(n)	Deep Brain Stimulation E-COG with Brain mapping (MRI, FMRI with 3D- Mapping)
182	60	(o)	Neuro Tuberculosis/Neurocysticercosis/Tuberculoma
183	61	(p)	Syringomyelia
184	62	(q)	SEIZURE
185	63	(r)	PARKINSON DISEASE
		(viii)	Rheumatology
186	64	(a)	SLE (Systemic Lupus Erythematosis)
187	65	(b)	Vasculitis
		(ix).	Endocrinology
188	66	(a)	Uncontrolled Diabetes mellitus with Infectious Emergencies.
189	67	(b)	ICU care for Diabetic Keto acidosis/Non Ketotic
190	68	(c)	Management of Endocrinal Disorders
191	69	(d)	Hypopituitarism
192	70	(e)	Pituitary – Acromegaly
193	71	(f)	Cushings Syndrome
194	72	(g)	Delayed Puberty Hypogonadism (ex.Turners synd, Klinefelter synd)
		(x).	Major Dental Surgical Procedures
195	73	(a)	Enucleation of Cyst (Odontogenic Cysts/Tumour)
196	74	(b)	TM Joint Ankylosis (Including Paediatrics)
197	75	(c)	ORO-Antral Fistula Under GA
198	76	(d)	Maxillectomy Any Case
199	77	(e)	Parotidectomy
200	78	(f)	Orthognathic Surgery
		(xi).	Major Mental Illness
201	79	(a)	Schizophrenia and related disorders (for Hospitalization only)
202	80	(b)	Mood disorders including Bipolar disorder, Major Depression (for Hospitalization only)
203	81	(c)	Autism Spectrum disorders

Coverage of Pre-existing diseases: The coverage shall also include pre-existing diseases which have been included in the approved treatments and surgeries list. All diseases under the proposed scheme shall be covered from day one.

ANNEXURE – I A
to the Guidelines

LIST OF SPECIFIED ILLNESS
FOR THE ENHANCED LIMIT OF RUPEES TEN LAKH

Sl. No.	Name of Diseases, Treatments and Surgeries
1.	Surgery, Chemotherapy, Radiotherapy and Immunotherapy for all Malignancies including inpatient procedures for diagnosis.
2.	Liver, Kidney, Heart, Lungs and Bone Marrow Transplantation and Kidney dialysis process
3.	Complex Open Heart Surgeries and Implants.
4.	Accident and Trauma cases involving Multiple Fractures.
5.	Heart Valve Replacements, Aneurysms and Angioplasties.
6.	Management of Burn Injuries.
7.	Organ harvesting expenses of donar for transplantation surgeries.
8.	Covid-19.

ANNEXURE-II

to the Guidelines

LIST OF EMPANELLED NETWORK HOSPITALS
FOR CASHLESS TREATMENT UNDER NHIS, 2022

All hospitals already accredited under the New Health Insurance Scheme, 2021 for Employess of the Government etc., and their eligible family members shall automatically be deemed to be networked hospitals.

Note: (i) The Government Hospitals which were empanelled under CMCHIS will also be included as Network Hospital.

(ii) List of Additional / Deletion of Hospitals approved by the Accreditation Committee under this Scheme will be notified from time to time.

ANNEXURE-III

(See Guidelines)

**FORM FOR FURNISHING PENSIONER /
FAMILY PENSIONER DETAILS**

**[UNDER NEW HEALTH INSURANCE SCHEME, 2022
FOR PENSIONERS (INCLUDING SPOUSE) / FAMILY
PENSIONERS.]**

Photo

- (1) Photo in case of
Family Pensioner.
(2) Joint Photograph in
case of Pensioner.

1.	(a) PPO No. :
	(b) Name of Pension Disbursing Office :
2.	PPO No.OAC/UST (in the case of Pensioners who are getting payment outside the State) Treasury / Sub Treasury / Pension Pay Office, Chennai / Public Sector Banks with Branch Name through which Pension/Family Pension is drawn. :
3.	Name of the Pensioner / Family Pensioner * (in BLOCK LETTER) :
4.	Name of the Spouse in case of Pensioner (with Joint Photograph). :
5.	Bank & Branch with Account No. from where the Pension / Family Pension is drawn. :
6.	(a) Permanent Address (in BLOCK LETTERS) (Duly furnish District & PIN Code) :
	(b) Present Address :
7.	Contact Details :
	(a) Phone No. with STD Code :
	(b) Mobile No. :
	(c) E-Mail ID (if available) :
8.	PAN No. (if available) :
9.	Post held by the Pensioner at the time of Retirement. :
10.	Office / Department from which the Pensioner retired. :
11.	Pension Drawn Particulars (whichever Original Pension : Rs.

	is applicable)	Commuted Amount : Rs.
		Provisional Pension : Rs.
		Family Pension : Rs.
12.	Date of Birth (with proof)	
	(a) Pensioner / Family Pensioner :	
	(b) Spouse (in case of Pensioner only) :	
13.	Date of Retirement of Pensioner :	
14.	Details of Legal Heir	
	(a) Name :	
	(b) Relationship :	
	(c) Phone / Mobile No. :	
	(d) E-Mail ID (for communication purpose).	

Certified that the above particulars furnished by me are correct.

**Signature / Thumb Impression of the Pensioner /
Family Pensioner.**

Certified that the above particulars are verified with the pension records available with this office and found correct. The subscription is also being recovered and remitted into the relevant revenue receipts head of accounts.

Signature of the Pension Disbursing Officer.

Name :

Designation :

Date :

Seal :

ANNEXURE*

**NEW HEALTH INSURANCE SCHEME, 2022 FOR PENSIONERS
(INCLUDING SPOUSE)/ FAMILY PENSIONERS.**

Name of the Pensioner :
Pension Payment Order No. :

Category of Pensioner :
Bank & Branch :

OPTIONS TO BE EXERCISED

**[The scheme is compulsory for all Pensioners / Family Pensioners.
The following categories of Pensioners / Family Pensioners alone are
entitled to exercise their option.]**

Sl. No.	Categories	OPTION [Yes/No]	Remarks
1.	All India Service (AIS) Pensioner.	<input type="checkbox"/> Y <input type="checkbox"/> N	[Applicable] / [Not Applicable]
2.	A Pensioner who is a recipient of All India Service (AIS) Family Pension.	<input type="checkbox"/> Y <input type="checkbox"/> N	[Applicable] / [Not Applicable]
3.	If spouse of the Pensioner is a State Government Employee. Details of Spouse.	<input type="checkbox"/> Y <input type="checkbox"/> N	[Applicable] / [Not Applicable]
	(a) Name of Spouse.	:	
	(b) Office of Spouse.	:	
	(c) Designation of Spouse.	:	
	(d) NHIS, 2012 ID Card No. of the Spouse.	:	
4.	If both Husband and Wife are Pensioners. Details of Spouse.	<input type="checkbox"/> Y <input type="checkbox"/> N	[Applicable] / [Not Applicable]
	(a) Name of Spouse.	:	
	(b) Spouse's PPO No.	:	
	(c) Whether the NHIS, 2014's subscription is deducted from the spouse.	:	<input type="checkbox"/> Y <input type="checkbox"/> N

* This annexure is to be filled and handed over to the authorities concerned only by the above categories of Pensioners / Family Pensioners.

Sl. No.	Categories	OPTION [Yes/No]	Remarks
5.	If a Pensioner is also a Family Pensioner. <u>Details of Family Pensioner.</u>	<input type="checkbox"/> Y <input type="checkbox"/> N	[Applicable] / [Not Applicable]
	(a) PPO No.	:	
	(b) Place of PDO.	:	
	(c) Bank with Branch.	:	
	(d) Account No. from where Family Pension is drawn.	:	
6.	If an individual draws more than one Family Pension. <u>Details of Other Pension from which recovery should not be done.</u>	<input type="checkbox"/> Y <input type="checkbox"/> N	[Applicable] / [Not Applicable]
	(a) PPO No.	:	
	(b) Place of PDO.	:	
	(c) Bank with Branch.	:	
	(d) Account No.	:	
7.	In the case of CPS retirees including their spouse	<input type="checkbox"/> Y <input type="checkbox"/> N	
	(a) Name of CPS retirees	:	
	(b) Name of spouse	:	
	(c) Details of amount paid	:	
	(d) District	:	

Certified that the above particulars furnished by me are correct.

**Signature/Thumb Impression of the
Pensioner / Family Pensioner /
CPS Retirees.**

Certified that the above particulars are verified with the pension records available with this office and found correct. The subscription is also being recovered and remitted into the relevant revenue receipts head of accounts.

**Signature of the Pension Disbursing
Officer and Head Office in case of
CPS Retirees**

Name :
Designation :
Date :
Seal :

ANNEXURE-IV

(See Guidelines)

NON-PAYABLE ITEMS

MEDICAL EXPENSES - Not Payable Items		
Sl. No.	TOILETRIES/COSMETICS/PERSONAL COMFORT OR CONVENIENCE ITEMS	
1	HAIR REMOVING CREAM CHARGES	Not Payable
2	BABY CHARGES(UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITIES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BOTTLE	Not Payable
8	BRUSH	Not Payable
9	COSY TOWEL	Not Payable
10	HAND WASH	Not Payable
11	MOISTURISER PASTE BRUSH	Not Payable
12	POWDER	Not Payable
13	TOWEL	Not Payable
14	SHOE COVER	Not Payable
15	BEAUTY SERVICES	Not Payable
16	BELTS/BRACES	Essential and should be paid atleast specifically for cases who have undergone surgery of thoracic or lumbar spine
17	BUDS	Not Payable
18	BARBER CHARGES	Not Payable
19	CAPS	Not Payable
20	COLD PACK/HOT PACK	Not Payable
21	CARRY BAG	Not Payable
22	CRADLE CHARGES	Not Payable
23	COMB	Not Payable
24	EAU-DE COLOGNE/ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL/INTERNET CHARGES	Not Payable
28	FOOD CHARGES(OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LAUNDRY CHARGES	Not Payable
32	MINERAL WATER	Not Payable
33	OIL CHARGES	Not Payable
34	SANITARY PAD	Not Payable
35	SLIPPERS	Not Payable
36	TELEPHONE CHARGES	Not Payable
37	TISSUE PAPER	Not Payable
38	TOOTH PASTE	Not Payable
39	TOOTH BRUSH	Not Payable
40	GUEST SERVICES	Not Payable

MEDICAL EXPENSES - Not Payable Items		
41	BED PAN	Not Payable
42	BED UNDER PAD CHARGES	Not Payable
43	CAMERA COVER	Not Payable
44	CARE FREE	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD\CD CHARGES	Not Payable(however if cd is specifically sought by insurer/TPA then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ADHESIVE BANDAGES	Not Payable
57	LACTOGEN/INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures may be considered
ITEMS SPECIFICALLY EXCLUDED IN POLICIES		
59	WEIGHT CONTROL PROGRAMS/SUPPLIES/SERVICES	Not Payable
60	COST OF SPECTACLES/CONTACT LENSES/HEARING AIDS ETC	Not Payable
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION (except those included in Sl.Nos. 195 – 200 in Annexure – I)	Not Payable
62	HORMONE REPLACEMENT THERAPY	Not Payable
63	HOME VISIT CHARGES	Not Payable
64	INFERTILITY/SUBFERTILITY/ASSISTED CONCEPTION PROCEDURE	Not Payable
65	OBESITY(INCLUDING MORBID OBESITY)TREATMENT	Not Payable
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Not Payable
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Not Payable
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Not Payable
69	DONOR SCREENING CHARGES	Not Payable
70	ADMISSION REGISTRATION FEES	Not Payable
71	HOSPITALISATION FOR EVALUATION/DIAGNOSTIC PURPOSE	Not Payable
72	EXPENSES FOR INVESTIGATION/TREATMENT IRRELEVANT TO THE DISEASE FOR	Not Payable

MEDICAL EXPENSES - Not Payable Items		
	WHICH ADMITTED OR DIAGNOSED	
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS+OR SUFFERING FROM/HIV/AIDS ETC IS DIAGNOSED DIRECTLY OR INDIRECTLY	Not Payable
	ITEMS WHICH FROM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS PAYABLE	
74	WARD AND THEATRE BOOKING CHARGES	payable under OT Charges,not payable seperately
75	ANTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable.purchase of instruments not payable
76	MICROSCOPE COVER	payable under OT Charges, not payable seperately
77	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	payable under OT Charges, not payable seperately
78	SURGICAL DRILL	payable under OT Charges, not payable seperately
79	EYE KIT	payable under OT Charges, not payable seperately
80	EYE DRAPE	payable under OT Charges, not payable seperately
81	X-RAY FILM	payable under radiology charges,not as consumable
82	SPUTUM CUP	payable under investigation charges,not as consumable
83	BOYLES APPARATUS CHARGES	part of OT Charges, not payable seperately
84	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	part of cost of blood, not payable
85	SAVLON	not payable-part of dressing charges
86	BAND AIDS,BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	not payable-part of dressing charges
87	COTTON	not payable-part of dressing charges
88	COTTON BANDAGE	not payable-part of dressing charges
89	BLADE	not payable
90	APRON	Part of hospital services/disposable linen to be part of OT/ICU Charges
91	TORNIQUET	not payable(service is charged by hospitals consumables cannot be separately)
92	ORTHOBUNDLE,GYNAEC BUNDLE	part of dressing charges
93	URINE CONTAINER	not payable
	ELEMENTS OF ROOM CHARGES	
94	LUXURY TAX	not payable

MEDICAL EXPENSES - Not Payable Items		
96	HVAC	not payable
97	HOUSE KEEPING CHARGES	not payable
98	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	not payable
99	TELEVISION & AIR CONDITIONER CHARGES	not payable
100	SURCHARGES	not payable
101	ATTENDENT CHARGES	not payable
102	IM/IV INJECTION CHARGES	not payable
103	CLEAN SHEET	part of laundry/housekeeping not payable seperately
104	EXTRA DIET OF PATIENT/OTHER THAN WHICH FORM PART OF BED CHARGES	not payable
105	BLANKET/ WARMER BLANKET	not payable-part of room charges
ADMINISTRATIVE OR NON MEDICAL CHARGES		
106	ADMISSION KIT	not payable
107	BIRTH CERTIFICATE	not payable
108	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	not payable
109	CERTIFICATE CHARGES	not payable
110	COURIER CHARGES	not payable
111	CONVENYANCE CHARGES	not payable
112	DIABETIC CHART CHARGES	not payable
113	DOCUMENTATION CHARGES/ADMINISTRATIVE EXPENSES	not payable
114	DISCHARGE PROCEDURE CHARGES	not payable
115	DAILY CHART CHARGES	not payable
116	ENTRANCE PASS/VISITORS PASS CHARGES	not payable
117	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	not payable
118	FILE OPENING CHARGES	not payable
119	INCIDENTAL EXPENSES/MISC CHARGES(NOT EXPLAINED)	not payable
120	MEDICAL CERTIFICATE	not payable
121	MAINTAINANCE CHARGES	not payable
122	MEDICAL RECORDS	not payable
123	PREPARATION CHARGES	not payable
124	PHOTOCOPIES CHARGES	not payable
125	PATIENT IDENTIFICATION BAND/NAME TAG	not payable
126	WASHING CHARGES	not payable
127	MEDICINE BOX	not payable
128	MORTUARY CHARGES	payable upto 24 hrs,shifting charges not payable
129	MEDICO LEGAL CASE CHARGES(MLC CHARGES)	not payable

MEDICAL EXPENSES - Not Payable Items		
EXTERNAL DURABLE DEVICES		
130	WALKING AIDS CHARGES	not payable
131	BIPAP MACHINE	not payable
132	COMMODE	not payable
133	CPAP/CPAD EQUIPMENTS	not payable
134	INFUSION PUMP-COST	not payable
135	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	not payable
136	PULSEOXYMER CHARGES	not payable
137	SPACER	not payable
138	SPIROMETER	not payable
139	SPO2 PROBE	not payable
140	NEBULIZER KIT	not payable
141	STEAM INHALOR	not payable
142	ARMSLING	not payable
143	THERMOMETER	not payable(paid by patient)
144	CERVICAL COLLAR	not payable
145	SPLINT	not payable
146	DIABETIC FOOT WEAR	not payable
147	KNEE BRACES - LONG / SHORT / HINGED	not payable
148	KNEE IMMOBLIZER / SHOULDER IMMOBLIZER	not payable
149	LUMBO SACREL BELT	essential and should be paid atleast specifically for cases who have undergone surgery of lumber spine
150	NIMBUS BED OR WATER OR AIR BED CHARGES	For ICU patients requiring more than 3 days in ICU.All patients with paraplegic quadriplegia for a reason and all reasonable cost of approximately Rs 200 per day.
151	AMBULANCE COLLAR	not payable
152	AMBULANCE EQUIPMENT	not payable
153	MICROSHIELD	not payable
154	ABDONIMAL BINDER	essential and should be paid atleast in post surgery patients of major abdominal surgery including tak LSCS,incisional hernia repair,exploratory laparotomy for intestinal obstruction Liver transplant Etc
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
155	PRIVATE NURSES CHARGES-SPECIAL NURSING CHARGES	post hospitalisation nursing charges not payable
156	ECG ELECTRODES	upto 5 electrodes are required for every code visiting ot of icu.for longer stay in icu.may require a change and at least one set every second day must be payable

MEDICAL EXPENSES - Not Payable Items		
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
157	AHD	not payable-part of Hospital's internal cost
158	ALCOHOL SWABES	not payable-part of Hospital's internal cost
159	SCRUB SOLUTION/STERRILLIUM	not payable-part of Hospital's internal cost
OTHERS		
160	VACCINE CHARGES FOR BABY	not payable
161	AESTHETIC TREATMENT/SURGERY	not payable
162	TPA CHARGES	not payable
163	VISCO BELT CHARGES	not payable
164	ANY KIT WITH NO DETAILS MENIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT ETC]	not payable
165	EXAMINATION GLOVES	not payable
166	KIDNEY TRAY	not payable
167	MASK	not payable
168	OONCE GLASS	not payable
169	OUTSTATION CONSULTANTS/SURGEONS'S FEES	not payable
170	OXYGEN MASK	not payable
171	PAPER GLOVES	not payable
172	RELEREL'S DOCTOR FEES	not payable
173	ACCU CHECK (GLUCOMETRY/STRIPES)	not payable pre hospitalisation or post hospitalisation/ reports and charts required/ device not payable
174	PAN CAN	not payable
175	SOFNET	not payable
176	TROLLEY COVER	not payable
177	UROMETER/URINE JUG	not payable
178	AMBULANCE	not payable
179	SOFTAVAC	not payable
180	STOCKINGS	essential for case like cabg etc where it should be paid

ANNEXURE - V

LIST OF ADDRESS OF GRIEVANCE REDRESSAL OFFICERS

Sl. No.	District	Address
1.	Ariyalur	O/o Joint Director of Medical and Rural Health Services, Perambalur - 621 212
2.	Chengalpattu	O/o Joint Director of Medical and Rural Health Services, Government Head Quarters Hospital Campus, No.5, Railway Road, Kanchipuram - 631 501.
3.	Chennai	O/o Joint Director of Medical and Rural Health Services, DMS Complex, No.59, Anna Salai, Teynampet, Chennai - 600 006.
4.	Coimbatore	O/o Joint Director of Medical and Rural Health Services, Coimbatore, 268, Race Course Scheme Road, Race Course, Coimbatore - 641 018.
5.	Cuddalore	O/o Joint Director of Medical and Rural Health Services, Govt. Head Quarters Hospital Campus, 2 nd Floor, Panruti Main Road, Manjakuppam, Cuddalore - 607 001.
6.	Dharmapuri	O/o Joint Director of Medical and Rural Health Services, Kuppur (Post), Dharmapuri - 636 704.
7.	Dindigul	O/o Joint Director of Medical and Rural Health Services, Medical College Hospital Campus, Dindigul - 624 001.
8.	Erode	O/o Joint Director of Medical and Rural Health Services, Government Head Quarters Hospital Campus, EVN Road, Erode-638 009.
9.	Kallakurichi	O/o Joint Director of Medical and Rural Health Services, Government Head Quarters Hospital Campus, Villupuram-605 602.

Sl. No.	District	Address
10.	Kancheepuram	O/o Joint Director of Medical and Rural Health Services, Government Head Quarters Hospital Campus, Railway Road, Kanchipuram - 631 501.
11.	Kanniyakumari	O/o Joint Director of Medical and Rural Health Services, Ayurvetha College Campus, Kottar Post, Nagercoil - 629 002.
12.	Karur	O/o Joint Director of Medical and Rural Health Services, Government Hospital Campus, Azad Road, Karur – 639 001.
13.	Krishnagiri	O/o Joint Director of Medical and Rural Health Services, Government Head Quarter Hospital, Krishnagiri – 635 001.
14.	Madurai	O/o Joint Director of Medical and Rural Health Services, Madurai @ Usilampatti, Villani Salai, District TB Centre, Madurai - 625 020.
15.	Myladudurai	O/o Joint Director of Medical and Rural Health Services, (Myladudurai) @ Public Office Road, Opp.New Bus Stand, Velippalayam Nagapattinam - 611 001.
16.	Nagapattinam	O/o Joint Director of Medical and Rural Health Services, Public Office Road, Opp.New Bus Stand, Velippalayam Nagapattinam - 611 001.
17.	Namakkal	O/o Joint Director of Medical and Rural Health Services, Govt Medical College Hospital Campus Mohanur Road, Namakkal-637 001.
18.	Perambalur	O/o Joint Director of Medical and Rural Health Services, Govt.Hospital campus, Thuraiyur Road, Perambalur-621 212.
19.	Pudukkottai	O/o Joint Director of Medical and Rural Health Services, Santhanapuram, 1 st Street, Pudukkottai – 622 001.
20.	Ramanathapuram	O/o Joint Director of Medical and Rural Health Services, Kenikkarai, Ramanathapuram - 623 501.

Sl. No.	District	Address
21.	Ranipet	O/o Joint Director of Medical and Rural Health Services, No.79, Veppamara Street, Velapadi, Vellore-632 001.
22.	Salem	O/o Joint Director of Medical and Rural Health Services, Office: Room No. 406, 4 th Floor, Collectorate Campus, Salem 636 001.
23.	Sivagangai	O/o Joint Director of Medical and Rural Health Services, Old Govt. Hospital, Sivagangai-630 561.
24.	Tenkasi	O/o Joint Director of Medical and Rural Health Services, Tirunelveli @ Tenkasi Government Hospital Campus, Near New Bus Stand, Tenkasi-627 811.
25.	Thanjavur	O/o Joint Director of Medical and Rural Health Services, Government Head Hospital, Kumbakonam, Thanjavur-612 001.
26.	Theni	O/o Joint Director of Medical and Rural Health Services, Kaitchery Road, Periyakulam, Theni-625 501.
27.	The Nilgiris	O/o Joint Director of Medical and Rural Health Services, The Nilgiris @ Udhagamandalam – 643001.
28.	Thoothukudi	O/o Joint Director of Medical and Rural Health Services, 166, North Beach Road, Thoothukudi-628 001.
29.	Thiruchirappalli	O/o Joint Director of Medical and Rural Health Services, 17, V.O.C Road, Cantonment, Tiruchirappalli- 620 001.
30.	Tirunelveli	O/o Joint Director of Medical and Rural Health Services, Tirunelveli @ Tenkasi Government Hospital Campus, Near New Bus Stand, Tirunelveli-627 811.
31.	Thirupathur	O/o Joint Director of Medical and Rural Health Services, No.79, Veppamara Street, Velapadi, Vellore -632 001.

Sl. No.	District	Address
32.	Tiruvallur	O/o Joint Director of Medical and Rural Health Services, Government Medical College Hospital Campus, J.N. Road, Tiruvallur - 602 001.
33.	Thiruvannamalai	O/o Joint Director of Medical and Rural Health Services, Government TB Hospital Campus, Thandrampet Road, Thiruvannamalai- 606 604.
34.	Tiruvarur	O/o Joint Director of Medical and Rural Health Services, Nettivelaikara Street, Suriyan Kulam Thenkarai, Santhamangalam, Madapuram, Thiruvarur - 610 001.
35.	Tiruppur	O/o Joint Director of Medical and Rural Health Services, GH Campus, Dharapuram Road, Tiruppur – 641 608.
36.	Vellore	O/o Joint Director of Medical and Rural Health Services, 79, Veppamara Street, Velapadi, Vellore -632 001.
37.	Villupuram	O/o Joint Director of Medical and Rural Health Services, Government Head Quarters Hospital Campus, Villupuram-605 602.
38.	Virudhunagar	O/o Joint Director of Medical and Rural Health Services, Government Head Quarters Hospital Campus, Virudhunagar-626 001.

ANNEXURE - VI

LIST OF ADDRESS OF DISTRICT LEVEL EMPOWERED COMMITTEE, STATE LEVEL EMPOWERED COMMITTEE AND HIGH LEVEL EMPOWERED COMMITTEE UNDER NHIS, 2022

(a) DISTRICT LEVEL EMPOWERED COMMITTEE

Sl. No.	District	Address
1.	Ariyalur	The District Collector, District Collector Office, Jayankondam Road, Ariyalur-621 704.
2.	Chengalpattu	The District Collector, Collectorate Campus, GST Road, Chengalpattu - 603 001.
3.	Chennai	The District Collector, District Collector Office, 62, Rajaji Salai, Fourth Floor, Chennai – 600 001.
4.	Coimbatore	The District Collector, District Collector Office, 7/1, State Bank Road, Gopalapuram, Coimbatore – 641018.
5.	Cuddalore	The District Collector, New Collectorate Campus, Gundu Salai Road, Alpet, Manjakuppam, Cuddalore – 607 001.
6.	Dharmapuri	The District Collector, District Collectorate, Dharmapuri-636 705.
7.	Dindigul	The District Collector, Thiagi Subramania Siva Malihai, Velu Nachiyar Valaham, Karur Road, Chettinaickenpatti, Dindigul-624 004

Sl. No.	District	Address
8.	Erode	The District Collector, Collectorate Campus, Erode-638 011.
9.	Kallakurichi	The District Collector, Collectorate, Kachirapalayam Road,Kallakurichi-606 213.
10.	Kancheepuram	The District Collector, District Collector Office, Vandhavasi Road Kancheepuram – 631 501
11.	Kanniyakumari	The District Collector, Kaniyakumari Collectorate, Nagercoil-629 001.
12.	Karur	The District Collector, Collectorate Campus, Thanthonimalai, Karur – 639 007.
13.	Krishnagiri	The District Collector, District Collector Office, Collectorate Campus, Krishnagiri - 635 115.
14.	Madurai	The District Collector, 1 st floor, New Building, Collectorate Campus, Madurai-625 020.
15.	Myladudurai	The District Collector, Collectorate Campus, Mayuranathar East Street,Myladudurai- 609 001.
16.	Nagapattinam	The District Collector, District Collectorate Campus,Nagapattinam – 611 003.
17.	Namakkal	The District Collector, Collectorate Campus, Namakkal- 637 003.
18.	Perambalur	The District Collector, District collectorate (New), Perambalur -621 212.

Sl. No.	District	Address
19.	Pudukkottai	The District Collector, Collectorate, Pudukkottai – 622 005.
20.	Ramanathapuram	The District Collector, Collectorate Complex, Sethupathi Nagar, Ramanathapuram – 623 503.
21.	Ranipet	The District Collector, Ellies Road, Navalpur, Ranipet -632 401.
22.	Salem	The District Collector, Room No. : 101, 1 st Floor,Collectorate Campus, Salem -636 001.
23.	Sivagangai	The District Collector, Collectorate Complex, Sivagangai - 630 561.
24.	Tenkasi	The District Collector, Rail Nagar, Tenkasi-627 811.
25.	Thanjavur	The District Collector, District Collectorate, Thanjavur-613 010.
26.	Theni	The District Collector, Collectorate, Madurai Road,Theni- 625 531.
27.	The Nilgiris	The District Collector, Collectorate Udhagamandalam, The Nilgiris – 643 001.
28.	Thoothukudi	The District Collector, Korampallam, Thoothukudi-628 101.
29.	Thiruchirapalli	The District Collector, Collectorate Campus, Thiruchirapalli – 620 001.
30.	Tirunelveli	The District Collector, District Collector Office, Kokkirakulam, Tirunelveli -627 009.

Sl. No.	District	Address
31.	Thirupathur	The District Collector, Government Garden Road, Thirupathur - 635 601.
32.	Tiruvallur	The District Collector, District Collector Office, Master Plan Complex, J.N. Road, Tiruvallur- 602 001.
33.	Thiruvannamalai	The District Collector, District Collector Office, Vengikkal, Thiruvannamalai-606 604.
34.	Tiruvarur	The District Collector, 1 st floor, Collectorate, Thandalai, Vilamal Thiruvarur – 610 004.
35.	Tiruppur	The District Collector, District Collector Office, Master Complex, Palladam Road, Tiruppur- 641 604.
36.	Vellore	The District Collector, Collectorate Campus, A Block, 2nd Floor, Sathuvachari, Vellore -632 009.
37.	Villupuram	The District Collector, Master Plan Complex, Collectorate Campus, Villupuram-605 602.
38.	Virudhunagar	The District Collector, District Collectorate Campus, Kooraiakoandu, Panchayath, Virudhunagar-626 002.

(b) STATE LEVEL EMPOWERED COMMITTEE

The Commissioner of Treasuries and Accounts,
Commissionerate of Treasuries and Accounts,
3rd Floor, Perasiriyar K. Anbazhagan Maaligai,
Anna Salai, Nandanam, Chennai – 600 035.

(c) HIGH LEVEL EMPOWERED COMMITTEE

The Additional Chief Secretary to Government,
Finance Department, Fort St. George,
Secretariat, Chennai - 600 009.

**Annexure-B
to the Tender Document**

Sl. No.	Name of District / Place	Address of the Insurance Company / Third Party Administrator
1.	Ariyalur	
2.	Chennai	
3.	Chengalpattu	
4.	Coimbatore	
5.	Cuddalore	
6.	Dharmapuri	
7.	Dindigul	
8.	Erode	
9.	Kallakurichi	
10.	Kancheepuram	
11.	Kanniyakumari	
12.	Karur	
13.	Krishnagiri	
14.	Madurai	
15.	Mayiladuthurai	
16.	Nagapattinam	
17.	Namakkal	
18.	Nilgiris	
19.	Perambalur	
20.	Pudukkottai	
21.	Ramanathapuram	
22.	Ranipet	
23.	Salem	
24.	Sivaganga	
25.	Tenkasi	
26.	Thanjavur	
27.	Theni	
28.	Thoothukudi	
29.	Tiruchirappalli	
30.	Thirupathur	
31.	Tirunelveli	
32.	Tiruvallur	
33.	Tiruvannamalai	
34.	Tiruvarur	
35.	Tiruppur	
36.	Vellore	
37.	Villupuram	
38.	Virudhunagar	
39.	Puducherry	
40.	Bengaluru	
41.	Thiruvananthapuram	
42.	New Delhi	

**Annexure - C
to the Tender Document**

Sl. No.	Name of District / Place	No. of Hospitals covered	Address of Hospitals covered
1.	Ariyalur		
2.	Chennai		
3.	Chengalpattu		
4.	Coimbatore		
5.	Cuddalore		
6.	Dharmapuri		
7.	Dindigul		
8.	Erode		
9.	Kallakurichi		
10.	Kancheepuram		
11.	Kanniyakumari		
12.	Karur		
13.	Krishnagiri		
14.	Madurai		
15.	Mayiladuthurai		
16.	Nagapattinam		
17.	Namakkal		
18.	Nilgiris		
19.	Perambalur		
20.	Pudukkottai		
21.	Ramanathapuram		
22.	Ranipet		
23.	Salem		
24.	Sivaganga		
25.	Tenkasi		
26.	Thanjavur		
27.	Theni		
28.	Thoothukudi		
29.	Tiruchirappalli		
30.	Thirupathur		
31.	Tirunelveli		
32.	Tiruvallur		
33.	Tiruvannamalai		
34.	Tiruvarur		
35.	Tiruppur		
36.	Vellore		
37.	Villupuram		
38.	Virudhunagar		
39.	Puducherry		
40.	Bengaluru		
41.	Thiruvananthapuram		
42.	New Delhi		

**ANNEXURE-D
to the Tender Document**

NEW HEALTH INSURANCE SCHEME, 2022

**FOR THE PENSIONERS (INCLUDING SPOUSE AND DEPENDENTS OF
PENSIONER) / FAMILY PENSIONERS CPS RETIREES AND THEIR SPOUSE**

Annual Premium per Pensioner / Family Rs.
Pensioner under the scheme excluding Service
Tax: (Valid for Four Years)

(Amount in words Rupees _____
_____)

Signature of the authorised official
of the Insurance Company.

Date :

Place:

Note: The premium per Pensioner / Family Pensioner alone should be filled up in the above format. Furnishing of any other details in the above format shall be construed as violation of tender conditions and the said tender will be rejected summarily.

ANNEXURE-E

(See Guidelines)

AGREEMENT FORM

This Deed of Agreement made on this ____ day of June, 2022, between the Governor of Tamil Nadu represented by the Additional Chief Secretary to Government, Finance Department, Government of Tamil Nadu Chennai-600 009 (hereinafter referred to as the **“Government”**) which expression shall where the context so permits, include his successors in Office and assigns of the one part and represented by its Managing Director, having its registered Office at (hereinafter referred to as the **Insurance Company**, which expression shall include any of its representative successors in interest and assigns and Third Party Administrators, if any, contracted by the Insurance Company of the other part:

WHEREAS the Government of Tamil Nadu have decided to continue the New Health Insurance Scheme for Pensioners (including spouse) / Family Pensioners to provide health insurance cover to the Pensioners including spouse and beneficiaries defined in the said Guidelines) / Family Pensioners of Government of Tamil Nadu (hereinafter be referred to as the “Pensioner / Family Pensioner”):

AND WHEREAS the Insurance Company has been selected by the Government of Tamil Nadu to implement the New Health Insurance Scheme, 2022 for Pensioners (including spouse) / Family Pensioners (hereinafter referred to as the “Scheme” through a national level competitive bidding, conducted with reference to the Tender Notification No.01/ Fin.(HI)/2022, Finance (Health Insurance) Department, dated 08-06-2022.:

AND WHEREAS the selected Insurance Company is required to execute an agreement for implementing the Scheme.

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

- (1) In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
- (2) The following documents shall be deemed to form and be read and constructed as part of this Agreement, viz.:
 - (a) The Guidelines for New Health Insurance Scheme, 2022 for Pensioners (including spouse) / Family Pensioners in the Annexure to this Agreement;
 - (b) The letter of Tenderer, the tender documents and Price Schedule submitted by the Tenderer;

(c) Letter of Acceptance;

(d) All Addendum issued and replies to queries and any other clarifications issued by the Government

(3) The **Insurance Company** covenants with the Government of Tamil Nadu to implement the Scheme as per the orders issued, other subsequent orders issued under the Scheme and the Guidelines for New Health Insurance Scheme, 2022 for Pensioners (including spouse) / Family Pensioners (**as in the Annexure to the Agreement**). The Insurance Company agrees to meet and abide by all the rights and obligations, including the penalty clauses, set out therein. For this purpose, the aforesaid Guidelines shall be deemed and construed to form part and parcel of this Agreement.

(4) Period of Agreement.-

The agreement will be in force for four years from the date of commencement of the Scheme. The Government of Tamil Nadu shall have the right to cancel the contract if at any time during the period of the Scheme, the Insurance Company defaults in delivery of services under the scope of the scheme or is found to have misrepresented any fact during the tender process to attain qualification or breaches any of the conditions of the contract.

(5) Cancellation.-

Either of the parties to the agreement can cancel this agreement for breach of terms and conditions under this agreement at any time during its currency with thirty days advance written notice to that effect. In the event of such cancellation, the Insurance Company will be liable to settle all the claims till the effective date of such cancellation and shall refund to the Government of Tamil Nadu, the advance premium received for the remaining part of the year.

(6) Modification or Alteration of the Agreement:-

Either of the parties to the agreement by giving advance notice of at least three months before the expiry of a particular year, may propose modification or alteration of any or all the terms of this agreement and in the event that such modification or alteration is accepted in writing by the other party, the

agreement shall stand modified or altered to that extent.

IN WITNESS WHEREOF both parties have signed this Agreement on the day, month and year first above written.

**For and on behalf of and by the :
order and direction of Governor of
Tamil Nadu.**

**For and on behalf of Insurance
Company**

In the presence of
Witnesses:

- 1.
- 2.

In the presence of
Witnesses:

- 1.
- 2.
