



Indian Oil Retired Officers Welfare Association

(Registration no. S-17225/1986 Under Societies Act)

S-352, Greater Kailash 1, New Delhi-110048. Ph:- 40503707 Website:- irowaapex.com

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Vishnu Agrawal
President
Phone: 9868282096

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Pursuant to our meeting with Mr Manish Patil ED (HR&CSR) CO and his team on 27.2.2023, PRMBF issues given to CO on 16.3.2023 by email for their consideration/Decision.

S.N.	Issue	IROWA Views	CO Views/Decision	Remarks
1	Smart card may be introduced for the retired employees, so that admission in hospitals will be easy in case of emergency, particularly on weekly rest days/holidays.	This needs to be implemented as soon as possible.		
2	Treatment taken in nominated hospital for specified or non-specified diseases, 100% reimbursement may be allowed (other than food and non medical items), as in the case of regular employees.	Cost of treatment in nominated hospital should be 100% payable by IOC whether for Specified or non-specified ailment.		
3	If the retiree's medical limit in any block year is not exhausted and the retiree has paid 15% out of hospitalization expenses, this 15% money is refundable. Some units like Gujarat Refinery is not refunding. IOC CO may issue appropriate circular.	This is already stipulated in PRMBF scheme. However, it is not being implemented in Gujarat Refinery. Necessary instruction may be issued.		
4	Reopening of cases where retired	It would be only just and fair to		



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	officer had to spend a huge amount for Covid treatment in hospitals, due to deductions towards a number of items that were absolutely essential. On one time basis, these cases are to be reviewed and reimbursed.	give this relief on one time basis to the retired officers.		
5	Reimbursement of Artificial Limbs / Protheses: Due to wear and tear of materials, the replacement of the same becomes necessary. So reimbursement of the same with restriction of periodicity may be considered.	It is felt that that the cost of Artificial limb/ protheses should be reimbursable after a defined period instead of being one time reimbursement.		
6	Considering the huge amount of expenditure involved in dental treatment, retirees have to spend heavily from their own pocket. Upward revision is required in all types of dental treatment.	For Dental treatment there should be separate reimbursement provision under Domiciliary Treatment which should be adequate enough to meet the present day high cost of treatment of various dental ailments. Secondly, the		



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		rates for various items of treatment also need to be revised upward.		
7	Retired officer/ spouse crossing the age of 70 years may be allowed Health Check up every year.	Highly recommended.		
8	Any deduction made from the medical claim, the amount and reason for such deductions may also be sent to the employee. Any payment sent to the retiree's account, details thereof should be advised..	This is a system issue suggestion which may be adopted for implementation.		
9	For Health checkup Doctor's prescription should not be required. Some locations insist for Doctor's prescription for this. Clear guidelines may be issued.	Health check-up is a routine preventive health measure for which doctor's prescription should not be required. Guidelines need to be issued on this.		
10	IOC to permit reimbursement of Generic medicines also in lieu of specific medicine prescribed by the doctor. GOI is also promoting use of	For optimizing on the cost of medicine, reimbursement of cost of generic medicine against the prescribed		



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	Generic medicines.	medicine by the doctor, whether the Generic medicine/ composition of the medicine is mentioned by the Doctor or not should be permitted as a policy.		
11	The change of option from domiciliary (self-certification) to reimbursement of actuals based on vouchers at present is allowed after block of 2 years. The change of option instead of being allowed after a block of two years should be allowed every year in April. It will save the hardship of the retired officer to wait till completion of 2- year block.	It is strongly recommended for change with immediate effect.		
12	Sometimes major treatments are done by hospitals without admitting the patient or a situation may arise where hospital beds are not available as happened during outbreak of Covid 2nd wave in	Recommended for favorable consideration and suitable policy by the Corporation.		



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	<p>Apr/May'21. Such cases of exceptional nature may be treated at par with Hospitalization case and the reimbursement may be made accordingly. Such cases will be only few on all India basis and would go to reinforce the Goodwill of IOC among the retired employees.</p>			
13	<p>Additional Domiciliary entitlement of 25% increase after 75 years of age and another 25% increase on crossing the age of 85 years is allowed to the retired officers under the existing PRMBF scheme. This age limit needs to be revised to 70 years and 80 years respectively, as some of the Scientific Medical Studies claim that 70 to 79 years period requires greater attention to health.</p>	<p>The existing policy may be modified accordingly.</p>		



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14	<p>In the present system Domiciliary and Hospitalization Entitlement ceiling of retired officer is maintained in ledger form i.e. the entitled amount credited to Officer's account every block of 2-year.</p> <p>The unutilized fund, if any, at the end of the block year lapses.</p> <p>Such unspent/ unutilized amount may be allowed to be carried forward to the next block year to enable the retired officer meet any extra medical expenditure he may be faced with in the next block year.</p>	<p>This will give relief to those who incur medical expenditure judiciously and save out of the entitlement for future needs, if any.</p>		
15	<p>Under the existing rules of PRMBF, it is provided that the retired officer availing Domiciliary treatment under Chronic option, in the event of having to go for hospitalization for any ailment is required to refund the hospitalization entitlement claimed as reimbursement</p>	<p>It is suggested that in the event of actual hospitalization of the officer/spouse, he may not be required to refund the hospitalization entitlement, reimbursed to him.</p> <p>Policy may be modified accordingly.</p>		



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	<p>under chronic option.</p> <p>This provision is harsh to the retired officer, considering the fact that the said reimbursement of the claimed amount is actually the expenditure already incurred by him on treatment of Chronic disease. Now due to his /spouse's hospitalization, he being required to refund the hospitalization entitlement is harsh and avoidable undue pressure on him.</p>			
16	<p>Under existing PRMBF rules, in case of hospitalization treatment for a non-specified disease in nominated / non-nominated hospital, the retired officer is required to pay 15% of hospitalization expenses and 85% is born by the corporation.</p>	<p>It is suggested that in case of availing hospitalization treatment of a non-specified disease in Nominated Hospital, the retired officer should not be required to bear any portion of the hospitalization expenses.</p>		