

A brief report on the deliberations of the Committee for Review of the Medical Policy

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A committee for Review of the Medical Policy has been constituted by the Corporate Office.

The following are the members of the committee.

Official Side

- (i) GM (Admn.)
- (ii) GM (Esstt.)
- (iii) DGM (WL & Sports)

Staff Side

- (i) Com. P. Ahimanyu, Dy. General Secretary, BSNLEU.
- (ii) Com. G.R. Sharma, Financial Secretary, AIBSNLEA.
- (iii) Com. B.G. Patel, Circle President, SNEA, Gujarat.

The Committee has so far held three meetings, i.e., on 16.03.2009, 14.05.2009 and 10.06.2009.

Back ground for formation of the Committee

BSNL has implemented a medical scheme called BSNL Medical Reimbursement Scheme. For reimbursement of the medical bills, BSNL is following the CGHS rates. Problem started when Health Ministry reduced the rates for the various treatments. In respect of some treatments, the rates are reduced even up to 40%. Because of this cut in the CGHS rates, good quality hospitals are not prepared to sign MoU with BSNL. As a result, BSNL employees are suffering for want of treatment from good quality hospitals. To overcome this problem, staff side demanded modifications to the BSNLMRS. Based on this demand, management has constituted the committee to review it's medical policy.

Our Problems

In the first meeting, Management Side gave the following figures with regards to the company's present expenditure on BSNLMRS:-

Expenditure on Indoor treatment	=	Rs.114.74 crore.
Expenditure on Outdoor treatment:-		
Without voucher	=	Rs.249 crore.
With Voucher	=	Rs.68.5 crore.
Total	=	Rs.432.24 crore.

In the first place, we demanded that the old CGHS rates should be restored, since that alone will solve the present problem being faced by the employees. However, this proposal was rejected by the management side. They maintained that there cannot be any deviation from the CGHS rates which are in vogue.

Secondly, we suggested that the concept of "Model Hospitals" which is being followed by some PSUs, can be followed by BSNL also. For example, the Indian Oil Corporation has identified Sir Gangaram Hospital (Delhi), Nanawati Hospital (Mumbai), Vijaya Hospital (Chennai) and Calcutta Medical Research Institute (Kolkata) as Model Hospitals. IOC is reimbursing bills at the highest rates prescribed by these hospitals for various treatments. However, this proposal is also not accepted by the management side.

Thereafter, it was decided to study the medical schemes being followed by various other PSUs.

Schemes of Other PSUs

Therefore, the medical schemes of various other PSUs are studied. Two noteworthy schemes among them are that of the State Bank of India and the LIC. These are also the two PSUs which have presence throughout the country, like BSNL.

The SBI is having its own medical policy. It has a chain of approved hospitals throughout the country and it is also having an approved list of rates for various treatments. But the disadvantage of this scheme is that only the employee is eligible for 100% reimbursement of the medical expenses. The spouse as well as other dependants are entitled only for 75% reimbursement.

The LIC scheme is a better one than the SBI scheme. For indoor treatment of ordinary diseases, LIC is having a mediclaim policy. As far as the premium of this mediclaim is concerned, $\frac{3}{4}$ amount is paid by the company and $\frac{1}{4}$ of the amount has to be borne by the employee. In addition to this mediclaim scheme, LIC is also having one more reimbursement scheme for costly treatments. According to this scheme, an employee can get reimbursement upto Rs.5 lakh and this facility can be availed twice in one's service.

In the meeting held on 10-06-2009, discussions took place on the SBI and LIC schemes. We rejected the SBI scheme, since the employee alone will get 100% reimbursement and other dependents will get only 75% reimbursement.

As regards the LIC scheme, it is some what acceptable. We can demand the management to implement a scheme similar to the LIC one. But in that case the present BSNLMRS scheme will be completely replaced, said the management side. This means the amount that the BSNL employees are getting at present for out door treatment (i.e., 50% of one month's pay plus DA for payment without voucher and one month's pay plus DA for payment with vouchers) will also be abolished. However, we strongly feel that the system of payments (with or without voucher) for out door treatment should continue in any case.

After much deliberations on the various other schemes, once again the ways and means of improving the present BSNLMRS was discussed. We strongly pleaded that management should consider increasing the New CGHS Rates. Finally, management side made the following proposals:-

- (i) 20% increase in CGHS rates will be considered for employees.
- (ii) However, in respect of dependents, a cut of 10% in the CGHS rates would be effected.

We welcomed the proposal to increase the CGHS rates by 20% for employees. At the same time we firmly said that there should not be any cut in the CGHS rates in respect of dependents. But management side did not accept this. This issue will be continued to be discussed in the next meeting to be held on 22.06.2009.
