



CHAPTER – VII

MEDICAL ATTENDANCE RULES

Section – I

These Rules are called the RITES Medical Attendance Rules initially effective from 15th October, 1997 have been amended from time to time.

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|-----|---|--------------------------------|
| 1.1 | These Rules are designed to provide a certain measure of social security and insurance to employees and their family members against various types of illnesses, which befall them during employment. | Objective |
| 2.1 | These rules apply to all (i) regular employees of the Company and those on probation, extension, (ii) those who are on deputation from a Government department, or other Public Sector Undertaking who opt to be governed by these rules within a month of joining the Company and also (iii) to those working in IDA scale of pay on contract basis. These rules are not applicable to casual and daily rated employees and those engaged on contract basis unless specifically provided for in their appointment terms. | Scope and Applicability |
| 3.1 | The employees of the Company, to whom these Rules apply will be eligible for the medical benefits during the course of their employment for the medical treatment of themselves and their family subject to the stipulations and monetary limits prescribed in the following rules. | Medical benefits |
| 3.2 | “Family” will include
i) Wife or husband,
ii) U/married daughters/step daughters/sisters
iii) Sons/step sons of employee below the age of 25 years who are wholly dependent on the employee
iv) Widowed daughters/step daughters who are wholly dependent on the employee
v) Dependent parents
vi) Minor (below the age of 18 years) dependent brothers.” | |

Note:

1. The family members from Sl. No. (ii) to (vi) above should be wholly dependent on and residing with the employee and income from all the sources put together should not exceed Rs.9000/- p.m. (excluding dearness allowance/reliefs on pension, if any).
2. If both husband and wife are employees of the Company, only one of them may avail of the benefits of these rules for the family according to their option.
3. All employees are required to give a declaration to this effect in the prescribed form in order to claim medical benefits.



Indoor Medical Treatment 4.1 For providing facilities of indoor medical treatment to its employees and their dependent family members, the Company has taken Group Medical Insurance Policy.

Group Medical Insurance Scheme 4.2 **Eligibility** : All regular employees and their dependant family members are covered under the Policy for the purpose of indoor treatment of surgical and non-surgical ailments. The policy is serviced by a Third Party Administrator (TPA) and the insured persons get the benefit of 'cashless indoor treatment' from the listed hospitals. In case of treatment in unlisted hospitals, the cost will be reimbursed by the Insurance Company on submission of claim, subject to the other terms of policy.

The ceiling of annual medical coverage per family unit w.e.f. 01.01.2019 for various categories of employees, is as under :

	Category of Employee	Annual Medical Coverage for Family Unit
A	Non-executive (All clusters)	Rs. 2,50,000
B	Executives (Cluster I, II & III)	Rs. 3,75,000
C	Executive (Cluster IV)	Rs. 5,00,000
D	Functional Directors	Rs. 10,00,000

In addition to above, Company has taken a company floater to consider claims over the coverage on indoor treatment for employees and their family members. Such claims are considered on merits of the case.

4.3 The ceilings on room rent, ICU charges, on a particular procedure, maternity, ambulance charges, eye, dental treatment etc. are notified as a part of policy from time to time.

Monetary Ceiling to the Reimbursement of Expenses on Prolonged Treatment 5.1 (1) Medical reimbursement on outdoor treatment during a financial year on prolonged illnesses indicated in sub-para (2) below in the case of employees and their dependent family members is done on actual basis subject to a maximum of 0.70 times of Basic Pay, or, Rs. 35,000/-, whichever is more. Medical equipments purchased for prolonged use by any employee or his dependent family members are be included in the above reimbursable limit

(2) Special diseases / illnesses requiring prolonged illness are as under :

- (a) Tuberculosis (TB)
- (b) Hypertension
- (c) Diabetes mellitus
- (d) Coronary artery disease
- (e) Bronchial asthma / Lung disease
- (f) Epilepsy / Neurotic or Psychotic Disorder
- (g) Hyper of Hypothyroidism (Thyroid)
- (h) Liver diseases
- (i) Thalassemia
- (j) Orthopedic treatment



- (k) Glaucoma
- (l) Psoriasis
- (m) Membranous Glomerulonephritis (MGN)
- (n) Inflammatory Bowel Diseases (IBD) including Ulcerative Colitis / Pouchitis / Crohn's disease
- (o) Hemophagocytic Lymphohistiocytosis Syndrome (HLH)
- (p) "Systemic Sclerosis" (Scleroderma)

Management may modify the above list from time to time.

- (3) In case of expenditure incurred on treatment of AIDS (HIV), cancer and kidney failure, full reimbursement of expenditure (subject to limits on room rent, consultation, OT charges, Anaesthesia charges etc.) , incurred by an employee for himself, or, for his family member in nominated hospitals, or, from any other premier hospital shall be considered for reimbursement.

Notes on Prolonged Diseases

- (1) The reimbursement of charges on diagnostic procedures, pathological/lab tests shall be on actual basis subject to limit to the rates as prescribed by "Sir Ganga Ram Hospital, New Delhi" in respect of the respective category. The rates for consultation of specialist are Rs. 1000/- and of authorised medical attendant Rs. 500/-.
- (3) "Essentiality Certificate" –A certificate issued by any Government/Railway Hospital, RITES Consultant Doctor, or, by Doctor of a hospital empanelled by RITES, in support of the fact that the patient is suffering from any one of the listed disease (s) has to be attached along with the medical reimbursement claim. The validity of the "Essentiality Certificate" will be two years.
- (4) The employee shall ensure that the prescription for medicines should be from the same stream of medicines claimed by him/her. A copy of prescription should be linked with medicines, pathological/lab tests claimed. The prescription should not be more than one year old.
- (5) No reimbursement of expenses incurred for cosmetic surgery/treatment viz. denture, cost of spectacles, health spa/health beverages/drinks/tonics etc., would be carried out.
- (6) Claims should be submitted quarterly and all bills to be arranged date wise; a summary of amounts claimed should invariably be attached with the claim in chronological order of date.
- (7) Claims for previous financial year would be entertained only upto 30th April of next financial year. Claims submitted after this date would be rejected / returned/processed as current year expense.
- (8) Claims should be forwarded through the Controlling Officer (GM/GGM/CPM).
- (9) Employee details viz., Designation, Department & Employee number, Contact number, name of disease, dependent's name, relation with employee etc., also to be mentioned in the claim form (Claim form at Annexure A).



Annexure A

राइट्स लिमिटेड/RITES Ltd.

अस्पताल में भर्ती होने पर दीर्घकालिक उपचार के लिए चिकित्सा प्रतिपूर्ति के लिए फार्मट
Format for Medical Reimbursement for Hospitalisation/Prolonged Treatment

परियोजना कोड/Project code:.....

1.	लेखाकरण इकाई/Accounting Unit	
2.	पारित माह एवं वर्ष/Month & Year Passed	
3.	कर्मचारी सं./Emp. No.	
4.	नाम एवं पदनाम/Name & Designation	
5.	दावे की राशि/Amount Claimed	
6.	पारित राशि/Amount Passed	
7.	दावे का प्रकार (दीर्घकालिक/अस्पताल में भर्ती) Claim Type (Whether Prolonged/Hospitalisation)	
8.	(क/अ) अस्पताल का नाम/ Name of the Hospital. (ख/ब) क्या अस्पताल नामित है या नहीं? Whether the hospital is nominated one or not? (ग) यदि अस्पताल नामित नहीं है, तो उस अस्पताल में उपचार करने का कारण. (c) If the hospital is not nominated one, reasons for the treatment in that hospital. (घ) यदि अस्पताल नामित है, तो अपने आवास से उसकी दूरी बताएं. (d) If hospital is nominated, indicate distance from your residence. (ड.) यदि अस्पताल आपके आवास के नजदीक नहीं है, तो क्या विभाग प्रमुख से पूर्वानुमति ली गई थी. (इसकी प्रति लगाएं) (e) If the hospital is not in the vicinity of your residence, whether prior approval of head of Department was obtained (copy of the same to be enclosed) (च) यदि अस्पताल नामित नहीं है, तो क्या वह राज्य/ जिला स्वास्थ्य विभाग से पंजीकृत है (प्रमाण संलग्न करें) (f) If hospital is not nominated whether the same is registered with the State/District Health Department (enclose the proof)	
9.	बीमारी का नाम (यदि दीर्घकालिक है तो रफ्टस परिपत्र में दर्शाए अनुसार उसका नाम लिखें) Name of the disease (If prolonged indicate the name as shown in RITES circular)	
10.	(क) के लिए उपचार (नाम) (a) For treatment of (Name) (ख) कर्मचारी के साथ संबंध/ (b) Relationship with the Employee (ग) पति/पत्नी एवं बच्चों के अलावा किसी अन्य व्यक्ति के दावे के मामले में, क्या वह कर्मचारी के साथ रहता है? (प्रमाण लगाएं) (e) In case claim is for any person other than spouse & children, whether residing with the employee? (attach proof)	
11.	लिया गया अग्रिम(यदि कोई हो)/Advance taken (if any)	

(टिप्पणी: क्र.सं.1 संबंधित वित्त द्वारा भरा जाए/ Note: Sl. No. 1 to be filled up by associate finance)

हस्ताक्षर/Signature _____
तैनाती का स्थान/Place of Posting _____
प्रभाग/कार्यालय/Division/Office _____
दिनांक/Date _____
फोन नं./Phone No. _____

नियंत्रक अधिकारी/समूह महाप्रबंधक/महाप्रबंधक/सीपीएम Controlling Officer GGM/GM/CPM
(कार्यालय मोहर के साथ/With Official Seal):

संबंधित वित्त द्वारा पुनरीक्षा एवं अंग्रेषित किया जाना है/ To be vetted & forward by Associate Finance

महाप्रबंधक(एफई),आरओसी,गुडगांव/ GM(FE) ROC, Gurgaon

No.PERS/40/Medi-Claim/2021

Dated : April 07, 2021

Sub: Medical Attendance Rules – Amendment 04/2021.

For indoor medical treatment of employees and their family members, the Company has taken a Mediclaim Policy, in which the annual medical ceiling limits for the family unit of an employee ranges from Rs.2.50 lakhs to Rs.10 lakhs. In addition, the Company has taken a Corporate Floater for a sum of Rs.1.30 crores to cover the additional medical expenses over and above the annual medical coverage. Further, the Company has also taken a mediclaim cover of Rs.20 lakhs for cases where investigations for medical purpose are required. Presently, the medical expenses incurred by an employee on indoor treatment over and above the annual ceiling limit are released from the Corporate Floater.

However, it has been noticed that the company floater is being fully utilized by a limited number of employees, depriving other employees the facility of company floater which is resulting in excessive burden of medical expenses on the company.

The matter has been examined with respect to whether the employees may continue to be provided unlimited medical facility for indoor treatment, or limit have to be laid down on amount of such payment/reimbursement.

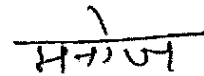
After careful scrutiny, it has been decided that

- i) Employees may get the cashless indoor treatment in network hospitals empanelled by TPA instead of claiming reimbursement of expenses. The rates of indoor treatment in the network hospitals are discounted one and are lower than the hospital list prices for a particular procedure/treatment. This shall help the employees as well as the company by way of lower expenses on treatment. In case a particular hospital is not on the network hospital, the same may be got empanelled through Insurance Company.
- ii) In case of hospitalization requiring any minor surgery, or, ICU care, or any continued medical care, the amount from floater up to 100% of limits of sum insured can be permitted by the competent authority.
- iii) In cases of diseases of critical nature, any major surgery, Cancer, Kidney failure, HIV, reimbursement of expenses shall be restricted to **4 times** of the sum insured limit of the employee concerned from the company floater with the approval of competent authority.
- iv) However, on a case to case basis, in cases of diseases of critical nature, under above para (iii) wherever the employee has availed the amount 4 times of his entitlement, the Competent Authority may consider reimbursing

expenses on investigations and medicines on indoor treatment. Employees are advised to avail maximum discount on lab testing charges as well as purchase of medicines from pharmacies/labs designated by TPA (lists available at TPA site) on production of PHMS Cards and/or avail similar discounts offered on-line or otherwise.

- v) The above shall be in supersession of our existing provision of reimbursement in cases of treatment of Cancer, HIV & Kidney failure (para 7.3 of RITES Medical Attendance Rules).
- vi) However, the management may consider any case of distress of an employee for any special sanction with the concurrence of DF and approval of CMD, for an amount over and above the above entitlement.
- vii) Employees are also advised that medical expenses over and above the GIPSA rates and COVID-19 rates as prescribed by State governments will not be reimbursed by RITES.
- viii) Employees may like to get additional medical insurance cover in their individual capacity on their own to cover unforeseen needs.
- ix) The above limits shall also be applicable in existing cases.

This issues with the approval of competent authority.



(Manoj Kumar)
GM(HR)

Distribution :

As per standard mailing list.

NO. PERS/102/2015/ Pt III PRC
Date: 06.07.2022


OFFICE ORDER No. PP/ 92 /2022

Sub:- Amendment in RITES Medical Attendance Rules

1. Certain provisions of RITES Medical Attendance Rules were reviewed by the BOD in their 273rd meeting held on 28.12.2021 and the revised provisions were notified vide Officer Order No PP/30/2022 and PP/31/2022 dt 03.03.2022.

In supersession of existing instructions; the revised para 5.1 of RITES HRM Manual Ch-VII Section – I "Medical Attendance Rules" is enclosed as Annexure and shall be applicable w.e.f. 01.04.2022

2. This issues with the approval of Competent Authority.


(Ved Parkash)
Chief People Officer

Distribution:

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CIN: L74899DL1974GOI007227

Annexure to OO No PP/ 92/ 2022 dt 06.07.2022

**Monetary
Ceiling for
Reimbursement
of Expenses on
OPD Treatment**

- 5.1 The annual reimbursement of expenditure on OPD treatment, treatment of prolonged illnesses and dental treatment shall be done maximum up to a sum of one month's basic pay as on 1st April of the relevant year for regular employees and contract employees on IDA pay scale. Entitlement will be Rs 50,000/- per year for the employees whose basic pay is less than Rs 50,000/-.

For employees in CDA pay scale (including on deputation to RITES in CDA pay scale); the facility of Indoor & Outdoor medical reimbursements shall be the same as applicable to the regular employees in IDA Pay scale, provided they surrender such benefits of their parent organization.

- 5.2 Within the overall ceiling for OPD treatment as above, following items will be admissible for reimbursement on production of bills without prescription:

1. Medicines for common ailments on production of bills up to a sum of Rs 5,000/- per year
2. Expenditure on Medical equipments viz. Pulse Oximeter, contactless Thermometer, Weighing machine, BP Monitor Machine, Sugar Testing Machine, Nebulizer and Steamer subject to the annual ceiling limit of Rs 10,000/-. Bill/ invoice should contain GST details.
3. Pathology tests, Alcohol based hand sanitizers and Personal Protective Equipment (Face Masks, Gloves etc) with the annual ceiling of Rs 5,000/-

- 5.3 If in any particular year, an employee who does not spend full amount available to them during the year, the unspent balance amount will be carried forward only to the next year in a block of two years.

Example: An employee has eligibility of Rs 50,000/- in FY 2022-23. Out of eligibility, he/she spends only Rs 30,000/-, then remaining Rs 20,000/- will be carried forward to FY 2023-24. However, any unspent balance in FY 2023-24 will not be carried further and for FY 2024-25, the limit will again be Basic Pay as on 1st April 2024.

- 5.4 In case of expenditure incurred on treatment of AIDS (HIV), cancer and kidney failure, full reimbursement of expenditure (subject to limits on room rent, consultation, OT charges, Anaesthesia charges etc) incurred by an employee for himself, or, for his family member in nominated hospitals, or, from any other premier hospital shall be considered for reimbursement.

- 5.5 Notes on Reimbursement of OPD expenses:

- a) The reimbursement of charges on diagnostic procedures, pathological/lab tests shall be on actual basis subject to limit to the rates as prescribed by "Sir Ganga Ram Hospital, New Delhi" in respect of the respective category. The rates for consultation of specialist are Rs.1000/- and of authorised medical attendant Rs.500/-.

Handwritten signature

- b) Submission of "Essentiality Certificate" is not required.
- c) The employee shall ensure that the prescription for medicines should be from the same stream of medicines claimed by him/her. A copy of prescription should be linked with medicines, pathological/lab tests claimed. The prescription should not be more than one year old.
- d) No reimbursement of expenses incurred for cosmetic surgery/treatment viz. denture, cost of spectacles, health spa/health beverages/drinks/tonics etc., would be carried out.
- e) The claims will be required to be submitted within 3 months of treatment along with necessary enclosures. All bills to be arranged date wise; a summary of amounts claimed should invariably be attached with the claim in chronological order of date.
- f) Claims for previous financial year would be entertained only upto 30th April of next financial year. Claims submitted after this date would be rejected / returned/processed as current year expense.
- g) Claims should be forwarded through the Controlling Officer (GM/GGM/CPM).
- h) Employee details viz., Designation, Department & Employee number, Contact number, name of disease, dependent's name, relation with employee etc., also to be mentioned in the claim form (Claim form at Annexure A).

ksr.

No. PERS:102:2015(III PRC)
Dt: 06.07.2022

OFFICE ORDER NO. PP/93/2022

Sub: Reimbursement of Expenditure on OPD treatment through ESS Portal.

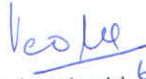
Ref: Office Order Nos. PP/92/2022 dt. 06.07.2022.

The online system for reimbursement of expenditure on OPD treatment has been launched with immediate effect.

1. Claim for reimbursement shall be submitted online through ESS portal along with uploading of bills and prescription (*wherever applicable*), with the following navigation:
<https://ritesess.com> → Employee Self Service → Medical Reimbursement Scheme.
2. There will not be any requirement of sending physical document (Hard Copies) to Finance Division.
However, the original documents shall be kept / retained by concerned employee, which shall be produced on demand by Finance Division at any time in future for Audit / Investigation etc.
In case, the originals are not received on demand within 7 working days (excluding absence on account of leave / tour etc.), or, any mismatch with already submitted claim is noticed, the entire paid amount will become recoverable from the employee.
It will be the sole responsibility of the concerned employee to submit only genuine claims; otherwise, action will be initiated against him/her as per Company's HR Policy.
3. The claim for OPD reimbursement shall be applicable only for expenditure done on or after 1st Apr, 2022 (*date of bill*).
4. The claim shall be submitted online within 3 months from the bill date (*for example, bill dated 05.09.2022 shall be submitted online latest by 04.12.2022*). However, relaxation is given for expenditure done during the month of Apr, 2022, claim for which is allowed for online submission till 31st July, 2022.
5. The employees who have retired after 01.04.2022 can submit their claims to the Retirement Cell at Shikhar, Gurgaon (Corporate Office) in hard copy.
6. For reimbursement of bills requiring prescription, the bill date shall be within 1 year from the date of prescription (*for example, bill for prescription dated 05.09.2022 shall be allowed till 04.09.2023, while ensuring that it is submitted within 3 months of bill date*).

For any IT related issues in submission of claim, please drop an email to IT Team at (anjaniupadhyay@rites.com) along with relevant details / screenshot.

This issues with the approval of the Competent Authority.


(Ved Parkash) 6.7.22.
Chief People Officer

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CIN: L74899DL1974GOI007227

No. PERS/40/Medical Attendance/2022
Dt: 09.12.2022

OFFICE ORDER NO PP/ 135 /2022

Sub: Reimbursement of Expenditure on OPD treatment through ESS Portal.

Ref: Office Order Nos. PP/92/2022 & PP/93/2022 dt. 06.07.2022.

1. The online system for reimbursement of expenditure on OPD treatment is currently operational on ESS Portal. The procedure for submission of claims has been circulated vide OO No/PP/93/ 2022 dt 06.07.2022.
2. As per the procedure circular, claims for reimbursement are to be submitted online through ESS portal along with uploading of bills and prescription (*wherever applicable*). There is no requirement of sending physical document to Finance.
3. In partial modification to the existing procedure, it is hereby notified that the claims uploaded by employees on ESS Portal shall be automatically directed to respective SBU Head for approval. Once the claim is approved by the SBU Head, it will be forwarded in the system to Finance Division for further processing.

The steps to be followed by SBU Head for approving the claims is as under:

Login to ESS → Medical Reimbursement Scheme → Validation → Approve
Employee Medical Reimbursement →

Step 1: Select All → Approve/Reject

Step 2: For Next Approve/Reject click on 'Clear' Button. Repeat Step 1.

4. This issues with the approval of the Competent Authority.


(Mugdha Bhagat)

Addtl. General Manager (HR)

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राइट्स लिमिटेड
(भारत सरकार का प्रतिष्ठान)
RITES LIMITED
(Schedule 'A' Enterprise of Govt. of India)

No. PERS:102:2015 (III PRC)
Dt. 03.03.2022

OFFICE ORDER No. PP/ 30 /2022

Sub: Revision of Perks and allowances paid to regular employees in IDA pay scale

In partial modification to this office letter of even Nos. Dt. 08.12.2017 (Office Order No. PP/61/2017) and 25.04.2019 (Office Order No. PP/24/2019), the perks and allowances under "Cafeteria Approach" in respect of the regular employees in IDA pay scale shall be 35% of the basic pay. The existing bifurcation of bouquet of allowances in component of Fixed allowance and Variable allowance shall cease to exist. The employees may opt for the allowances from the list of allowances attached at **Annexure-A**. Employees can exercise their option for choosing the set of allowances on yearly basis. Procedure for exercising the option of choosing the allowances (in an on-line format) will be advised separately.

Cash benefits like Annual Day gift, Diwali Gift, Scholarship to children of employees, Birthday gift and Marriage gifts shall be subsumed in the bouquet of allowances.

Location based Compensatory Allowances and Non-practicing Allowance as per DPE OM No. W-02/0028/2017-DPE(WC)-GL-XVI/17 dt. 07.09.2017 and Work based Hardship Duty Allowances as per DPE OM dt.04.08.2017 shall continue to be kept outside the cafeteria approach.

The annual reimbursement of expenditure on OPD treatment including treatment of prolonged illness and dental treatment may be done maximum up to a sum of one month's basic pay as on 1st April of the relevant year (Entitlement will be Rs.50,000/- per year for the employees whose basic pay is less than Rs.50,000/-). However, OPD treatment will continue to be permitted without any limit in case of treatment of Cancer, HIV and kidney diseases.

Within the overall ceiling for OPD as above, following items will be admissible for reimbursement without prescription (Bill based):

1. Medicines for common ailments on production of bills up to a sum of Rs.5,000/- per year.
2. Reimbursement towards expenditure on Medical equipments viz. Pulse Oximeter, contactless Thermometer, Weighing machine, BP Monitor Machine, Sugar Testing Machine, Nebulizer and Steamer subject to the annual ceiling limit of Rs.10,000/-.
3. The reimbursement of Pathology tests, Alcohol based Hand sanitizers and Personal Protective Equipment (Face Masks, Gloves etc) with the annual ceiling of Rs.5,000/-.

The above modification shall come into effect from 01.04.2022.

(Authority:- 273rd meeting of BOD held on 28.12.2021)

(Manoj Kumar)
General Manager (HR)

Distribution:-As per Standard mailing list

No. PERS:102:2015 (pt-CDA/Dep)
Dt. 03.03.2022

OFFICE ORDER No. PP/31/2022

Sub: Revision of rate of reimbursement for employees in CDA pay scale (including on deputation to RITES in CDA pay scales)

Competent Authority has approved the following revision in rate of re-imbursement for employees working in CDA pay scales including employees on deputation to RITES.

S. No.	Perks and Allowance	Level of Employees	Existing Rate of allowance	Revised Rate of Allowance
1.	Reimbursement for Newspaper & Magazines	All level of employees	Rs. 100 to Rs. 250 per month at different levels	Up to Rs. 2000/- per month for all levels of employees*
2.	Reimbursement of Entertainment expenses	GM	Rs.5000/- per month	Rs.10000 /- per month
		AGM	Rs. 3000/- per month	Rs. 6000/- per month
		JGM	Rs.1500/- per month	Rs.3000/- per month

* Employees have to submit a declaration of having incurred the expenditure at the end of financial year

It has also been decided that the OPD medical allowance of Rs. 1667/- PM is to be discontinued and the facility for Indoor & Outdoor medical reimbursements shall be applicable to the employees in CDA pay scale including employees on deputation, as applicable to the employees on IDA pay scale in RITES (issued vide Office Order No.PP/30/2022 dt. 03.03.2022), provided they surrender such benefits of their parent organization.

Further it has been decided to discontinue other cash benefits like Annual Day Gift, Diwali Gift, Scholarship to Children of employees, Birthday Gift and Marriage Gift.

The above modification shall come into effect from 01.04.2022,

(Authority:- 273rd meeting of BOD held on 28.12.2021)


(Manoj Kumar)
General Manager (HR)

Distribution:- As per Standard mailing list