



OIL AND NATURAL GAS CORPORATION LIMITED
Office of Chief-ER

Corporate Policy Section
II Floor, B. S. Negi Bhavan
Tel Bhavan, Dehradun – 248003

O. O. No. ONGC/ER/CP/MED/011

OFFICE ORDER (MED-011)

Last Updated: 11.01.2018

Sub: MEDICAL FACILITIES FOR REGULAR EMPLOYEES

1. AUTHORISED SYSTEM OF TREATMENT:

Allopathy, Homeopathy, Ayurvedic, Siddha and Unani systems of treatment are allowed. Treatment and expenditure incurred in other than authorised system shall not be admitted.

2. APPLICABILITY:

Applicable to all employees and their dependent family members of the Oil and Natural Gas Corporation Limited.

3. DEFINITION OF FAMILY:

a. For employees who existed on the roll of Corporation **prior to 11/9/87**, the term “*family*” for the purpose of medical scheme shall consist of the wife or husband as the case may be, children and parents who are wholly dependent on and residing with the employee concerned for atleast **6 (six) months*** in a calendar year.

b. For the employees who have joined Corporation **after 11/9/87**, the term “*family*” for the purpose of this scheme shall consist of the wife or husband as the case may be and two children (including step children) and parents who are wholly dependent on and residing with the employee concerned at least for the period of **6 (six) months*** in a calendar year.

The issue regarding extension of dependency benefit under Medical facility Scheme to next surviving child / children in case of death of either one or both of the first two children of an employee who has joined ONGC on or after 11.09.1987, has been considered. It has been decided that in case of death of either one or both of the first two children, dependency benefit under medical facility scheme may be extended to first two living children of all existing (post 11.09.1987) and future employees.

(Issued vide OO. No (44/2013). ONGC/ER/CP/MED/011 Dated 22.10.2013)

*As per existing instructions, the parents whose monthly income from all sources is within the prescribed ceiling and **who are residing at least six months in a calendar year with the employee** are eligible to be considered as dependent for extending the medical facility.

The Executive Committee in its 451st meeting held on 07.07.2014 at New Delhi decided to extend medical facilities to the parents of employees whose monthly income from all sources is within the prescribed ceilings and who are wholly dependent upon the employee irrespective of their place of residence. Further, a certificate may be obtained from the employee confirming that the beneficiaries are not claiming medical benefits through other children or through any other schemes including benefits provided by insurance companies.

This facility will be applicable from 21.08.2014.

(Issued vide Office Order (35/2014) No. ONGC/ER/CP/MED/010 dated 21.08.2014)

In case of employees who joined ONGC after **11/09/1987** and whose third child is permanent physically or mentally challenged and requires life long medical support, following facilities may be provided to any of permanent physically or mentally challenged child (after first two children), on humanitarian ground:

- i. Medical facility
- ii. Transfer Travelling Allowance.
- iii. Reimbursement/subsidies available under ONGC CEA scheme, if admissible.
- iv.. LFA (only on availment) wherever applicable.

The above mentioned facilities are admissible from 15th March, 2010 onwards.

c. The employees who served with other PSUs/ Govt. Departments prior to 11.09.1987 and thereafter joined ONGC on or after 11.09.1987 without any break in services may be treated at par with the employees who joined ONGC prior to 11.09.1987 for the purpose of extending medical facility to their dependent family members subject to the following:

- i. Benefits such as CPF, Gratuity, and Leave have been transferred to ONGC from the earlier organization (PSUs/ Govt. Department).
- ii. The individual has been enjoying the dependency benefits of more than two children in his earlier organization (PSUs/ Govt. Department).

Note for 3(a), 3(b) & 3(c):-

However, where wholly dependant old aged parents are unable to move with the employee on transfer due to medical or physical constraint(s), the medical facility may be allowed to them at their place of stay subject to verification of the constraint(s) by the concerned In-charge, medical services or authorised medical doctor.

d. Dependent family members means and includes spouse, parents, and children including legally adopted children.

- (i) Spouse-wife/husband. However, in case spouse is employed elsewhere and is claiming medical facilities in his/her organization, then he/she is not entitled to claim medical facilities from ONGC.
- (ii) For availing of medical facility only by dependent parents, their income from all sources should not exceed ₹ 6000/- (Rupees six thousand only) per month. For this purpose, the amount of pension drawn by the parents who are wholly dependent on the employee may be ignored while assessing the income.
- (iii) Children:
 - a. Son-Till starts earning or attains the age of 30 years, whichever is earlier. However, in case he is suffering from any permanent disability(physical or mental), the restriction of age (30 years) will not apply;
 - b. Daughter- Till starts earning or gets married, whichever is earlier irrespective of age limit;
- (iv) In case of married female employees, parents-in-laws may be treated as dependent in lieu of their own parents. Every female employee should immediately, after marriage, declare as to whether she would like to include her parents/ or parents-in-law for availing medical facilities. However, EC in its 409th meeting held on 02.02.2012 decided that female employees may change their option to include parents or parents-in-law for availing medical facilities. (Issued vide office order no. ONGC/ER/CP/MED/011, dated, 4th April, 2012)

e. DECEASED EMPLOYEE FAMILY STATUS:

As a special welfare measure where widow of the deceased employee has been given alternate employment in ONGC on or after 11.9.87, the revised definition of "family" shall not apply to her. In her case, the term "family" shall continue to be the same as was applicable to the deceased employee for availing benefits under various schemes as were applicable during lifetime of deceased employee such as Medical facility, Education Assistance, Children Transport/Hostel Subsidy, LFA, and Holiday Home etc. These

concessions/facilities shall, however, to be discontinued in the event of beneficiary widow getting remarried.

4. JOINT DECLARATION/OPTION

4.1 In case both husband and wife are employees of the Company, they are required to submit an undertaking stating that they would like to avail medical and other facilities in the name of either one of them. In case of husband availing medical facilities, he can include wife, dependent children and dependent parents. In case of wife, she can avail medical facilities in respect of her husband, dependent children and dependent parents or in lieu of her parents; she can avail in respect of her parents-in-law. However, EC in its 409th meeting held on 02.02.2012 decided that joint declaration may be changed depending on change in circumstances such as promotion, transfer, resignation etc. on written request by both husband and wife. (Issued vide office order no. ONGC/ER/CP/MED/011, dated, 4th April, 2012)

4.2 The husband and wife of the Corporation's employees, as the case may be, employed in a Central or State Government or in the Defence/Railway services or Corporation/body financed partly or wholly by the Central Government, or the State Government, local body or private organisation which provided medical services, shall be entitled to choose either the medical facilities under the Company or the medical services provided by the organisation he/she is employed. For this purpose, the husband/wife, as the case may be, shall furnish to the respective authority a joint declaration/option as to which of the medical facilities i.e. under the Company or the medical services provided by the organisation he/she is employed will be availed by them. This declaration/option shall be submitted, in duplicate; a copy thereof shall be recorded in the personal file of the employee concerned. This declaration/option shall remain in force till such time as it is revised on the express request, in writing, by the husband/wife, as the case may be, and.

4.3 The husband/wife, as the case may be, employed in an organisation other than the ONGC, where medical facilities are not provided, shall be allowed to avail medical facilities from the ONGC, provided the employee concerned submits a certificate from the organisation where his wife/her husband is employed to the effect that no medical facilities are provided to the husband/wife, as the case may be, in that Department/organisation.

5. MULTIPLE BIRTHS/TWINS

If the number of children exceeds two because of second confinement resulting in multiple births, then all such children would be considered as dependent on the employee and benefits admissible to dependent children would be available to them. However, if after first confinement itself multiple children/twins are born then the facilities for dependent children will be limited to such multiple number of children i.e. twins / triplets etc. only.

6. ISSUE OF MEDICINES

Medical Officers of ONGC are authorized to issue medicines prescribed by Authorized Medical Attendants of ONGC and Government whenever any patient is referred for outside treatment;

Employees are issued medicines for a period which will be decided by the ONGC Authorized Medical Officer; as he is the best judge in prescribing the medicine and duration;

No medicines will be issued against the prescription of Private Medical Practitioners.

7. REFERENCE TO A PLACE OTHER THAN PLACE OF POSTING

The following guidelines are to be followed strictly while referring the medical cases for outstation treatment:-

- i. The M.O. In-charge should refer the case to nearest centre where the specialized treatment facilities are available, except in the follow-up cases and the cases requiring reference to a distant place for specialized treatment based on advanced technology ground.
- ii. Referred cases which can be treated in OPD, should not be hospitalized on insistence of the patient/escort. If per chance it is done, M.O. In-charge should not authorize hospital payments in such cases. These cases could subsequently be reimbursed the admissible expenditure depending upon the merit of the case.
- iii. The choice of specialty hospital should be left to the discretion of the Medical In-charge, ONGC of the respective station except in the follow-up case.
- iv. The patient has to get admitted to the specialty hospital through In-charge, Medical, ONGC at that place in order to avail of the credit facility.
- v. Employee carrying reference for outstation treatment should also necessarily carry an authority letter from Medical Officer/In-charge HR/ER to ensure proper accounting and debiting.

8. IMPORTED MEDICINES & REIMBURSEMENT THEREOF

Reimbursement of cost of imported medicines essentially required for life saving and other purposes where cash memo/cash receipts are not issued by the chemists, has to be made as below in relaxation of CSMA Rules:

- i. A certificate from the employee that efforts were made to purchase the medicine from the Chemist possessing Import License of the relevant Act, but either medicine was not available or the cash-memo is not being issued.

- ii. The prescription of such medicine should be from Specialist/Authorized Medical Attendant in the respective specialty in Hospital/Institutes/Specialist in ONGC Hospital/Dispensaries in direct need only.
- iii. The dosage and the stipulated period of administration of the medicine is also to be clearly certified by the AMA (Specialist).
- iv. The claim should invariably be supported by a certificate from the AMA (Specialists) that the use of imported medicine is unavoidable for saving the life of the patient and that no substitute having equal therapeutically value are available in the country.
- v. The In-charge, Medical at the Hqrs. / Regional Office has to certify the reasonability of the cost of drug/ medicine after confirming it from the available sources in the centre.
- vi. The subsequent prescription of the medicine and its purchase will be made only after certifying the improvement in the condition of the patient from the previous dosages and further use of stipulated quantity is absolutely necessary for the recovery/life saving of the patient.
- vii. All such cases are to be maintained /entered in the ledger separately for special sanction of competent authority.
- viii. The employee should also produce empty phial, cartons etc. to the AMA (Specialist) who should destroy them and record a certificate to this effect, on the claim papers.

9. INSTRUCTIONS TO EMPLOYEES & ONGC MEDICAL OFFICERS (CASES ADMITTED IN EMPANELLED HOSPITALS/NURSING HOMES)

- i) Employees of the Company and their family members referred from outstation for medical treatment to a hospital (with whom ONGC has credit facilities) located at a work-centre in any other Region, the hospital and other bills towards medical treatment shall be admitted on the basis of verification by the In-charge Medical where the patient has obtained the treatment. If any recovery is advised, the same shall be made from the employee concerned on the basis of details which would be provided by the recommending Medical Authority. Reimbursement for such authorized treatment can also be made on the certification by regional P&A In-charge concerned.
- ii) The employee/patient as and when admitted in the empanelled Hospital/Nursing Home should invariably check and sign the bill at the time of discharge;
- iii) Proper and careful scrutiny and verification of bills be made before releasing payment to the empanelled hospitals/Nursing Homes;
- iv) Any empanelled Hospital/Nursing Home/AMA, if indulges in overcharging should be viewed seriously and strict action be taken, including de-empanelling; and de-recognizing the hospitals.
- v) While recommending relaxation for emergency cases, the Medical Officers of ONGC should satisfy them and judiciously use their discretion in certifying emergencies and should not solely depend upon the emergency certificate issued by non-empanelled Hospitals/Doctors.

vi) Placement of an employee after recovery from a serious illness should be decided by Controlling Officer and Medical Officer.

10. PAYMENT TO THE EMPANELLED NURSING HOMES AND CHEMISTS & REIMBURSEMENT THEREOF: METHODS TO BE FOLLOWED IN CHECKING MALPRACTICES ETC

- 10.1 While making the payment to hospitals etc, the Head of the Medical Section concerned should ensure that the expenditure on in-admissible medicines, etc, is worked out and intimated to the PCS concerned for effecting recovery from the salary of the employee.
- 10.2 Methods in streamlining the system and to check the malpractices to be followed:-
- i. Feasibility of introduction of package deals with the empanelled Nursing Homes/Hospitals initially for certain categories of treatment viz. Surgery, Obstetrics & Gynae. Orthopedic procedures etc. (except blood transfusion and cost of blood) be examined and affected.
 - ii. The employee/patient as and when admitted in the empanelled Hospital/Nursing Home should invariably check and sign the bill at the time of discharge.
 - iii. Proper and careful scrutiny and verification of bills be made before releasing payment to the empanelled Hospitals/Nursing Homes.
 - iv. Any empanelled Hospitals/Nursing Home/AMA if, indulges in over charging should be viewed seriously and strict action be taken, including de-empanelling.

11. TRANSIT ACCOMMODATION FOR MEDICAL TREATMENT

Wherever Company employees are referred for medical treatment to a station where ONGC's Guest House exists, priority is to be given to accommodate them.

12. REIMBURSEMENT OF AMBULANCE CHARGES

Employees will be entitled to T.A reimbursement of charges paid for an ambulance used for their conveyance or the conveyance of members of families, subject to the following conditions:

- i) If it is certified in writing by the Authorized Medical Attendant that conveyance of the patient by any other means of conveyance would definitely endanger the life of the patient or grossly aggravate the condition of his/her health.
- ii) If the ambulance is used to carry a patient to a place of treatment or to carry a patient from one Hospital to another for the purpose of certain medical examination etc.
- iii) If the ambulance used belonged to Government or local fund, or a social service organization, such as the Red Cross Society, etc., and
- iv) If the ambulance is used within the same city, Municipal or Corporation area, Military Station and Cantonment board area etc.
- v) Reimbursement of actual taxi/auto rickshaw charges in respect of journey undertaken to obtain medical attendance and treatment by the employee or/his family members may be allowed.
- vi) In case of genuine need, the doctor can hire an ambulance from other sources for the patient.
- vii) Any appropriate vehicle can be used for ambulance purposes where regular ambulance is not available.
- viii) In cases where there is only one ambulance and there are two or more cases simultaneously requiring assistance of an ambulance, a taxi can be hired and the amount reimbursed by the Corporation authorities. In such cases, certificate from the attending doctor, countersigned by the Senior Medical officer / Medical Officer-in-charge of the Corporation's Hospital /Dispensary shall be necessary.

13. MEDICAL FACILITIES FOR EMPLOYEES ON 14 DAYS ON/OFF:

13.1 The employees and their dependent family members are allowed to avail medical facilities from ONGC Hospitals/Dispensaries, AMA Government Hospitals in case if these facilities are available in the station where employees are staying with their family members;

13.2 Before availing medical facilities employees are to take permission from the local Establishment where their personal files are maintained. In case of their place of posting and place of availing medical facilities are different, permission from Establishment is to be drawn with photo identity card system;

13.3 In case of availment of medical facilities from AMA/District/Government Hospitals and their medical claims for reimbursement shall be entertained as per instructions on the subject;

13.4 If family members have to avail medical facilities at a place where Corporations' own arrangement does not exist, they should go to Government Hospitals/Doctors and special sanction cases should arise only in extreme emergencies;

13.5 In cases of emergency e.g. accidental injuries/heart attacks etc. needing immediate attention, the employees concerned or their family members can obtain medical consultation/ treatment from the nearest available private medical

practitioner/clinic/hospital, as the case may be, on a single occasion to be followed by treatment from the Authorized Medical Attendant/Govt. recognized hospital. However, medical reimbursement in such cases would be limited to that had the treatment been taken from an Authorized Medical Attendant/ Govt. recognized hospital, as a special case, in relaxation of the rules.

13.6 In addition, the photo Identity Card (duly authenticated by the concerned Establishment) for all the members of family / beneficiaries may be introduced so as to ensure that facilities are availed by actual beneficiaries. The beneficiaries will present photo identity card at the time of availing treatment.

13.7 While recommending relaxation for emergency cases, the Medical Officers of ONGC should satisfy them and judiciously use their discretion in certifying emergencies and should not solely depend upon the emergency certificate issued by non-empanelled Hospitals / Doctors.

14. GRANT OF ADVANCE FOR EXPENSES ON MEDICAL TREATMENT AND REIMBURSMENT THEREOF

- i) In emergency cases where ONGC Medical Officers refer patients to the Hospitals, they may also suggest the bare minimum advance to be paid to the employees.
- ii) However, after admission of the patient in the Hospital, the amount of advance shall be deposited directly with the hospital, on the basis of recommendations of the concerned doctor of the hospital.
- iii) Such advance shall be sanctioned by the by the Competent Authority as prescribed in clause MO7 of BDP on HR issues.
- iv) The amount of advance as sanctioned by the competent authority shall be deposited directly with the hospital authorities concerned. Also wherever, the amount of advance exceeds Rs.10,000/-, the payment shall be made to the hospital authorities in instalments as required by them on need basis and as far as possible payment will not be made in one lump sum
- v) The claim shall be restricted as per the approved rates of the recognized hospital.
- vi) The medical reimbursement claim shall be subject to usual pre-audit checks.
- vii) An undertaking shall be obtained from the official concerned that any expenditure incurred on this account and found inadmissible in audit will be refundable in cash.

15. GUIDE LINES FOR LOCAL PURCHASE OF MEDICINES.

1. All heads of the clinics/ dispensaries and Regional Heads / Support Heads will evolve a system to keep a constant check on the local purchases of medicines and any unusual trends will be brought to the notice of the Headquarters.
2. The medicines will not be purchased from non-standard sources. The medicines should either be purchased from the manufacturers or their accredited agents / stockists.
3. Quarterly statement of expenditure on local purchases of medicines shall be forwarded to the Headquarters so as to reach by 10th of first month succeeding the completion of previous quarter.
4. While furnishing statement, a certificate should also be appended to the effect that the medicines have been purchased from the manufacturers or their accredited agents / stockists in the real emergency.

16. LASIK LASER TREATMENT FOR MYOPIA

- i) LASIK eye surgery shall be permitted to the employees and their dependents using spectacles or contact lenses of **+/-6.0** diopter and above.
- ii) The said surgery shall be allowed to the employees/dependents up to the age of 45 years.
- iii) The expenses incurred on LASIK surgery would be reimbursed as per actual within the ceiling of Rs.15, 000/- for one eye inclusive of medicines and other expenses.
- iv) Employee/dependent requiring spectacles/contact lenses more than +/-6.0 diopter who undergoes LASIK eye surgery shall have to submit recommendation/prescription of an eye specialist and a copy of eye test report along with medical reimbursement claim towards said surgery.
- v) Employee/dependent who uses glasses of more than +/- 6.0 diopter and want to undergo aforesaid eye surgery shall have to consult in-house doctor/eye specialist before availing the same.

17. PROCEDURE AND FORMALITIES IN THE CASE OF TREATMENT ON REFERAL BASIS IN METROPOLITAN CITIES LIKE DELHI, KOLKATA, MUMBAI AND CHENNAI ETC.

1. The retired employees and employees or their dependent family members needing medical attention / treatment at the reputed hospitals in metropolitan cities are required to carry a reference from the Medical Officer (MO), In-charge (ONGC) to MO, In-charge (ONGC) at the referred place not only to decide the further mode of

treatment but also to see that admission, if necessary, is arranged in a hospital with whom credit system has been established.

2. The following guidelines shall be followed strictly while referring the medical cases for outstation treatment:-

- i) The MO, In-charge (ONGC) should refer the case to the nearest centre where the specialized treatment facilities are available, except in the follow-up cases and the cases requiring reference to a distant place for specialized treatment based on advanced technology ground.
- ii) The referred case who could be treated in OPD, should never be hospitalized on insistence of the patient / escort. If per chance it is done, MO In-charge (ONGC) should not authorize hospital payments in such cases. These cases could subsequently be reimbursed the admissible expenditure depending upon the merit of the case.
- iii) The choice of specialty hospital should be left to the discretion of the MO In-charge (ONGC) of the respective station except in the follow-up case.
- iv) The patient has to get admitted to the specialty hospital through MO In-charge (ONGC) at that place in order to avail the credit facility.
- v) The patient employee and /or his dependent family member may carry with him/her a letter of authority from Medical Officer/ In-charge-HR/ER of the employee concerned indicating the Finance Authority to whom debit will be raised and accepted for adjustment of payment of hospital bills for indoor treatment made by the respective outstation work centers.
- vi) The employees of the Corporation carrying references for the purpose of Medical Consultation / treatment in various hospitals at Delhi, Mumbai, Kolkata and Chennai must ascertain the availability of specialist / hospital accommodation through the Head of Medical Branch at the concerned work centre so as to avoid any inconvenience for obtaining required medical consultation / treatment.
- vii) Availability of Guest House accommodation should also be ascertained, in advance failing which no liability will be accepted on the Corporation's account and individuals must be prepared to make their own arrangement for boarding and lodging.
- viii) The present practice of maintaining the panel of authorized medical attendants shall continue

- ix) Medical Reimbursement Claims of the employees concerned must be supported by essentiality certificate, signed by respective Medical authority.
3. To help the employees and their families visiting hospitals in major work centers for treatment, a liaison cell in cities like Delhi, Mumbai, Kolkata and Chennai under Medical Section will provide maximum required assistance as per rules to the employees / retired employees as well as their family members visiting metropolitan cities for specialized treatment.
4. In the case of a non-beneficiary impersonating as a beneficiary, whenever noticed, should be brought to the notice of Vigilance branch directly by the Medical officer concerned suggesting disciplinary action against the employee concerned. The medical facilities to such employees should also be permanently stopped if they are found guilty.

18. IVF TREATMENT:

- 1. The treatment of infertility will be admissible to employees if it is taken on the advice of concerned specialist with due recommendation of the Medical Officer in-charge of ONGC.
- 2. (i) A minimum to 2 years period of cohabitation of the couple after marriage shall be essential before the infertility treatment is advised.
- (ii) Production of a certificate from the concerned specialist confirming that all the other methods of fertility treatment have failed is mandatory.
- (iii) Such treatment will be availed from the ONGC's recognized Hospitals/Nursing Homes and in the absence of such facility in a particular station, the expenditure shall be restricted to Govt./ Govt. recognized hospitals of respective Regions/States.
- (iv) The IVF treatment is admissible only once and for a maximum of 3 cycles.
- (v) The facility of getting incentive increment for not having any issue within 4 years of marriage will not be admissible to those employees opting for such treatment.
- (vi) The facility is not admissible in the case of one living child.
- (vii) No mode of management of secondary infertility is permissible for couples having one or more children.

Monetary Ceiling:

The expenditure involved on IVF treatment varies considerably from place to place and the out-come/result is highly un-predictable. Therefore, for its uniform implementation to each beneficiary of ONGC, the cost ceiling of IVF treatment shall be Rs.50, 000/- (including cost of medicines) per cycle, with a maximum limit of 3 cycles.

Procedure:

- (i) Such proposal initiated by Incharge, Medical Services at the work centres, may be approved/ sanctioned by the level-I/HR-I for their respective area of control.
- (ii) As and when an employee is allowed to avail this facility, entry shall also be made in his/her service book. In case of the employees who have availed this facility earlier, entries may also be made in their Service Books.
- (iii) Since this facility has been allowed to be availed only once (for three cycles only) and involves high cost, before recommending any case for IVF treatment, it shall be ensured that such facility has not been availed earlier by the employee. An undertaking may also be obtained from the employee that he has not availed this facility earlier.
- (iv) As and when any employee is referred or recommended for IVF treatment, an endorsement may please be got made from the concerned Establishment that he has not availed this facility earlier.

Amendment

Treatment of infertility through IVF is extended as a special facility under welfare measures. The reimbursement of expenditure incurred on the treatment of infertility through IVF and procedure for reimbursement / treatment was circulated vide O.O No. 16(68)/97-Welfare Dated 26/09/97. Further the monetary ceiling of IVF treatment was revised vide O.O No. 16(68)/97-99/Welfare dated 10/03/2000.

2. Executive Committee, in its 492nd meeting held on 15th February, 2017 has accorded approval to revise the cost of reimbursement of infertility treatment through IVF to Rs.1 lakh (Rupees one lakh only) per cycle or the actual cost of treatment per cycle, whichever is lower with a maximum limit of three cycles, which shall include cost of investigations, procedure & medicines.

3. The treatment of infertility will be admissible on the advice of concerned Specialist with due recommendation of Head/In-Charge, Medical

Services at the work centre. Such proposal will be initiated by concerned I/C HR-ER on recommendation of Head/In-Charge, Medical Services at the work centre and may be approved/ sanctioned by the Level-I for their respective area of control.

4. Before recommending any case for IVF treatment, it shall be ensured that such facility has not been availed earlier by the employee. An undertaking may be obtained from the employee and an endorsement from the concerned establishment in ICE system that he /she has not availed this facility earlier.

5. Other terms and conditions for treatment of infertility through IVF shall be as under:

- i. A minimum of two years period of cohabitation of the couple after marriage shall be essential before the infertility treatment is advised.
- ii. Production of a Certificate from the concerned Specialist confirming that all the other methods of fertility treatment have failed.
- iii. Such treatment will be availed from qualified specialists (MD/MS in Obstetrics & Gynaecology) with special interest in infertility management. A maximum of three cycles of treatment only will be admissible.
- iv. The facility of getting incentive increment for not having any issue within 4 years of marriage will not be admissible to those employees opting for such treatment.
- v. The facility is not admissible in case of one living child.
- vi. No mode of management of secondary infertility (the couple who had any live issue in the past) is permissible for couples having one or more children.
- vii. The IVF treatment be permissible to an employee who has remarried only if he/she does not have any live issues from previous as well as present marriage and all the other treatment modalities have failed in the present marriage.
- viii. Income Tax Liability, if any, on account of availing medical treatment in hospitals / nursing homes and / or for prescribed diseases / ailments not covered under exempted categories would be borne by employee /beneficiary.
- ix. Expenditure towards availing of infertility treatment through IVF be captured separately in SAP through a separate node.
- x. Reference for availing treatment of infertility through IVF may be given from HIS-Health Care Information System (only for locations where ONGC's recognised hospitals are available) solely on reimbursement basis so the details are available in the system for future reference if any.

6. This Office Order supersedes all instructions previously issued with regard to treatment of infertility through IVF and shall come into effect from 05.04.2017.

(Issued vide office order (11/2017) No. ONGC/ER/CP/MED/010 dated 05.04.2017)

19. MAINTENANCE OF MEDICAL BOOKLET

The maintenance of Medical Booklet is required for continuous flow of information pertaining to health of the beneficiaries as well as the Consulting doctor for recording the important investigations.

1. SYSTEM:

- a) Medical Booklet shall be provided with sufficient pages one each to employees and their dependant family members for the purpose of making important entries by doctors like; pathological, Radiological, ECG and other special tests.
- b) The attending doctors shall record important clinical findings and diagnosis; past history of illness; drugs sensitivity etc. in the Booklet for guidance.
- c) The employee shall carry this booklet with him on transfer as his permanent record in his custody and present it to the consulting doctor whenever required.

2. AFFIXING OF PHOTOGRAPH ON THE MEDICAL BOOKLET AND REIMBURSEMENT OF PHOTOGRAPHS CHARGES:

- (a) The photograph is to be affixed on booklet of the size of 2cm x 2.5 cm.
- (b) Employees shall arrange 3 photographs of above size directly and get it affixed on each booklet. They will submit the photographs in triplicate along with the claim for reimbursement.
- (c) The amount for reimbursement will be decided by the Region/ Asset in consultation with their Finance.
- (d) The respective Controlling Officer in the concerned Asset/Basin/Services/RO shall verify the photographs so affixed.
- (e) One photograph shall be kept in the personal file of the concerned employee and one will be sent to ONGC Hospital along with Index Card.
- (f) The respective RO/Asset/ Basin/ Institute/Work centre will make reimbursement on this account.
- (g) In the case of transfer of beneficiaries out of Region/Asset and for those who are on 14 days off/on duty but the family members are residing at previous place of posting, they are required to get the photographs verified either by their respective Assets/Basin/Services/Institute/ etc where family residing or from the Estt. of their place of posting.

- (h) In the cases of children below 3 years, affixing of photographs is not necessary.
- (i) The Corporation will bear/reimburse the cost of photograph only once, as a one-time measure initially and any subsequent affixing of photographs on the booklets due to loss/mutilation etc. shall be borne by the individual.
- (j) It is also clarified that all the Asset/Basin/RO shall evolve a system on similar lines and ensure that the photographs of each beneficiary are affixed on their medical booklet.

3. ISSUE OF DUPLICATE MEDICAL BOOKLET IN CASE OF LOSS OR THEFT:

The duplicate medical booklet will be issued in case of loss or theft on following conditions:

- a) Amount is of Rs. 50/- shall be taken as penalty towards damage/destruction/loss of medical booklet.
- b) The amount of penalty shall be accepted by the F&AO concerned directly on the recommendations of the concerned Medical in-charge.

20. IMMUNISATION SCHEDULE

I. Immunization schedule:

In order to upgrade the existing vaccination in the light of new additional vaccines, EC in its 385th meeting held on 6th & 11th January 2011 at New Delhi has approved the following for the beneficiaries:

- (I) The new Immunization schedule to be followed as per guidelines of Indian Academy of Pediatrics Committee on Immunization is placed at **Annexure A**.
- (II) All the vaccines recommended by IAP will be provided to children up to 18 years of age.
- (III) All the Adults should be vaccinated against Hepatitis B & Typhoid.
- (IV) The HPV vaccination would be given to females between ages of 10-26 years only. For ages beyond 26 till 45 years, vaccination would be carried out in the next phase after it is approved by the USFDA, IAPCOI & ACIP.
- (V) Pneumococcal, Influenza, Yellow Fever, Meningococcal, Japanese Encephalitis Vaccination both to children & adults to be carried out in special circumstances as per the protocol.
- (VI) Following vaccines are to be covered under the vaccination schedule:-

- a. BCG
- b. Oral Polio Vaccine
- c. IPV
- d. DTP/DTap
- e. Hepatitis B Vaccine
- f. Hemophilus Influenzae type B Vaccine (Hib)
- g. DPT+Hepatitis B+Hib Combination Vaccine
- h. DPT+Hib combination Vaccine
- i. DPT+Hib+IPV Combination Vaccine
- j. Rotavirus Vaccine
- k. Measles Vaccine
- l. MMR Vaccine
- m. Chicken Pox Vaccine
- n. Hepatitis A Vaccine
- o. Typhoid Vaccine
- p. Tdap Vaccine (Tetanus, low dose diphtheria & acellular pertussis)

- q. HPV Vaccination }
- r. Pneumococcal Vaccine }
- s. Influenza Vaccine } **Under Special Circumstances**
- t. Yellow Fever Vaccine }
- u. JE Vaccine }
- v. Meningococcal Vaccine }

2. All the vaccines are to be administered through the ONGC hospitals/ dispensaries. However, for the work centers where ONGC Hospital/Health Centre is not available and where In-House procurement/dispensing of medicines are not being done, the amount of expenditure incurred by the employees on account of vaccination may be reimbursed (MRP of vaccine + Administration Charges) when taken in consultation with the concerned specialists. In case, multiple dose of vaccination is required, the reimbursement will be made only after completion of full course of vaccination. The detail/ record of vaccination are to be maintained by the concerned employee and copy of the vaccination record is to be submitted along with the bill for reimbursement.

(Issued vide Office Order No. ONGC/ER/CP/MED/010, dated, 3rd March, 2011)

21. CHECK LIST AND GUIDELINES WHILE RECOMMENDING CASES FOR TREATMENT ABROAD/ MEDICAL CHECK UP FOR TRAINING ABROAD

Since the cases of treatment outside India involve a lot of back-up data of the patient, it has been decided that the following checks should be exercised while examining and recommending the cases of the employees and their dependent family members for treatment in a country other than India :-

- i) Whether it is a case of employee himself or it is for the dependent family members.
- ii) Past history of the case.
- iii) Since when detected.
- iv) Medical expenditure already incurred.
- v) Whether thorough medical examination was done at the time of entry to the Corporation in case it is for employee himself.
- vi) Whether the employee concerned has been periodically medically examined. If so, whether the ailment was detected or not. If yes, what treatment / counseling were given?
- vii) Whether the ailment could be attributed due to any negligence in spite of affording treatment.
- viii) Age of the patient.
- ix) Whether outside treatment being afforded is in the interest of Corporation or in the interest of patient or for the sake of humanity.
- x) Whether with rapid advancement of medic science the treatment is possible within the country.

2. The above ‘Check list’ has been evolved only to facilitate the internal examination of the cases.

3. The officers and employees of the Corporation who are sent abroad either for training or for work association or in connection with any business trip shall be subjected to a thorough medical examination by the ONGC Medical Officer in charge, at the respective work centre before proceeding on such trips. They will be particularly examined with reference to any ailments which might affect them either during the journey or their functioning on their arrival at that end.

4. All Medical Officers of the Corporation are advised that they should take sufficient care and caution and give certificates only when there is genuine reason and adequate justification to avoid inaccuracies and administrative embarrassment.

5. As per Bureau of Public Enterprises (BPE) Guidelines; a public sector employee could be permitted to obtain medical treatment outside India for himself or for a member of his family for any treatment specified below-

- i) Cardio Vascular Surgery
- ii) Kidney Transplant
- iii) Other organ transplants
- iv) Joint replacement and surgery
- v) Bone marrow transplant
- vi) Certain types of medical and oncological disorders such as Leukemia and neo-plastic conditions
- vii) Micro vascular surgery and Neuro surgery
- viii) Treatment with Laser which obviates the need of open surgery
- ix) Treatment with Argon, Krypton and Yag Laser in Ophthalmic cases

x) Extra corporeal stone disintegration by Ultra-sonic shock waves.

The above list of treatment shall be reviewed from time to time by BPE.

6. A public sector employee desirous of availing of medical treatment outside India would have to make an application to his management which would forward the same to the Administrative Ministry In charge of the concerned enterprise. The Administrative Ministry would prepare a paper for consideration of the Standing Committee constituted by the Ministry of Health and Family Welfare soliciting their clearance. The Committee comprises of the following:-

- a) The Director General of Health Service in the Ministry of Health in the Central Govt.
- b) The Director General of Armed Forces Medical Services
- c) The Director General of the Indian Council of Medical Research; and
- d) The Joint Secretary in the Ministry of Health and Family Welfare (Convener) for purposes of considering and recommending to the Govt. cases for medical treatment outside India.

7. On receipt of the application for medical treatment outside India, the Committee may, if after due consideration satisfy that the ailment or treatment can be treated only outside India, issue a certificate to the concerned administrative Ministry authorizing the management of the Public enterprises concerned and conveying its approval on the application moved by the employee. The management of the concerned Public enterprises would thereafter be authorized to incur necessary expenditure in getting its employee or the member of the family of the employee treated outside India in accordance with the procedure laid down by the Standing Committee.

8. In cases where prior approval of the Standing Committee could not be obtained by the concerned Public enterprises / Public Sector employee due to circumstances beyond its / his control, decision to authorize reimbursement of expenses on medical treatment obtained outside India would be taken by the Govt. of India provided the concerned employee so fulfils all other conditions relating to medical treatment outside India.

9. The Standing Committee may, if it is satisfied that in the interest of the concerned public sector employee or the member of his family, obtaining treatment abroad, it is essential so to do recommend one attendant to accompany the public sector employee or the member of his family, as the case may be and the expenditure so incurred would also be eligible for reimbursement.

10. Where the Standing Committee, on receipt of an application for medial treatment outside India, consider that adequate facilities for treatment of the ailment

sought to be treated, if available in any medical Institutions within India, the Committee shall record such a finding and authorize treatment of such ailment in such medical Institutions within India whereupon the cost of such treatment would be reimbursed. The Ministry of Health and family welfare, in consultation with the Standing committee will, notify from time to time the names of such Institutions along with ailments and the types of treatment which is available in such Institutions.

11. Public Enterprises can permit reimbursement of expenses incurred by their employees in respect of the treatment received abroad including expenditure on an attendant, if so certified by the competent authority on production of necessary vouchers within an overall ceiling of Rs.3.0 lakhs.

22. PROTOCOL ON HIV TESTING IN ONGC HOSPITAL/CLINICS

1. HIV test shall be carried out in following conditions after informed consent of the individual:

- a) Ante Natal
- b) Pre operative
- c) PME
- d) New recruits

2. The result of HIV test in case of new recruits will be mentioned in remarks but will not be rejection criteria.

23. RE-ENGINEERED PROCESS FOR MEDICAL FACILITY

In pursuance of agenda on simplification of HR related processing system, the Executive Committee in its 243rd meeting held on 20.5.2003 at New Delhi approved the redesigned form and re-engineered process for medical facility.

2. The re-engineered process for medical facility shall be as under:-

A) **Out Door Treatment:**

- i) Medical Reimbursement claim for a particular month shall be submitted by the regular/ retired employee in the following month.
- ii) The present time limit of three months for submission of medical claim stands changed to six months.
- iii) All medical reimbursement claims including out door treatment up to Rs.2500/- shall be routed through Medical Services and HR/ER. After entering the details of the claim in System(SWAN), the authorized officer in HR/ER will countersign the medical claim and forward to finance for payment.

- iv) Finance Section shall provide to Medical Section details of claims exceeding Rs. 5000/- per quarter/employee. Medical Section shall scrutinize such claims for medical counselling and administrative purposes.
- v) The modified Reimbursement Claim Form No.MED-BIL-01 is available in the ONGC website <http://www.ongcreports.net> under the head “HR-ER HELP DESK”. This medical reimbursement claim form can be used for the whole family. The same form can be used for inpatient as well as for outpatient by regular and retired employees. Once the doctor’s prescription, receipt and cash memos are attached with the claim form, further certification (in Certificate ‘A/B’) by the concerned doctor will not be necessary. Medical claim bill, cash memo, money receipt shall be countersigned by the concerned employee.
- vi) Work-centre wise /area wise list of empanelled Nursing Home/Hospital/ Diagnostic centres/Medical Attendants, approved rates (wherever possible) may be displayed on the ONGC website.
- vii) All payment to retired employees shall be made through cheque only and not by cash.

B) **Indoor Treatment:**

- i) Except emergency, no indoor treatment shall be initiated/ entertained without medical card of the patient. Photo copy of the page containing photograph of the patient in the Medical Booklet/Card may be attached with the credit authorization letter for hospitalization issued by ONGC. The same shall be checked by the concerned Nursing Home/Hospital preferably at the time of admission (except emergency) but before the discharge of the patient. A specimen ONGC credit authorization letter incorporating these conditions is enclosed as **Annexure-A**.
- ii) Nursing Home/Hospital must inform the respective Medical Section (with reason), if period of hospitalization exceeds 21 days.
- iii) ONGC doctors may visit empanelled Nursing Home/Hospital and monitor patients from time to time to boost up the morale of the employee (patient).

24. TRAVELLING ALLOWANCE

The employees of the Company and their families shall be entitled to traveling allowance at the rate and conditions specified below, for journeys undertaken by them to obtain appropriate medical attendance and treatment for which they are entitled under the rules and orders issued by the Company;

24.1 Journey by rail:

i) For the employees: Fare of the entitled class or of the lower class by which they actually travel plus daily allowance at ordinary rate for the journey period shall be admissible as provided in TA rules but no daily allowance shall be admissible during the period of halt.

ii) For the members of their families: Fare of the class by which the employee is entitled to travel on tour or the lower class by which they actually travel.

24.2 Journey by road:

i) For the employees : For the road portion of the journey or for journeys between stations connected by road only actual fare paid for the journey by Bus or other Public conveyance or road mileage as on tour admissible whichever is less.

ii) For the members of their families : Actual fare paid for the journey by Bus or other Public conveyance or road mileage at the rates admissible to the employee on tour under these regulations, whichever is less, but no daily allowance would be admissible to the members of the family for the period of journey/halt.

24.3 Journey by Air: Traveling Allowance by air is not admissible for the journeys undertaken to receive medical attendance and treatment authorized under the rules, However, the Company may consider refund of air fare paid in individual cases on merits provided they are satisfied that air travel was absolutely essential and that travel by any other means, i.e., rail or road etc., would have definitely endangered the life of the patient or involved risk of serious aggravation of his/her condition. In any case, an employee or a member of his family traveling by air for the purpose at his/her discretion is entitled to claim traveling allowance.

Officers entitled to travel by air or by 1st class ACC (Train) on tour, or/their family members who are referred by the competent Medical Authority, for medical Consultation/treatment to outstation, can travel by their entitled class of travel.

24.4 Journey by other means of conveyance: If the patient travels by means of conveyance other than specified in these regulations or by his/her private conveyance, traveling allowance shall be admissible to the extent otherwise admissible.

24.5 Conveyance charges: When the journeys are undertaken within the same City-Municipal or Corporation Area, Military Station and Cantonment Board area etc., - and the distance traveled is more than 8 Kms. each way, the employees and members of their families will be entitled to conveyance allowance only at the following rates

provided it is certified by the Authorized Medical Attendant in writing that it was necessary for the employee or members of his/her family to travel by a conveyance :

- i) For the employee:** Actual conveyance charges limited to mileage allowance at tour rates (without daily allowance); and
- ii) For the members of their families:** Actual conveyance charges limited to half mileage allowance at tour rates (without daily allowance) admissible to employees themselves.
- iii) Special concessions to T.B. & Cancer Patients:** The rail concessions granted by the Ministry of Railways (Railway Board) to T.B. and Cancer patients should invariably be availed of by the employees or their family members suffering from these unfortunate diseases.

At present, the Ministry of Railways (Railway Board) have granted the following concessions to all T.B. and Cancer patients for their journeys for admission to or on discharge from a Hospital/Sanatorium/Institute/Dispensary in connection with their re-examination or periodical check-up

| For whom available | Nature of concession |
|---|--|
| 1) Patient accompanied by an attendant. | A combined blank paper ticket for the journey of the patient and his attendant on payment of single journey fares for the patient in the class occupied. |
| 2) Patient traveling alone | Single journey ticket on payment of 1/4 th the normal fare due. |

25. TA FOR ATTENDANT/ESCORT

An attendant/escort will be entitled to traveling allowance both ways at the rates admissible to a member of the family of the employee concerned provided it is certified in writing by the AMA that it is unsafe for the patient to travel unattended and that an attendant/escort is necessary to accompany him/her for the place of treatment. Similarly, traveling allowance will also admissible if it becomes necessary for an attendant/escort to travel again to fetch the patient on production of the necessary certificate. Two escorts are not permissible in general. In exceptional cases, prior permission of competent authority is necessary.

26. TRAVELLING ALLOWANCES TO THE MEMBERS OF THE FAMILY OF AN EMPLOYEE WHO DIES WHILE IN SERVICE

26.1 In case an employee dies while in service of the Company, the members of his family shall be paid traveling allowance as on transfer to proceed to their "Home-town" or the place where they want to settle, subject to the amount being limited to the amount admissible for home-town. The amount may be worked out based on the entitlement of the deceased employee and paid to the widow/widower or any other member of the family, who is major and of sound mind. The decision of the sanctioning authority as to whom payment may be made shall be final.

26.2 In case an employee dies at work place and the body is to be cremated at the station of death, the entire expenses for last rites are to be borne by the Company. His family members who wish to attend the funeral/cremation from any third station are also paid TA.

26.3 In case an employee dies at work place / Hospital and his family member wishes to cremate his body at a place other than workstation, his body is to be transported to that place at the cost of Company.

26.4 No adjustment bill for the amount paid shall be insisted and the amount charged to the final head of account after obtaining an undertaking from the payee that the journey will be performed in the class of accommodation for which the fare has been claimed.

The above facility is, however, not admissible in case of death the dependent family members of the Employee.

27. CEILING ON MEDICAL EXPENDITURE:

27.1 Normal existing limit for expenditure on medical reimbursement in one year is seven times of current monthly emolument of the individual;

27.2 Cases, where it is expected that such limits will be exceeded, shall be reviewed by the Basin Manager/Asset Manager can approve reimbursement on medial expenditure up to seven months emoluments, without any reference to Headquarters;

27.3 Cases involving expenditure beyond seven months current monthly emoluments of the employee concerned would be referred to Headquarters for approval of the Director concerned.

27.4 However, medical expenditure incurred by the employees towards indoor treatment in a recognized hospital shall not be taken into account while calculating and limiting the financial powers of the Heads of Asset/Basin etc.

27.5 The emoluments for this purpose comprise the following:

- i. Basic Pay and other components which can be classified as Pay.

- ii. Dearness Allowance
- iii. Interim relief / adhoc, if any.
- iv. Drilling Allowance.

28. REIMBURSEMENT OF COST OF PEN & NEEDLES TO DIABETIC PATIENTS:

The diabetic patients, who use Human Insulin (Analogue) in cartridge form, will have to bear the cost of pen & needles from their own sources for utilizing Injection Human Insulin.



(S K Tomar)
Dy. Gen. Manager (HR)-Corp. Policy

Annexure-A

REVISED IAP IMMUNIZATION TIMETABLE

| Age | Vaccines |
|--------------|--|
| Birth | BCG OPV0 HepB1 |
| 6 weeks | DTWP1/DTaP1 OPV1*/OPV1+IPV1 Hib1 HepB2 |
| 10 weeks | DTWP2/DTaP2 OPV2/OPV2+IPV2 Hib 2 |
| 14 weeks | DTWP3/DTaP3 OPV3/OPV3/IPV3 Hib3 HepB3** |
| 9 months | Measles |
| 15-18 months | DTWP B1/DTaB1 OPV4/OPV4+IPVB1 Hib B1 MMR1 |
| 2 years | Typhoid# |
| 5 years | DTWPB2/DTaPB2 OPV5 MMR2\$ |

10 years TdapHPV^

- * OPV alone if IPV cannot be given
- ** The third dose of Hepatitis B can be given at 6 months
- # Revaccination every 3 years
- \$ The second dose of MMR vaccine can be given at any time 8 weeks after the first dose
- ^ Only females, three doses at 0, 1-2 and 6 months

Vaccines to be given after one-to-one discussion with parents

| Age | Vaccine |
|------------|--------------------------|
| >6 weeks | Rotavirus vaccine*PCV 7# |
| >15 months | Varicella \$ |
| >18 months | Hepatitis A^ |

- * Rotavirus vaccine (2/3 doses (depending on brand) at 4-8 weeks interval)
- # PCV 7 (three doses at 6,10 and 14 weeks and 1 booster at 15-18 months)
- \$ Varicella (<13 years single dose, >13 years two doses at 4-8 weeks interval)
- ^ Hepatitis A (2 doses at 6 months interval)