



# इंडियन रेअर अर्थ्स लिमिटेड Indian Rare Earths Ltd.

(भारत सरकार का उपक्रम-परमाणु ऊर्जा विभाग)  
(A Govt. of India Undertaking - Dept. of Atomic Energy)

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| एच आर एम/HRM                            | खनन/Mining   |
| सामग्री/MTLS                            | रसायन/Chem.  |
| वित्त/Finance                           | अनुसंधान/Maint   |
| आ ले प/IA                               | सस प./IS/Lib.  |
| चिकित्सा/Medical                        | एम एस पी /M.S.P.   |
| सुरक्षा/Security                        | यु प्र का/U.H.O.   |
| प्रशिक्षण/MIS                           | परियोजना/Project   |
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| स एच प्र/S & T.                         | स्वाभास/HPU  |

Web Site : www.indianrareearths.com

29.3.2007

## ADMINISTRATIVE INSTRUCTIONS NO.899

**Sub: IREL Post Retirement Medical Scheme-2007 – Scheme for Hospitalised Treatment Benefit (HTB) – Notifying Scheme – Regarding**

**Ref: Administrative Instruction No.890 dated 17.1.2007**

1.0. This Scheme for Hospitalised Treatment Benefit (HTB) hereinafter referred as "the Scheme" for brevity is hereby notified as per the clause 4.2 of the Administrative Instruction No. 890 dated 17.1.2007 (hereinafter referred as "A.I. No. 890 dated 17.1.2007"). This scheme will be subject to all the terms and conditions specified in A.I. No. 890 dated 17.1.2007 and shall be read in conjunction with A.I. No. 890 dated 17.1.2007.

1.1. The objective of the Scheme is for providing hospitalised medical treatment to the permanent employees of Indian Rare Earths Limited (IREL) after their retirement along with their spouses (hereinafter referred as "insured person") who are eligible for the same as per the terms of the A.I. No. 890 dated 17.1.2007.

2.0. The Scheme shall be subject to the Definition, Terms, Conditions, etc. hereinafter stated :-

### 3.0. DEFINITIONS

3.1. "HOSPITAL/NURSING HOME" : means any institution in India established for indoor care and treatment of sickness and injuries and which

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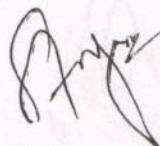
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- a) has been registered either as a hospital or nursing home with the local authorities and is under the supervision of a registered and qualified medical practitioner and
- b) should comply with minimum criteria as under :
  - i) it should have at least 15 inpatient beds. (However, in class C Towns, condition of Number of beds be reduced to 10).
  - ii) fully equipped operation theatre of its own wherever surgical operations are carried out.
  - iii) fully qualified nursing staff under its employment, round the clock.
  - iv) fully qualified Doctor(s) should be in charge round the clock.
- c) **"HOSPITAL/NURSING HOME"**: shall not include an establishment, which is a place of rest, a place for the aged, a place for drug-addicts or a place for alcoholics, a hotel or a similar place.

3.2. **"SURGICAL OPERATION"**: means manual and/or operative procedures for corrections of deformities and defects, repair of injuries, diagnosis and care of diseases, relief of suffering and prolongation of life.

3.3. **"ANY ONE ILLNESS"**: will be deemed to mean continuous period of illness and it includes relapse within 20 days from the date of last consultation with the Hospital/Nursing Home where treatment has been taken. Occurrence of same illness after a lapse of 20 days as stated above will be considered as fresh illness for the purpose of this Scheme.





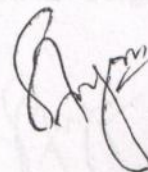
3.4. **"DOCTOR/MEDICAL PRACTITIONER"**: means a person who holds a degree/diploma of a recognized institution and is registered by Medical Council of respective State of India. The term Doctor/Medical Practitioner would include physician, Specialist and Surgeon.

3.5. **"QUALIFIED NURSE"** means a person who holds a certificate of recognized Nursing Council and who is employed on recommendations of the attending Medical Practitioner.

3.6. **"INSURED PERSON"** means the eligible employees and spouses who are eligible for Hospitalised Treatment Benefit (HTB) as per terms of A.I. No. 890 dated 17.1.2007 and are covered by the general insurance Company as per Clause 4.0 of this Administrative Instruction.

4.0. The categorization of employees into 3 groups viz. A, B, C, for fixing the limits of liability per annum under clause 4.0. of the A.I. No. 890 dated 17.1.2007, is based on the designation/grade that the employee holds as on the date of his/her separation (retirement, VRS, death) from IREL's service. These designations/grades mentioned in the clause 4.0 of the above said A.I. were as prevailing on 31.12.2006. In the case of employees who had retired from IREL prior to the introduction of the above said designations/grades, the equivalent designations/grades will be considered for the categorisation. In this matter the decision of the Management of IREL will be final and binding.

5.0. Under the Scheme, the eligible persons as per A.I. No. 890 dated 17.1.2007 will





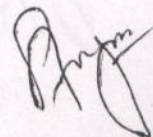
be covered through a Group Insurance Mediciclaim Policy of a general insurance company by IREL. This is a tailor made Mediciclaim Policy designed specifically to meet the requirements of IREL. At present this Group Insurance Mediciclaim Policy is done through the National Insurance Company Limited. National Insurance Company Limited will administer the Hospitalised Treatment Benefit directly or through a Third Party Administrator (TPA) who will be notified separately.

6.0. The retired employees along with their spouses will be covered by National Insurance Company for the HTB and the limits of liability (payment) per annum would be restricted to the maximum amount on floater basis as specified in Clause No. 4.0 of A. I. No. 890 dated 17.1.2007.

7.0. The Scheme for HTB shall be operative only for the hospitalised treatment carried out in India.

8.0. **Hospitalised Treatment Benefit (HTB)**

The Scheme shall provide for the payment of expenses of Hospitalised Treatment subject to the limits of liability as per clause No. 4.0 of A.I. No. 890 dated 17.1.2007 incurred by a "Insured Person" who shall contract any disease or suffer from any illness (hereinafter called as "Disease") or sustain any body injury through accident (hereinafter called as "Injury") and if such disease or injury shall require any such insured person, upon the advise of a duly qualified physician/medical specialist/medical practitioner (hereinafter called as "Medical Practitioner") or a qualified Surgeon (hereinafter called as "Surgeon") to incur





hospitalization for medical/surgical treatment at any hospital or Nursing Home in India (hereinafter called as "Hospital") as inpatient for a minimum period of 24 hours.

9.0. Only genuine hospitalization expenses for medical treatment of 'insured person' actually and necessarily incurred with the medical advice of qualified Doctor/Medical Practitioner/physician/medical specialist will be paid to the "insured person".

**10.0. Eligible Hospitalisation Expenses :-**

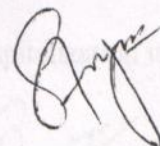
The following Hospitalization expenses for illness/diseases/injuries will be payable to the "Insured Person" by the Insurance Company and/or its TPA within the specified limits of liabilities, if the hospitalization is made for a minimum period of 24 hours.

**10.1. Room Rent :-**

a) Room, Boarding expenses provided by the Hospital/Nursing Home subject to the following :-

- |      |  |                       |
|------|--|-----------------------|
| i)   | Workman and Staff covered under the Long Term Settlement             | = Rs.500.00 per day   |
| ii)  | Dy. Officers upto Sr. Managers or in equivalent scale of pay         | = Rs.750.00 per day   |
| iii) | Officers in the grade of DGM or in equivalent Scale of pay and above | = Rs.1000.00 per day. |

b) In case of ICU/ICCU the charges shall not exceed double the amount of Room Rent mentioned above.





c) However, overall limit under this head will be limited to 30% of the eligibility limit mentioned under clause 4.0 of A.I. No.890 dated 17.1.2007 per any one illness.

10.2. Nursing expenses.

10.3. Fee charged by the surgeon, Anaesthetist, Medical Practitioner Consultants, Specialists provided such charges do not exceed 20% of the eligibility limit mentioned under clause 4.0 of A.I. No. 890 dated 17.1.2007.

10.4. During hospitalization, charges for Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines and Drugs, Diagnostic Material, X.Ray, Dialysis, Chemotherapy, Radiotherapy, cost of pace maker, cost of artificial limbs, and cost of organs and similar expenses.

10.5. The expenses relating to Knee replacement/Treatment shall be limited to 30% of the eligible amount under clause 4.0 of A.I.No. 890 dated 17.1.2007.

10.6. Pre-existing disease and first year diseases unless otherwise excluded specifically elsewhere are also covered.

10.7. In case of cataract operations, the total cost of treatment including pre, post and implants shall not exceed Rs.7,500/- for all the categories.

10.8. In case of hospitalization arising out of accidental injury in the first 30 days waiting period from the date of policy.

10.9. Payment for hospital expenses for all the above a minimum period of 24 hours of hospitalization is a must.

11.0. However, this Time limit of minimum 24 hours hospitalization is not applicable





for the following specific treatments :-

- a) A dialysis
- b) Chemotherapy
- c) Radio therapy
- d) Eye surgery
- e) Lithotripsy (Kidney stone removal)
- f) Tonsillectomy
- g) D&C taken in the hospital/nursing home and the insured is discharged on the same day.

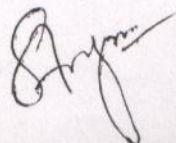
The limits of Liability (payment) for the above also will be as specified under clause 4.0 of the A.I. No. 890 dated 17.1.2007.

12.0. **PRE-HOSPITALISATION** :- Relevant Medical Expenses incurred during the period upto 10 days prior to hospitalization on disease/illness/injury sustained will be considered as part of claim for hospitalization expenses.

13.0. **POST-HOSPITALISATION** :- Relevant Medical Expenses incurred during the period upto 20 days after discharge upon hospitalization on disease/illness/injury sustained will be considered part of claim for hospitalization expenses.

14.0. Although, normally all diseases/illness/injuries which are pre-existing are excluded when the Mediclaim Policy Cover incepts for the first time, the Scheme covers pre-existing diseases also.

15.0. Although, normally during the first year of operation of the insurance cover



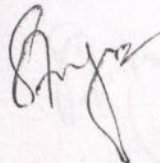


and also during subsequent period of renewal too, the expenses on treatment of diseases such as cataract, Benign Bostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromiom, Hernia, Hydrocele, Congenital Internal diseases, Fistula in Anus, Piles, Sinustis and related disorders are not payable, the Scheme covers for the above diseases for the first year and subsequent renewal period also.

**16.0. Exclusions :-**

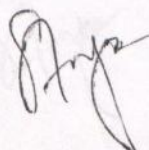
IREL/National Insurance Company/TPA shall not be liable to make any payment under the Scheme in respect of any expenses whatsoever incurred by any "insured person" in connection with or in respect of the following :-

- 16.1. Any disease contracted by the member during the first 30 days from the commencement date of the Policy in respect of the "insured person" after remittance of premium by IREL in respect of that person in the initial year of insurance cover.
- 16.2. Any Intentional Self Injury, Maternity Expenses, suicide or Attempted Suicide etc.
- 16.3. Dental treatment or surgery of any kind unless requiring hospitalization.
- 16.4. All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic virus type III (HTLB III) or Lymphadinopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.





- 16.5. Injury or Disease directly or indirectly caused by or contributed to by Nuclear weapons/nuclear catastrophe.
- 16.6. Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or Laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
- 16.7. Treatment in a Mental Asylum arising out of Insanity.
- 16.8. Treatment only for De-Addiction purpose.
- 16.9. Hospitalisation for Diagnostic Investigation only.
- 16.10. Any mode of treatment other than allopathic treatment (i.e. Naturopathy, Ayurvedic, Homeopathic, etc. treatments are excluded from the coverage).
- 16.11. Injury/Disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, or War like operations (whether war be declared or not).
- 16.12. Cost of Spectacles/Contact Lenses/Hearing aids/artificial dentures/Crutches.
- 16.13. Convalescence, General debility "Run-down" condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal disease, intentional self injury and use of intoxicating drugs/alcohol.
- 16.14. Expenses on Vitamins & Tonics unless forming part of Hospitalised treatment for injury or disease as certified by the attending Medical Practitioner.
- 16.15. Circumcision unless necessary for treatment of a disease or as may be necessitated due to an accident.





16.16. Vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.

16.17. Treatment arising from or traceable to pregnancy or child birth including caesarean section and any voluntary medical termination of pregnancy and/or any kind of illness/disease relating to maternity.

16.18. Any domiciliary hospitalization expense i.e. treatment taken while confined at home/residence.

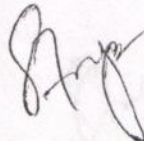
17.0. **ID Card :**

Consequent to the issue of Policy, the Insurance Company/Third Party Administrator (TPA) will issue, an Identity Card to the 'insured person' through IREL.

18.0. Upon the happening of any event which may give rise to a claim under the scheme, notice with full particulars shall be sent to the TPA within 7 days from the date of Injury, Hospitalisation and Death.

19.0. **CASHLESS HOSPITALISATION :**

A number of Hospitals recognized by the TPA will permit hospitalization and settlement of the claims directly by the Third Party Administrator (TPA) subject to the limits of liability specified in A.I. No. 890 dated 17.1.2007. In these recognized hospitals, the 'insured person' shall follow the procedure as below to avail cashless hospitalization under HTB :



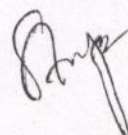


- 19.1. The 'insured person' should select the Network Service Provider i.e Hospital/Nursing Home for hospitalization.
- 19.2. The 'insured person' approaches network hospital with ID card issued by TPA.
- 19.3. The Hospital forward cashless request to TPA.
- 19.4. TPA authorizes hospital as per the policy terms and conditions.
- 19.5. Patient undergoes treatment and gets discharged.
- 19.6. Hospital forwards the bill to TPA. The TPA settles the bill directly with the hospital.

**20.0. REIMBURSEMENT OF CLAIMS WHERE CASHLESS FACILITY IS NOT AVAILABLE.**

In case an 'insured person' avails HTB from a recognized Hospital by the TPA where cashless hospitalization facility is not available, then the 'insured person' shall follow the procedure as below:-

- 20.1. The 'insured person' visits such Hospital/Nursing Home and simultaneously intimates TPA of proposed hospitalization.
- 20.2. 'Insured person' undergoes treatment and settles the hospital bills.
- 20.3. Submission of duly filled Claim Form, Originals of Discharge Certificate/Hospital bills, test reports, receipts, Doctor's prescriptions etc. by the "insured person" to TPA within 30 days from the date of discharge from the hospital.
- 20.4. Normally verification, processing and scrutiny of documents by TPA takes 7 working days of receipt of claim and on satisfaction of genuineness of the case





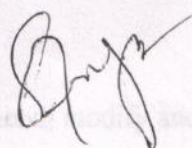
reimbursement is made to the "insured person" subject to the limits of liability under A.I. No. 890 dated 17.1.2007.

20.5. In case of any query, TPA sends Discrepancy letter to the 'insured person' seeking such additional information and assistance as it may be required in dealing with the claim.

21.0. The "Insured Person" shall obtain and furnish to the TPA with all original bills receipts and other documents upon which a claim is based and shall also give the Insurance Company/TPA such additional information and assistance as the Insurance Company/TPA may required in dealing with the claim.

22.0. Any Medical Practitioner authorized by the Insurance Company/TPA shall be allowed to examine the Insured Person, in case of any alleged injury or disease requiring Hospitalization when and so often as the same may reasonably be required on behalf of the Insurance Company.

23.0. If any difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall be referred to arbitration in accordance with the provisions of the Indian Arbitration Act, 1940 as amended from time to time and for the time being in force. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided if the Insurance Company has disputed and not accepted liability under or in respect of this Policy in consultation with IREL.





24.0. If the Insurance Company shall disclaim liability to the 'Insured person' for any claim hereunder and if the 'Insured person' shall not within 12 calender months from the date of receipt of the notice of such disclaimer notify the Insurance Company in writing that he does not accept such disclaimer and intends to recover his claim from the Insurance Company then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

25.0. **LIST OF HOSPITALS :** List of Hospitals approved by TPA will be published in the Notice Boards of each Unit/HO. The same will also be available on the website by IREL.

26.0. **Address of TPA for communication:** The "insured persons" will send all claims, letters, communication etc. about the HTB, Cashless Hospitalisation and Reimbursement Scheme to Insurance Company/TPA to be notified in due course.

27.0. The scheme will be operational only when the Company generates its own funds for servicing the scheme and the Insured have no legal entitlement for continuance of the scheme as otherwise.

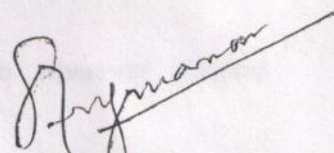
28.0. The scheme is subject to the terms and conditions offered by the Insurance Company and should the Insurance Company modify any of the terms & conditions of the Policy then the Company reserves the right to modify the scheme forthwith.

29.0. The management reserves the right to amend, modify and/or delete the



conditions of the Scheme including but not be limited to the limits of liability as per clause 4.0 of A.I.No.890 dated 17.1.2007 at any time without assigning any reasons and/or prior notice.

30.0. As regards the interpretations of this Scheme and rules thereof the decision of the Chairman & Managing Director of IREL shall be final and binding.



(S. SIVASUBRAMANIAN)  
CHAIRMAN & MANAGING DIRECTOR

**To:**  
**Notice Board of Units/HO**

Distribution:

- 01) D(M)
- 02) D(F)
- 03) D(T)
- 04) CVO
- 05) CGM(HRM)
- 06) CGM, RED, Alwaye
- 07) CGM, Chavara Plant
- 08) HEAD, OSCOM
- 09) HEAD, MK Plant
- 10) CGM(Corporate(R&D), IRERC
- 11) CGM(PREE) / CGM, WO
- 12) GM(FIN) / GM(P), HO
- 13) DGM(M)/DGM(T)/DGM(HRM), HO & DGM(PREE), WO
- 14) CS, HO
- 15) SM(IA)/SMs(M)/SMs(HRM)/SM(L&IR)/SM(Systems)/SM(?), H.O
- 16) HRM/Finance/IA Depts - HO/RED/CH/OSCOM/MK
- 17) Dy. Manager(Hindi), HO - For issue of Hindi version
- 18) Hindi Nodal Officer - HRM Dept., HO
- 19) AI file