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| GROUP: PERSONNEL & ADMINISTRATION | | POLICY-05 |
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| | | Issue Date: August 9, 2017 |
| TITLE: MEDICAL POLICY | | Effective Date: October 24, 2016 |
| | | Supersedes: March 31,2017 |
| 1.0.0 | SCOPE: | |
| | It covers all MFL Employees, Probationers and their dependant. | |
| 2.0.0 | MEDICAL BENEFIT RULES : | |
| 2.1.0 | DEFINITION OF DEPENDANT : | |
| | <p>The dependant status is defined as below :</p> <p>"Parents and children shall be deemed to be dependant for availing medical facilities irrespective of age, provided they are declared to be totally dependent on the MFLers for their livelihood.</p> <p>a) SPOUSE :</p> <p>(i) Legally wedded spouse. In case of more than one wife, only one wife is eligible for MFL medical benefits.</p> <p>(ii) In case the husband or wife of the Company employees as the case may be, employed in Central / State Government or in a Defence / Railway Services or Company / Bodies financed party or wholly by Central / State Government Local Bodies and Private Organisation which provide medical services would be entitled to choose either the facilities provided by the organisation in which he or she is employed. Once option is exercised, this is valid for one year.</p> <p>(iii) If an employee wishes to avail medical benefit for their spouse in MFL they should declare that their spouse is not availing medical benefit in their respective organisation.</p> <p>b) PARENTS :</p> <p>Parents shall be deemed to be dependants on the employees only if their income from all sources like retirement family pension, interest on deposits, rent on house owned, etc. does not exceed Rs.15,000/- per month.</p> <p>c) CHILDREN :</p> <p>Male children shall be deemed to be dependent till they start earning or attained the age of 25 whichever is earlier, Female children shall be deemed to be dependent till they start earning or get married, whichever is earlier.</p> <p>Medical benefits will be continued for physically challenged dependents beyond age of 25 years (not less than 40% disability as certified by the competent authority, based on the norms fixed for employment in GOI / PSUs) till they are dependent on the employee.</p> | |

2.2.0

DECLARATION OF DEPENDENTS:

Name of the Employee :

Emp.No. :

Designation :

Department :

Date of Joining in MFL :

| Sl.No. | Name | Relationship to employee | Date of Birth | Age | Identification marks |
|--------|------|--------------------------|---------------|-----|----------------------|
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I hereby declare the above particulars furnished by me are true to the best of my knowledge.

Place:

Date:

Signature of the employee

2.3.0

MEDICAL BENEFITS TO PROBATIONERS :

The existing MFL Medical Policy covers employees and their dependants alone.

In order to retain the employees who are recruited in the Company (MFL) the Welfare Schemes like Medical Benefit Scheme has to be attractive in comparison with other PSUs. Providing Medical Benefit Schemes to the probationers alone may not commensurate with retention of newly recruited in the Company.

Hence, the medical facilities will be extended to Probationers and their dependant on par with other MFL employees.

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| 2.4.0 | MEDICAL IDENTITY CARDS: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.4.1 | All the dependents of the employees under the medical benefit scheme are allowed to avail medical treatment at the approved hospitals on the production of ID cards issued by the MFL Management. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.4.2 | The ID cards issued by the Management to be surrendered to the Management immediately on the cessation of dependents status of the employees. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.4.3 | Employees are requested to update their dependents status in case of Marriage / Employment / Death to the Management immediately and submit declaration. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.4.4 | The purpose of issue of ID cards is to identify the beneficiary, if any misuse is identified, medical benefits provided to the employee will be withdrawn, besides Disciplinary Action Proceedings against erring employees. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.5.0 | REIMBURSEMENT OF MEDICAL AND NURSING HOME EXPENSES : | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.5.1 | Employees will be reimbursed with Medical and Nursing Home expenditure upto the eligible amounts indicated below: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>i. Medical Charges (in Rs.) per Annum in Medical Claim :</p> <table border="1"> <thead> <tr> <th>Grade</th> <th>Amt (Rs.)</th> </tr> </thead> <tbody> <tr> <td>I-III</td> <td>10000</td> </tr> <tr> <td>IV-V</td> <td>12000</td> </tr> <tr> <td>E1</td> <td>14000</td> </tr> <tr> <td>E2-E3</td> <td>16000</td> </tr> <tr> <td>E4, E5 & E6</td> <td>18000</td> </tr> <tr> <td>E7-E8</td> <td>20000</td> </tr> <tr> <td>CMD, DT</td> <td>Actuals</td> </tr> </tbody> </table> <p>The un-availed balances under the above head can be carried forward to the next year, and can be accumulated up to three times the annual eligibility of the employee in the respective categories.</p> <p>ii. Nursing Home Charges (in Rs.) per Annum in Medical Claim :</p> <table border="1"> <thead> <tr> <th>Grade</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>I-III</td> <td rowspan="7">Nursing Home charges has been dispensed with, as amount has been enhanced considerably for clinical.</td> </tr> <tr> <td>IV-V</td> </tr> <tr> <td>E1</td> </tr> <tr> <td>E2-E3</td> </tr> <tr> <td>E4, E5 & E6</td> </tr> <tr> <td>E7-E8</td> </tr> <tr> <td>CMD, DT</td> </tr> </tbody> </table> | | Grade | Amt (Rs.) | I-III | 10000 | IV-V | 12000 | E1 | 14000 | E2-E3 | 16000 | E4, E5 & E6 | 18000 | E7-E8 | 20000 | CMD, DT | Actuals | Grade | Description | I-III | Nursing Home charges has been dispensed with, as amount has been enhanced considerably for clinical. | IV-V | E1 | E2-E3 | E4, E5 & E6 | E7-E8 | CMD, DT |
| Grade | Amt (Rs.) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I-III | 10000 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IV-V | 12000 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E1 | 14000 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E2-E3 | 16000 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E4, E5 & E6 | 18000 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E7-E8 | 20000 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CMD, DT | Actuals | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grade | Description | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| IV-V | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E2-E3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E4, E5 & E6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E7-E8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CMD, DT | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

iii (a) Nursing Home Charges per occurrence (In-patient)

| Category | Percentage |
|---------------|--------------|
| Self & Spouse | 100% |
| Children | 95% / 75% * |
| Parents *** | 90% / 50% ** |

* 95% reimbursement upto Rs.5 lacs. 75% on amt. in excess of Rs.5 lacs

** 90% reimbursement upto Rs.5 lacs. 50% on amt. in excess of Rs.5 lacs

*** 100% reimbursement to parents, if treatment is taken in Govt. Hospitals

The time gap between the two consecutive occurrences shall not be less than 15 days.

If time gap is less than 15 days, it will be treated as single occurrence.

Claim for advisory medicines shall not exceed 15 days after discharge of In-patient treatment less than 7 days.

More than 7 days In-Patient treatment advisory medicines shall not exceed 30 days after discharge.

iii (b) The following tests done under outpatient will be taken under Nursing Home Charges in respect of 2.5.1 iii (a) :

| | | | |
|----|--|----|---|
| 1 | Master Health Check-up (Once in a financial year) | 19 | Endoscopies, Colonoscopy, Laryngoscopy & Bronchoscopy |
| 2 | Diabetic Profile | 20 | Incision and Drainage (I&D) |
| 3 | Hypertension Profile | 21 | Haemodialysis |
| 4 | Renal Profile | 22 | Peritoneal Dialysis |
| 5 | Cardiac Profile | 23 | Physiotherapy |
| 6 | Arthritic Profile | 24 | Acupuncture |
| 7 | Any Scan (CT, MRI, Nuclear, Ophthalmic & Ultrasound Abdomen) | 25 | Manipulation of joints with short anaesthesia (for dislocation) |
| 8 | CT Angiogram | 26 | TB Screening |
| 9 | Thyroid Screening (T3, T4 & TSH) | 27 | Laptospirosis Lab Test |
| 10 | Echo Cardiogram | 28 | Fibro Optic Sinus Surgery |
| 11 | Treadmill Test | 29 | Barium meal study |
| 12 | Dilation and Curettage (D&C) | 30 | Intra-articular injections |
| 13 | Medical Termination of Pregnancy (MTP) | 31 | Any type of sutures |
| 14 | Mammogram | 32 | Dengue Screening |
| 15 | Cancer Screening | 33 | Biopsies |
| 16 | Plaster of Paris (POP) for fractures | 34 | Sputum, Blood and Urine culture |
| 17 | Laser Treatments except Cosmetic Lasers | 35 | Chemotherapy and Radiotherapy for cancer |
| 18 | Papsmear | 36 | Intravenous Pyelogram (IVP) |

iii (c) Reimbursement for purchase of Regular Medicines :

Reimbursement of Regular Medicines is allowed for Allopathy treatment only.

For the treatment of diabetics / post cardiac surgery/ PTCA Renal failure / Cancer treatment as under :

| Grade | Amt. (Rs.) |
|-------------|------------|
| I-III | 10000 |
| IV-V | 12000 |
| E1 | 14000 |
| E2-E3 | 16000 |
| E4, E5 & E6 | 18000 |
| E7-E8 | 20000 |
| CMD, DT | Actuals |

The unutilised amount, if any, will lapse on completion of each financial year. There is no provision for carry forward of unutilised fund to employee's credit, for any reasons thereof. This will be in addition to Clinical charges or Nursing Home charges.

iii (d) DENTAL TREATMENT

The cost of the denture should not exceed more than Rs.25,000/- per family. The frequency for the claim shall be once in 5 years.

iii (e) ADMISSION PROCEDURE :

For Chennai areas :

All admission in MFL approved Nursing Homes are to be done with the consent of Company Medical Officer (CMO). In turn, CMO will give necessary letter to the hospital concerned, after verifying the details.

For other than Chennai areas :

Treatment availed by employee and / or dependants outside Chennai, have to intimate CMO with a copy to concerned Group Head in advance.

Upon discharge, employee has to claim for settlement along with all relevant records and reimbursement will be made per policy eligibility.

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| 2.5.2 | HOSPITAL ROOM RENT CEILING AMOUNTS ARE INDICATED BELOW: | | | | | | | | | | | | | | | | | | | |
| | a. For Chennai, Bangalore, Hyderabad, Delhi, Kochi and Vijayawada: | | | | | | | | | | | | | | | | | | | |
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| Grade | Class | Amt (Rs.) | | | | | | | | | | | | | | | | | | |
| I to III | Semi Private - three beds | 1500 | | | | | | | | | | | | | | | | | | |
| IV to V | Semi Private - three beds | 2000 | | | | | | | | | | | | | | | | | | |
| E1-E4 | Private - Two beds | 3000 | | | | | | | | | | | | | | | | | | |
| E5-E6 | Private - Single bed | 4000 | | | | | | | | | | | | | | | | | | |
| E-7 & above | - | Actual | | | | | | | | | | | | | | | | | | |
| | b. For Other Places : | | | | | | | | | | | | | | | | | | | |
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| Grade | Class | Amt (Rs.) | | | | | | | | | | | | | | | | | | |
| I to III | Semi Private - three beds | 750 | | | | | | | | | | | | | | | | | | |
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| E1-E4 | Private - Two beds | 1500 | | | | | | | | | | | | | | | | | | |
| E5-E6 | Private - Single bed | 2000 | | | | | | | | | | | | | | | | | | |
| E7 & above | - | Actuals | | | | | | | | | | | | | | | | | | |
| 2.6.0 | CONSULTATION | | | | | | | | | | | | | | | | | | | |
| 2.6.1 | If an employee consult GCIM/LIM/LMP/MBBS/ Homeopathy Doctor registered under either State or Central Homeopathic Council / Siddha / Unani / Ayurvedic / Naturopathic doctor either possessing Degree or Diploma or Titles or a Specialist - Consultation Charges will be paid at the actuals charged by the Doctor. | | | | | | | | | | | | | | | | | | | |
| 2.6.2 | Nursing Home expenses incurred for Sterilization (Vasectomy, Tubectomy or non-puerperal) operations and reimbursed will not be adjusted against the normal annual medical limits. | | | | | | | | | | | | | | | | | | | |
| 2.6.3 | Cost of medicines including birth control devices prescribed by a Qualified registered medical practitioner will be reimbursed provided the bills are supported by the doctor's prescription. Cost of diet even if included in Nursing home bills will not be reimbursed. | | | | | | | | | | | | | | | | | | | |

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| 2.6.4 | Cost of spectacles or contact lens and hearing aids for an employee, his wife and the dependent members per policy, will be reimbursed. Upper limit for reimbursement of cost of spectacles and hearing aid is fixed at Rs.5000/- per pair of spectacles and Rs.10,000/- per hearing aid per claimant. Claims for such reimbursements shall be supported by a doctor's prescription and the cash bills for the purchase. This will be in addition to Clinical Charges and Nursing Home Charges (In-Patient). Frequency for the above claim shall be once in three years. | |
| 2.6.5 | Expenses incurred for clinical and pathological tests recommended by a Medical Practitioner shall be reimbursed on the basis of actuals supported by receipts. Where the doctor's bills for professional services rendered include cost of medicines, injections, etc., supplied by the doctor, the bill may be paid without a separate prescription, provided the expenses are within the overall limit prescribed under the Medical Policy. | |
| 2.6.6 | Any claims for medical reimbursement must be submitted within three months from the date of the bill. | |
| 2.6.7 | Delayed claims for Medical reimbursement are payable on the recommendations of the General Managers latest by April 15 of the succeeding financial year. Delayed claim will attract penalty of 2% per month subject to maximum penalty of 10% of the bills. | |
| 2.6.8 | Medical reimbursements will be made only once in a month and payment will be combined along with the payroll of the relevant months. Claims received on or before 12th of the month will be paid with that month's salary. | |
| 2.6.9 | Decision of CMO is final in deciding the merit of the medical treatment. | |
| 2.6.10 | In case of emergency, the existing practice will continue. The employee has to contract CMO within 24 hrs and will give further advice. | |

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| 2.7.0 | <u>FUNCTIONS OF THE OCCUPATIONAL HEALTH CENTRE (OHC):</u> | |
| 2.7.1 | The OHC will ensure that employees have Physical Standards that will contribute to the efficient working of the organization; assist the employees in the maintenance of high health standards and provide them with medical help and guidance during the tenure of their employment. The OHC will supervise the hygienic standards in the Plant and will assist, where needed, in safety measures. The highest standard of professional conduct will be maintained while carrying out the following duties: | |
| 2.7.2 | Ensure adequate health standards in selected employees. | |
| 2.7.3 | Perform medical examination of employees and applicants. | |
| 2.7.4 | Provide emergency and first aid care of on-duty-plant-site-employees 24 hours per day 7 days per week. | |
| 2.7.5 | Provide first aid boxes and first aid training. | |
| 2.7.6 | Provide ambulance for on-duty-plant-site-employees 24 hours per day and 7 days per week. | |
| 2.7.7 | To assist in eliminating health hazards in the plant. | |
| 2.7.8 | Make necessary arrangements for employees injured on duty for special treatment and facilities other than those in the OHC. | |
| 2.7.9 | Maintain necessary medical records and registers as required by the Factories Act. | |
| 2.7.10 | Submit reports to management as required. | |
| 2.7.11 | Participate with management in dealing with medical problems concerning the employees and plant. | |
| 2.7.12 | Disseminate information to employees concerning process and industrial hazards, health, family planning and other subjects deemed appropriate by management. | |
| 2.8.0 | <u>MEDICAL RECORDS:</u> | |
| | A medical record will be maintained for each employee. This will contain the pre-placement physical examination, subsequent examinations and a record of all illness and injuries sustained while an employee is on duty. These records will be confidential. | |

2.9.0

IMMUNIZATIONS AND PHYSICAL EXAMINATION:

All employees will be immunized as follows:

| <u>Type</u> | <u>Frequency</u> |
|-------------|---|
| Tetanus | Booster once each two years or as required, if injured. |
| Cholera | Once each year |
| Typhoid | Once each year |
| Small Pox | As recommended by MFL |
| Hepatitis | As recommended by MFL |
| Others | As recommended by MFL |

All employees will be given a physical examination on the following basis:

| <u>Age</u> | <u>Frequency</u> |
|--------------------|--------------------|
| 40 years and above | Once per year |
| Below 40 years | Once per two years |

Canteen employees will be checked once each six months or more frequently, if necessary.

3.1.0

MEDICAL STANDARDS:

The following conditions would disqualify an applicant for employment with MFL:

3.2.0

Weight 25 per cent over the maximum acceptable limit as given in standard textbooks and insurance policies.

3.3.0

Background of haemorrhagic disease

3.4.0

Albaminurea and persistent haematuria of renal origin.

3.5.0

Hypertensives with a diastolic of over 90 mm of Hg and persistent systolic of over 150 (care should be taken at the time of examination to make allowance for the excited state of candidates for employment and further examinations and tests to be carried out before rejecting).

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| 3.6.0 | Defective colour vision and night blindness for drivers | |
| 3.7.0 | Active pulmonary tuberculosis or any other visceral tuberculosis. | |
| 3.8.0 | Significant cardiac lesions. | |
| 3.8.0 | Obvious Arterio Sclerosis, Atherosclerosis, and any other ischaemic arterial diseases. | |
| 3.9.0 | Gross Neurological defects. | |
| 3.10.0 | Skeletal defects which are likely to affect efficient discharge of duties entrusted to him. | |
| 3.11.0 | Malignant diseases. | |
| 3.12.0 | Any other diseases which in the opinion of the MFL Doctor are serious enough to preclude the candidates from carrying out their duties and would prove a liability to the company after employment. | |
| 4.0.0 | <u>EMPLOYMENT OF WOMEN:</u> | |
| 4.1.0 | Precautions should be established to prevent exposure to chemicals or radiations that may prove hazardous to conception and to the foetus. | |
| 4.2.0 | Pregnant employees are not to be retained in active employment beyond the 8 th month of pregnancy or before one month have elapsed after child birth. | |
| 5.0.0 | REPORTING PROCEDURE | |
| 5.1.0 | In case of an injury or what may be a potential injury or sickness while on duty, the employee shall report to the medical Department. | |
| 5.2.0 | The Nurse or Medical Attendant will complete forms and treat the cases in so far as possible. Since the Company Doctor is not in the plant at all times, the Nurse or Medical Attendant will consult with the Doctor by phone or refer the patients to the Company Doctor as necessary. The Company Doctor only can authorize absence from work because of an injury suffered while on duty. | |
| 5.3.0 | Any employee leaving the plant because of an injury or sickness must check out through the Medical Department. | |

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| 5.4.0 | <p>Per Clause 2.3.2 of existing Leave Policy (P-03), if an employee becomes sick while off duty for more than a day he / she may seek the medical attention of any qualified doctor, proof of sickness must be obtained from the attending doctor and be submitted to the Head of the Department/Supervisor in charge concerned before he reports for duty. The concerned Department will send the medical certificate to the Medical Officer for endorsement.</p> | |
| 5.5.0 | <p>Because of the insurance carried on each employee by the company, it is necessary that any employee who suffers any injury while off duty should report this to his supervisor with time, place, nature of accident and injury. Departments should notify Finance with a copy to Personnel.</p> <p>On duty is defined as the time between reporting to the plant for work and leaving the plant after work is finished.</p> | |