



# ALL INDIA BSNL DOT PENSIONERS ASSOCIATION

[Registered No. S/68836/2010]

## Central Head Quarters

T-18/C, Atul Grove Road, New Delhi – 110 001

Advisor : V.A.N. Namboodiri  
Patron : P.V. Chandrasekharan

President: Ananta Kr. Bhattacharjee  
General Secretary: K.G.Jayaraj  
011 – 23343388, 09447455633

AIBDPA/BSNL-MRS/2017

24<sup>th</sup> October, 2017

To,

**Ms. Sujata T. Ray,  
Director (HR) BSNL,  
Bharat Sanchar Bhawan,  
Janpath, New Delhi – 110 001**

*Respected Madam,*

**Sub: - Review of BSNL MRS – suggestions for consideration - reg.**

When the BSNL MRS was introduced, initially everybody welcomed it as it was a better scheme than the central government's medical scheme. But later, a few of its draw backs came to light and complaints started galore , some of these are appended below;

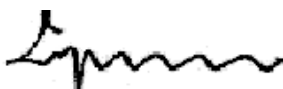
1. The medical allowance granted quarterly was based on the basic pay + IDA at the time of retirement. This is irrational for the reason that one who retired on a higher pay scale will get much more than one who retired at the lowest pay scale. Medical Allowance is paid for the outdoor treatment and the consultation fees to the doctor and cost of medicines are one and the same for an executive drawing the highest pay and the other drawing the lowest pay. So it amounts to gross discrimination.
2. After the pay revision with effect from 01-01-2007 another discrimination has occurred, due to the condition that there is no increase in the allowance for the pre 2007 pensioners. This has caused an anomalous situation that an executive retired before 2007 is drawing less Medical Allowance than a Telecom Mechanic retired after 2007. Actually, the pre-2007 pensioners are the most needy of medical care being in the seventy plus.
3. Another drawback is the enormous work it involves in the offices. This has come to open when orders was issued for restoration of medical allowance to the BSNL retirees with effect from the current fiscal. Though the order was issued on 11<sup>th</sup> April, 2017 most of the retirees are yet to get the medical allowance even for the first quarter despite repeated reminders from the Corporate Office for early payment. When we pursue the cases at the SSA level, the main reason attributed for the delay is the heavy workload it involves.
4. Therefore it is better to replace the present Medical Allowance with a uniform monthly medical allowance of Rs.2000. The EPF pensioners are given a monthly medical allowance of Rs.2000 for some time long. The central government pensioners are demanding Rs.2000 as fixed monthly medical allowance against Rs.1000 being paid at present. Coal India has recently signed an agreement for payment of Rs.18,000 medical allowance per annum to its employees.

5. In the case of reimbursement with voucher, the present formula for ceiling is rather complex and confusing and needs to be simplified. The ceiling could be fixed based on double of the basic pension + IDA pertains to the period of claim, irrespective of the date of retirement.
6. Regarding the indoor/ hospital treatment so many complaints are there from pensioners. The first and foremost is that retirees are denied treatment without payment in most of the empanelled hospitals on production of the medical card whereas the serving employees are availing the indoor treatment without any payment to the hospital. This is a clear discrimination against the retirees which warrants to be addressed.
7. Another wide spread complaint is the undue delay in payment of medical bills, particularly of the indoor treatment putting the pensioners to much hardships making it rather impossible to continue the treatment for want of money.
8. In certain SSAs, lack of sufficient number of empanelled hospitals are putting the pensioners to difficulties. This is due to various reasons; non-availability of good hospitals in certain SSAs, lack of initiative from the SSA authorities to get sufficient number of hospitals and denial of certain hospitals to be empanelled for obvious reasons. This could be overcome if the retirees are allowed to seek treatment on a pan India basis.
9. Some of medical bills for indoor treatment are delayed and even denied for want of report from the nodal officer of BSNL for hospitalization of the retiree/dependant despite proper intimation. So we suggest that verification of hospitalization may be done on line (live) utilizing modern technology like video calls etc.
10. In most of the cases the reimbursement of the charges are limited to the CGHS rates which are very low and the pensioners are put into trouble. So in the absence of periodical increase in the CGHS rates, BSNL may evolve a system to fix a reasonable rate for each treatment.

Therefore we request you to kindly consider these issues favourably so that the hardships of the pensioners are mitigated to a certain extent.

Thanking you,

*Yours faithfully*



**[K.G. Jayaraj]**  
**General Secretary**