Kaaribhyava Japun

Office Memorandum

विषयः सीएचएसएस नियम सं. 4.2 में संशोधन - मेडिकल पौलिसी के तहत मेडिकल कवरेज वाले निजी संगठनों हें, में कार्य करने वाले कर्मचारियों के पति/पत्नी को सीएचएसएस नाम दान करना और मेडिकल पौलिसी धारक होने की हालत में सीएचएसएस के तहत लाभार्थियों को विकल्प संबंधी व्यवस्था की प्रतिपदा के संबंध में।

Sub: Amendment in CHSS Rule No.4.2 - extension of CHSS benefits to spouse of employees working in private organizations with medical coverage under mediclaim policies and reimbursement of medical expenses to beneficiaries under CHSS in case of Mediclaim Policy Holders.

सीएचएसएस नियम सं. 4.2 के अनुसार, कोई व्यक्ति जो इस योजना को छोड़कर किसी अन्य स्थल, उदाहरण के लिए रेलवे/सीजीएचएस/वाणिज्यक संगठनों/सार्वजनिक क्षेत्र के उपक्रमों/राज्य सरकारों आदि के लिए चिकित्सा सहायता/सुविधाएं/कदंबर सौंदर्य, नकद भत्ता, चिकित्सा देखभाल के लिए प्रतिपदा नहीं पा रहा है या पाते के लिए पात्र नहीं है, उसे स्वतंत्र अनुमति के बिना और प्रमुख, चिकित्सा प्राप्त, बीएएससी द्वारा लगाने वाले ऐसे प्रतिबंधों की शर्त पर तथा पति/पत्नी की नियोक्ता से प्राप्त प्रमाण पत्र, जिसमें यह उल्लेख हो कि उन्हें चिकित्सा लाभ वापस ले लिया गया है, को प्रत्यास्त करने पर इस योजना में शामिल किया जाएगा। सभी कर्मचारियों को प्रत्यक्ष कैलेंडर वर्ष की शुरुआत में या इसके बाद यथाश्रेय अन्य स्थलों से चिकित्सा सहायता के लिए उनके परिवार के सदस्यों की पात्रता या अन्य मानक के बारे में घोषणा करती होगी।

As per CHSS Rule No 4.2, no person who is receiving or is eligible to received medical aid/facility/cash subsidy, cash allowance or reimbursement for medical care from any source other than this Scheme, such as for example the Railways/CGHS/Commercial Organisations/Public Sector Undertakings/State Governments etc. shall be admitted to the Scheme without the explicit permission and subject to such restrictions as may be imposed by the Head, Medical Division, BARC and subject to production of a certificate from the employer of the spouse stating that the medical benefits from them have been withdrawn. All employees should declare at the beginning of each calendar year or as soon as possible thereafter about the eligibility or otherwise of the members of their family for medical assistance from other sources.
2. Utpalak Pratishthan ko dhyani mein rakhe huye, ite vishaya ke aise karmchari jinak se patti/patni kamgarhswar dakej ke bhang ke rup ma mehndikshem paalanso ke tahat mehndikshal karwaraj vaste nijjhi sangathan ma karyakr har unake se patti/patni se beche yeevashasacios suvidha ka laash tanma kahon hota hai.

In view of above provision, employees of the department, having their spouse working in private organizations with medical coverage under mediclaim policies as part of a comprehensive package, find it difficult to avail CHSS facility for the spouse.

3. Is sansam ke maamal ke jaat aur vihar dhari ke liye seecharasenas nikshen ke samayika kare vaste samitey ko kejja gaya. Is sansam ke liye seecharasenas laajabhaye ke keval patti/patni, jo parashmirik pracak ke bhang ke rup ma mehndikshem paalanso ke tahat kahar hai, ke liye seecharasenas pancer ka aangckar kahar ke sahib righi ke hai. Is sansam ke liye seecharasenas darbar nichey taak pracharyaya ya laajabhaye darbar kahar kahar vaste avartavik vay, jo bhii kah hae, ke aadheen seecharasenas se sanchak kahar vahay.

The matter was referred to the Committee reviewing the CHSS Rules for examination and recommendation. The Committee has recommended adopting the CGHS pattern for only spouse of the CHSS beneficiaries who are covered by mediclaim policy as part of remuneration package initially with the reimbursement to be claimed from the mediclaim policy company in the first instance and then approach the CHSS for the balance subject to reimbursement being limited to the ceilings fixed by CGHS or actual expenditure incurred by the beneficiary, whichever is less.


Laajabhaye wauchar/ebal ke liye seecharasenas kahar ke tahat mehndikshal klem laajabhaye darbar vaste kahar se kahar. 

Accordingly, it has been decided in the Department to relax the provisions under CHSS Rule 4.2 to the extent of allowing the CHSS benefits to spouse of employees who are covered by mediclaim policy as part of their remuneration package. The reimbursement in such cases shall not exceed the total expenditure incurred by the beneficiary on the treatment. The beneficiary will make the first claim under the mediclaim policy and the remaining part of the claim under the CHSS. The medical claim against the original vouchers / bills would be raised by the beneficiary first on the insurance company, which would issue a certificate indicating the amount reimbursed to the CHSS administering authority concerned. The insurance company concerned will retain the original vouchers/bills in such cases. The beneficiary would then prefer his/her medical claim alongwith photocopies of the vouchers/bills duly certified, in ink, alongwith stamp of the insurance company on the reverse of the vouchers/bills to the CHSS administering authority concerned. Reimbursement from CHSS will be restricted only to the admissible amount as per approved package rates subject to the condition that the total amount reimbursed by the two organization does not exceed the total expenditure incurred by the beneficiary.
5. This issues with the approval of Competent Authority.

(राकेश गर्ग Rakesh Garg)
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सेवा में To

सभी सीएचएसएस के लियंज़न प्राधिकारी
All CHSS Administering Authorities