

**CONTRIBUTORY MEDICAL SCHEME (CMS)**  
**OF THE JAWAHARLAL NEHRU CENTRE FOR ADVANCED**  
**SCIENTIFIC RESEARCH (JNCASR)**

(Approved by the Government of India, Department of Science and Technology,  
vide letter No.AI/JNC/016/95 dated 4.10.96) - Revised (2025)

**1. Title and Scope**

The Scheme shall be called ‘Contributory Medical Scheme’ (CMS) of the Jawaharlal Nehru Centre for Advanced Scientific Research (hereinafter referred to as Scheme). The payment of contribution towards the Scheme as mentioned in Para 5.1 is compulsory.

**2. Date of Effect**

The Scheme shall come into effect from **15<sup>th</sup> November 1996**.

**3. Applicability**

3.1. The Scheme shall be applicable to all regular employees of the Centre and dependent members of their families residing with them. The Scheme shall also be applicable to Students of the Centre. In case of students, only the concerned individual is eligible not spouses and dependents.

Students : It is mandatory for students to have health insurance policy for in-patient treatments. The outpatient services at Dhanvantari will continue by contributing CMS contribution of Rs.300/- per month by the students and capping of Rs.8,000/- annually for reimbursement (optional). A copy of the health insurance policy covering the OPD charges, may be submitted to be exempted from paying the monthly CMS Contribution. In case of emergency, only consultation will be provided at Dhanvantari (22.04.2024).

CMS contribution of Rs.300/- p.m. has to be paid every six months i.e for the period (January 1 to June 30) and (July 1 to December 31) every year. Students are hereby requested to make the payment on or before 7<sup>th</sup> of January and on or before 7<sup>th</sup> of July every year.

Students who fail to pay the CMS contribution within due date an amount of Rs.600/- will be imposed for first 10 days after due date i.e (8<sup>th</sup> to 17<sup>th</sup>) and Rs.5,000/- for payments made for the next 10 days i.e (18<sup>th</sup> to 27<sup>th</sup>).

For Contractual R&D staff members, it is mandatory to have the health insurance policy before joining the Centre. In case of emergency, only consultation will be provided at Dhanvantari. CMS facility will be discontinued (22.04.2024).

Outsourced staff members who are earning a salary of more than Rs.21,000/- per month and who are not covered under the provision of the ESIC medical scheme could take the health insurance policy.

- 3.2. The Scheme shall not be applicable to any employee appointed on a purely temporary basis or short duration not exceeding three months at a time, members of the families of the students as well as casual staff paid from contingency.

CMS facilities will be provided only to Ramanujan/Ramalingaswamy Fellows etc., and not to his/her family members (w.e.f. 01.08.2021).

- 3.3. The benefits under the Scheme shall also be admissible to:

- a) Emeritus Scientists, Professors of Endowed Chairs, Visiting Scientists/ Fellows, Research Fellows and such other personnel who come under Visitor and Exchange Programmes etc. CMS facilities will not provided to his/her family members (Amended as on 08.11.2023).

- b) Members of the family of a deceased employee of the Centre provided he/she had **completed five years** service in the Centre and also the contribution at the rate/amount fixed by the Centre from time to time is continued to be paid by the family and the members of the family continue to reside in Bangalore.

The family of the deceased employee may avail of the benefit of the Scheme for the whole of the month in which the employee died as well as the succeeding calendar month without payment of contribution for the said succeeding month.

The benefits under the Scheme shall be admissible only to those dependent members of the family of the deceased employee who are covered by the definition of 'family' in the Family Pension Rules, Government of India (in the case of those contributing to CPF, it being assumed as if the Family Pension Rules apply).

- c) Retired employees of the Centre who permanently settle down at Bangalore and who opt for the benefits under the Scheme and the members of their families subject to the following conditions:

- i) The employee should have put in a minimum of five years service in the Centre before his/her retirement.

- ii) Beneficiary should reside in Bangalore and treatment can be had only in Bangalore.

- iii) The employee should pay contribution at the rate/amount fixed by the Centre from time to time.

- iv) Monthly CMS contribution shall be deposited in advance i.e., April – March of the corresponding financial year.

- v) Retired employee who are engaged in any trade, business or profession or are employed in any capacity either under Government or otherwise shall be eligible to the benefits of the Scheme subject to payment of additional contributions as may be notified by the Centre from time to time. Such retired employees can also opt out of the Scheme while in employment or engaged in any trade, etc., and may join it after final retirement from such

employment, occupation or trade.

**NOTE:** -- The coverage will be limited to the employee and spouse only. Additional dependents falling under the definition of 'family' will be included only on payment of contributions equal to the unsubsidized cost of the scheme per dependent, as notified from time to time.

- d) The benefits under the Scheme will continue to be made available to the members of the family of the retired employees who are covered by the definition of 'family' in the Family Pension Rules, Government of India (in the case of those having retired on CPF, it being assumed as if Family Pension Rules apply) even after their death subject to payment of contribution at the rate/amount fixed by the Centre from time to time and fulfillment of other conditions.
- e) A pensioner re-employed in the Centre and the members of his/her family provided the pensioner concerned is stationed in Bangalore.
- f) The employees of the Centre who go on outstation duty (tour/training) can avail medical treatment from any Government Hospital and the amount will be reimbursed in full. However, if the treatment is obtained in any private hospital/nursing home, the amount reimbursable will be restricted to admissible rates, subject to certification by the Authorised Medical Officer and based on administrative instructions issued from time to time in this behalf.

#### **4. Definition of 'Family'**

4.1. 'Family' for the purpose of the Scheme shall mean:

- (a) An employee's wife or husband, as the case may be
- (b) Unmarried children & step children (below the age of 25 years).  
Son : Till he starts earning or attains the age of 25 years, whichever is earlier.  
Daughter: Till she starts earning or gets married, irrespective of the age limit, whichever is earlier.
- (c) Unemployed widowed daughters;
- (d) parents;
- (e) sisters (unmarried and unemployed except judicially separated/divorced sisters).
- (f) unemployed widowed sisters;
- (g) Divorced daughters;
- (h) Unemployed minor brothers;

The total number of sisters (both unmarried and widowed) and minor brothers not to exceed two.

The total numbers of unmarried children & steps children and widowed daughters NOT TO EXCEED THE LIMITS MENTIONED IN EXPLANATION (2) BELOW

Wholly dependent and normally residing with the employee.

**Explanation:**

1. The term 'Parents' does not include 'step-parents'.
2.
  - (a) In respect of those employees who have joined the Centre before 15<sup>th</sup> November, 1996, the total number of unmarried children & step children **below the age of 25 years** and widowed daughters to be covered under the Scheme shall not exceed 3. The benefits under the Scheme shall however be admissible to all such children born to an employee in three deliveries, provided that the number of living children just before the third delivery does not exceed two.
  - (b) In respect of those employees who have joined the Centre on or after 15.11.1996, the total number of unmarried children and step children below the age of 25 years and widowed daughters to be covered under the scheme shall not exceed two. The benefits under the Scheme shall however, be admissible to all such children born to an employee in two deliveries, provided that the number of living children just before the second delivery does not exceed one.
3.
  - (a) If the son or daughter of an employee admitted to the Scheme is suffering from any disorder or disability of mind or is crippled or disabled so as to render him/her unable to earn a living, he/she can be continued to be covered under the Scheme even after attaining the age of 25 years, subject to the following:
    - (i) The Controlling Officer concerned shall, however, satisfy, before continuing the scheme to such son or daughter, that the handicap is of such a nature so as to prevent him/her from earning his/her livelihood and the same shall be evidenced by a certificate obtained from a Specialist Doctor recognized/empanelled under the Scheme setting out the exact mental or physical condition of the son or daughter.
    - (ii) Further, the concerned employee shall produce, every three years, a certificate from a Specialist Doctor recognized/empanelled under the Scheme to the effect that his/her son or daughter continues to suffer from the disorder or disability of mind or continues to be physically crippled or disabled, failing which the facilities shall be withdrawn for such a son or daughter.

**NOTE:--** (A) Children: Married, even though dependent on the employee are not eligible for medical benefits under the Scheme. In the case of adopted children, only legally adopted children will be eligible for medical benefits. Such children as are gainfully employed (which will mean all employment other than the part-time employment mentioned below) or are engaged in a trade/business/profession shall be excluded from the Scheme. Part-time employment is not to be considered as gainful employment for this purpose provided the following conditions are satisfied:

- (i) The employer concerned certifies the employment to be part-time.
- (ii) The gross income from the part-time employment is not liable to income tax and further it does not exceed the pay of the employee. Children engaged in a trade/business/profession even on a part-time basis shall be excluded. Literary, artistic, cultural or similar pursuits, the income from which does not attract income tax, shall not be regarded as trade/business. The receipt of academic/university stipends, scholarships and freeships shall not be regarded as gainful employment. Any income arising from Contributory Medical Scheme medical advice as part of therapy shall be totally excluded for the purpose of determining whether the child is gainfully employed or not. Lumpsum non-recurring income, e.g., Contributory Provident Fund benefits, Government of India Prize Bonds, Gratuity/Commuted Gratuity, Insurance benefits, etc., should not be regarded as 'income' for the purpose of these Rules. Recurring incomes from sources such as house, land-holdings, fixed deposits, etc., should, however, be taken into account for the purpose of assessing the income.

3.B): Parents will be regarded as wholly dependent on the employee if their (both parents) if the total monthly income from all sources including pension and pension equivalent of gratuity of the dependent member (barring wife or husband as the case may be of the prime beneficiary) does not exceed **Rs.9,000/- (Rupees Nine Thousand only)** plus amount of dearness relief on the basic pension of Rs. 9000/- per month, then they are treated as dependents upon the prime beneficiary, **subject to submission of the Income Certificate from the concerned Revenue Officer/Tahsildar.**

For adoptive parents, the provisions of the Government of India, Ministry of Health O.M. No.F.29-21/71-M.A. dated 29<sup>th</sup> January 1972 read with O.M. No.S.14012/5/76-M.C. dated 9<sup>th</sup> September 1976 {reproduced under Explanation (2) given below} shall apply.

The staff members dependent parents can reside at a station other than the place of duty to be enrolled as CMS member and claim reimbursement subject to fulfillment of all other conditions as laid down in the Rules.

**Explanation:**

1. Parents of a married female employee would also be entitled to the benefits of the Scheme if they continue to be wholly dependent on the female employee after her marriage. She will, however, have a choice (the option once exercised can be changed only once during the entire service) to include either her parents or her parents-in-law for availing benefits under the Scheme subject to the conditions of

dependence, residence, etc., being satisfied.

2. More than one wife of an employee can be registered under the Scheme if the second wife is not in contravention of:

- (a) Rule 21 of the Central Civil Services (Conduct) Rules, 1964.
- (b) Administrative orders issued by the Ministry of Home Affairs vide their O.M.No.290/59-Estt dated October 16, 1954.
- (c) The legislation restricting plural marriages.

***Copy of Government of India, Ministry of Health O.M. No.F.29-21/71-M.A. dated 29<sup>th</sup> January, 1972 read with O.M. No.S.14012/5/ 76-M.C. dated 9<sup>th</sup> September, 1976 {please refer Para 4.1 (B) of the Scheme}***

An adopted child shall be deemed to be the child of his adoptive parents for all purposes and the ties of the child in the family of his birth are severed and replaced by those created by the adoption in the adoptive family. It has, therefore, been decided that:

- (i) Once the adoption is effected, the medical facilities under the CMS cannot be extended to the real parents, even though they are wholly/mainly dependent on the Centre employee.
- (ii) the term 'Family' for the purpose of these Rules will include adoptive parents who are wholly/mainly dependent on the Centre employee subject to the condition of dependence and residence laid down and
- (iii) in the case of adoptive parents, if the adoptive father has more than one wife living, and the adoption has been made with the consent of more than one wife, only the senior-most among them in marriage will be deemed to be the adoptive mother for the purpose of eligibility to the concession under the Contributory Medical Scheme, and orders, and the other will be treated as step-mother and as such will not be eligible to these concessions, as under the rules the term 'parent' does not include step-mothers.

- 4.2. No person who is receiving or is eligible to receive 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 Government, Private Sector Organisation, etc., shall be admitted to the Scheme without the explicit permission of and subject to such restrictions as may be imposed by the Centre.

As per the latest CGHS OM released in July 2023, a male employee be permitted to include either parents or parents-in-law as beneficiaries following the submission of a Declaration that the parents-in-law permanently reside with the employee (22.04.2024).

#### 4.3 Annual Declaration:

- 4.3.1. 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.
- 4.3.2. A declaration in the prescribed form regarding income and residence of parents, as also regarding residence, dependence and age of eligible children, and other dependents, should be furnished by the employee at the time of initial registration and at the beginning of every calendar year thereafter for continuation of the Contributory Medical Scheme facilities.
- 4.3.3. It shall be the responsibility of the employee concerned to notify the Administrative Officer of the Centre as soon as their sons/daughters, parents or other dependents become ineligible for the benefits of the Scheme so that their names can be deleted from the list of Contributory Medical Scheme beneficiaries. Any suppression of information would lead to withdrawal of the facilities under the Scheme and also institution of disciplinary proceedings as per rules.

#### 5. Contribution:

5.1 For the medical benefit provided under the Scheme, a monthly contribution has been revised as follows **w.e.f. 01.05.2018.**

##### **Monthly Contribution as per 7<sup>th</sup> Pay Commission:**

Sl. No.	Corresponding levels in the Pay Matrix as per 7 <sup>th</sup> CPC	Employees with Grade Pay	Contribution as per 7 <sup>th</sup> CPC (Rs. Per Month)	<b>Recommended (20% hike)</b>
1.	Level: 1 to 5	Upto 2800 GP	Rs.250/-	<b>Rs.500/-</b>
2.	Level: 6	4200 GP	Rs.450/-	<b>Rs.540/-</b>
3.	Level 7 to 11	4600-6600 GP	Rs.650/-	<b>Rs.780/-</b>
4.	Level: 12 & above	7600 GP onwards	Rs.1000/-	<b>Rs.1200/-</b>

**Students – Rs. 300/- p.m.**

**Contractual Staff - 2.5 % on Basic Pay or consolidated pay per month.**

- 5.2. For the purpose of recovery of the monthly contribution, ‘Pay’ shall mean pay as defined in **FR 9(21)(a) (i) of Government of India Rules.**
- 5.3. The contribution shall be recovered on the basis of the pay of the employee/ consolidated remuneration on the first day of each calendar month and in the case of persons newly appointed after the first day of the month on the basis of the pay or the consolidated remuneration on the first day of appointment. Marginal adjustments in actual recoveries consequent on computerization of pay rolls is permissible.

- 5.4. In cases where both the husband and wife are employees of the Department, the payment of contribution will be regulated as under:
- (a) The contribution shall be recovered from either the husband or wife. The husband and wife shall send a joint declaration to the Accounts Section giving detailed information in this regard. The rate of contribution to the Scheme will, however, be calculated at the rate applicable to the spouse drawing the higher salary.
  - (b) The person from whose pay-bill the contribution is recovered shall be regarded as the prime beneficiary, and will be eligible to register his/her parents.
  - (c) In case the spouse of the prime beneficiary wishes to additionally register his/her dependent parents, who are otherwise eligible, a separate contribution shall be payable by him/her on the basis of his/her pay.
  - (d) If the wife is paying the contribution and husband wishes to register his parents, who are otherwise eligible, he will have to pay an additional contribution based on his pay.
  - (e) In cases where the husband or wife draw higher pay alternatively every few months, the entire contribution shall be recovered from the husband who shall be regarded as the prime beneficiary and will be eligible to register his parents even if his pay is lower during certain months.
  - (f) The entitlement of parents shall be determined with reference to the pay of the prime beneficiary in all cases.
- 5.5. In the case of an employee who is on any kind of leave, the contribution shall be recovered on the basis of the pay last drawn by the employee immediately before proceeding on leave. The facilities of the Scheme will not be available to a person proceeding on extraordinary leave, unless the contribution for the period of extra-ordinary leave is paid in advance before the commencement of such leave.
- 5.6. (a) An employee who proceeds abroad on deputation or on deputation-cum-special leave or any kind of study leave, may at his/her option, avail of the benefits of the Scheme for his/her family. The option shall be exercised before the employee proceeds on leave/deputation abroad and shall be treated as final and the contribution for the period shall be paid in advance.
- (b) An employee who is on deputation and on foreign service terms to any other Department/Organisation/Public Sector Undertaking/Autonomous Body/Central/State Government, etc. and members of his/her family are not eligible for coverage under the Scheme. If the employee opts for coverage under Contributory Medical Scheme and the borrowing Department agrees for the same, he may be permitted to be covered under the Scheme.
- 5.7. In the case of an employee under suspension who is in receipt of a subsistence allowance, the contribution shall be recovered on the basis of the amount of subsistence allowance. If the employee is, however, subsequently allowed to draw pay for the period of suspension, the difference between the contribution



recovered on the basis of the subsistence allowance and the contribution payable on the basis of the pay ultimately drawn shall also be recovered. If the subsistence allowance is withdrawn, the availability of Contributory Medical Scheme facilities will be suspended as long as the suspension continues. For the purpose of determining entitlement under the Scheme, the pay that he/she would have drawn but for his/her suspension should be taken into account.

#### 5.8. Contribution from the family of deceased employees:

5.8.1. In the case of deceased employees, the monthly contribution to be recovered from the family of such deceased employees, shall be as under:

##### **Monthly Contribution as per 7<sup>th</sup> Pay Commission:**

Sl. No.	Corresponding levels in the Pay Matrix as per 7 <sup>th</sup> CPC	Employees with Grade Pay	Contribution as per 7 <sup>th</sup> CPC (Rs. Per Month)	<b>Recommended (20% hike)</b>
1.	Level: 1 to 5	Upto 2800 GP	Rs.250/-	<b>Rs.500/-</b>
2.	Level: 6	4200 GP	Rs.450/-	<b>Rs.540/-</b>
3.	Level 7 to 11	4600-6600 GP	Rs.650/-	<b>Rs.780/-</b>
4.	Level: 12 & above	7600 GP onwards	Rs.1000/-	<b>Rs.1200/-</b>

5.8.2. Pay for the purpose of recovery shall mean pay as defined in F.R. 9(21) (a)(i) in Government of India Rules, drawn by the deceased employee at the time of death.

#### 5.9 Contribution from retired employees:

In the case of retired employees, the monthly contribution to be recovered from the retired employees shall be as under:

##### **Monthly Contribution as per 7<sup>th</sup> Pay Commission:**

Sl. No.	Corresponding levels in the Pay Matrix as per 7 <sup>th</sup> CPC	Employees with Grade Pay	Contribution as per 7 <sup>th</sup> CPC (Rs. Per Month)	<b>Recommended (20% hike)</b>
1.	Level: 1 to 5	Upto 2800 GP	Rs.250/-	<b>Rs.500/-</b>
2.	Level: 6	4200 GP	Rs.450/-	<b>Rs.540/-</b>
3.	Level 7 to 11	4600-6600 GP	Rs.650/-	<b>Rs.780/-</b>
4.	Level: 12 & above	7600 GP onwards	Rs.1000/-	<b>Rs.1200/-</b>

5.9.1. Pay for the purpose of recovery of the monthly contribution, 'Pay' shall mean as defined in FR9 (21)(a)(i) of Government of India Rules, drawn by the retired employee at the time of retirement.

#### 5.10. Contribution from the family of deceased **Retired Employees**

In the case of deceased retired employees, the monthly contribution to be recovered from their family, shall be as under:

#### **Monthly Contribution as per 7<sup>th</sup> Pay Commission:**

Sl. No.	Corresponding levels in the Pay Matrix as per 7 <sup>th</sup> CPC	Employees with Grade Pay	Contribution as per 7 <sup>th</sup> CPC (Rs. Per Month)	<b>(20% hike) Contribution to be paid</b>
1.	Level: 1 to 5	Upto 2800 GP	Rs.250/-	<b>Rs.500/-</b>
2.	Level: 6	4200 GP	Rs.450/-	<b>Rs.540/-</b>
3.	Level 7 to 11	4600-6600 GP	Rs.650/-	<b>Rs.780/-</b>
4.	Level: 12 & above	7600 GP onwards	Rs.1000/-	<b>Rs.1200/-</b>

5.10.1. Pay for the above purpose of recovery shall mean pay as defined in F.R. 9 (21) (a) (i) in Government of India Rules, drawn by the deceased employee at the time of retirement.

Payment to be made by online transfer only to below bank details and transaction details to be sent by email.

**Name of the Account** : Jawaharlal Nehru Centre for Advanced Scientific Research  
**Bank Name** : Canara Bank  
**Branch** : IISc, Bangalore-12  
**Account No.** : 0683101013474  
**IFSC** : CNRB0000683

**Retired Employees : Committee recommended that retired employees who reside at their native place after retirement may be permitted to choose Family Physicians near their residence for medical treatment (22.04.2024).**

#### **6. Details of the Scheme:**

- 6.1. At the time of appointment, an employee shall give in writing the name, address etc. of his/her Family Physician. The Family Physician of the employees of the Centre will be recognized to provide medical treatment/attention for employees and their families. They will be known as Authorized Medical Officers. Change of the Family Physician, if any, should be intimated to the Administrative Officer of the Centre with valid reasons and subject to approval of the competent authority.
- 6.2. A panel of specialists for the treatment of various diseases and ailments and for surgical operations will be approved by the President of the Centre from time to time. Consultations with these specialists will be obtained only on referral by the Family Physician/Authorized Medical Officers.
- 6.3. A few well-known private hospitals/nursing homes/poly-clinics will be recognized for treatment and hospitalization. Treatment/consultation in the nursing homes/hospitals/poly-clinics will be obtained only on referral by the Family Physician/

Authorized Medical Officer and panel of specialists as the case may be. The employees will also be eligible for treatment by specialists attached to the recognized nursing homes/hospital/poly-clinics selected by the Centre for the purpose on referral. The employees shall pay the charges for the treatment, to be reimbursed by the Centre.

- 6.4 The consultation fees for the Family Physician and the specialists to be borne by the Scheme will be as per the rates fixed under the Scheme, from time to time.

Family Physician-Rs.150/-

Specialists-Rs.500/-

**Super specialists - Rs.700/- (15.11.23)**

(This will be reviewed after one year)

In addition to the consultation charges of the above, Package deal as defined as per CGHS is also admissible.

- 6.5. (a) Hospitalization facilities will be provided in the recognized hospitals/nursing homes/poly-clinics. The ward charges which may be levied by these hospitals/ nursing homes/ polyclinics shall be borne by the Scheme in accordance with the scales of charges set out from time to time. However, during hospitalization, consultation charges are to be paid at actuals.

#### **Entitlement of wards in private hospitals:**

Sl.No.	Corresponding Basic Pay drawn by the Employee in 7 <sup>th</sup> CPC per month	Ward entitlement
1	Up to Rs. 47,600/-	General
2	Rs.47,601/- to Rs.63,100/-	Semi-Private
3	<b>Rs.63,101/-</b> and above	Private

Eligibility with regard to Ward facilities : If a member has opted for lower ward as compared to his/her entitlement, the expenditure will be reimbursed as per the actuals or entitlement, whichever is less.

**(wef 01.08.2021 : Based on their present pay/stipend drawn, Students are entitled for General Ward only.**

#### **Ward eligibility for Dhanvantari Doctors who are CMS members**

Doctors who are Centre's CMS members are eligible for semi-pvt. ward in case of hospitalization.

- (b) For consultation/treatment availed by a retired employee or his/her family members covered under the Scheme on referral by the Family Physician/Authorised Medical Officers, the concerned retired employee will first settle the bill directly with the hospital/nursing home and then seek reimbursement from the office later. Such claims will be reimbursed to the retired employees restricted to rates prescribed.

- 6.6. Reimbursement of charges for treatment and operation in private hospitals/ nursing homes/poly-clinics will be subject to the ceiling fixed in the schedule of rates. These rates will be subject to revision by the Centre as and when necessary.
- 6.7. The employees and their families will also be permitted to go on their own to Government hospitals/Government-recognized hospitals for medical attention and treatment as outpatients and in-patients. They should, however, report to the Family Physician/Authorised Medical Officer within four days of the illness. Reimbursement to the employee will be admissible to the extent charged by these hospitals subject to production of bills and Doctor's certificate.
- The food supplements and vitamins that are recommended as treatment will be considered only after the certification from the Family Physicians and approval of the doctors at Dhanvantari for reimbursement.
- 6.8 The St. Johns Medical Hospital rates will be used as the reference for reimbursement of hospitalization bills.
- 6.9 Reimbursement of (i) 50% of the cost of **a) Blood glucose testing equipment** and **b) Mercury Monometer equipment for Blood Pressure testing** and (ii) 75% of the cost of the test strips used for glucose testing under the CMS of the Centre, subject to the stipulation that these equipments should be obtained through the prescriptions given by the Centre's Medical Officers.
- 6.10 All the employees above the age of 40 years may undergo a Master Health Check-up at the recognized hospital once in two years.
- 6.11 MOU with RV Metropolis for lab tests of JNC CMS employees. The charges for the tests will be made as per CGHS rates. The tests which are not in the list of CGHS will be done at a discount of 25% on the schedule of charges of R.V. Metropolis.
- 6.12 Reimbursement of bills :** An enhancement of 20 % over and above the schedule rates of St. John's Medical College Hospital could be approved, as reference rates for reimbursement.
- 6.13 Cashless Scheme of Regular Employees :** To benefit the JNCASR employees in critical situations, a few hospitals nearby Jakkur and IISc campus, are identified for cashless transactions for regular employees only.

Some of the hospitals recommended for Tie- Up for Cashless are –

- a. Baptist Hospital, Hebbal**
- b. Aster CMI Hospital, Hebbal**
- c. Ramaiah Memorial Hospital, New BEL Road.**
- d. Manipal Northside, Malleshwaram**

For all cashless transactions, patients will have to get referral from JNCASR Consulting Medical Officers. During emergency situations and beyond Dhanvantri working hours, the patient needs to inform the JNCASR consulting medical doctor

regarding the treatment and the concerned doctor could issue a referral letter or Email to the hospital, to that effect, within 24 hrs.

The Committee also recommended that the bills sent by the Hospital for cashless are to be certified by the JNCASR referral doctor for payment and if there is any difference in the amount approved by the centre and the hospital bill, the difference amount could be recovered from the concerned employee, through salary deduction.

However, the procedure remains the same for CMS members availing treatment in various other Private hospitals/clinics/ Diagnostic Centre/ Govt. Hospitals, **claiming for reimbursement** and the bills being certified by the JNCASR referral doctors for payment.

In addition to existing reimbursement facility in any Pvt/Govt. Hospital/Clinics, **Aster Hospital** will be extending **CHSS rates** for In-patient / Out-patient services excluding Pharmacy, Non-Medical Consumable and medical implant) as per the recently entered Agreement. These rates holds good for Credit / Cashless facility also.

**6.14 JNCASR Health ID Card for Cashless :** For Hospitals to identify the CMS members (Regular employees) for cashless transactions, it was desired to make a separate Family Health Card. with a family photo in this effect for REGULAR EMPLOYEES & their dependents, which could be recognized by the concerned hospital. The card can be renewed from time to time.

**6.15 Claims related to the students:** The medical book of Students/ R & D Assistants and Post- Docs on contract admitted to the scheme should have the validity period mentioned clearly on the cover page and Dhanvantri will certify the bills accordingly and if the treatment is beyond the validity period, the reimbursement may be stopped.

Ph.D. students who have submitted their thesis and waiting for their defense may continue to avail the medical facilities at Dhanvantri on payment of monthly CMS contribution till their thesis defense is completed.

**CMS facilities (including medicines) to the Ph.D. students who have submitted their thesis and waiting for their defense**

Ph.D. students who have submitted their thesis and waiting for their defense may continue to avail the medical facilities at Dhanvantri on payment of monthly CMS contribution till their thesis defense is completed.

#### **Payment of CMS contribution by students**

All the students including Centre funded students at the Centre have to pay the CMS contribution of Rs.200/- p.m. every six months in advance w.e.f. 01.01.2022 and take the attestation from Accounts Section in their respective medical diaries. Accordingly, the doctors at Dhanvantri will check their diaries before providing the medical facilities to the students.

- 6.16 Pharmacy Discounts/ Services:** The Centre may issue notification to invite local pharmacy dealers through Competitive bids/Tender, for the supply of medicines with a discount and accordingly, highest discount quoted dealer will be offered the order.
- 6.17 No Code/ Nomenclature of the treatment availability:** Few treatments having no code or nomenclature of the treatment, the reimbursement be limited to 80% of the claim amount. However, such bills are to be scrutinized thoroughly by the authorized/consulting medical officer of JNCASR about the disease and the claims.
- 6.18 Package related treatments :** For package related bills, the claims be limited to 80% of the bill after an enquiry made be made by the consulting medical officer of JNCASR about the disease and the claims.
- 6.19 COVID-19 :** The Centre CMS members be reimbursed as per St. Johns rates/CHSS rates for COVID treatment. Also, the Centre should explore the feasibility of having Insurance coverage for COVID-19 related treatment.
- The total bill including consumables for COVID-19 test be reimbursed to the Centre's CMS members while undergoing Non-COVID related treatment at any hospital.
- (wef 01.08.2021) No reimbursement will be made by the Centre towards the Covid-19 test(s) without obtaining the prior approval from the Competent Authority and Covid-19 vaccination is not reimbursable at the Centre under CMS.**
- 6.20 Treatment availed outside Bangalore :** Such cases should be sent to Consulting Medical officer at Dhanvantari. Referral letter by Doctor at Dhanvantari justifying the reasons for referral. In case of emergency treatment, the bills are to be certified by the treating Doctor and by the Head of the Hospital/Nursing Home concerned (Superintendent or Chief).

**6.21 Prophylactic test : Prophylactic test included under CMS for reimbursement (07.02.2025).**

## **7. Ayurvedic and Homeopathic Treatment**

7.1. The beneficiaries can get hospitalization/treatment from any Government or Government authorized Ayurvedic/ Homeopathic hospitals/dispensaries. For this purpose, the following hospitals/dispensaries in Bangalore have been recognized under the Scheme:

- (1) Sri Jayachamarajendra Institute of Indian Medicine, Tank Bund Road, Bangalore
- (2) Government Homeopathic Hospital, Sri JJM Campus, Bangalore
- (3) Government Ayurvedic Dispensary, Tulasi Thota, Balepet, Bangalore

7.2. The beneficiaries under the Scheme who go to the Government Ayurvedic/ Homeopathic hospitals/dispensaries for medical attention and treatment as out-patients or in-patients should, however, report the same to the Family physician/ Authorised Medical Officer concerned within four days of the illness. Reimbursement to the employees will be admissible to the extent charged by these Ayurvedic/Homeopathic hospitals/dispensaries subject to the production of bills and Doctor's certificates.

7.3. For hospitalization/treatment under the Ayurvedic/ Homeopathic systems at the Government hospitals, the beneficiaries will be required to make direct payment and seek reimbursement from the Centre thereafter.

**7.4 CMS members should declare only MBBS certified doctors as their Family Physicians for allopathic treatment and those who have opted for BAMS, BHMS, etc. should avail treatment only at Government hospitals and not from private doctors.**

## **8. Pathology, X-ray, etc., examination for diagnosis:**

The pathological tests, X-ray, cardiogram, etc., for diagnosis can be got conducted at one of the recognized laboratories/diagnostic centers or the diagnostic centers referred by the Family Physicians/X-ray centers/nursing homes/ hospitals/poly-clinics on the advice of the Family Physician/Authorized Medical Officer/ Specialist. Actual charges for such tests will be reimbursed subject to the ceiling fixed by the Centre from time to time.

## **9. Medicines:**

9.1. Cost of medicines, which may be prescribed by the Family Physician/Authorised, Medical Officers/Specialists will be reimbursed in full subject to the production of cash bills/receipts and doctor's certificate. The medicines shall be purchased only from the licensed medical shops registered under the Drug Control Act of the State.

9.2. **Based on the prescription of the Ayurvedic or Homeopathic Doctor**, the cost of Ayurvedic and Homeopathic medicines admissible under the CS(MA) Rules purchased only from approved shops will be reimbursed. The cost of any other Ayurvedic/Homeopathic medicines not admissible under the Rules even if prescribed will not be reimbursed.

9.3. In the case of restricted and costly medicines as specified in the CS (MA) Rules, the claims for reimbursement are to be countersigned by the Director/Officer-in-Charge, Indian Systems of Medicine and Homeopathy of the concerned State, in addition to the signature of the Doctor prescribing the medicines. The employee will be reimbursed the amount admissible under the Scheme. However, the amounts that are inadmissible/ excess charged would be deducted from the salary of the employee in the following month.

The certificate required and the cash memo for the medicines prescribed by the nursing Home/Hospital should be signed by the doctor concerned in the Nursing Home/Hospital which is to be countersigned by the AMO.

**10. Procedures for payment of fees and charges to the Specialists/Nursing Homes/Hospitals/Poly-Clinics:**

The CMS of the center is not a CGHS model and has its own parameters on which it has been built. Other rates wherever prescribed will apply in as much as CGHS rates. In case where the rates are not available in CGHS rate list, the rates are payable on the lines of St. Johns Medical College Hospital on the recommendation of CMO.

Ward and ICU/MCU/CCU charges are admissible as per employee's entitlement according to the slabs prescribed in the CGHS rule.

In case of claims of Surgery, in addition to the actual Surgery charges, surgeon's charges and professional charges a maximum 30% of Surgery charge may be reimbursed to cover fee for Assistants, instruments, Anaesthetist, nursing charges and cost of materials used etc.

**11. Special facilities for treatment of acute or chronic diseases:**

11.1. The employees of the Centre and members of their families suffering from diseases like tuberculosis, cancer, poliomyelitis and communicable diseases will receive treatment from the Family Physician/Authorised Medical Officers and panel Specialists. If the Family Physician/Authorised Medical Officer considers that the patient requires treatment in a specialized hospital/institution for such diseases, they will refer such patients to the hospital/institution recognized for the purpose. A list of such specialized hospitals/institutions will be notified from time to time. Charges incurred at these hospitals/institutions and fees charged by the specialists for consultation, etc., and other institutions shall be paid by the employee and he/she shall submit the bills received from the hospitals/institutions or specialists concerned after scrutiny and recommendation of the Authorised Medical Officer for reimbursement.

11.2. (a) Reputed hospital/institutions outside Bangalore will also be recognized for specialized treatment. The cost of treatment in the hospitals/ institutions as considered reasonable by the Centre will be borne by the Scheme. They will also be entitled to travelling allowance as admissible under the Central Services (Medical Attendance) Rules, if they are referred to the hospitals/institutions outside Bangalore.

(b) The benefits of specialist treatment and special facilities in institutions outside Bangalore contemplated above will not be applicable for Indigenous and Homeopathic System of Medicine.

**12. Maternity benefits:**

12.1. Maternity benefits will be admissible only to the wife of the employee or to a female employee. The eligible beneficiaries can be admitted for confinement in any of the recognized hospitals/nursing homes/polyclinics where facilities for maternity exist. Expenditure in this behalf will be met by the Scheme in the same way as treatment for other diseases.



- 12.2. Eligible beneficiaries will also have the option to go to any other maternity home of their choice for confinement and claim the reimbursement as detailed below:

Reimbursement will be allowed on production of medical certificate from the nursing home/hospital about the occurrence of birth/still birth/termination of pregnancy. The Birth Certificate issued by Corporation/ Municipality/Panchayat will also have to be produced, if necessary, for verification. Reimbursement shall be allowed only if the confinement takes place in a maternity home/hospital managed by a doctor whose qualification has been recognized by the Indian Medical Council Act, 1956, or in a Government/Government-recognized hospital.

The following will be the flat rates admissible for meeting confinement expenses at places other than recognized hospitals/nursing homes/poly-clinics/ Government hospitals/Government-recognized hospitals:

Classification of confinement Entitlement

I Confinement	as per CGHS rates
II Confinement	as per CGHS rates
III Confinement	as per CGHS rates
IV Elective Cesarean (includes anesthetist/surgeon and O.T. charges)	actual Package as in CGHS
V Forceps delivery (Includes anesthetist/obstetric & O.T. charges) according to normal surgical charges.	as per CGHS rates

- 12.3. If a medical emergency arises at the time of confinement either for the mother or for the infant involving operative delivery or surgical procedures on the infant or in cases of puerperal sterilization, it will be regarded as a case of emergency and dealt with as under:

When there is a medical emergency, a patient may receive medical attendance and treatment from the Family Physician/Authorised Medical Officer or, if he is not available, from any other doctor registered under the Indian Medical Council Act, 1956. In case the treatment is from a doctor other than the Family Physician/Authorised Medical Officer, the employee shall report about the emergency to the Family Physician within four days of its occurrence. Reimbursement at approved rates will be allowed, provided that (i) the employee produces a certificate obtained from the doctor who attended on the patient on the nature of the emergency which had occurred; and (ii) the claim is countersigned by the Authorised Medical Officer.

- 12.4. If the beneficiary is admitted to a Government/Government-recognized hospital for confinement, the confinement charges including the charges for operative delivery/surgical operations will be reimbursed in full.

- 12.5. The maternity benefits as provided above will not be admissible to a female employee/wife of a male employee if the beneficiary has more than two living children.
- 12.6. The term confinement for the purpose of the Scheme shall include:
- (a) Live birth
  - (b) Still birth
  - (c) Pre-natal termination of pregnancy
  - (d) Abortion
- 12.6.1. For determining the entitlement under para 12.2, the number of living children at the time of confinement and the number of occasions on which maternity benefits have been availed of shall be taken into account. For example, an employee who has one living child for whom he/she has not claimed any reimbursement for confinement nor availed of maternity benefits at recognized nursing home/hospital/poly-clinic may claim for the third confinement the admissible amount for the first confinement, as he/she is availing the benefits for the first time.
- 12.6.2. If an employee does not have two or more living children at the time of his wife's/her confinement, he/she, as the case may be, will be eligible to get Rs.500/- though he or she may have already availed of maternity benefits for two earlier confinements under para 10.3 (no payment will, however, be admissible for abortion/still-birth/pre-natal termination of pregnancy).
- 12.6.3. In determining the number of living children, the children of both the parents will be taken into account. For example, an employee who has two living children by an earlier marriage will not be eligible for reimbursement of confinement expenses for his second wife.

12.7. Domiciliary confinement:

In the case of a domiciliary confinement supervised by a doctor (having qualifications recognized by the Indian Medical Council Act, 1956), actual charges or expenses limited to the tariff as per para 12.3, whichever is lower, will be payable.

**13. Ante-natal and post-natal care:**

- 13.1. Ante-natal and post-natal care will be available from the Authorised Medical Officer. The cost of the medicines, which may be prescribed by him/her, will be reimbursable in accordance with the procedure prescribed for reimbursement of medicines.
- 13.2. When the parents have three or more living children, charges to the extent of Rs.100/- only will be reimbursable on one occasion only for both antenatal and post-natal care inclusive of drugs.

**14. Other facilities:**

- 14.1. An employee or a member of his family may be authorised by the Family Physician to have injections administered by another Medical Practitioner registered under the Indian Medical Council Act, 1956 either at his dispensary or at the employee's residence. Professional charges for injection, dressing etc., by private medical practitioners will be reimbursable at approved rates provided the nature of the case warrants such treatment and prior approval of the Family Physician has been obtained.
- 14.2. The Scheme may arrange to provide facilities such as speech therapy, child psychiatric care and medical social-care free of cost to the beneficiaries and may recognize institutions for this purpose where these facilities can be availed of.
- 14.3. Artificial appliances for diseases like polio, TB or for prosthesis or in cases requiring surgical operations may be supplied under the Scheme. Replacements, if justified, may also be allowed. However, in the case of replacements, those getting pay of Rs.2,500/- and less per month will be allowed replacement free of cost and 50% charges only will be reimbursed for those getting pay above Rs.2,500/-. Firms/institutions may be recognized for the supply of these appliances.
- 14.4. When transport by ambulance is recommended on medical grounds an ambulance may be hired and charges incurred in connection with such hiring, to the extent considered reasonable by the Centre, will be reimbursed to the employee.
- 14.5. Charges not exceeding Rs.100/- for hiring "Hearse Van" for a deceased beneficiary of the Scheme will be reimbursed to an employee. The charges may be revised from time to time.
- 14.6. No travelling allowance shall be payable for any medical attendance or treatment within the City.
- 14.7. Claim pertaining to reimbursement for Knee Ankle Foot Orthotics (KAFO).

It was recommended that in view of the specialists certifying the adoptability of the gadget, the Centre may reimburse the cost in full. In future, such special cases be reported to the Medical Committee which will review the claims and recommend suitably.

- 14.8. Food supplements : For infants up to one year & for adults unless physicians advises based on Diagnosis
- 14.9. Gadgets like pen & cartridges used for administration of insulin is permissible for reimbursement.

## **15. For periodical DENTAL check-up:**

The beneficiaries may go to any Government Dental Hospital for treatment. Charges to the extent levied by them will be reimbursed. As for the supply of partial or full dentures, procured by a beneficiary from an source other than the Government Dental Hospital, reimbursement of charges will be restricted to 50% of the amount which would have

been charged by the Government Dental Hospital had the dentures been supplied by the Government Dental Hospital as detailed below:

For full Denture	:up to Rs.5000/- or actual whichever is less, only once in lifetime
For Partial Denture	:up to Rs.3000/- or actual whichever is less, only once in lifetime.
Other dental charges	: as per CMS charges stated.

**Siddi Dental Clinic and Suraksha Dental Services** are recognized for providing 20% discounted rates towards dental treatment to JNC CMS members. This tie-up will be in addition to existing reimbursement facility available in any Pvt/Govt. Hospitals/Clinics and could be on reimbursement basis only and not on cashless/credit facility. JNCASR members are required to produce their ID card along with referral letter from JNCASR Doctors to avail the treatment.

**Reimbursement charges for fixation of crown is restricted only to metallic crown as per CGHS norms.**

## 16. Eye treatment:

The employees and their families will be permitted to go to the eye specialist on the approved panel for getting their eyes tested through the Family Physician/ Authorized Medical Officer. The charges will be borne by the Scheme. The eye specialists will in addition to any other treatment prescribe this facility.

16.1. Goggles will not be provided nor will its purchase be subsidized under the Scheme. If the Contact lens is warranted, it will be permitted under the certificate of the recognized specialist and the reimbursement of charges will be restricted to 50% of the total cost.

16.2 For cataract operation including implants IOL/Multi focal lens etc. conducted through referral, the reimbursement will be as follows:

1. Cataract Operation with IOL (As per medical committee resolution dated November 5, 2018)	: Rs.25,000/-each eye.
2. Squint correction per eye	: Rs.10000/-
3. Biometry	: Rs.5000/-
4. Other diseases	: Treatment Charges as per CGHS rates

Reimbursement charges incurred in respect of spectacles, by the members of the CMS at the Center at the rate of **Rs.10,000/-per member**, during a period of **five years** irrespective of the number of purchases made. Five years period for this purpose will be reckoned from the date of first purchase made.

Purchase of two spectacles in view of offer price: The expenditure will be reimbursed for one spectacle (plus applicable taxes proportionately for one spectacle, if any) only or his/her entitlement, whichever is less.

Reimbursement for **antiglare glasses** or additional features in spectacles not approved.

Reimbursement for two spectacles at a time will be approved only after submission of specialist prescription.

**Dr. Agarwal Eye Hospital, Yelahanka** is recognised for extending CGHS rates to JNCASR CMS Members and contract employees for eye treatment. CMS members are required to produce the JNCASR Employee ID card with referral letter from JNCASR Doctors. In respect of staff hired through Manpower Agencies or on contractual assignment, referral from Private Registered Doctors will be required.

**17. Reimbursement of expenses incurred in a medical emergency (other than maternity):**

- 17.1. When there is a medical emergency, a patient may receive medical attendance and treatment from the Family Physician/Authorized Medical Officer or, if he is not available, from any other doctor registered under the Indian Medical Council Act, 1956. In case the treatment is from a doctor other than the Family Physician/Authorised Medical Officer, the employee shall report about the emergency to the Family Physician within four days of its occurrence. The rates as per the approved list of charges will be allowed, provided that (i) the employee produces a certificate obtained from the doctor who attended on the patient about the nature of the emergency which had occurred; and (ii) the claim is countersigned by the Family Physician/Authorised Medical Officer.
- 17.2. Further attendance and treatment as considered necessary by the Family Physician/Authorised Medical Officer might be given in such cases, as detailed in the Scheme.
- 17.3. For the above purpose, the term ‘emergency’ shall mean a situation or contingency when but for the immediate medical aid sought, there would have been, on the basis of the medical and attendant considerations, a serious danger or hazard or severe or deleterious consequences to the health of the patient. The accessibility/ availability or otherwise of the facilities under the Scheme in the context of the severity of medical emergency/ ailment at the time of emergency will also be taken into consideration. The opinion of the Family Physician shall be final as to what constitutes an emergency treatment.
- 17.4. The reimbursement will be allowed only after scrutiny of the bills by the Family Physician/Authorised Medical Officer/Honorary Medical Officer of the Centre who shall determine whether a claim should be reimbursed or not as also the extent to which the reimbursement should be allowed from the point of view of medical necessity, etc., e.g. (a) whether it was a case of medical emergency, (b) whether the intimation regarding emergency was given as required, (c) whether the items included in the claim were medically necessary, and (d) whether the charges/prices are reasonable.

**18. Limitation of liability:**

There shall be a limitation of liability of inpatient care for a particular disease as follows:

	Psychiatric	Other diseases
1.All employees and members Of their families	1 year	18 months
2.Fellows/Visiting Scientists/ Professors/Experts/Senior Faculty Fellows/Faculty Fellows/Endowed Chair Professors	2 months	2 months
3.Retired employees and Members of their families	1 year	18 months
4.Members of families of Deceased employee	1 year	18 months

**19. Miscellaneous provisions:**

- 19.1. The Scheme shall be administered by the Centre or by an authority nominated for this purpose that will exercise administrative and cognate financial powers within the scope of the Scheme.
- 19.2. The Centre may admit any expenditure up to and including Rs.1000/- (Rupees One Thousand only) in each case relating to the Scheme which is not covered by the detailed provisions provided such expenditure is, in its opinion, in consonance with the general objectives of the Scheme.
- 19.3. The Centre may withdraw temporarily or permanently the benefit of the Scheme in the following cases:
- (a) When there are reasons to believe that there is no reasonable prospect of the employee resuming duty after a spell of absence.
  - (b) When the beneficiary is not paying the contribution in time.
  - (c) In the case of misuse of the benefits of the Scheme either by the employee or a member of his/her family.
  - (d) When the employee is either dismissed or removed from service.
  - (e) When the subsistence allowance sanctioned to an employee under suspension is withdrawn, the facilities under the Scheme shall be withdrawn as long as the suspension continues.
  - (f) In such other cases where such a step is considered necessary.

**NOTE:--** Before taking action as mentioned above, the beneficiary concerned will be given a chance, wherever possible, to explain his/her position. A sum of Rs.100/- in the case of Groups A, B and B Officers will be recovered on each occasion for each CONTRIBUTORY MEDICAL SCHEME Diary (registration) lost or misplaced requiring issue of a fresh card. The total recovery on any one occasion of loss, etc. will not exceed Rs.100/- in the case of Groups A, B & C Officers. The Centre or the authority nominated by it under para 16.1 may, for good and sufficient reasons waive any recovery on this account.

- 19.4 In cases where it is found that a beneficiary registered under the Scheme is not eligible to be so registered or is not eligible for any particular benefit under the Scheme, the Centre may decide upon the amount of recoveries in each case and the date from which such recoveries should be effected.
- 19.5 Coronary Care with Cardiac Monitoring including ECG & Diet, may be considered for reimbursement up to a maximum of Rs.1500/- per day.
- 19.6 Claims with regard to lab tests for which rates are not available in the CGHS list, could be processed as applicable to Deluxe/Special ward in St. John's or MS Ramaiah Medical college Hospital whichever is higher.
20. The President may from time to time issue office orders and amend various schedules and forms as may be necessary for the operation of the Scheme.
21. Notwithstanding anything stated above, the President has the power to settle claim, and the decisions will be final and binding.
22. If any question arises relating to the interpretation of these rules, it shall be referred to the Council of Management whose decision thereon shall be final.
23. The entire medical claims under the CMS of the Center shall be preferred within SIX months from the date of consultation. The competent authority in exceptional cases may condone the time limit

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