



भारतीय विमानपत्तन प्राधिकरण
AIRPORTS AUTHORITY OF INDIA

No. AAI/ER/RTI/PIO/2024/418

Dated :05/12/24

To
Shri N.C.Gorai,
Subject : Information under RTI Act. 2005.

Sir,

Reference is made to your RTI application no. AAIKO/R/E/24/00077 dated 08-11-24.

Enclosed herewith please find information which is received in respect of your above mentioned RTI application.

Encl : As above.

Sincerely Yours

H.S. Biswas
05/12/2024
(H.S. Biswas)

General Manager(CNS-ER)/PIO-RHQ-ER,
NSCBI Airport, Kolkata-52

However, if you are not satisfied with the reply/information, you have the option to file an appeal within 30 days from the date of receipt of reply/information to the First Appellate Authority. The details of First Appellate Authority is given below :

To

Smt Nivedita Dubey, RED(ER)/First Appellate Authority (FAA),
Airports Authority of India, Regional Head Quarters,
Eastern Region, N.S.C B.I. Airport, Kolkata-700 052.

INTRA OFFICE NOTE

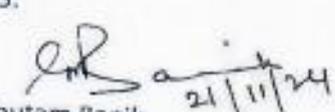
Sub: Application under Right to Information Act, 2005 – i.r.o. Shri N C Gorai (Reg. No. AAIKO/R/E/24/00077 dated 08.11.2024)

Reference is made to the office mail dated 08.11.2024 regarding above mentioned subject.

In this regard the reply of the information sought under Sl.no.1 and 3 in the RTI application of Shri N C Gorai are appended below :

RTI Query Sl.No.	RTI Query	Reply
1	Details of records of my medical reimbursement claims submitted in the last two years, including claim numbers, dates of submission and amounts claimed.	Financial Year 2022-2023 Q1. Rs.12981 paid on 20.04.2022 Q2. Rs.13371 paid on 29.07.2022 Q3. Rs.13371 paid on 21.11.2022 Q4. Rs.13371 paid on 23.01.2023 *Cataract Bill Rs.5000 paid on 16.02.2024 Financial Year 2023-2024 Q1. Rs.13371 paid on 08.05.2023 Q2. Rs.13371 paid on 27.07.2023 Q3. Rs.13371 paid on 20.10.2023 (Less TDS Adjusted Rs.1391). Q4. Rs.13371 paid on 23.01.2024
2	The specific rules and regulations governing medical reimbursement for employees including any limitations or caps on the amount that can be claimed.	Regarding Rules and Regulations may be replied by HR Directorate.
3	The reasons for the discrepancy between the total amount claimed (70000/-) and the amount acknowledged by the office (40000/-) to pay to office.	There was income tax liability for the financial year 2023-24 of Rs.125459/- payable by the employee which was generated due to EL, HPL, PRP, Medical etc. and Rs.42930/- recoverable due to pay arrear.

The above information is provided under the purview of RTI Act 2005.


Gautam Barik

Officiating General Manager (Finance)

To

The Public Information Officer, RHQ-ER, Kolkata

दूरभाष कार्यालय : 2511 4600
भारतीय विमानपत्तन प्राधिकरण
पूर्वी क्षेत्र, वे.सू.च.न.अ. विमानपत्तन, कोलकाता
संदर्भ संख्या.....
दिनांक.....



Tel. Office : 2511 4600
AIRPORTS AUTHORITY OF INDIA
Eastern Region, N S C B I. Airport, Kolkata 52
Ref. No. AA/ER/HR/RTI/2024
Date. 05.12.2024

INTRA OFFICE NOTE

Sub: Application under Right to Information Act,2005- I.r.o. Shri N. C. Gorai (Reg. No. AAIKO/R/E/24/00077 dated 08-11-2024).

Reference is made to your office mail dated 21.11.2024 regarding above-mentioned subject.

In this regard, the reply of the information sought against point no. 2 by Shri N C Gorai is appended below:

Sl. No.	RTI Query	Reply
02.	The Specific rules and regulations governing medical reimbursement for employees, including any limitations or caps on the amount that can be claimed.	The required information is enclosed herewith in Annexure 'A'.

The above information is provided under the purview of RTI Act, 2005.

Encl: as stated above


(Sushil Kumar Gupta)
General Manager (HR)-ER

To
The Public Information Officer, RHQ-ER, Kolkata



भारतीय विमानपत्तन प्राधिकरण AIRPORTS AUTHORITY OF INDIA

A.60011/30/2017/HRPC/63

Dated: 07.02.2019

The Regional Executive Director
Airports Authority of India
Northern/Western/Eastern/Southern/NE Region
New Delhi/Mumbai/Kolkata/Chennai/Guwahati

The Executive Director,
Airports Authority of India
RCDU/FIU,
New Delhi

The Airport Director
Airports Authority of India
Kolkata/Chennai Airport

The Director,
Indian Aviation Academy
New Delhi

The Principal,
Civil Aviation Training College (CATC)
Bamrauli, Allahabad

The General Manager
Airports Authority of India
CRSD/E&M Workshop
New Delhi

CHRM Circular No: 10/2019: Revised AAI Medical Policy

In partial modification to the existing Medical policy for AAI Beneficiaries, the Competent Authority has approved the modification/addition in the existing Medical Policy as mentioned below:

1. OPD Medical Treatment for AAI beneficiaries:

1.1. Serving and Retired AAI Beneficiaries shall have an option to opt either of the schemes, which are mentioned below. Employee will have an option to submit for the desired option every year in first month of the financial year. Once the option is freeze for the financial year, it can only be changed in the next financial year.

1.2. Scheme - A

Serving and Retired executives shall have an option to opt for scheme A in which they are entitled to their entitled annual ceiling as medical reimbursement as mentioned below on submission of bills.

1.2.1. For Serving Executives:

Level	Pay Scale w.e.f 01.01.2017	Annual Ceiling (In INR)
E-1	40000-140000	69000
E-2	50000-160000	73600
E-3	60000-180000	78200
E-4	70000-200000	82800
E-5	80000-220000	87400
E-6	90000-240000	92000
E-7	100000-260000	100000
E-8	120000-280000	120000
E-9	150000-300000	150000
Board Members/CVO	180000-340000	180000
Chairman	200000-370000	200000

1.2.2. For Retired Executives

Level	Pay Scale w.e.f 01.01.2017	Annual OPD Ceiling (In INR)
E-1	40000-140000	37260
E-2	50000-160000	39330
E-3	60000-180000	41400
E-4	70000-200000	45540
E-5	80000-220000	47610
E-6	90000-240000	49680
E-7	100000-260000	51750
E-8	120000-280000	60000
E-9	150000-300000	75000
Board Members/CVO	180000-340000	90000
Chairman	200000-370000	100000

1.3. Scheme B:

- 1.3.1. Serving Executives will have an option to opt for OPD reimbursement (as mentioned below), on self-certification basis in Employee self-service (ESS) portal, limited to the 80% of the annual ceiling amount mentioned in Scheme A as per their entitlement. This amount is given on quarterly basis on self-certification basis.

For Serving Executives

Level	Pay Scale w.e.f 01.01.2017	Annual Ceiling (In INR) (80% of Scheme - A)
E-1	40000-140000	55200
E-2	50000-160000	58880
E-3	60000-180000	62560
E-4	70000-200000	66240
E-5	80000-220000	69920
E-6	90000-240000	73600
E-7	100000-260000	80000
E-8	120000-280000	96000
E-9	150000-300000	120000
Board Members/CVO	180000-340000	144000
Chairman	200000-370000	160000

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- 1.3.2. Similarly Retired Executives Officials shall also have an option to opt for OPD reimbursement on self-certification basis for which the entitled amount would be 80% of the annual ceiling amount fixed for Scheme-A as per their entitlement. This amount is given on quarterly basis on self-certification and will be given without submission of the bills.

For Retired Executives

Level	Pay Scale w.e.f 01.01.2017	Annual Ceiling (In INR) as per Scheme -B (80% of Scheme -A)
E-1	40000-140000	29808
E-2	50000-160000	31464
E-3	60000-180000	33120
E-4	70000-200000	36432
E-5	80000-220000	38088
E-6	90000-240000	39744
E-7	100000-260000	41400
E-8	120000-280000	48000
E-9	150000-300000	60000
Board Members.CVO	180000-340000	72000
Chairman	200000-370000	80000

- 1.4. **Annual increase of 3% every financial year** in the OPD ceiling in both the schemes for serving and retired executives.
- 1.5. A total amount of **Rs. 20,000/- with increment of 3% every financial year** shall be provided for both Dental and Physiotherapy to all AAI officials (both Retired and Serving) who opt for Scheme A or Scheme B **on submission of actual bills**. The said amount shall be in addition to the annual OPD ceiling being provided for both the Schemes for Serving and Retired AAI officials. Once the said amount of Rs. 20,000/- is exhausted by the beneficiaries, no further amount shall be provided and all further expense in respect of Dental and Physiotherapy shall be borne within OPD ceiling only.
- 1.6. The consultation fee as per actuals / all medicines / vaccination/ all tests including packages prescribed by registered medical practitioner/specialist doctor advice shall be admissible within the OPD ceiling including chronic disease expenditure.
- 1.7. To consider the dependency condition, financial Income limit of the family members from all sources (Including pension, temporary increase on pension or stipend etc.) shall be enhanced to **Rs. 9000/-**. Pension for defining financial ceiling is excluding Dearness allowance.

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2. Pathological Test/Imaging

2.1. All Test/ Imaging shall be allowed for reimbursement when the test is done from any NABI, accredited labs, CGHS approved labs and AAI empaneled labs for all beneficiaries. Reimbursement will be made as per actuals within OPD ceiling.

2.2. The provision of reimbursement of OPD test costing 500/- and above stands dispensed with.

2.3. The followings **high cost test** shall be reimbursed over and above OPD ceiling:

- I. MRI scans
- II. CT scans
- III. PET scans
- IV. Cancer or Tumor marker tests
- V. Nuclear Medicine Imaging/test
- VI. DEXA scans
- VII. Biopsy (Including CT guided), if done as OPD procedure
- VIII. EEG (Electro Encephalogram)
- IX. ERCP
- X. Any other single test costing more than Rs. 5000.

3. Chronic Disease.

There are two chronic disease list as mentioned in Annexure A and B for both serving as well as retired employees.

3.1. **Chronic disease mentioned in Annexure A (Only Applicable to those Serving and Retired officials who opt for Scheme A, i.e. NOT applicable to those who opt for Scheme B)**

3.1.1. For the expenditure incurred towards treatment of chronic diseases mentioned at Annexure - A, an additional 40% of the entitled annual ceiling shall be admissible subject to the conditions that the annual ceiling limit for OPD expense is exhausted during the financial year for both serving and retired employees.

3.1.2. Issuance of Chronic Certificate, on the recommendation of attending medical consultant, by HR/Administration department for both Serving and Retired AAI officials is mandatory.

3.2. **Chronic/Critical disease mentioned in Annexure B (Applicable to both Serving and Retired Official who has chosen either of the scheme, i.e. either Scheme A or Scheme B)**

3.2.1. To meet the expenditure incurred for the treatment for the critical diseases mentioned in Annexure - B the expenditure so incurred will be out of annual OPD ceiling limit. In other words, for treatment of diseases mentioned in

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Annexure -B there shall be 100% reimbursement to both serving and retired employees.

3.2.2. Issuance of Chronic Certificate, on the recommendation of attending medical consultant, by HR/Administration department for both Serving and Retired AAI officials is mandatory.

3.3. Chronic certificate with reference to listed diseases as mentioned in Annexure A and Annexure B will be issued by HR/Administration Dte. at respective stations with the approval of concerned RJDs/APDs and at CHQ by ED (Admn)/GM(Admn) on the recommendation of attending medical consultant specialist.

4. Home based treatment

4.1. In case of the following conditions, the home based treatment shall be provided which are out of the purview of OPD ceiling.

- I. Coma
- II. Head injury resulting into paralysis of all the four limbs causing patient to become bed-ridden.

4.2. Condition of Home based treatment

4.2.1. Applicable to employee, spouse and dependent children only.

4.2.2. It is allowed in situations only where the patient is bed ridden (paralysis of limbs/ loss of bowel & bladder control/ feeding through Nasogastric tube etc.), and patient is on parenteral medication/ nutrition.

4.2.3. The medicines, injections, syringes/ needles etc. (consumable) will be paid on production of prescription from the attending consultant and purchase vouchers. The items like dressing material, diapers, thermometers, sanitizers, food supplements etc. are not payable.

4.2.4. In case of requirement of nursing care at home - the same will be allowed @ **Rs. 25000/- per month** or actual whichever is less for metro cities subject to the production of valid letter of agreement between the nursing care agency and the employee. The agreement shall contain the credentials of nursing staff being deputed.

4.2.5. In case of other cities, the nursing charges will be allowed as per following rates

'Y' Class of cities = Rs. 20000/-

'Z' Class of cities = Rs. 17500/-

4.2.6. In case of requirement of physiotherapy services, the same will be provided at the prevailing CGHS rates on prescription of the attending consultant.

5. **Annual Medical Health Check Up for Employees**

- 5.1. For GM (E-8) and above: The Health package can be availed every year which includes the tests as mentioned in **Annexure C** in addition to the existing tests as applicable in case of GMs (E-8) and above.
 - 5.2. For Executives who are below GM (E-8) level and over the age of 50 years, the health package, as per **Annexure -D**, can be availed once in every year.
 - 5.3. These annual medical health checkups shall be considered over and above annual OPD ceiling and shall be availed from NABL accredited labs, CGHS approved and LAI empaneled labs.
 - 5.4. Health package may be fixed at a fixed cost. In this regard, competitive rates shall be fixed by respective RIEDs and EID(admn) for CHQ along with empanelment of pathological labs and imaging centers.
6. The LAI beneficiaries shall be allowed to avail the facility of the artificial appliances (in addition to the existing one) such as: Wheel Chair (Non-Motorized), Insulin Pump (Only in cases of Juvenile DM), Orthopedic Prosthesis (Non-Motorized) and any other appliances as approved under CGHS provided that the reimbursement of the same would be as per the prevailing CGHS rates or actual whichever is lower. Any amount over and above CGHS rates shall be borne by employees only as per existing guidelines.

7. **IPD medical treatment**

- 7.1. In case of remote locations in various regions where the medical health care facilities are not available at par with the main land and the difficulties are being faced to empanel the hospitals/ nursing home, then the special provisions as in case of NER (in accordance with circular A.60011/35/2014- GS iii (Medical) dated 13th Feb 2017), for a period not more than two years, shall be considered to empanel the hospitals/ nursing homes by the respective RIED's. In all such cases, the O/o RIED's are to make the case and submit their duly justified and recommended proposal to CHQ for obtaining the approval of the CA i.e. Member-HR.
- 7.2. **In case of eye treatment:** Only in diseases of Retina, where the conventional treatments procedures are not recommended by the specialist consultant, then the treatment through Laser procedures may be allowed subject to the certificate issued by the attending consultant.
- 7.3. Any kind of cosmetic/ beautification treatments shall not be allowed under IPD treatment.

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8. Financial Contribution by Retired Employee to become member of the scheme:

8.1. Currently applicable membership renewal fee of **Rs.50/- for every three years shall stands dispensed with.**

8.2. Employees who are going to retire after issuance of this scheme may join the AAI Medical scheme by making a onetime lump sum payment as mentioned below:

Level	Lump Sum Contribution (In INR)
Group B officials and Group A official up to AGM level	3500 -
DGM to GM level	4000 -
ED and above	5000 -

8.3. All existing retired employees who are member of the existing Medical scheme need not to pay any renewal fees or lump sum contribution as mentioned in para 8.2 above.

8.4. All retired employees who wish to avail AAI medical benefit scheme has to submit life certificate for themselves and their dependents yearly in the beginning of financial year, i.e. in the month of April.

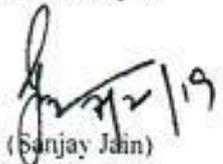
8.5 In accordance with the DPE guidelines (DPE O.M No W-02.0028 2017-DPE (WC)-GI-XIII'17 dated 3rd August 2017) Board level appointee are entitled for post-retirement medical benefits (without any linkage to provision of 15 years of service) upon completion of their tenure or upon attaining the age of retirement, whichever is earlier.

8.6. Retired Employee may add his/her dependent parents, who are not taking medical facility from any other source, as a part of family for the purpose of availing retired medical benefit scheme subject to meeting the financial condition of dependency of the family member.

9. The above mentioned scheme is applicable from **1st April 2019.**

10. Revised medial ceiling in respect of Non-Executive will be issued separately.

11. All other terms and condition, except to the extent as modified above, shall remain same as per the existing guidelines issued time to time.


(Sanjay Jain)
Executive Director (HR)

Distribution:

- DGM (ES) to Chairman
- DGM (ES) to Member (Fin / HR /Ops/Plng / ANS) / CVO
- All HODs at CHQ Operational Office/AAI Office Complex
- GM(IT) for uploading on AAI website/ All GM(HR)/GM (SAP)
- GS - AAOA (I)/ ATC Guild (I) / IAAIOA / AAI Engg. Guild(I) / AAI SC ST Association
- GS - AAIEU
- Hindi Version will follow.

Annexure - A

➤ Chronic Diseases as applicable to those who opt for Scheme A.

- | | | |
|-----------------------|-------------------------------------|---|
| 1. Tuberculosis | 11. Chronic Renal Failure | 21. Cystic Fibrosis |
| 2. Metabolic Diseases | 12. Parkinson | 22. Sarcoidosis |
| 3. Epilepsy | 13. Hypothyroidism & Myxedema | 23. Systemic Hypertension |
| 4. Pemphigus | 14. Hyperthyroidism (Thyotoxicosis) | 24. Cardiac Arrhythmias |
| 5. Bronchial Asthma | 15. Open angle Glaucoma | 25. Osteoporosis & All types of Arthritis |
| 6. Hepatitis B | 16. Retinal Detachment | 26. Crohn's Disease |
| 7. Hepatitis C | 17. COPD | 27. Muscular Dystrophy |
| 8. Nephrotic Syndrome | 18. Diabetes | 28. Ankylosis Spondylitis etc. |
| 9. Ulcerative Colitis | 19. Schizophrenia | 29. SLE |
| 10. Aplastic Anemia | 20. Bronchitis | 30. Ischemic/Rheumatic Heart Diseases |



Annexure – B

100% Reimbursement is applicable for the following critical Chronic disease subject to the issuance of Chronic Certificate by HR/Administration department for both Serving and Retired AAI officials.

1. Kidney Dialysis
2. Thalassemia
3. Cancer
4. Hemophilia
5. Post Organ Transplant medication.
6. Cirrhosis of Liver
7. HIV infection (AIDS)



Annexure – C

Test admissible for GM and above level (once in every year)
Eye (Fundus)Examination
TMT
ECHO
S. Vit - D3 Level
Tonometry
PSA (for Men)
PAP Smear (for Women)
Hemogram
1. HB%
2. TLC
3. DLC : P L/M/E/B
4. ESR
5. Peripheral Smear
Blood Sugar- F/PP
Liver Function Test
Kidney Function Test
Lipid Profile
Cardiac Profile
1. S. LDH
2. CK-MB
3. S.CRP
4. SGOT
USG- whole Abdomen
ECG
X-Ray Chest
Mammography

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Annexure D

Test admissible for Executives (E-1 to E-7) over the age of 50+ once Every year)
Hemogram
1. HB ^a
2. H.C
3. DLC : P L M E B
4. ESR
5. Peripheral Smear
Blood Sugar- F PP
Liver Function Test
Kidney Function Test
Lipid Profile
Cardiac Profile
1. S. LDH
2. CK-MB
3. S.CRP
4. SGOT
PSA (for Men)
PAP Smear (for Women)
USG- whole Abdomen
ECG
X-Ray Chest
Eye (Fundus) Examination
ECHO
Mammography

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फा.सं० ए-80011/88/2011-पीपी

भारतीय विमानपत्तन प्राधिकरण
AIRPORTS AUTHORITY OF INDIA

दिनांक : 17 जनवरी, 2012

क्षेत्रीय कार्यपालक निदेशक,
भारतीय विमानपत्तन प्राधिकरण,
उत्तरी/पश्चिमी/पूर्वी/दक्षिणी/पूर्वोत्तर क्षेत्र,
दिल्ली/मुंबई/कोलकाता/चेन्नई/गुवाहाटी

कार्यपालक निदेशक,
आरसीडीयू/एफआईयू,
भारतीय विमानपत्तन प्राधिकरण,
नई दिल्ली

विमानपत्तन निदेशक,
भारतीय विमानपत्तन प्राधिकरण,
कोलकाता/चेन्नई हवाई अड्डा

निदेशक
भारतीय विमानन अकादमी
नई दिल्ली

प्रधानाचार्य,
नागर विमानन प्रशिक्षण कॉलेज,
इलाहाबाद

महाप्रबंधक,
सीआरएसडी/विद्युत एवं यांत्रिक वर्कशाप,
भारतीय विमानपत्तन प्राधिकरण,
नई दिल्ली

निगमित मा.सं. प्र. परिपत्र सं. 01/2012

विषय: भा.वि.प्रा. चिकित्सा लाभ योजना के तहत व्यय कटौती

प्रबंधन द्वारा यह देखा गया है कि पिछले कुछ समय से भा.वि.प्रा. में चिकित्सा व्यय अनेक कारणों से बढ़ रहा है इसलिए इस व्यय को कम करने के लिए तुरन्त उचित कदम उठाने की आवश्यकता महसूस की गई है। अतः 'आंतरिक उपचार' के संबंध में निम्नलिखित निर्णय किए गए हैं :-

- (i) सुपर स्पेशलिटी अस्पतालों में दाखिला चिकित्सा विज्ञान की कुछ विशिष्ट शाखाओं यथा ओन्कोलॉजी, ओन्को-सर्जरी, हृदय विज्ञान तथा हृदय शल्य चिकित्सा, मुख्य ओर्थोपेडिक शल्य चिकित्सा (जोड़ प्रतिस्थापन सर्जरी सहित) नेफरो सर्जरी, नेफ्रोलॉजी, जी आई सर्जरी, न्यूरो सर्जरी तथा न्यूरोलॉजी के उपचार हेतु ही लिया जा सकेगा।
- (ii) गैर आकस्मिक परिस्थिति में इनडोर उपचार के लिए दाखिला भा.वि.प्रा. चिकित्सक/पैनल चिकित्सक की संस्तुति के उपरांत ही लिया जा सकेगा।
- (iii) एक बार के दाखिले में अधिकतम व्यय की सीमा कार्यपालकों के लिए रु. 10 लाख तथा गैर कार्यपालकों के लिए रु. 7 लाख होगी। इसके अतिरिक्त इनडोर उपचार पर प्रति परिवार के वार्षिक व्यय की सीमा कार्यपालकों के लिए रु. 15 लाख तथा गैर कार्यपालकों के लिए रु. 10 लाख होगी। हालांकि विशिष्ट मामलों में, जिनमें सीमा में छूट लेना अति आवश्यक है, ऐसे मामले मेडिकल हिस्ट्री/परामर्श के साथ पूर्ण औचित्य सहित अनुमोदन हेतु निगमित मुख्यालय भेजे जाएं।
- (iv) चिकित्सीय परामर्श पर लाभार्थी द्वारा कोई भी चिकित्सा उपकरण/यन्त्र विधिवत गठित चिकित्सा खरीद समिति के माध्यम से ही खरीदा जा सकेगा।

- (V) सभी क्षेत्र/ हवाई अड्डे प्रत्येक तिमाही में निगमित मुख्यालय को एक रिपोर्ट प्रस्तुत करेंगे जिसमें कर्मचारी- वार इनडोर व्यय, पैथोलॉजी टेस्ट, चिरकालिक रोगों तथा चिकित्सा उपकरण खरीद पर हुए व्यय की सूचना दी जाएगी। तिमाही रिपोर्ट संबंधित समाप्त तिमाही से अगले माह की 10 तारीख तक निगमित मुख्यालय को भेज दी जाए। जनवरी-मार्च, 2012 तिमाही की प्रथम रिपोर्ट 10-4-2012 तक भेजी जाए और इसी प्रकार आगे की गणना की जाए।
2. जिन स्टेशनों/ इकाईयों में भा.वि.प्रा. चिकित्सक उपलब्ध नहीं है, स्वतंत्र/ निजी चिकित्सकों को संबंधित क्षे.का.नि. के अनुमोदन से ऊपर उल्लिखित विन्दु (ii) के संबंध में कार्रवाई सहित सभी उद्देश्यों के लिए पैनल में ले लिया जाए।
 3. उपर्युक्त का कड़ाई से अनुपालन व मॉनीटरिंग की जाए।
 4. यह सक्षम प्राधिकारी के अनुमोदन से जारी किया गया।



(के.के. झा)
सदस्य (मानव संसाधन)

आन्तरिक वितरण:

- अध्यक्ष महोदय के विशेष कार्याधिकारी
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- कार्यपालक निदेशक (वित्त)/ कार्यपालक निदेशक (प्रशासन)/कार्यपालक निदेशक (मा.सं.)/ कार्यपालक निदेशक (सीए एण्ड सीएस)
- महाप्रबंधक(आईटी) - परिपत्र को भाविप्रा वेबसाइट पर अपलोड करने हेतु
- मा.सं. / प्रशा. के सभी महाप्रबंधक - वीएस/ आरके /आर एस एम/ आरडी/उप महाप्रबंधक (एम एस)
- महासचिव, ए.ए.ई.यू.
- अध्यक्ष/ महासचिव -ए.ए.ओ.ए.(आई)/ आई.ए.ए.आई.ओ.ए./ ए.सी.ओ.ए (आई)/ ए.टी.सी गिल्ड(आई)/ए.ए.आई इंजीनियरिंग गिल्ड / ए.ए.आई अनुसूचित जाति व अनुसूचित जनजाति कल्याण संघ
- सूचना पट्ट



भारतीय विमानपत्तन प्राधिकरण
AIRPORTS AUTHORITY OF INDIA

No. A. 60011/88/2011-PP

Regional Executive Director
Airports Authority of India,
Northern /Western/Eastern/Southern/NE Region
New Delhi/Mumbai/Kolkata/Chennai/Guwahati

Airport Director
Airports Authority of India
Kolkata/Chennai Airport

Principal
CATC
Allahabad.

17th January, 2012

Executive Director,
RCDU /FIU
AAI, New Delhi

Director
Indian Aviation Academy
New Delhi

General Manager,
CRSD / E&M Workshop
AAI, New Delhi

Corporate HRM Circular No. 01 /2012

Sub: Pruning of expenditure under AAI medical benefits scheme.

It has been observed by the Management that medical expenditure in AAI has been increasing for quite sometime on account of various reasons and, as such, it is felt that there is an urgent need to take appropriate measures to prune the same. Therefore, the following decisions have been taken in respect of 'Indoor Treatment':

- i. Admission in Super Speciality Hospitals will be restricted for treatment in certain specified branches of medical sciences only viz. Oncology, Onco-surgery, Cardiology and Cardiac Surgery, major Orthopedic Surgery (including joint replacement surgery), Nephro Surgery, Nephrology, GI Surgery, Neuro Surgery and Neurology.
 - ii. The admission for indoor treatment in non-emergent situation shall be subject to recommendation of AAI doctor/empanelled doctor.
 - iii. The maximum expenditure on single admission may be capped at Rs. 10 lacs and Rs. 7 lacs for executives and non-executives respectively. Further, per family there will be an annual cap of Rs. 15 lacs in the case of executives and Rs. 10 lacs in the case of non-executives on indoor treatment. However, in exceptional cases, where relaxation of the limit is absolutely necessary, such cases shall be referred to CHQ with full justification along with medical history / advice for approval.
 - iv. Any medical equipment / device to be procured by a beneficiary on medical advice shall be done through a duly constituted Medical Procurement Committee.
 - v. All Regions / Airports should furnish quarterly report of medical expenditure employee-wise indicating expenditure on indoor, pathological tests, chronic diseases and medical equipment to CHQ. The quarterly report should be forwarded to CHQ by 10th of next month in respect of the previous quarter. The first report of the quarter January - March, 2012 is to be forwarded by 10.04.2012 and so on.
2. At the Station / Units, where AAI doctors are not available, independent / private doctors may be empanelled with the approval RED concerned for all purposes including in respect of action on (ii) above
 3. The above is for strict monitoring and compliance.
 4. This issues with the approval of the Competent Authority.


[K.K. Jha]
Member (HR)

Internal Distribution:

- OSD to Chairman
- PS to Member (Plng.) / Member (ANS) / Fin. / Member (Ops.) / CVO
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- General Secretary, AAEU
- President / General Secy. - AAQA (I) / IAA / IOA / ACOA (I) / ATC Guild (I) / AAI Engg. Guild / AAI SC/ST Welfare Association
- Notice board

राजीव गांधी भवन
Rajiv Gandhi Bhawan

सफदरजंग हवाई अड्डा, नई दिल्ली-११०००३
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No. D-12016/7/2015-Medical/36mm

भारतीय विमानपत्तन प्राधिकरण AIRPORTS AUTHORITY OF INDIA

Date: 23.12.2015

The Executive Director
Airports Authority of India
Northern/Western/Eastern/Southern/NER

The Airport Director
Airports Authority of India
Kolkata/Chennai Airports

The Principal
CATC, Allahabad

The Executive Director
RC&DU /CRSD/FIU/IA
AAI, New Delhi

The Director
Indian Aviation Academy
New Delhi

The General Manager
CRSD/E&M Workshop
AAI, New Delhi

Subject : Settlement of indoor medical treatment cases beyond annual cap limit -reg.

Reference Corporate HRM Circular No. 01/2012 issued vide circular no. A 60011/88/2C 1-PP dated 17th January, 2012.

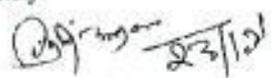
2. It has been observed by the CHQ Medical Committee that while examining medical emergency cases received from various regions/airports which require immediate relief, the same is not reaching the patients on time resulting in loss of time and money. In order to address the issue, Medical Committee in its meeting no. 4 held on 09.09.2015, has decided to delegate the power to Regional Executive Directors / Airport Directors of Chennai and Kolkata Airport and Principal CATC, Allahabad to address the issue immediately so that lives are saved.

3. Therefore, annual cap limit for diseases / ailments as mentioned below for indoor medical treatment are to be dispensed with and settled on emergent basis:

- i. Cancer
- ii. Head Injury
- iii. Accidental injuries resulting in Coma
- iv. Organ Transplants

4. For rest of the diseases/ailments, the expenses for indoor medical treatment over and above the annual cap limit may be approved for reimbursement on case to case basis by the above offices and all such settled cases on quarterly basis may be sent to Headquarters for references and record. Accordingly, all cases related to annual cap limit shall be dealt by the Regional / International airports of Kolkata /Chennai and CATC, Allahabad.

5. This issues with the approval of Competent Authority and comes into effect immediately.


(ANUJ AGGARWAL)
Member (HR)

Distribution :

DGM (FS) to Chairman

DGM (FS) /AGM (EA) to Member (Plg./Fin/HR/Ops./ANS)

ED (Admin)/HR/Fin.

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President/GS - AAOM(IYIAAIOA/ACOA(I) : AAI SC/ST W.A./ATC Guild (I)/AAI Engg. Guild

✓ DGM (IT) - or uploading the circular in AAI Website

Notice Board.

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