



CHHATTISGARH STATE POWER TRANSMISSION CO. LTD.

(A Govt. of Chhattisgarh Undertaking)

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ABSTRACT of CSPCHS

Sub: -Chhattisgarh State Power Company Contributory Cashless Health Scheme.

The main features of the Chhattisgarh State Power Company Contributory Cashless Health Scheme (CSPCHS) are as under -

(1) Implementation Support Agency (ISA) model - Under the scheme, Chhattisgarh State Power Transmission Company Limited has appointed M/s Vidal Health Care Services Pvt. Ltd., Bangalore as Implementation Support Agency (ISA). The ISA shall ensure cashless treatments to the beneficiaries of the scheme at Network Hospitals. The bills raised against investigation/treatment of the beneficiaries will be examined by ISA as per rules and send it to the CSPC for payment. Thereafter, concerned Chhattisgarh State Power Companies shall make payment to concerned hospital.

(2) Medical facilities available under health scheme-

The following expenses are covered under the scheme at AGREED rate: -

- (i) In case of any disease /accident, all the expenses incurred on hospitalization such as doctor / Surgeon Fee, Medicines (this also includes medicines required after discharge), Checking Fee, Pathology Fee, Nursing Fees, room/ICU/ICCU Fees, Ambulance etc. will be covered. (subject to sub limits of clause-8).
- (ii) All expenses incurred for day-care surgeries/procedures.

(3) Health Risk Coverage and Contribution of beneficiary-

(i) Option 1 - Total Medical facility (cashless/reimbursement) for each family Rs. 10 lakhs per annum (Family Floater) for the beneficiary contributing Rs. 1,000 p.m. per family.

(ii) Option 2 - Total Medical facility (cashless/reimbursement) for each family Rs. 5 lakhs per annum (Family Floater) for the beneficiary contributing Rs.500 p.m. per family.

(4) Preventive Health Check-up - Preventive Health Check-up (as per Annexure 1) - once in every two-year period of the scheme allowed to the beneficiaries opting option 1, ONLY (Medical facility of Rs.10 lakh) on Cashless basis at Network hospitals having all such facilities, else reimbursement shall be allowed.

(5) The limit of health risk cover (Rs. 5/10 lakh) in the scheme includes the expenses towards treatment/investigations, preventive health check-up and ambulance charges. In case actual expenses are more than the limit as per the option chosen (5/10 Lakh) then payment of such excess expenses has to be done by the beneficiary to the hospital before discharge, however the hospital shall be obliged to bill such amount at agreed rates.

(6) In case of an accident during departmental work - Regular employees will be provided cashless facility for treatment/ investigations in network hospitals on the recommendation of the controlling officer without any upper limit of expenses. This expenditure will not be adjusted with health risk coverage of such beneficiary (employee).

(8) The other important points of CSPCHS are as following -

- (i) Maternity hospitalization expenses for normal delivery up to a maximum of Rs. 25,000/- and for Caesarean delivery up to a maximum of Rs. 60,000/- are admissible in the scheme (for first 2 deliveries only and for that declaration of beneficiary will be sufficient)
- (ii) After marriage life partner (Husband/Wife) will be included in the scheme and will be able to take advantage of medical facilities as per the need.
- (iii) Dependent new-born is included in this scheme from birth and they will get the benefit of medical facilities as per the need. (for dependency - for that declaration of beneficiary will be sufficient)
- (iv) All diseases of all beneficiaries (Which will also include pre-existing diseases) are included in the scheme.
- (vi) Certain dental treatments, excluding treatments of cosmetic nature like scaling @ Rs. 1000/-, tooth extraction simple @ Rs. 750/- per teeth and complicated @ Rs. 1250/- per teeth, root canal treatment (RCT) @ Rs. 2500/- per teeth, X-ray @ Rs. 100/- per teeth, OPG Rs. 750/- and capping Zirconia @ Rs. 5000/- per teeth & Metal Ceramic @ Rs. 3500/- per teeth are covered in the scheme under the day care treatment. These expenses are subject to the limit of Rs.15,000 per beneficiary per scheme year.
- (vii) Treatment of congenital internal/external diseases, defects and deformities is covered in the scheme.

- (viii) Chemotherapy, dialysis, radiotherapy, kidney/liver failure (Thompson's disease), HIV. Expenses incurred in treatment/investigation etc. are included in the scheme.
- (ix) In the event of an accident, the one-time expenditure on supply and fitting of necessary external artificial devices and assistive artificial devices (spectacles, hearing aids, prostheses etc.) is included in the scheme.
- (x) After discharge, the expenses of medicines given by the hospital at the time of discharge for the same disease (for which admission was made) is covered under the scheme for a maximum of 30 days.
- (xi) Expenses towards following are included in the scheme
- a) Registration fee charged by the hospital/Service Fee/Surcharges and
 - b) Consumables (such as drip set, tubes, oxygen mask, all disposable used in ICU, disposable syringe, catheters etc.)
 - c) Consumables like orthopedic implant, hernia mesh, cardiac valves, pace maker, shunts, cardiac stent, intraocular lens etc., are also allowed only after providing packing slip having batch number of such item.
- (xii) Expenses for cataract surgery and lenses etc. are included. The limits of the allowable expenses are as under:
- (a) The rates of Phaco surgery for each eye including various investigations are Rs. 10000/- for Non NABH and Rs. 11500/- for NABH hospital or the hospital rates whichever is less.
 - (b) Allowable Expenses towards cost of monofocal/bifocal lens will be Rs.15000, or cost of Monofocal/Bifocal lens (i.e. considering 80% of MRP of lens) whichever is less.
 - (c) Allowable Expenses towards cost of multifocal lens will be Rs. 23,500, or cost of multifocal lens (i.e. considering 80% of MRP of lens), whichever is less.
- (xiv) Treatment expenses for mental illnesses are also included in the scheme.
- (xv) In case of organ transplantation, the medical expenses of the organ donor are included in the scheme.
- (xvi) Expenses for modern treatments like liver/kidney/heart/stem cell transplant etc. as per requirement are included in the scheme.
- (xvii) The expenses of treatment/investigation on hospitalization for corona treatment are included in the scheme.
- (xviii) The expenses of plastic surgery done due to accident are covered in the scheme.
- (xix) In case of dialysis, the package rates of CGHS include lab charges, medicine charges.

- (xx) Expenditure on immunotherapy for cancer treatment is included in the scheme.
- (xxi) Chemotherapy Infusion (BMI) fee is included in the scheme.
- (xxii) The cost of implant (subject to the limits mentioned in CGHS, if any) is covered under the scheme, but for the claim, it will be necessary to submit the wrapper MRP with the barcode.
- (xxiii) The Stapler used for the treatment of hemorrhoids is included at the rate of Rs. 20000/- or the hospital rates whichever is less.
- (xxiv) In the case of stay in ICU or ICCU more the 3 days, alpha bed charges is allowed at the rate of Rs. 200/- per day.
- (xxv) The charges for Intra-vitreous Injection is allowed at the rate of Rs.12500/-.
- (xxvi) The rate of Nebulization is allowed at rate of Rs. 52/- and rate of the mask (one time) is also included.
- (xxvii) The rate of PET Scan is included @ of Rs. 20000/-.
- (xxviii) Ambulance charges is included at the rate of Rs. 1000/- +amount (Rs. 30/- per Km) or the actual expenses whichever is less.
- (xxix) In case of Package rate treatment, if additional stay of patient is required in hospital beyond the period covered in the package rate, in exceptional cases supported by relevant medical evidence certified by the concerned hospital. Additional reimbursement shall be allowed for room rent, investigation charges, doctor visit charges (not more than 2 visit per day by any two specialists/consultant and cost of medicines. But in such cases prior approval from Vidal is required.
- (xxx) If the any surgery(major/minor) rates are not specifically mentioned in CGHS rate list, then the billing of such surgery shall be done under the other major surgery and other minor surgery category of respective specialty.
- (xxxi) If the beneficiary goes to OPD in any hospital and after the Investigation, if the hospital advises him to get admitted and if the beneficiary gets admitted, then all the expenses incurred in OPD/investigation can be claimed by the hospital in their invoice under the cashless scheme and the amount will be returned to the beneficiary by the hospital.

(9) Exclusions - The following items will not be included in this scheme: -

- (i) Unproven treatment - expenses related to services/supplies for any unproven treatment (Unproven treatments—those are treatment procedures or supplies that lack important medical documents to support their need).
- (ii) Change in Gender Treatment - Expenses related to changing body properties to the opposite sex through any treatment, including surgical management.

- (iii) The expenses on treatment for an injury sustained during intentional self-injury or attempted suicide.
- (iv) Infertility - This includes the following:
 - a) Expenses of assisted reproductive services including artificial insemination and advanced reproductive techniques such as IVF, ZIFT, GIFT ICSI etc.
 - b) Expenses of gestational surrogacy.
- (v) Refractive error (Refractive Error)
Expenses incurred in treatment for correction of vision in case of refractive error less than 7.5 dioptre.
- (vi) Drug/Intoxicant abuse
Expenses incurred in drug or Intoxicant abuse or treatment for an addictive condition and its consequences.
- (vii) Non-prescription drugs/Diagnostic
Expenses of such tests/medicines which are not supported by prescription by the doctor.
- (viii) Violation of law
Expenses for treatment arising directly from or resulting from any beneficiary who violates or attempts to violate the law with criminal intent.
- (ix) Expenses for cosmetic or beauty treatments for any reason.
- (x) Expenses incurred in plastic surgery performed due to not an accident or not as part of an illness but for other reasons.
- (xi) The expenses of hearing aids, Glasses and contact lenses under normal circumstances
- (xii) The expenses of Dental Treatment/Any type of surgery, that is cosmetic in nature,
- (xiii) The expenses of Surgical treatment of obesity and its complications.
- (xiv) The expenses of vitamins and tonics, which is not part of the treatment of doctor.
- (xv) All non-Medical expenses including convenience items for personal comfort Unless it's part of the treatment.

Cashless Preventive Health Check-up for beneficiary (option-1)

1. For Woman above 35 year age		Non-NABL Rates 2021	NABL Rates 2021
1	CBC ESR	122	140
2	Sugar Fasting & PP	42	48
3	RFT	222	255
4	LFT	225	259
5	Uric Acid	55	63
6	T3 T4 TSH	181	208
7	HbA1c	130	150
8	Lipid Profile	182	209
9	Urine R&M	103	119
	Total	1262	1451

1. For Man above 35 year age		Non-NABL Rates 2021	NABL Rates 2021
1	CBC ESR	122	140
2	Sugar Fasting & PP	42	48
3	RFT	222	255
4	LFT	225	259
5	Uric Acid	55	63
6	T3 T4 TSH	181	208
7	HbA1c	130	150
8	Lipid Profile	182	209
9	Urine R&M	103	119
	Total	1262	1451

2. For Woman above 45 year age

1	CBC ESR	122	140
2	Sugar Fasting & PP	42	48
3	RFT	222	255
4	LFT	225	259
5	Uric Acid	55	63
6	T3 T4 TSH	181	208
7	HbA1c	130	150
8	Lipid Profile	182	209
9	Urine R&M	103	119
10	ECG	150	175
11	ECHO	1255	1475
12	TMT	950	1120
13	Chest X-Ray, PA view	195	230
14	USG whole Abdomen	680	800
15	Mammography X-Ray	315	362
16	PAP Smear	136	156
17	Consultation fee	350	350
	Total	5293	6119

2. For Man above 45 year age

1	CBC ESR	122	140
2	Sugar Fasting & PP	42	48
3	RFT	222	255
4	LFT	225	259
5	Uric Acid	55	63
6	T3 T4 TSH	181	208
7	HbA1c	130	150
8	Lipid Profile	182	209
9	Urine R&M	103	119
10	ECG	150	175
11	ECHO	1255	1475
12	TMT	950	1120
13	Chest X-Ray, PA view	195	230
14	USG whole Abdomen	680	800
15	PSA	281	323
16	Consultation fee	350	350
	Total	5123	5924

3. For Woman above 55 year age

1	CBC ESR	122	140
2	Sugar Fasting & PP	42	48
3	RFT	222	255
4	LFT	225	259
5	Uric Acid	55	63
6	T3 T4 TSH	181	208
7	HbA1c	130	150
8	Lipid Profile	182	209
9	Urine R&M	103	119
10	ECG	150	175
11	ECHO	1255	1475
12	TMT	950	1120
13	Chest X-Ray, PA view	195	230
14	USG whole Abdomen	680	800
15	Mammography X-Ray	315	362
16	PAP Smear	136	156
17	Vitamin B13	225	259
18	Vitamin D3	550	633
19	Consultation fee	350	350
	Total	6068	7011

3. For Man above 55 year age

1	CBC ESR	122	140
2	Sugar Fasting & PP	42	48
3	RFT	222	255
4	LFT	225	259
5	Uric Acid	55	63
6	T3 T4 TSH	181	208
7	HbA1c	130	150
8	Lipid Profile	182	209
9	Urine R&M	103	119
10	ECG	150	175
11	ECHO	1255	1475
12	TMT	950	1120
13	Chest X-Ray, PA view	195	230
14	USG whole Abdomen	680	800
15	PSA	281	323
16	Vitamin B13	225	259
17	Vitamin D3	550	633
18	Consultation fee	350	350
	Total	5898	6816