

No. 17-31/2016-GDS-ESIC
Government of India
Ministry of Communications
Department of Posts
(GDS Section)

Dak Bhawan, Sansad Marg,
New Delhi-110001
Dated: 24.06.2024

To

1. General Secretary, All India Gramin Dak Sevak Union (AIGDSU)
2. General Secretary, All India Postal Employees Union-GDS
3. General Secretary, Bhartiya Gramin Dak Sevak Karamchari Sangh (BGDKS)
4. General Secretary, National Union of Gramin Dak Sevaks (NUGDS)

Subject: Extension of facilities of Pradhan Mantri Jan Arogya Yojana (PM-JAY) to Gramin Dak Sevaks (GDS) and dependent family members - regarding.

Sir,

The GDS Unions are requested to refer to this office letter of even number dated 16.05.2024 on the above mentioned subject and their comments on the proposal for extension of medical facilities of Pradhan Mantri - Jan Arogya Yojana (PM-JAY) to Gramin Dak Sevaks (GDS). This office is in receipt of comments from all the GDS Unions except, All India Postal Employee Union-GDS. In addition, this office has also received the comments from Bhartiya Gramin Dak Karamchari Sangh. The comments/views furnished by the Unions have been examined and the observations of this Department on the same are enclosed.

2. It may be noted that Department has already explored various options to provide medical facilities to the GDS in the past, which included, health cover through General Insurance Companies, ESIC etc., however, none of these could be finally materialized due to objections from Union representative from major Union/Ministry of Finance. In the given circumstances, PMJAY appears to be the only viable and available option to provide health cover to GDS. It may also be noted that Unions were informed time and gain in union meetings and other informal meetings that NHA has been contacted to include GDS in PMJAY and none of the Unions raised any substantial objection.

3. In view of the above, all concerned Unions are requested to review their observations/comments and send their specific consent to the proposal by 27.06.2024 positively. At this juncture, when the proposal is at advance stage, if the proposed scheme is not agreed to by the Unions representing the majority of GDSs, the Department would be left with no other option but to drop the proposal as well as the demand of the Unions for providing medical facilities to GDSs. However, the GDS can raise this demand to the committee to review their terms

and conditions as and when the same is constituted.

Yours sincerely,

(Ravi Pahwa)
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Encl: - As above.

Annexure

Extension of facilities of Pradhan Mantri Jan Arogya Yojana (PM-JAY) to Gramin Dak Sevaks (GDS) and dependent family members- observations on the views/comments of the GDS Unions

Sl No	Union name	Union Comments	Observations of GDS Section
1.	All India Gramin Dak Sevaks Union (AIGDSU) [letter dated 24.05.2024]	<p>(i) It is unclear whether hospitalization is limited to 15 days, including OPD treatments.</p> <p>(ii) It is not clear what happens after '15 days' will the beneficiary be left to fend for himself?</p> <p>(iii) It is not specified if certain ailments are not covered under the scheme.</p> <p>(iv) There is ambiguity regarding whether there is any relaxation for severe ailments such as cancer or open-heart surgery, or whether the '15-day' limit and 5 lakh rupees coverage are absolute.</p> <p>(v) Whether the scheme will be applied only to those who opt for it, or if it will be applied.</p> <p>(vi) If CGHS is not available to GDS, a new scheme called CGHS (GDS) may be introduced. After all the beneficiaries pay for it.</p>	<p>The union may be clarified as under:</p> <p>i) There is no limitation on the number of days for In door patient in the scheme. However, there is an upper limit of 5 lakhs a year, which also include the expenses incurred by the patient three days prior to the diagnostic tests and medicines/follow up consultation within next 15 days from discharge from the hospitalization. However, there is no limitation on the number of hospitalization.</p> <p>ii) After 15 days, beneficiary would become an outdoor patient and would not be entitled to medical facilities under the the Scheme. However, he/she may continue to have the treatment from the same hospital, as per his/her choice.</p> <p>(iii) All the major ailments are covered. The Union may, however, refer to the website of National Health Authority for more details.</p> <p>(iv) As of now the upper limit for treatment is Rs. 5</p>

			<p>lakh per year.</p> <p>(v) The department has proposed to make the scheme compulsory for all GDS.</p> <p>(vi) Attention is drawn towards the para 19.17 of the Kamlesh Chandra Committee, in which it was observed by the committee it would not be possible for the Department to extend facilities of CGHS to GDSs due to several limitations.</p> <p>The AIGDSU never made any substantial objection to the proposed scheme of Ayushman Bharat for GDS whenever they were apprised of the same during the periodical meetings.</p> <p>This Department is in the advance stage of finalizing the proposal with National Health Authority. Therefore, it would not be desirable to now initiate a consultation process with CGHS at this stage.</p> <p>Moreover, CGHS is available in selected places, whereas PMJAY is available throughout the country, including in certain facilities (like CGHS empaneled hospitals) in three States who have not adopted the scheme for their states.</p>
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2.	National Union of Gramin Dak Sevaks (FNPO)	Compelling GDS officials to contribute to the health scheme too is not correct, if it is considered that paying premium by the Department will cause a huge financial liability, 50% of the premium may be fixed to be collected from the official and 50% balance to be meet by the Department. the Department	The suggestion is not feasible to implement at this stage. Therefore, the NUGDS may be requested to give their comments on the proposal shared.e
3.	Bhartiya Gramin Dak Karamchari Sangh (BGDKS)	(i) Ayushman Bharat Scheme is available in Rajasthan with annual contribution of Rs.850/- for the people who are not tax payers. (ii) In the state of Haryana the limit for BPL is Rs. 1800/- and therefore most of the GDS would otherwise be covered under the Ayushman Bharat Scheme free of cost.	(i-iv and vi) It has been checked from the websites of Certain States that there is no uniformity regarding the medical facilities to the citizens of their states. The amount of 'health cover' also varies from state to state. In some of the states the medical facilities are available for BPL families only, while it is open for all the citizens in some other states. However, the complete details of the scheme, i.e., medical ailments covered, pre-post hospitalization expenses, facilities in private empanelled hospitals etc. is not available. As gathered, the details of medical facilities available in the states referred to in the reference of BGDKS is as under: (a) The Chiranjeevi Health Insurance Scheme by the Rajasthan government offers cashless medical

<p>(iii) Health Scheme is available for the people of Himachal Pradesh with annually contribution of Rs.1100/-.</p>	<p>insurance of up to Rs.25 lakh to all families of Rajasthan by pay an annual premium of Rs. 850/- to avail this scheme.</p>
	<p>(b) Mukhymantri Muft Ilaaz Yojana (MMIY) was launched in January 2014, which seeks to provide free treatment to all citizens and cover major components of health care i.e. Surgeries under Surgery package program (For Haryana residents only), Free Basic laboratories investigations, along with free X-Ray, ECG and USG (wherever available in the Govt. Health Institutions), Free Indoor Services, Free OPD Services, Free Drug Supply, Free Referral</p>
<p>(iv) Ayusham Bharat is available free of cost in West Bangla State.</p>	<p>transport/Ambulance services, Free Dental treatment.</p>
	<p>(c) The Mukhya Mantri Himachal Health Care Scheme (HIMCARE) is a comprehensive health insurance scheme implemented by the Government of Himachal Pradesh. Under the HIMCARE scheme, eligible families can avail cashless treatment coverage of up to Rs. 5 lakh per year per family in empaneled hospitals. The scheme operates on a co-payment basis, wherein beneficiaries are required to pay a portion of the premium amount based on</p>
<p>(v) It is not made clear if the out door facilities (OPD Facilities) would be made available under the scheme or otherwise. In case it is not provided, the scheme would not meet the requirements of the GDS.</p>	

		<p>(vi) Several families of their category. The the GDSs in several States scheme categorizes are already covered in beneficiaries into three Ayushman Bharat Scheme categories, each with free of cost. different premium rates.</p> <p>(d) Basic health cover for secondary and tertiary care up to Rs. 5 lakh per annum per family exists in West Bengal. The entire premium is borne by the State Government and no contribution from the beneficiary.</p> <p>The benefit of the PMJAY Scheme would be that uniform medical facilities would be available to all the GDS beneficiaries and their family members upto the monetary limit specified in the said Scheme. The GDS and/or their family members may continue to take the benefit of other medical scheme, if available in the their respective states.</p> <p>(v) The Department has not proposed the Outdoor facilities as it would increase the cost of subscription to the GDS.</p> <p>(vii) The scheme would not be financially viable if made optional to the GDS. Hence suggestion cannot be accepted.</p>
4.	Bhartiya Gramin Dak Karamchari Sangh	<p>The facilities should be free of cost.</p> <p>Refer Para 2 above</p>

