MANUSCRIPT SERIES

FINANCE [Health Insurance] DEPARTMENT

G.O.Ms.No.122, Dated : 24th June 2026.

(Parabhava, Aani-10, Thiruvalluvar Aandu-2057)

ABSTRACT

MEDICAL AID – New Health Insurance Scheme, 2026 – Provision of Health Care Assistance to the Employees of Government Departments and their eligible family members through the United India Insurance Company Limited, Chennai - Implementation - Orders – Issued.

READ:

1. G.O.Ms.No.160, Finance (Salaries) Department, Dated: 29-06-2021.
2. G.O.Ms.No.145, Finance (Health Insurance) Department, Dated: 24-06-2025.
3. G.O.Ms.No.58, Finance (Health Insurance) Department, Dated: 05-03-2026.

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ORDER:

In the Government Order first read above, orders were issued for implementation of New Health Insurance Scheme, 2021 to provide health care assistance on a cashless basis for employees of Government departments, State Public Sector Undertakings, Statutory Boards, Local Bodies, State Government Universities etc. and their eligible family members with a provision to avail assistance upto the limit of Rs.5.00 lakh and in respect of specified illness the enhanced limit was upto Rs.10.00 lakh for a block period of 4 years from 01-07-2021 to 30-06-2025 for the accredited treatments/ surgeries in the empanelled hospitals by the United India Insurance Company Limited.

2. In the Government Order second read above, orders were issued to extend the New Health Insurance Scheme, 2021 for employees of the Government departments etc. and their eligible family members beyond 30-06-2025, for a period of another one year from 01-07-2025 to 30-06-2026, with assistance capped at Rs.5.00 lakh for families of all insured employees and at Rs.10.00 lakh for specified illnesses, as per existing terms and conditions of agreement made with the United India Insurance Company Limited.

3. The Government have examined the need for continuation of New Health Insurance Scheme for the Employees of Government Departments and their eligible family members and decided to continue the same after selection of a suitable Public Sector Health Insurance Company through National Competitive Bidding as in the case of New Health Insurance Scheme, 2021. Accordingly, in the Government Order third read above, orders have been issued for the implementation of the New Health Insurance Scheme 2026.

4. Based on the Government orders issued in reference third read above, the Notice Inviting Tender, dated 07-03-2026 has been published online through https://tntenders.gov.in The Tender Scrutinizing Committee, after following due procedure as per the Tamil Nadu Transparency in Tenders Act, 1998 and the Tamil Nadu Transparency in Tenders Rules, 2000, submitted its report on 11-06-2026 to select the United India Insurance Company Limited, Chennai for implementing the New Health Insurance Scheme, 2026 for the Employees of Government Departments and their eligible family members.

5. The recommendation of the Tender Scrutinizing Committee has been considered and the tender has been awarded to the United India Insurance Company Limited, Chennai. The said Company shall execute an agreement with the Government of Tamil Nadu for the implementation of the New Health Insurance Scheme, 2026.

6. The Government after careful consideration directs that:

(1) "New Health Insurance Scheme, 2026 for Employees of Government Departments and their eligible family members be implemented through the United India Insurance Company Limited, Chennai as set out in "The Guidelines for implementation of the New Health Insurance Scheme, 2026 for Employees of Government Departments and their eligible family members appended to this order in Annexure –A;

(2) The Commissioner / Director of Treasuries and Accounts shall be the administrator of the New Health Insurance Scheme, 2026;

(3) The enrolment under New Health Insurance Scheme, 2026 shall be compulsory, which is a separate scheme for all the employees irrespective of the fact that their spouse is a Central Government Employee / pensioner covered under Central Government Health Insurance Scheme (CGHS) as detailed in para 3 of Annexure-A to this order;

(4) The employees of Government Departments and their eligible family members covered under the scheme shall avail assistance upto the limit of

Rs.7.50 Lakh (Rupees Seven Lakh and Fifty Thousand) in a block of five years commencing from 01-07-2026 to 30-06-2031 as a Package Rate Based cashless facility for the approved treatments /surgeries listed in the **Annexure-I** to this order, in the hospitals Empanelled under New Health Insurance Scheme 2026 as listed in the **Annexure-II** to this order;

(a) However, the assistance shall be upto Rs.12.00 Lakh (Rupees Twelve Lakh) for Specified illnesses listed out in **Annexure I-A** to this order.

(b) The overall limit of assistance, in any case upto Rs.12.00 Lakh (Rupees Twelve Lakh) for a family in a block of five years under this scheme.

(c) The medical treatment taken by the employees of Government Departments and their eligible family members in Non-Network hospital under Non-Emergency situation shall also be covered on reimbursement basis. However, the quantum of reimbursement in such cases shall be restricted to 60% of the applicable package rate for the similar treatment and surgery undertaken in a Net-work Hospital of the lowest grade for the treatment/procedure availed, excluding non-admissible/ non payable expenses as listed in **Annexure-IV.**

(d) This scheme covers 2992 approved treatments / procedures under Annexure I and 46 treatments / procedures under Annexure IA (Specified Illness) with 1535 empanelled private hospitals and all the Government Institutions empanelled under New Health Insurance Scheme 2021 as per G.O.(Ms) No.130 Health and Family Welfare (EAP-1) Department, Dated 07.06.2024 widening the scope of coverage under the scheme. The list of hospitals to be included / deleted shall be ordered by the Commissioner /Director of Treasuries and Accounts based on the recommendation of the Accreditation Committee under the Project Director, Tamil Nadu Health Systems Project (TNHSP) for CMCHIS-Tamil Nadu.

(e) The payment of annual premium shall be regulated as per the terms and conditions of the agreement between the Government of

Tamil Nadu and the United India Insurance Company Limited, Chennai;

(5) The annual premium payable by the Government to the United India Insurance Company, Chennai shall be at the rate of **Rs.4,500/- (Rupees Four Thousand and Five Hundred)** per Employee, per annum for the block period of five years from 01-07-2026 to 30-06-2031;

(6) A sum of Rs.15/- per month shall be contributed separately by all the employees of the Government Departments along with the monthly Health Insurance premium for the Corpus Fund (non-lapsable) for meeting higher expenses in respect of Specified Illness, rare illness and exceptional circumstances, extending the medical assistance of Rs.15.00 lakh under Corpus Fund. The overall benefit including assistance under corpus fund upto **Rs.27.00 lakh (Rupees Twenty Seven Lakh)** per family in a block period of five years.

(7) The annual premium initially paid by the Government shall be recovered from the employees at the rate of Rs.390/- (Rupees Three Hundred and Ninety) per month [Rs.375/- Subscription for NHIS + Rs.15/- contribution for corpus fund] by deduction in monthly salary from the month of July, 2026. Any excess of premium payable from time to time over and above the amount recovered from Employees shall be borne by the Government in the case of Government Employees and by the respective employer in the case of Employees belonging to Local Bodies, State Public Sector Undertakings, Statutory Boards and Universities etc;

(8) Even though the legal spouse is covered under the term 'Employee', the total assistance to the Family will be limited to Rs.7.50 lakh (Rupees Seven Lakh and Fifty Thousand) in respect of diseases covered in Annexure-I and upto Rs.12.00 lakh (Rupees Twelve Lakh) per family for specified illnesses listed in Annexure-IA. The overall limit of assistance upto Rs.12.00 lakh (Rupees Twelve Lakh) per family in a block period of five years.

(9) In case both the employee and spouse are State Government employees, the employee's contribution shall be recovered from only one of the employees i.e. from the younger of the two.

(10) The manpower engaged on (a) Consolidated Pay / Fixed Pay / Honorarium (b) Daily Wage (c) Contract basis (d) Re-employment (e) Temporary basis under Rule 10(a)(1) of the Tamil Nadu State and Subordinate Services through Employment Exchange and (f) Outsourcing are not covered under this Scheme.

7. The Government also direct that the monthly subscription of Rs.375/- towards New Health Insurance Scheme, 2026 for the Employees of Government Departments shall be credited to the following Revenue Receipt Head of Account:

Government Employees in the Standard Scales of Pay

"0075.00	OTHER MISCELLANEOUS GENERAL SERVICES
800.	Other Receipts
BM.	Subscription of Government Employees towards New Health Insurance Scheme (NHIS)
224	Subscriptions
01	New Health Insurance Scheme- Employees
	IFHRMS: **(DPC 0075 00 800 BM 22401)"**

8. All Employees working as Sweepers/Sanitary workers, Anganwadi, Noon Meal workers, Village Assistants etc., covered under Special Time Scale of Pay will be covered under New Health Insurance Scheme-2026. However, the subscription for NHIS-2026 will not be deducted for the employees drawn under Special Time Scale of Pay for those whose Gross Pay [Basic Pay + Dearness Allowance]/ Consolidated Pay is less than Rs.10,000/- per month and the subscription amount in respect of such employees shall been borne by the Government for the period from 01.07.2026 to 30.06.2031.

9. In respect of employees under the Special Time Scale of Pay, where the Gross Pay [Basic Pay + Dearness Allowance]/ Consolidated Pay is more than or equal to **Rs.10,000/- per month**, the subscription shall be deducted and credited to the following Revenue Receipt Head of Account:

Employees drawing Pay under Special Time Scales of Pay

"0075.00.	OTHER MISCELLANEOUS GENERAL SERVICES
800.	Other Receipts
BQ.	Subscription of Employees in Non-Standard Scales of Pay towards New Health Insurance Scheme (NHIS)
224	Subscriptions
01	New Health Insurance Scheme- Employees
	IFHRMS : **(DPC 0075 00 800 BQ 22401)"**

10. Extension of the Scheme to others subject to certain conditions: -

This Scheme shall mutatis mutandis, be extended to employees of State Public Sector Undertakings, Statutory Boards and Corporations, Local Bodies, State Government Universities, and State Government Organizations/Institutions registered under the Tamil Nadu Societies Registration Act, 1975, and their eligible family members, provided these organizations elect to adopt the Scheme and are capable of bearing the employer's share of the premium without financial liability befalling on the State budget. Such employees may be enrolled under this Scheme, subject to payment of the premium at the rate fixed by the Government, by entering into an agreement by their employer directly with the United India Insurance Company Limited, Chennai. The coverage shall come into force from the date of execution of the agreement with the United India Insurance Company Limited. The Chief Executive Officers / Managing Directors of the above institutions shall be the administrator of the New Health Insurance Scheme, 2026 for Employees and their eligible family members of the concerned institutions.

11. The insurance premium on behalf of all the employees of Government Departments will be paid by the Government as per the terms and conditions of the agreement based on the proposals from the Commissioner / Director of Treasuries and Accounts. The expenditure on payment of insurance premium shall be debited to the following Head of Account under Demand No.16. Finance Department [HOD Code 16-02]:

"2235.60.	**MISCELLANEOUS GENERAL SERVICES**
105.	Other Expenditure
AD.	Payment of Premium to the Insurance Company for implementing New Health Insurance Scheme (NHIS)
310.	Contributions
02.	Insurance Premium
IFHRMS:	**(DPC 2235 60 105 AD 31002)"**

12. The Government direct that the monthly contribution of **Rs.15/-** made by all the employees of Government Departments, towards the Corpus Fund (Non-lapsable) for meeting higher expenses in respect of Specified illness, rare illness and exceptional circumstances shall be credited to the following Deposit Head of Account:

"K Deposits and Advances (b) Deposits not bearing interest	
8443 00	Civil Deposits
800	Other Deposits
FB	Creation of Corpus Fund (Non-lapsable) for meeting higher expenses in respect of rare illness and exceptional circumstances.
801	Receipts
02	Not Bearing Interest
802	Outgo
02	Not Bearing Interest
IFHRMS:	**(DPC 8443 00 800 FB 80102) - Receipts**
IFHRMS:	**(DPC 8443 00 800 FB 80202) - Outgo**

13. The Nodal Officers of the United India Insurance Company Limited situated in the District Headquarters and Toll-Free Helpline Number is listed in the **Annexure-V**. The lists of approved treatments and surgeries, along with corresponding package rates, approved hospitals and the addresses of the Offices situated in the District Headquarters will be hosted on the websites of Government of Tamil Nadu in Finance Department (www.tn.gov.in), Treasuries and Accounts Department (https://www.karuvoolam.tn.gov.in) and portal for New Health Insurance Scheme to be developed by the United India Insurance Company Limited, Chennai. The additional list of hospitals to be empanelled and the list of hospitals to be deleted and the new treatments /surgeries if any included in this Scheme will also be updated and hosted in the portal for NHIS for ready reference from time to time.

14. The details of the Employees will be as per the IFHRMS database available in the office of the Commissioner/Director of Treasuries and Accounts, Chennai.

15. The Commissioner/ Director of Treasuries and Accounts shall submit proposals to Government for sanction of insurance premium in respect of Government Employees at the appropriate time as per the terms and conditions of the agreement.

16. A Corpus fund for meeting higher expenses in respect of Specified illness, rare illness, exceptional circumstances for Employees of the Government Department and their eligible family members shall be at the disposal of the Commissioner /Director of Treasuries and Accounts to sanction from this fund for needy cases. The sanction will be based on the recommendation of the Committee existing under CMCHIS for high end procedures.

(BY ORDER OF THE GOVERNOR)

M.A.SIDDIQUE
ADDITIONAL CHIEF SECRETARY TO GOVERNMENT

To
All Secretaries to Government, Chennai-600 009.
All Departments of Secretariat (OP/Bills), Chennai-600 009.

The Secretary, Legislative Assembly Secretariat, Chennai- 9.
The Secretary to the Governor, Chennai-600 022.
The Comptroller, Governor's Household, Lok Bhavan, Chennai- 600 022.
The Governor's Secretariat, Lok Bhavan, Guindy, Chennai- 22.
All Heads of Departments.
All State Public Sector Undertakings and Statutory Boards.
All District Collectors / All District Judges / All Chief Judicial Magistrates.
The Accountant General (A&E) Chennai-600 018.
The Accountant General (Audit-I) Chennai-600 018.
The Accountant General (Audit-II) Chennai-600 018.
The Accountant General (CAB) Chennai-9 / Madurai.
The Commissioner of Treasuries and Accounts, Chennai-35.
The Secretary, Tamil Nadu Public Service Commission, Chennai-3.
All Chief Educational Officers / All District Elementary Educational Officers.
All Regional Joint Directors of Treasuries and Accounts Departments.
All Pay and Accounts Officers / All Treasury Officers / Sub-Treasury Officers.
The Chief Internal Auditor and Chief Auditor of Statutory Boards,Chennai-2.
The Registrar, High Court, Chennai-600 104.
All Commissioners of Tribunal for Disciplinary Proceedings.
The Registrars of all Universities.
The Project Co-ordinator, Tamil Nadu Integrated Nutrition Project, Chennai.
The Commissioner, Corporation of Chennai / Madurai / Coimbatore / Tiruchirappalli / Salem / Tirunelveli / Erode / Tiruppur / Vellore / Thoothukudi / Thanjavur / Dindigul / Hosur / Nagercoil / Avadi / Kanchipuram / Karur /Cuddalore/ Sivakasi / Tambaram / Kumbakonam/Karaikudi/Namakkal/ Pudukottai/Thiruvannamalai.
All Municipalities.
The Tamil Nadu Science and Technology Centre, Chennai-25.
The Anna Institute of Management, Chennai-600 028.
The International Institute of Tamil Studies, Chennai-113.
The Tamil Nadu Energy Development Agency, Chennai.
The Chief Manager, United India Insurance Co. Ltd., LBO-010600, 134, Silingi Buildings, (Behind IDBI Bank) Greams Road, Chennai- 600 006
The Managing Director, Tamil Nadu Road Sector Company Limited, Chennai-600 008.
The Managing Director, IT Expressway Limited, Chennai-8.

Copy to:

The Secretary to the Hon'ble Chief Minister, Chennai-600 009.
The Special Personal Assistant to the Hon'ble Minister for Finance Chennai-600 009.
The Senior Principal Private Secretary to the Chief Secretary to Government, Chennai-600 009.
The Senior Principal Private Secretary to the Additional Chief Secretary to Government, Finance Department, Chennai-9.

All Officers in Finance Department, Chennai - 600 009.
All Sections in Finance Department, Chennai -600 009.
All Recognised Associations.
Stock File / Spare Copies.

-/ Forwarded: By Order /-

SECTION OFFICER.

ANNEXURE - A

to G.O.Ms. No122, Finance (Health Insurance) Department,
Dated:24.06.2026

THE GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2026 FOR EMPLOYEES OF GOVERNMENT DEPARTMENTS AND THEIR ELIGIBLE FAMILY MEMBERS

1. Title and Commencement:-

(1)These Guidelines may be called "The Guidelines for New Health Insurance Scheme, 2026" for Employees of Government Departments and their eligible family members.

(2)These Guidelines shall come into force with effect from 01-07-2026 and will be in force for a block period of five years, i.e., up to 30-06-2031.

2. Application:-

The New Health Insurance Scheme, 2026 for Employees of Government Departments, will provide health insurance coverage to all the Employees of Government Departments and their eligible family members.

3. Extent of the Scheme:-

The following Employees and their eligible family members are covered under the New Health Insurance Scheme 2026: -

(i) Employees of Government Departments drawing pay in regular time scale of pay including Teaching and Non-Teaching Staff of Aided Educational Institutions.

(ii) Special Time Scale Employees.

(iii) The following Family members of the employee shall be covered under the New Health Insurance Scheme 2026

(1) Parents of the Unmarried Employee, until the Employee gets married; in case of a divorced employee not having children, until such employee gets re-married;

(2) Legal Spouse of the Employee and

(3) Dependent Children of the employee without age restrictions provided they are:

a) Dependent Children of the employee – till they get employed or married.

b) Dependent Children pursuing higher studies and not employed.
c) Unmarried /Widowed/ legally divorced daughters who are dependent on the employee.
d) Person with Disablity and Intellectually Disabled Children of the employee wholly dependent on the employee.

Note: Declaration on the dependency of the child would be furnished by the concerned employee at the time of treatment / claim.

4. Extension of the Scheme to others subject to certain conditions:-

This Scheme shall mutatis mutandis, be extended to employees of State Public Sector Undertakings, Statutory Boards and Corporations, Local Bodies, State Government Universities, and State Government Organizations/Institutions registered under the Tamil Nadu Societies Registration Act, 1975, and their eligible family members, provided these organizations elect to adopt the Scheme and are capable of bearing the employer's share of the premium without financial liability befalling on the State budget. Such employees may be enrolled under this Scheme, subject to payment of the premium at the rate fixed by the Government, by entering into an agreement by their employer directly with the United India Insurance Company Limited. The coverage shall come into force from the date of execution of the agreement with the United India Insurance Company Limited.

5. Definitions:-

(1) In these guidelines, unless the context otherwise requires,

(a) **"Accident"** An accident means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

(b) **"Accreditation Committee for Hospital Empanelment"** means Committee constituted for empanelment of hospitals under CMCHIS having Project Director (TNHSP) as Chairman, for accreditation of hospitals under NHIS.

(c) "**Agreement"** means an agreement prescribing the terms and conditions of services, which may be rendered to the beneficiaries under this scheme to be entered into between the Government of Tamil Nadu and United India Insurance Company Limited.

(d) "**Authorities concerned"** means the Drawing and Disbursing Officer (DDO), Sub- Treasury Officer (STO) / District Treasury Officer (DTO) / Pay and Accounts Officer (PAO) concerned.

(e) "**Beneficiary**" means Employees and their eligible family members of Government Departments as stated in clause 3 of these guidelines.

(f) **"Cashless facility"** means

(i) A Package Rate Based cashless service extended by the Public Sector Insurance Company (Insurer) to the beneficiary (Insured) whereby the payments for the costs of treatment undergone by the beneficiary (Insured) in accordance with the Guidelines (policy terms and conditions), are directly made to the network hospital by the Public Sector Insurance Company (Insurer) subject to the eligible package rate for the treatment /procedure according to the grade of the hospital as mentioned in the **Annexure I & I-A**

(ii) All empaneled hospitals shall, by default, be categorized as C grade. The gradation such that B, A2 would be based on the evaluation criteria. The A2 hospitals having NABH full Accreditation/JCI/PMJAY Gold certification shall be graded as A1.

(g) "**Cashless Service by Network Hospital"** means

(i) The beneficiaries are provided with Package Rate Based cashless service according to the package rate (as recommended by the Expert Committee Constituted by the Director of Medical Education and Research) for the treatment undertaken mentioned in Annexure I & I-A. The base Package Rate fixed by the said committee is for the hospitals graded as C.

The base Package rate for B grade hospital shall be 10% higher than the base rate of C grade and in case of A2 the package rate will be 20% higher than the base package rate of C grade and incase of A1 the package rate will be 30% higher than the base package rate of C. In respect of Network Hospitals in the New Delhi, the Package rate will be 10% higher than the hospitals of similar grade in Tamil Nadu (i.e.,) for C grade 110% of base rate, for B grade 120% of base rate, for A2 grade 130% of base rate and for A1 grade 140% of base rate. The Cost of Implant will be paid in addition to the above-mentioned package rates, wherever it is explicitly mentioned in Annexure I & I-A. The amount as per the package rate applicable to the treatment and the grade of the hospital shall be paid directly by the Public Sector Insurance Company to the network hospital excluding non-payable items and other expenses over and above the package rate.

(ii) It is envisaged that for each hospitalization the assistance shall be package rate based cashless service for covered procedures and corresponding grade of the hospital. Employees can claim the balance amount over and above the sum insured/enhanced sum insured under the corpus fund. (Only certain procedures that are covered). The insurance companies liability will be restricted to the Sum Insured under the scheme. (***However, the***

beneficiary shall meet the remaining bill amount if any, including Non-Admissible /Non-Payable Expenses and shall settle the bill related to these expenses with the Hospital directly.)

(h) **"Ceiling Criteria"** means the criterion referred to in clause-11.

(i) **"District Level Empowered Committee"** means District Level Empowered Committee constituted by the Government headed by the District Collector, having the Joint Director of Medical and Rural Health Services, the District Treasury Officer and an official representative of the Insurance Company as members.

(j) **"Eligible Medical Expenses"** means medical expenses incurred up to the package rate (which include applicable air conditioned single room rent) fixed by the Government for covered procedures as per the applicable grade of the hospital (as per Annexure I & I-A) excluding Non-Admissible/ Non-Payable Expenses as listed in **Annexure-IV**. Transport charges shall be excluded.

(k) **"Emergency Care"** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a medical practitioner to prevent death. For Emergency Care or following an Accident subject to the condition that patient shall preferably visit the empaneled hospitals within 40 kms with the facility of treatment required for the case concerned and insurer shall create mechanism for immediate treatment through intimation mechanism.

For the following Emergencies: -

1. H/O slip & fall / fall from height/ fall from vehicle resulting in major injury
2. H/O assault/ blunt trauma resulting in grievous hurt/ major injury
3. Animal attack resulting in major injury/ requiring hospitalization
4. Accidental Drowning
5. Accidental Hanging
6. Electrocution
7. Heatstroke
8. Burns requiring hospitalization
9. Acute poisoning (Only Accidental)
10. Snake bite requiring ASV, Unknown bite requiring hospitalization
11. Acute Chest Pain etc.,

The insured or his attendees shall contact the call centre through the toll-free number and inform about the emergency and the empanelled hospital they intend to approach. The call centre will immediately make a Pre-Arrival Intimation (PAI) to empanelled hospitals about the emergency condition of the insured. The insurer shall also arrange for Emergency Intimation Number (EIN) for above list of emergencies and thereby arrange prompt treatment initiation without routine pre-authorization which can be done subsequently.

(l) **"Employee"** means Employees of Government Departments drawing pay in regular time scale of pay including Teaching and Non-Teaching Staff of Aided Educational Institutions.

(m) **"Expert Committee for Package Rates"** means Committee comprising of Project Director (TNHSP), Director of Medical Education and Research and Director of Medical and Rural Health Services for recommending or revising the package rates under NHIS.

(n) "**Family"** includes the Employees and their eligible family members as detailed below: -

The following family members of the employee shall be covered under the New Health Insurance Scheme 2026.

(1) Parents of the Unmarried Employee, until the Employee get married;

(2) Parents of the divorced employee not having children, until such employee gets re-married;

(3) Legal Spouse of the Employee and

(4) Dependent Children of the employee without age restrictions:

a) Dependent Children of the employee – till they get employed or married.
b) Children pursuing higher studies and not employed
c) Unmarried /Widowed/ legally divorced daughters who are dependent on the employee.
d) Person with Disablity and Intellectually Disabled Children of the employee wholly dependent on the employee.

Note: Declaration on the dependency of the child would be furnished by the concerned employee at the time of treatment / claim.

(o) "**Form**" means the relevant form as may be specified by the Government under these Guidelines;

(p) **"Government"** means Government of Tamil Nadu.

(q) **"Grievance Redressal Officer"** means the Joint Director of Medical and Rural Health Services Department at District Head Quarters.

(r) **"Guidelines"** means the Guidelines for New Health Insurance Scheme, 2026 for the employees of the Government Departments and their eligible family members.

(s) **"High Level Empowered Committee"** means High Level Empowered Committee constituted by the Government comprising of the Additional Chief Secretary to Government, Finance Department and the Secretary to Government, Health and Family Welfare Department.

(t) **"Hospital"** means any institution established for in-patient care and day care treatment of illness and / or injuries and which has been registered as a hospital with the appropriate authorities under Tamil Nadu Clinical Establishments Act - 2010 and the Tamil Nadu Clinical Establishments (Regulations) Rules, 2018 or similar Act / Rules in the respective States and

(i) has qualified nursing staff under its employment round the clock;

(ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;

(iii) has qualified medical practitioner(s) in charge round the clock;

(iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;

(v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel and to the Government of Tamil Nadu;

(u) **"Hospitalization"** means admission in a hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specific procedures / treatments, where such admission could be for a period of less than 24 consecutive hours such as Haemodialysis, Day care treatment for cancer, Cataract surgery and any other procedures decided by the Government.

(v) **"ICU (Intensive Care Unit) Charges"** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical care & support services provided to any ICU patient including monitoring devices, critical care nursing charges, with or without ventilator support.

(w) **"Insurance Company"** means Public Sector Insurance Company carrying a health insurance business which is registered with Insurance Regulatory and Development Authority of India (IRDAI)

(x) **"Network Hospital"** means hospitals or health care providers enlisted by Insurance Company / Third Party Administrator(s) to provide medical Services to a beneficiary by a Package rate based Cashless facility under this scheme.

(y) **"Non-Admissible/ Non-Payable Expenses"** means the list of items in **Annexure-IV** of these Guidelines.

(z) **"Non- Network Hospital"** means any hospital, day care centre or other provider that is not a Network Hospital.

(aa) **"Scheme"** means the New Health Insurance Scheme, 2026 for Employees of Government Departments and their eligible family members.

(ab) "**Spouse"** means a wife / husband of the Employee**;**

(ac) "**Subscription"** means subscription per month prescribed by Government which shall be recovered from the Employee.

(ad) **"State Level Empowered Committee"** means State Level Empowered Committee constituted by the Government, headed by the Commissioner / Director of Treasuries and Accounts having the Director of Medical and Rural Health Services as Member Secretary or his nominee and an official representative nominated by the Insurance Company as member.

(ae) **"Tamil Nadu Medical Attendance Rules"** means the rules governing Medical Attendance and Levy of Fees in the Government medical institutions in the State of Tamil Nadu. (G.O.Ms.No.1023, Health and Family Welfare Department, dated 17-06-1980 and G.O (Ms). No.401 Family Welfare (Z1) Department, Dated 09.09.2021)

(af) **"Third Party Administrator or TPA"** means any person who is registered under Insurance Regulatory and Development Authority of India (IRDAI) (Third Party Administrators - Health Services) Regulations, 2016, and is engaged, for a fee or remuneration by an insurance company, for the purposes of providing health services.

2) Words or expressions not defined in these Guidelines but defined in the Chapter-I of the Guidelines on Standardisation in Health Insurance issued in Master Circular on Standardization of Health Insurance Product - No.IRDAI/HLT/REG/CIR/193/07/2020, dated 22.07.2020 shall have the same meanings respectively assigned to them in the IRDAI Guidelines.

6. Enrolment:-

All the Employees of Government Department drawing pay in regular time scale of pay including Teaching and Non-Teaching Staff of Aided Educational Institutions and Special Time Scale Employees are covered under the scheme.

(1) The enrolment of the Employees of Government Department drawing pay in regular time scale of pay including Teaching and Non-Teaching Staff of Aided Educational Institutions under the Scheme shall be compulsory.

(2) Option to be exercised for certain cases: -

(a) In cases where both husband and wife are State Government employees, the employee's subscription shall be recovered from only one of them, i.e., from the younger of the two (husband or wife)

(b) In case the Employee joined Tamil Nadu State Government Service after retiring from Armed Forces (Ex-Serviceman) and covered under Ex-Serviceman Health scheme, may exercise option to opt out of NHIS 2026 Scheme.

(c) The option shall be exercised within 15 days from the date of commencement of the Scheme / the date of appointment.

(d) The option once exercised shall be final.

7. Subscriptions to the Scheme:-

A sum as prescribed by Government after finalization of tender process shall be recovered per month as subscription from the Employees of Government Departments from the month of July 2026.

8. Objectives:-

The main objectives of the Scheme are: -

(1) To extend the scope of assistance for medical treatments available under the existing Scheme;

(2) To cover more ailments and more hospitals including payment wards of Government Hospitals;

(3) To provide financial assistance up to the eligible package rate for treatment availed / grade of the hospital subject to a maximum (Basic Sum Insured) of **Rs.7.50 Lakh** (**Rupees Seven Lakh and Fifty Thousand)** per employee including eligible family members for a block period of five years for the approved treatments undertaken and surgeries undergone as per **Annexure-I** and with provision to pay up to a maximum of **Rs.12.00 Lakh (Rupees Twelve Lakh)** (Enhanced Sum Insured) for specified approved treatments / surgeries undergone as per **Annexure-I A**;

(4) To provide the assistance for approved medical treatments and surgeries as per **Annexure-I and I A**, on a package rate based cashless basis under Emergency / Non-Emergency condition in Network Hospitals.

(5) To provide assistance for approved medical treatments and surgeries as per **Annexure-I and I A**, on reimbursement basis under Emergency condition in Non-Network Hospitals, as defined in clause 9(3).

(6) To provide assistance for approved medical treatments and surgeries undertaken in Non-Network Hospital under Non-Emergency condition on reimbursement basis as defined in clause 9(4).

9. Scope of the Scheme: -

(1) The scope of the Scheme shall be to provide coverage for **Eligible Medical Expenses (as defined in clause 5(j)** incurred by the Beneficiary of this scheme during Hospitalization for the treatments and surgeries listed in **Annexure-I and Annexure-I A** to these Guidelines that are undertaken / undergone in Network Hospitals listed in **Annexure-II** as amended from time to time. Out-Patient treatments are not covered under the scope of the scheme.

(2) **Package Rate Based Cashless Facility:** The Network Hospitals shall provide package rate based cashless facility as defined in clause-5(f) of these Guidelines for the approved treatments and surgeries listed in **Annexure-I and Annexure-I A** to these Guidelines.

(3) **Reimbursement: Approved Treatment in Non-Network under Emergency:** Eligible Medical Expenses with reference to Non-Network Hospital for Emergency Care and following Accident means applicable package rate for similar treatment or surgery, in a network hospital of the lowest grade for the treatment/procedure availed, excluding non-admissible/ non payable expenses as listed in **Annexure-IV**.

(4) **Reimbursement: Approved Treatment in Non-Network under Non-emergency:** Eligible Medical Expenses with reference to Non-Network Hospital for Non-Emergency Care means 60% of the applicable package rate for the similar treatment and surgery undertaken in a Network Hospital of the lowest grade for the treatment/procedure availed, excluding non-admissible/ non payable expenses as listed in **Annexure-IV.**

(5) The coverage under the scheme shall also include pre-existing illness which has been included in **Annexure-I and Annexure - I A** to these Guidelines.

(6) The Treatment /Procedures and surgeries defined in Annexure I & IA shall be covered irrespective of the cause of the diseases and no reasons shall be cited for denying Package Rate Based cashless facility or reimbursement of the claim.

10. Hospitals to be covered under the Scheme: -

(1) The Hospitals under the Scheme shall include both: -

(a) Pay wards of Government Hospitals; and

(b) Private Hospitals.

(2) All hospitals already accredited under the New Health Insurance Scheme, 2021 for Government Employees as in Annexure-II to these Guidelines and Hospitals already empaneled as on 30.06.2026 under CMCHIS shall automatically be deemed to be networked hospitals subject to the acceptance of the revised package rates, terms and conditions of the scheme by the concerned hospitals. The Insurance Company shall ensure that they enter into a tie-up with these hospitals within one month of the commencement of the Scheme. Hospitals failing to enter into an agreement with the Insurance Company as per the norms of the Scheme within sixty days of the commencement of the scheme shall be deemed to be removed from the list of Empaneled hospitals under NHIS. Provided that for valid reasons to be adduced by the Insurance Company, Government may,

upon recommendation of the Accreditation Committee for Hospital Empanelment may agree to approve reduction in the members of existing Network Hospitals.

(3) Further, Additional list of hospitals and treatments / surgeries may be ordered as and when necessary, by the Director of Treasuries and Accounts on the recommendations by the Accreditation Committee for Hospital Empanelment. Any additional premium in respect of inclusion of new treatments/ surgeries shall be decided on mutual agreement between United India Insurance Company Limited and the Commissioner/Director of Treasuries and Accounts.

(4) A minimum of three institutions each located in Puducherry, Bengaluru, Thiruvananthapuram, Wayanad and New Delhi shall also be covered.

(5) The Insurance Company shall at all time during the currency of the contract ensure the availability of a minimum of 10 networked hospitals in each district of the State and the availability of a minimum 100 networked hospitals apart from Government Hospitals in the areas under each district cluster as indicated below:

(a) Northern Cluster:
Chennai, Tiruvallur, Kancheepuram, Chengalpattu, Vellore, Ranippettai, Thirupathur, Tiruvannamalai, Villupuram, Kallakurichi and Cuddalore.

(b) Central Cluster:
Perambalur, Ariyalur, Nagapattinam, Myladudurai, Tiruvarur, Tiruchirapalli, Thanjavur, Pudukottai and Karur.

(c) **Western Cluster:**
Krishnagiri, Dharmapuri, Salem, Erode, Namakkal, Nilgiris, Coimbatore and Tiruppur.

(d) **Southern Cluster:**
Madurai, Theni, Sivagangai, Virudhunagar, Dindigul, Ramanathapuram, Tirunelveli, Tenkasi, Kanyakumari and Tuticorin.

(6) If any district or cluster does not have the number of hospitals as specified above, the successful insurance company can seek specific exemption for that district or cluster and the same will be considered by the Accreditation Committee for hospital empanelment after verification of the available qualified hospitals in that district or cluster.

(7) The Government Hospitals are also included as network hospital under this scheme. (G.O.Ms.No.130,Health and Family Welfare (EAPI-1) Department, Dated:07.06.2024)

(8) Additions and deletions in the list of approved Network Hospitals and treatment / surgeries, if any for Package rate based cashless facility

will be done on the recommendation of the Accreditation Committee for hospital empanelment/Expert Committee as and when necessity arises.

(9) The Network Hospitals under this scheme shall extend package rate based cashless facility to the Beneficiaries.

(10) Insurance Company and Third-Party Administrators, wherever applicable, shall ensure that Network Hospitals shall meet with minimum requirements of Standards and Benchmarks for hospitals prescribed in Master Circular on Standardization of Health Insurance Product -No. IRDAI/HLT/REG/CIR/193/07/2020, dated 22.07.2020.

(11) **Banning of Hospitals:-** Where any fraudulent claim becomes directly attributable to a Hospital included in the networked hospitals listed in the **Annexure-II** to the Guidelines, on first instance penalty of 5 times claim value shall be levied by the Insurance Company, The penalty amount thus collected shall be credited to the Government Account. If the hospital again does fraudulent claim, the said Hospital shall be suspended / removed and excluded from the list of approved network hospitals under the Scheme by the Director/Commissioner of Treasuries and Accounts based on the recommendation of the Accreditation Committee for Hospital Empanelment.

(12) All hospitals with greater than 50 beds shall empanel for all the specialties available in the hospital and cherry picking of specialties shall not be allowed.

11. Medical Assistance:-

(1) The Scheme shall provide coverage for the treatments and surgeries **listed in the Annexure-I to these Guidelines** up to the eligible package rate for treatment availed, subject to a maximum of **Rs.7.50 Lakh** (**Rupees Seven Lakh and Fifty Thousand)** for Employees of Government Departments, and their eligible family members for a block period of five years from **01-07-2026 to 30-06-2031** ordinarily in any of the Network Hospital on package rate based cashless facility. However, the financial assistance shall be enhanced to **Rs.12.00 Lakh** (**Rupees Twelve Lakh) for specified treatments / surgeries listed in the Annexure-I A to these Guidelines.** Assistance for approved medical treatments and surgeries as per **Annexure-I and I A**, on reimbursement basis under Emergency condition in Non-Network Hospitals, the reimbursement claim shall be as per clause 9(3).

Assistance for approved medical treatments and surgeries as per **Annexure-I and I A**, on reimbursement basis under Non-Emergency condition in Non-Network Hospitals, the reimbursement claim shall be as per clause 9(4). In any case, maximum limit of assistance admissible per employees of the Government shall not exceed **Rupees Twelve Lakh.**

(2) Even if the legal spouse/ beneficiaries defined in clause 5(e) of these Guidelines is covered under the term "Employee" the total financial assistance for the Employee will be limited to Rupees Twelve Lakh. In such cases the Employees subscription shall be recovered from only one of the Employees as per the option exercised in this regard.

(3) **Ceiling criteria**: Maximum limit of assistance admissible per employee with eligible dependent / family members on a floater basis shall not exceed the amount specified in Clause 11 (1) above.

12. Settlement of Claims by Insurance Company/Third Party Administrator (TPA):-

(1) The medical assistance shall be on package rate based cashless basis for the **Eligible Medical Expenses** incurred subject to the ceiling criteria for approved treatments undertaken and surgeries undergone during Hospitalization in any of the empaneled Network Hospitals. The amount as per the package rate applicable to the treatment and the grade of the hospital shall be paid directly by the Public Sector Insurance Company to the network hospital excluding non-payable items and other expenses over and above the package rate. No payment for any of the Eligible Medical Expenses, need to be made by the Beneficiary to the Hospital.

The Insurance Company should scrutinize the bill generated and invoice of implants by the hospital for the treatment undertaken and mention the quantum of admissible charges (as per one or more eligible packages), non-payable charges and the amount charged apart from these so as to make the beneficiary aware of the quantum of financial coverage provided by the Insurance Company. The above details shall be given to the Employees at the time of final approval of the claims.

In case, payment has been made by the beneficiaries either at the instance of the hospital or otherwise for any of the Eligible Medical Expenses, including in a case where pre-authorization has been sought but wrongly denied or claim under package rate based cashless facility has been restricted, the Insurance Company shall be required to make cash reimbursement of the same, subject to the ceiling criteria along with interest at 8% per annum calculated on monthly basis for the period from the date of payment to the hospitals by the beneficiary and the date of reimbursement of Eligible Medical Expenses upon submission of claims by the beneficiary after following the process stated in clause 16 of these Guidelines.

(2) **Non-Network Hospital Claims** If the beneficiary couldn't preferably get admitted to an empanelled hospitals, Eligible Medical Expenses incurred in Non-Network Hospital during Hospitalization by the beneficiary shall be reimbursed by the insurance company subject to

the ceiling criteria upon submission of claim by the beneficiary or his / her legal heirs to the Grievance Redressal Officer and approval of the District Level Empowered Committee or State Level Empowered Committee or High Level Empowered Committee who shall use the package rate as a criteria for the calculation. For Approved Treatment in Non-Network under Non-Emergency, the amounts that can be claimed for reimbursement will be as per clause 9 (4) and For Approved Treatment in Non-Network Hospital under Emergency, the amounts that can be claimed will be as per clause 9(3).

(3) Insurance Company / Third Party Administrator (TPA) shall render servicing of claims under this scheme by way of pre-authorization of package rate based cashless facility assistance for surgeries or settlement of reimbursement claim, as per the underlying terms and condition of this scheme and within the framework of the guidelines for settlement of claims.

13. Pre-authorisation by Insurance Company / Third Party Administrator [TPA]:-

(1) The purpose of obtaining pre-authorization from Insurance Company / Third Party Administrator (TPA) is to verify if the beneficiary is eligible for Package rate based financial assistance under the Scheme and whether the proposed treatment or surgery is covered under the Scheme. It is also for the purpose of intimation by the Insurance Company to the Network Hospital that the Hospital should act in accordance with the agreement between the Insurance Company and the Empanelled Hospital concerned. In case of emergency, obtaining pre-authorization from the TPA through routine channel may be relaxed. Instead an auto approval of 50% of the eligible package rate for the procedure may be pre-authorized over phone upon intimation of the details of emergency admission to the Toll-free number by the Network hospital and insurer may facilitate the admission of suitable nearest empanelled hospital.

(2) **In case of Planned Hospitalization** (to a Network Hospital):

The Network Hospitals empanelled for package rate based cashless facility under the Scheme alone shall be approached for availing medical assistance for the approved treatments and surgeries under this Scheme. The Beneficiary shall approach the Insurance Office of the Network Hospital who is dealing with approved package rate based cashless facility. In case of difficulty, they can contact the District Level Co-ordinator / District Level Nodal Officer / Toll Free Number / State Level Co-ordinator / State Level Nodal Officer of the Insurance Company / TPA's concerned in this regard.

(a) The Electronic Identity Card (e-card) of the employees and their eligible family members etc., issued by the Insurance Company or by production of the copy of Form prescribed in **Annexure-III** or Employee ID card with IFHRMS number shall be produced to the Network Hospitals for availing package rate based cashless facility.

(b) Network Hospital shall identify, direct and register all the Beneficiaries holding eligibility card.

(c) The Network Hospital shall send the pre-authorisation request immediately to Insurance Company/Third Party Administrator with NHIS e-card / ID Card with IFHRMS number /DDO Authorisation Form Annexure III for the approved treatments and surgeries to be undertaken so that pre-authorisation approval is given by the Insurance Company / Third Party Administrator.

(d) If the approved treatments and surgeries are covered under this scheme, an approval of pre-authorisation would be issued to the concerned Network Hospital enabling package rate based cashless facility for the eligible medical expenses incurred subject to the ceiling criteria.

(e) In case of any deficiency or query, an additional information letter will be sent to the Network Hospital. On retrieval of the said information the request will be processed accordingly.

(f) The Insurance Company / Third Party Administrator shall scrutinize the pre-authorization requests as per the Guidelines with the help of medical professionals and accord authorization for approved treatments and surgeries to be undertaken within 12 hours for planned Hospitalization. The pre-authorisation approved (initial approval) amount shall not be less than 70% of the eligible package rate. In case of emergencies, an emergency pre-authorization number shall be provided immediately to the hospital through toll-free number upon intimation of IFHRMS Employee ID number of the employee by the hospital thereby avoiding delay in treatment.

(g) The Insurance Company /Third Party Administrator shall also send an automated SMS to the beneficiaries with the status of the approval and make arrangement to download the approval of pre-authorisation in the designated web portal.

(h) The beneficiary shall be given a copy of the final authorization letter approved by the insurance company /TPA via mail/SMS/hard copy.

(i) The following caption shall be indicated in the final authorization letter both in English and Tamil to lodge complaints for any grievance of the beneficiary:

"**Any grievance / complaint about Eligible Medical Expenses, the beneficiary shall lodge complaint through Drawing and Disbursing Officer (DDO) to the Grievance Redressal Officer (Joint Director of Medial and Rural Health Services) of the concerned district within Sixty days from the date of discharge from the Hospital for favour of placing the same in DLEC."**

(j) The Network Hospital shall obtain the signature of the beneficiary / Family member on the final authorization letter and after obtaining signature, the same shall be send to the Insurance Company / Third Party Administrator by the network hospital at the time of claim settlement.

14. Issue of Identity Cards by Insurance Company:-

(i) The Insurance Company shall arrange to issue Employee's IFHRMS ID number-based e-identity cards to cover the beneficiaries with the details of the Employees and their eligible family members.

(ii) The Insurance Company shall arrange to provide option to download e-identity card by the Employees and their eligible family members of Government departments under the scope of the Scheme within 60 days from the date of commencement of the scheme**.** The data furnished by the State Government shall be the property of the State Government and should not be used for any other purpose without the prior written permission of the Government of Tamil Nadu.

15. Procedure to be followed by the Beneficiaries for availing Medical Assistance under this Scheme:-

(1) **In case of Planned Hospitalization**: The Beneficiaries seeking medical assistance under this Scheme shall approach the Network Hospitals only for the approved treatments and surgeries to be undertaken on package rate based cashless basis so that pre-authorization is given by the Insurance Company / Third Party Administrator under the control of the Insurance Company.

(2) **In case of Emergency Care or following an Accident**: The Beneficiary seeking medical assistance under this Scheme shall approach either Network Hospital for the approved treatments and surgeries to be undertaken on package rate based cashless basis (an auto approval of 50% of the eligible package rate for the procedure may be pre-authorized). In case of Non-Network Hospital for the treatments and surgeries to be undertaken on reimbursement basis, the Beneficiary has to pay the medical expenses first directly to the hospital and then seek cash reimbursement for the approved treatments and surgeries undertaken subject to Eligible Medical Expenses and Ceiling Criteria. There will be no cashless facility applicable in Non-Network Hospital.

(3) The Scheme is that ordinarily the Employees and their eligible family members of Government department is required to avail Package rate based cashless facility in Network Hospital (to the extent of Eligible Medical Expenses and Ceiling Criteria under the Scheme) and pay for non-payable expenses directly to the hospital.

(4) In case, Government Employees and their eligible family members undergo **treatment / surgery not covered** under this Scheme in

either Network Hospital or Non-Network Hospital, **no claim can be filed under the Health Insurance Scheme**. However, they shall be eligible for claim to the extent permissible under the Tamil Nadu Medical Attendance Rules and the **G.O.Ms.No.1023, Health and Family Welfare Department, dated 17-06-1980 /G.O Ms. No.401**, **Health and Family Welfare (Z1) Department, dated 09-09-2021.** It may be noted that the Tamil Nadu Medical Attendance Rules requires that treatment in private hospitals should not be resorted to except in cases of emergencies. Clause 2(3) of the aforesaid G.O. states that in genuine cases of emergency, the claims will be restricted to the expenditure that would have been incurred had the patient taken treatment in a Government hospital excepting diet charges. For claims under Tamil Nadu Medical Attendance Rules, the beneficiaries shall apply to the Drawing and Disbursing Officer (DDO) in the department in which the Government Employee is working. Based on the recommendation of the DLEC the DDO shall obtain TNMAR rate from the concerned Dean, Medical College / Joint Director of Medical and Rural Health Services and the same shall be reimbursed through the Head of Office, by the Head of the Department and Administrative Department of the Secretariat (under whom the employee is serving /served).

16. Redressal of Grievances and Reimbursement of payment made to Network Hospital for Eligible Medical Expenses and to Non-Network Hospital in case of Emergency Care or following an Accident:-

(1) Claims under clause-12 of these Guidelines for reimbursement of payments made by beneficiary to Hospital for Eligible Medical Expenses shall be submitted by the beneficiaries to the concerned Drawing and Disbursing Officer within 60 days from the Date of Discharge. The Claims relating to specified illness listed in Annexure IA should be submitted within 90 days from the date of discharge.

(2) The Drawing and Disbursing Officer (DDO) shall forward the claim documents to the Grievance Redressal Officer (Joint Director of Medical and Rural Health Services) within 5 days from the date of receipt. The Joint Director of Medical and Rural Health Services shall scrutinize the documents and **upload the same along with a certification**, to the NHIS portal within 7 days. The original claim documents (hard copy) submitted by the employees shall be retained by the Joint Director of Medical and Rural Health Services and forwarded to the Insurance Company as and when required. Until the NHIS portal goes live, the existing reimbursement process may be followed.

(3) Claim Forms prescribed by Insurance Company / TPA can be downloaded from designated website of TNNHIS.

(4) Documents that needs to be submitted for a hospitalization reimbursement claim are:-

(a) IFHRMS ID Card

(b) Discharge Summary (Original).

(c) Hospital final bill (Original).

(d) Numbered receipts for payments made to the hospital (Original).

(e) Complete breakup of the hospital bill (Original).

(f) Copy of Investigations done with the respective reports.

(5) The Grievance Redressal Officer shall examine the claims to verify if the claims relate only to Eligible Medical Expenses and recommend to the District Level Empowered Committee for reimbursement of Eligible Medical Expenses. In case of claims relating to Non-Network Hospital, he shall examine and submit to the District Level Empowered Committee with his opinion as to whether the claim relates to Emergency Care or treatment / surgery undergone following an Accident.

The Grievance Redressal Officer shall submit his report with his opinion through the NHIS portal to District Level Empowered Committee within a period of one month from the date of receipt of claim from the DDO's.

(6) The District Level Empowered Committee shall examine claims with reference to the recommendations and opinions of the Grievance Redressal Officer and approve the medical claims for reimbursement, satisfying the requirements of clause-12 of these Guidelines within a period of one month from the date of receipt of the report from the Grievance Redressal Officer. The Personal Assistant (Accounts) to the District Collector shall act as the nodal officer at the District Collectorate to co-ordinate the DLEC meetings. The PA (Accounts) shall communicate the meeting dates well in advance (atleast 3 days before the meeting) to all the members and ensure that DLEC meetings are conducted atleast once in a month.

(7) Employee / Insurance Company can Appeal against the recommendations of the District Level Empowered Committee to the State Level Empowered Committee within a period of one month from the date of receipt of copy of the Proceedings of the Committee. The Insurance Company shall not suo-moto reject the claims that are recommended by the DLEC /SLEC / HLEC. The application for SLEC shall be submitted through the DDO concerned to the Director of Medical and Rural Health Services.

(8) The medical claims recommended to the Insurance Company by the District Level Empowered Committee / State Level Empowered Committee to be reimbursable shall be paid by the Insurance Company to the Beneficiary within a period of one month from the date of receipt of copy of the Proceedings of the Committee.

(9) In case, claim is denied, the denial letter has to be sent quoting the reason for denial of claim to the Beneficiary.

(10) Any claim in deviation of the above procedure for reimbursement is liable to be rejected.

(11) Any grievance / dispute arising out of the implementation of the Scheme remaining unresolved by the State Level Empowered Committee shall be preferred within one month of award of State Level Empowered Committee to the High Level Empowered Committee. The application for HLEC shall be submitted through the DDO concerned to the Additional Chief Secretary to Government, Finance Department, Secretariat.

(12) The Civil Courts situated in Chennai shall have exclusive jurisdiction over any grievance / dispute remaining unresolved by the above procedure.

(13) Nothing aforesaid, shall prejudice the rights of the Government of Tamil Nadu to approach any other forum for dispute resolution permissible under Law.

(14) The Reimbursement of medical claims for hospitalisation under NHIS 2026 shall be made as per the Scenarios tabulated below (applicable for treatment/procedure availed from 01.07.2026 under NHIS 2026)

Category	Treatment	Hospital	Condition	Payment to be made
Scenario I	Approved Treatment	Network Hospital	Emergency / Non-Emergency	The Insurance Company will reimburse the applicable package rate.
Scenario II	Approved Treatment	Non Network Hospital	Emergency	The insurance company will reimburse the applicable package rate for similar surgery or treatment taken in a network hospital of the lowest grade.
Scenario III	Approved Treatment	Non Network Hospital	Non-Emergency	The insurance company will reimburse the 60% of the package rate of similar procedure in the lowest grade Network Hospital.
Scenario IV	Unapproved Treatment	Network / Non Network Hospital	Emergency / Non-Emergency	Will be reimbursed by the Government as per the Tamil Nadu Medical Attendance Rule (TNMAR)

*Unapproved Treatment – Treatments not listed under Annexure I / IA are not covered under the New Health Insurance Scheme and shall not be eligible for payment under the Scheme. However, where such treatments are available in Government hospitals, the beneficiaries of the Scheme shall avail themselves of the services provided in Government hospitals. Where treatments not covered under the Scheme are availed in private hospitals (Empanelled or Non-Empanelled), reimbursement for such treatments shall be made from the Government fund provided for payment under the Tamil Nadu Medical Attendance Rules (TNMAR). The reimbursement amount for such claims shall be determined based on the expenditure that would have been incurred had the same treatment been undertaken in Government hospitals.

17. Payment of Premium to Insurance Company:-

(1) For the first year (starting from the date of commencement of the Scheme) the premium will be initially calculated based on the number of Employees of Government department in position in the Government of Tamil Nadu as on **31.05.2026**. Of this amount, 95% will be paid as adhoc payment on or before the date of commencement of the Scheme. Actual annual premium will be paid at the beginning of the Second Year based on the updated IFHRMS database as on starting from the date of commencement of the Scheme after adjusting the 95% of adhoc payment paid at the beginning of the first year.

(2) During the 2nd, 3rd, 4th and 5th years 95% of the adhoc payment of annual premium will be paid as per the IFHRMS data after the exclusion of Employees of Government departments who died in harness during the previous year at the commencement of that year.

(3) For the Second and Third year, actual annual premium will be paid at the beginning of the Third and Fourth year based on the IFHRMS data as on beginning of the Third and Fourth year after adjusting the 95% of adhoc payment paid at the beginning of the Second and Third year.

(4) For the Fourth and Fifth year, the actual annual premium will be paid on or after end of the Fourth and Fifth year respectively based on the actual IFHRMS data after adjusting the 95% of adhoc payment paid at the beginning of Fourth and fifth year for final settlement respectively.

(5) Annual premium will be calculated on pro-rata basis for the new Employees and Retirees of the Government departments, after the beginning of every year.

(6) After completion of each policy year, the insurance company shall settle the outstanding claims amount for that year still pending on 30th September to Government. The Government will bear the

liabilities if any arising out of the outstanding claims thereafter. An undertaking to that effect will be provided by the Government on settling such outstanding claims. Incurred claim should be calculated excluding the outstanding claim.

(7) After providing 10% of the premium paid towards the company's administrative cost, if the claim settled (Settlement to the Hospital) on the premium is less than 90%, then 90% of the leftover surplus will be refunded to the Government on 30th September of the consecutive policy year. (for example if the premium amount is Rs.100/- Rs.10/- goes to company's administrative cost. Rs.90/- is now left out. If the claim settled amount is Rs.60/-, Rs.30/- is then the leftover amount. Out of Rs.30/-, Rs.27/-(90% of Rs.30/-) is to be refunded back to the Government by 30th September of the consecutive policy year. For any claims rejected from the Outstanding, UIIC shall refund the 90% of the claim value.

(8) If the Claims settled on the premium are more than 110%, 50% of the amount in excess of 110% will be paid by the Government to the insurance company within one month from the date of verification by the CTA /DTA.

(9) The United India Insurance Company Limited shall develop a dedicated software /web portal for TNNHIS as per the insurance industry norms (including the Digital Personal Data Protection Act 2023) and for submission / processing / approval and monitoring of Pre-Authorization and claims (Both Cashless and Reimbursement) and share the source code to Government and Director of Treasuries and Accounts within six months after commencement of the Scheme. Access to the portal so developed to be given to all the Employees to view their claim status / outstanding balance Sum Insured and to report their grievances. For any delay or deficiency, an amount equal to 1% of the total annual premium will be deducted as penalty for each month of delay. The entire database pertaining to NHIS 2026 shall remain the sole property of the Government of Tamil Nadu and shall not be shared with any third party without the prior written consent of the Government of Tamil Nadu.

(10) The Commissioner / Director of Treasuries and Accounts will pay the insurance premium pertaining to the employees of Government Departments to the Insurance Company.

18. Implementation Procedure:-

(1) The Insurance Company shall issue electronic identification cards by integration of dedicated NHIS portal with the IFHRMS Kalanjiyam app, based on IFHRMS Employee ID to the entire Employees of Government department within sixty days of the commencement of the Scheme.

(2) The Scheme will be implemented by the Commissioner / Director of Treasuries and Accounts, Chennai and the premium payable will be released through the Commissioner/ Director of Treasuries and Accounts. The DDOs shall be responsible to arrange to delete the e-identity cards of such of those Employees of Government department who die in harness. In such cases, the identity cards will be frozen.

(3) The Insurance Company shall ensure that the Employees of Government department and their eligible family members defined in these Guidelines are treated without having to make any cash payment for any of the Eligible Medical Expenses subject to the Package rate and Ceiling Criteria as defined in clause 11(1).

(4) The Insurance Company shall share all the required data / MIS on medical claims settled or reimbursed through the dedicated web portal on a **real time** basis with the Government of Tamil Nadu.

(5) The Scheme may be administered through the Third Party Administrators. The Insurance Company /Third Party Administrators should deploy a coordinator for each district.

(6) The existing Liaison Officer in the empanelled hospitals of CMCHIS shall act for NHIS also. The District Coordinator of Insurance Company will liaison with the Personal Assistant (Accounts) to the District Collector for addressing the Grievances of the Employees.

(7) The Network Hospital will raise the bill on the Insurance Company. The Insurance Company shall process the claim and ensure the settlement of the claims to the hospitals expeditiously as far as possible within 7 days of the discharge of the patient. In case of any failure in services from the Hospitals due to pending bills, the Insurance Company will be held responsible by the Government.

19. Performance Monitoring:-

Performance of the Insurance Company / Third Party Administrator shall be monitored regularly based on the following parameters.-

- Timely pre-authorization.
- Timely claim settlement.
- Complaints redressal.
- Proper Settlement of Eligible package rates
- Claim ratio.
- Any other parameters.

20. Online Management Information System:-

(1) The Insurance Company should post enough dedicated staff including Medical Officers, so as to ensure free flow of daily MIS

and ensure that progress of scheme is reported to the Commissioner/ Director of Treasuries and Accounts in the desired format on a real-time basis.

(2) The Insurance Company should establish proper networking for quick and error-free processing of pre-authorizations.

(3) The pre-authorization has to be raised by the Hospital within 12 hours and processing shall be done round the clock by the Insurance Company. The pre-authorization shall be processed within 12 hours of submission by the hospital.

(4) A provision for emergency pre arrival intimation to the empanelled hospital and auto approval facility for emergency cases should also be established.

21. Publicity:-

(1) The Insurance Company / Third Party Administrator on its part should ensure that proper publicity is given to the Scheme in all possible ways.

(2) This will include distribution of brochures at the time, issue of e-Identity Cards and display boards in Network Hospitals.

(3) They shall also effectively use services of State Level Nodal Officer and District Level Nodal Officer for this purpose.

22. Appointment of Nodal Officers / Co-ordinators at State and District Levels:-

(1) The Insurance Company / Third Party Administrator needs to appoint one Chief Nodal Officer / Chief Coordinator at State Level and one Nodal Officer each at all Districts and other places to facilitate admission, treatment and package rate based cashless facility to the Beneficiary. The Insurance Company / Third Party Administrator shall also appoint one nodal officer in each of the 100 most frequented private hospitals among the network hospitals. The Nodal Officers/ Coordinators should help hospitals in pre-authorization, claim settlement and follow-up. They should also ensure proper reception and care in the hospitals and send regular Management Information System (MIS).

(2) Insurance Company shall provide all Nodal Officers/ Coordinators with Mobile number for effective and instant communication. The details of these mobile numbers shall be published in the portal also. They shall follow the Guidelines of Government/ instructions of the Commissioner/ Director of Treasuries and Accounts / Government in this regard. The insurance company should set up a round the clock (24x7) Help Desk with call center facility with a minimum staff strength of 3 call responders to respond to the

queries and grievances of employees and hospitals at the Commissionerate/Directorate of Treasuries and Accounts, Nandanam, Chennai.

23. Penalty :-

(1) Deficiency in services - Failure to provide services as required by terms of Scheme will attract penalty as may be determined by the Government, subject to the minimum of five times the amount of the expenditure incurred by the Government of Tamil Nadu or beneficiary due to non-compliance.

(2) Failure to process pre-authorization within 12 hours from the time of submission will attract the Penalty of payment of entire expenditure incurred by the hospital towards the treatment of beneficiary.

(3) In addition to that, fine will be levied by the Government up to 100% of claim amount on each occasion on failure of processing pre-authorization within the stipulated time.

(4) The Insurance Company shall also streamline the administration for facilitating hassle-free treatments for employees under the scheme. Penalty will be imposed in case patients are refused treatment in Network Hospital and if additional levies are imposed for items covered in the package rates, ensuring package rate based cashless treatment to the employees.

-/ True Copy /-

24/06/2026

SECTION OFFICER.

24/06/26