FINANCE [Health Insurance] DEPARTMENT

GUIDELINES FOR IMPLEMENTATION OF NEW HEALTH INSURANCE SCHEME, 2026 FOR PENSIONERS (INCLUDING SPOUSE) / FAMILY PENSIONERS

[G.O.Ms.No.123, Finance (HI) Department, Dated: 24-06-2026]

FINANCE [Health Insurance] DEPARTMENT

G.O.Ms.No.123, Dated 24th June, 2026.

(Parabhava, Aani-10, Thiruvalluvar Aandu 2057)

ABSTRACT

MEDICAL AID **– New Health Insurance Scheme, 2026 for Pensioners (including spouse) / Family Pensioners** – Provision of Health Care Assistance to the Pensioners (including spouse) / Family Pensioners through the United India Insurance Company Limited, Chennai – Implementation – Orders – Issued.

Read:-

1. G.O.Ms.No.462, Finance (Pension) Department, dated: 27-12-2013.
2. G.O.Ms.No.171, Finance (Pension) Department, dated: 26-06-2014.
3. G.O.Ms.No.222, Finance (Pension) Department, dated: 30-06-2018.
4. G.O.Ms.No.204, Finance (Health Insurance) Department, dated: 30-06-2022.
5. 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 launching a New Health Insurance Scheme, 2014 replacing the Tamil Nadu Government Pensioners Health Fund Scheme, 1995 to provide health care assistance up to Rupees two lakh to the Pensioners (including spouse) / Family Pensioners on a cashless basis for a block period of four years and to implement the scheme through the Director of Treasuries and Accounts, Chennai after selection of a suitable Public Sector Health Insurance Company through National Competitive Bidding.

2. In the Government Order second read above, orders were issued for the implementation of the "New Health Insurance Scheme, 2014 for Pensioners (including spouse) / Family Pensioners" on cashless basis with provision of assistance up to Rupees Two Lakh for a block period of four years from 01-07-2014 to 30-06-2018 through the United India Insurance Company Limited.

3. In the Government Order third read above, orders were issued for implementation of New Health Insurance Scheme, 2018 to provide health care assistance on a cashless basis for Pensioners (including spouse)/Family Pensioners with a provision to avail assistance up to the limit of Rupees Four lakh for a block period of four years from 01.07.2018 to 30.06.2022 for the accredited treatments /surgeries in the hospitals approved by the United India Insurance Company Limited.

4. In the Government Order fourth read above, orders were issued for implementation of New Health Insurance Scheme, 2022 to provide health care assistance on a cashless basis for Pensioners (including spouse)/Family Pensioners with a provision to avail assistance up to the limit of Rupees Five lakh for a block period of four years from 01.07.2022 to 30.06.2026 for the accredited treatments /surgeries in the hospitals approved by the United India Insurance Company Limited.

5. The Government has examined the need for continuation of Health Insurance Scheme for Pensioners (including spouse)/ Family Pensioners and decided to continue the same after selection of a suitable Public Sector Health Insurance Company through National Competitive Bidding. Accordingly, in the Government Order fifth read above, orders have been issued for the implementation of the New Health Insurance Scheme, 2026 for Pensioners (including spouse)/Family Pensioners beyond 30-06-2026.

6. Based on the Government orders issued in reference fifth read above, the Notice Inviting Tender has been published through the e-tender portal *https://tntenders.gov.in* on 07-03-2026. The Tender Scrutinizing Committee, after invoking 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 Pensioners (including spouse)/Family Pensioners.

7. 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 for Pensioners (including spouse)/ Family Pensioners.

8. The Government after careful consideration directs that:

(1) "New Health Insurance Scheme, 2026 for Pensioners (including spouse) / Family Pensioners" 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 Pensioners (including spouse) / Family Pensioners" 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 for Pensioners (including spouse) / Family Pensioners;

(3) The enrolment under New Health Insurance Scheme, 2026 shall be compulsory, which is a separate scheme for all the Pensioners (Including Spouse)/Family Pensioners irrespective of the fact that their spouse is a central Government employee / pensioner covered under Central Government Health Insurance Scheme (CGHS) as detailed in clause 3 and 5 of Annexure-A to this order;

(4) 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.7,728/- (Rupees Seven Thousand Seven Hundred and Twenty-Eight)** per Pensioner / Family Pensioner, per annum for the block period of five years from 01-07-2026 to 30-06-2031;

(6) The annual premium initially paid by the Government shall be recovered from the Pensioners / Family Pensioners /Retired Employees covered under TAPS at the rate of **Rs.644/- (Rupees Six Hundred and Forty-Four) per month** by deduction in monthly pension / family pension/interim payout from the month of July, 2026. Any excess of premium payable from time to time over and above the amount recovered from Pensioners / Family Pensioners shall be borne by the Government in the case of Government Pensioners (including spouse) / Family Pensioners and by the respective employer in the case of Pensioners (including spouse) / Family Pensioners belonging to Local Bodies, State Public Sector Undertakings, Statutory Boards and Universities, etc;

(7) The Chief Executive Officers / Managing Directors of State Public Sector Undertakings and Statutory Boards, Registrar of State Government Universities, the Director of Rural Development, the Director of Municipal

Administration and the Commissioner of Hindu Religious and Charitable Endowment Administration, etc shall take necessary action to extend this Scheme *mutatis mutandis* to Pensioners (including spouse) / Family Pensioners of the Local Bodies, Statutory Boards, State Public Sector Undertaking, Universities, where these organizations elect to adopt the Scheme and capable of bearing the employer share of the premium without financial liability befalling on the State Budget. These organisations may be enrolled under this Scheme directly to the Insurance Company subject to payment of premium at the rate as fixed by the Government by entering into agreement with Insurance Company. The coverage will come into force from the date of execution of agreement with Insurance Company by the Chief Executive Officers / Managing Directors of the respective organisations. The excess of premium from time to time over and above the Pensioners (including spouse) / Family Pensioner's contribution shall be borne by the respective organizations. The Chief Executive Officers / Managing Directors of the above institutions shall be the administrator of the New Health Insurance Scheme, 2026 for Pensioners (including spouse) / Family Pensioners of their institutions;

(8) The Pensioners (including spouse) / Family Pensioners covered under this scheme shall avail the medical assistance up to the limit of **Rs.7.50 Lakh (Rupees Seven Lakh Fifty Thousand)** in a block period of five years commencing from 01-07-2026 to 30-06-2031 as a Package Rate Based Cashless model for the approved treatments/surgeries listed in the **Annexure-I** to this order in the hospitals empanelled under the New Health insurance Scheme as listed in the **Annexure-II** in this order;

(a) However, the assistance shall be up to **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 shall not exceed Rs.12.00 (Rupees Twelve Lakh Only) for a family on a floater basis in a block period of five years under this scheme.

(c) The medical treatment taken by the pensioners (including spouse)/ Family Pensioners 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 and surgeries and 46 Specified Treatments 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 (EAP-I) 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 Commisioner / 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-Tamilnadu.

(e) The benefit under New Health Insurance Scheme, 2026 shall be extended to pensioners in respect of retired Contributory Pension Scheme (CPS) Employees and their spouses, and to retired Government servants who retired after 01.01.2026 and have not opted for Tamil Nadu Assured Pension Scheme (TAPS), as well as retired Government servants who retired before 01.01.2026 and are not covered under the Tamilnadu Pension Rules, on payment of the annual NHIS subscription. The scheme shall also apply, mutatis mutandis, to pensioners in respect of retired Contributory Pension Scheme employees and their spouses, and to retired Government servants who were in service on the date of implementation of Tami Nadu Assured Pension Scheme (TAPS), i.e., 01.01.2026, retired thereafter, and opted to avail the interim monthly payout, along with their spouses, subject to payment of the prescribed insurance premium.

(f) In the case of a Retired Contributory Pension Scheme Employee, if opting for the Scheme they should exercise option in the prescribed form

appended in the Annexure -III A (Option form) to the guideline to the Authorities concerned and shall remit their subscription in one lump sum every year on or before 31st July for a block of five years commencing from 01.07.2026 to 30.06.2031 directly to the United India Insurance Company Limited or through its offices in the District and give an undertaking that remittance of yearly subscription shall be made by them for the subsequent years of the scheme also eventhough they exhaust the benefit of total sum assured in the first year itself.

(g) Pensioners covered under Special Time Scale such as Sweepers/Sanitary workers, Anganwadi, Noon Meal workers, Village Assistants, Ex-Gratia Pensioners, Ex-Gratia family pensioners and compassionate allowances etc, irrespective of their gross pension are exempted from the New Health Insurance Scheme-2026 and shall be included under the Chief Minister's Comprehensive Health Insurance Scheme-Tamil Nadu.

9. The Government also direct that the subscriptions recovered from the monthly pension / family pension of the State Government Pensioners / Family Pensioners shall be credited into the following Revenue Receipt Head of Account: -

"0075.00.	OTHER MISCELLANEOUS GENERAL SERVICES
800.	Other Receipts
BY.	Subscription from New Health Insurance Scheme (NHIS) for Pensioners / Family Pensioners.
224 02	Subscription – New Health Insurance Scheme – Pensioners
	(IFHRMS: DPC 0075 00 800 BY 22402)"

10. The insurance premium on behalf of all the State Government Pensioners (including spouse)/ Family Pensioners 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 in respect of State Government Pensioners (including spouse)/ Family Pensioners shall be debited to the following Head of Account under Demand No.50. Pension and Other Retirement Benefits: -

"2071.	PENSION AND OTHER RETIREMENT BENEFITS
01.	Civil
800.	Other Expenditures
	State's Expenditure
AM.	Insurance Premium for State Government Pensioners / Family Pensioners under New Health Insurance Scheme.
310	Contributions
02	Insurance Premium
	(IFHRMS: DPC 2071 01 800 AM 31002)"

11. 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-VIII**. 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 in 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 NHIS 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.

12. The details of the Pensioners (including spouse) / Family Pensioners will be as per the IFHRMS database available in the office of the Commissioner/Director of Treasuries and Accounts, Chennai.

13. The Commissioner/Director of Treasuries and Accounts, Chennai shall submit proposals to Government for sanction of insurance premium at the appropriate time as per the terms and conditions of the agreement.

14. The Commissioner/Director of Treasuries and Accounts, Chennai shall also furnish annual report to the Government in the month of July every year.

(BY ORDER OF THE GOVERNOR)

M.A.SIDDIQUE
ADDITIONAL CHIEF SECRETARY TO GOVERNMENT.

To

All Additional Chief Secretaries / Principal Secretaries / Secretaries to Government, Chennai - 09

All Departments of Secretariat.
The Legislative Assembly Secretariat, Chennai - 600 009.
The Governor's Secretariat, Lok Bhavan, Chennai - 600 022.
All Heads of Departments.
The State Information Commission, Veterinary Hospital Campus, No.571 Anna Salai, Nandanam, Chennai-600 035.
The Commissioner /Director of Treasuries and Accounts, Perasiriyar Anbazhagan Maaligai, 571, Anna Salai, Nandanam, Chennai-600 035.
The Project Director, Tamil Nadu Health Systems Project, DMS Campus, Teynampet. Chennai-600 006.
The Director of Medical and Rural Health Services, DMS campus, Teynampet, Chennai – 600 006.
The Director of Medical Education and Research, Kilpauk, Chennai - 600 010.
The Chairman cum Managing Director, United India Insurance Co. Ltd. No.24, Whites Road, Chennai 600 014
The Chief Manager, United India Insurance Co. Ltd. LBO-010600,134, Silingi Buildings, (Behind IDBI Bank) Greams Road, Chennai- 600 006
The Accountant General (A&E), Chennai - 600 018. (By name)
The Accountant General (A&E), Chennai - 600 018
The Principal Accountant General (Audit-I), Chennai - 600 018.
The Accountant General (Audit-II), Chennai - 600 018.
The Accountant General (CAB), Chennai - 600 009.
The Registrar, High Court, Chennai - 600 104.
The Secretary, Tamil Nadu Public Service Commission, Chennai-600 003.
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 District Collectors / District Judges / Chief Judicial Magistrates.
All Regional Joint Directors of Treasuries and Accounts Departments.
The Pension Pay Officer, Chennai - 600 006.
All Treasury officers / Sub-Treasury Officers.
All State Government Owned Boards / Corporations.

Copy to:

The Secretaries to Chief Minister, Chennai- 600 009.
The Finance ((OP.I)/(OP.II)/(OP.III)/(OP.Misc)/PGC/PC/BGII/BPE/Budget (Misc)/(Public)) Department, Chennai - 600 009.
The Director of Local Fund Audit, Perasiriyar Anbazhagan Maaligai 571, Anna Salai, Nandanam, Chennai-600 035.
All Municipal Commissioners.
All Panchayat Union Commissioners.
The President, Tamil Nadu Retired Officials Association, D.M.S. Complex, Chennai – 600 006.
The President, Tamil Nadu Secretariat Retired Officers Association, No.70, Medavakkam Tank Road, Kilpauk, Chennai - 600 010.
The President, All India Federation of Pensioners' Association, No.22, Kavarai Street, Saidapet West, Chennai - 600 015.
The President, The Retired Teachers Association, No.12, Abayambalpuram, Mayiladuthurai, Nagapattinam District.
The State President, All Bharat Confederation of Senior Citizens and

Pensioners, No.7, Bharathidasan Street, Avinashi, Coimbatore District.
The President, The Indian Officers Association, No.35, Thiru Vi Ka High Road, Royapettah High Road, Chennai - 600 014.
The President, Tamil Nadu Senior Citizens' Association, No.V.95, Anna Nagar, Chennai-600 040.
The President, Tamil Nadu Senior Citizens and Pensioners Welfare Association, No.38-B, First Main Road, Perumalpuram, Tirunelveli.
The President, Retired Officials Association, Narayanarao Building, Muthu Kalathi Street, Triplicane, Chennai-600 005.
The President, Govt. TANSI Retired Employees Association, Plot No.65, Tamarai Salai, Ayyappa Nagar, Pammal, Chennai-600 075.
The President, Retired Agricultural Graduate Association, K-Block, No.2, Salai Road, Housing Unit, Trichy - 621 003.
The State President, Tamil Nadu Senior Agro Technologists' Forum, No.11, Nachimuthu layout, K.K. Pudur, Coimbatore – 641 038.
The President, Tamil Nadu Corporation and Municipal Pensioners Association, Varadhappan Street, Fort, Salem – 636 001.
The President, Tamil Nadu Agricultural University Pensioners' Association, TNAU Campus, Coimbatore – 641 003.
The State President, Tamil Nadu Retired Government Employees Association, No.3(G1), Krishnappa St, Chepauk, Chennai – 600 005.
The President, Tamil Nadu Retired Public Works Department Employees Association No.3/454, Veeramaa Munivar Street, East Mugapper, Chennai - 600 037.
The Welfare Association of Tamil Nadu Ind Absorbee Pensioners, No.12, 9th Street, Tansi Nagar, Velachery, Chennai - 600 042.
Stock File / Spare Copies.

-/ Forwarded By Order /-

24/06/2026

SECTION OFFICER.

24/06/26

ANNEXURE - A

to G.O.Ms.No.123 Finance (Health Insurance) Department, dated: 24-06-2026.

THE GUIDELINES FOR IMPLEMENATION OF NEW HEALTH INSURANCE SCHEME, 2026 FOR PENSIONERS (INCLUDING SPOUSE) / FAMILY PENSIONERS.

1. Title and Commencement: -

(1) These Guidelines may be called "The Guidelines for New Health Insurance Scheme, 2026" for Pensioners (including spouse) / Family Pensioners.

(2) These Guidelines shall come into effect on 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 Pensioners (including spouse) / Family Pensioners, will provide health insurance coverage to all the Pensioners (including spouse) / Family Pensioners.

3. Extent of the Scheme: -

(1) This Scheme shall be applied to the following categories of existing / future Pensioners / Family Pensioners whose pension / family pension is paid out of the Consolidated Fund of Tamil Nadu and who draw their pension / family pension from the Pension Pay Office, Chennai / District Treasury / Sub-Treasury and retired employees covered under Contributory Pension Scheme (CPS) or Tamil Nadu Assured Pension Scheme (TAPS).

a) State Civil Pensioners (including spouse) / Family Pensioners.

b) Teacher Pensioners (including spouse)/ Family Pensioners.

c) Pensioners (including spouse) / Family Pensioners of All India Services belonging to the Tamil Nadu Cadre.

d) Son/daughter who is suffering from any disorder or disability of mind (including intellectually disabled) or person with disability (whether such disability manifests before or after retirement or death while in service of a Government servant) and who is unable to earn a living even after attaining the age of twenty-five years. Such son/daughter shall not be eligible from the date on which he/she gets married.

e) Unmarried/widowed/divorced daughters even after attaining the age limit of 25 years up to the date of their marriage/remarriage or till they start earning a sum of Rs.7,850/- per month whichever is earlier subject to the production of a certificate by Pensioner to the satisfaction of the authority to the effect that unmarried/widowed/divorced daughter is wholly dependent on him/her and

f) The Dependent of Pensioner who are eligible for Family Pension as per the Tamil Nadu Pension Rules, 1978.

g) Pensioners / Family Pensioners of the State Government Employees who had drawn lumpsum payment on absorption in Public Sector Undertakings / Autonomous Bodies / Local Bodies / Co-operative Institutions and have become entitled to restoration of commuted portion of pension as well as revision of the restored amount.

Note: The State Government Employees who were permanently absorbed in the State / Central Owned Corporations, Boards and Autonomous Bodies whose terminal benefits were already settled for the service rendered under the State Government are not eligible under this scheme.

h) Divisible Family Pensioners where family pension is granted to more than one family members.

i) Pensioners / Family Pensioners who are in receipt of Special Pension under Tamil Nadu Extraordinary Pension Rules.

j) Provisional Pensioners as provided in rules 60, 66, 69 and 69-B of Tamil Nadu Pension Rules, 1978.

k) Pensioners / Family Pensioners of former Travancore- Cochin State who are drawing their pension on 1st November, 1956 in the Treasuries situated in the areas transferred to Tamil Nadu State on that date i.e. Kanniyakumari District and Shencottah Taluk of Tenkasi District.

Special Time Scale: Pensioners covered under Special Time Scale such as Sweepers/Sanitary workers, Anganwadi, Noon Meal workers, Village Assistants, Ex-Gratia Pensioners / Ex-Gratia Family Pensioners, Compassionate Allowance etc, irrespective of their gross pension are exempted from the New Health Insurance Scheme - 2026 and shall be included under the Chief Minister's Comprehensive Health Insurance Scheme-Tamil Nadu. There is no need to recover the subscription under NHIS 2026 for the above said Pensioners.

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

(a) This Scheme shall be mutatis mutandis extended to pensioners / family pensioners of the Local Bodies, Statutory Boards, State Public Sector Undertaking, Universities, where these organizations elect to adopt the Scheme and capable of bearing the employer share of the premium without financial liability befalling on the State Budget. Such pensioners may be enrolled under the Scheme directly through their organisations, subject to payment of the premium at the rate fixed by the Government, by entering into an agreement by their pension sanctioning authority directly with the United India Insurance Company. The coverage will come into force from the date of execution of agreement with Insurance Company by the Chief Executive Officers / Managing Directors of the respective organisations. The excess of premium as applicable from time to time over and above the pensioners / family pensioner's contribution shall be borne by the respective organization. The benefit under New Health Insurance Scheme, 2026 shall be extended to pensioners in respect of retired Contributory Pension Scheme (CPS) Employees and their spouses, and to retired Government servants who retired after 01.01.2026 and have not opted for Tamil Nadu Assured Pension Scheme (TAPS), as well as retired Government servants who retired before 01.01.2026 and are not covered under the Tamilnadu Pension Rules, on payment of the annual NHIS subscription. The scheme shall also apply, mutatis mutandis, to pensioners in respect of retired Contributory Pension Scheme employees and their spouses, and to retired Government servants who were in service on the date of implementation of Tami Nadu Assured Pension Scheme (TAPS), i.e., 01.01.2026, retired thereafter, and opted to avail the interim monthly payout, along with their spouses, subject to payment of the prescribed insurance premium.

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 entered into between the Government of Tamil Nadu and the United India Insurance Company Limited.

(d) "**Authorities concerned"** means

(i) Pensioners / Family Pensioners attached to Pension Pay Office,	Pension Pay Officer, Chennai.
(ii) Pensioners / Family Pensioners attached to Treasuries / Sub-Treasuries.	District Treasury Officer / Assistant Treasury Officer concerned.
(iii) Pensioners / Family Pensioners drawing outside State.	The Commissioner / Director of Treasuries and Accounts, Chennai.
(iv) Pensioners / Family Pensioners drawing provisional pension/Provisional family pension	Head of Office / Pay Disbursing Officers concerned.
(v) Pensioners/Family Pensioners who are entitled for pension /family pension and where provisional pension/ family pension not sanctioned from the next month of retirement/death of Government employees.	Head of Office / Pay Disbursing Officers concerned.
(vi) Government employees who are suspended and not permitted to retire from service but retained in service under F.R.56(i)(c) on the date of superannuation.	Head of Office/Pay Disbursing Officers concerned.

(e) **"Beneficiary"** means

(i) Pensioners, Family Pensioners, Spouse of Pensioner, retired CPS/TAPS employees and

(ii) son/daughter who is suffering from any disorder or disability of mind (including intellectually disabled) or person withdisability (whether such disability manifests before or after retirement or death while in service of a Government servant) and who is unable to earn a living even after attaining the age of twenty-five years. Such son/daughter shall not be eligible

from the date on which he/she gets married.

(iii) Unmarried/widowed/divorced daughters even after attaining the age limit of 25 years up to the date of their marriage/remarriage or till they start earning a sum of Rs.7,850/- per month whichever is earlier subject to the production of a certificate by Pensioner to the satisfaction of the authority to the effect that unmarried/widowed/ divorced daughter is wholly dependent on him/her.

(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 & IA.

(ii) All empanelled 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 & IA. 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. The Package rate for A1 grade hospital shall be 30% higher than the base rate of C grade. 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 and for A2 grade 130% of base rate and for A1 grade 140% of the 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 & IA. 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. (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 Department, 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 & IA) 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. For Emergency Care or following an Accident subject to the condition that patient shall preferably visit the empanelled 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 shall immediately make a Pre-Arrival Intimation (PAI) to the empanelled hospital 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 preauthorization which can be done subsequently.

(l) "**Family Pensioner"** means a Family Pensioner including Teacher Family Pensioner who draws family pension from the Pension Pay Office / Treasury / Sub-Treasury under the Tamil Nadu Pension Rules, 1978**.**

(m) **"Expert Committee for Package Rates"** means Committee comprising of Project Director, Tamil Nadu Health Systems Project (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) "**Form**" means the relevant form as may be specified by the Government under these Guidelines;

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

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

(q) **"Guidelines"** means the Guidelines for New Health Insurance Scheme, 2026 for Pensioners (Including Spouse) / Family Pensioners.

(r) **"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.

(s) **"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;

(t) **"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 Hemodialysis, Day care treatment for cancer, Cataract surgery and any other procedures decided by the Government.

(u) **"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.

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

(w) **"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.

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

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

(z) **"Pensioner"** means a Pensioner including Teacher Pensioner who draws pension from the Pension Pay Office / Treasury / Sub-Treasury under the Tamil Nadu Pension Rules, 1978 and retired employees covered under Contributory Pension Scheme (CPS) or Tamil Nadu Assured Pension Scheme (TAPS). In cases where provisional pension is sanctioned pending authorization by the Accountant General, such provisional pensioners are also eligible under this Scheme.

(aa) **"Scheme"** means the New Health Insurance Scheme, 2026 for Pensioners (Including Spouse) / Family Pensioners.

(ab) "**Spouse"** means a wife / husband of the Pensioner**.**

(ac) **"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.

(ad) "**Subscription"** means subscription per month prescribed by Government which shall be recovered from the pension / family pension interim payout of the Pensioner / Family Pensioner /Retired Employees covered under TAPS.

(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: -

(1) The enrolment of the Pensioners / Family Pensioners under the Scheme shall be compulsory except Pensioners covered under Special Time Scale such as Sweepers/Sanitary workers, Anganwadi, Noon Meal workers, Village Assistants etc.

(2) **Option to be exercised for certain cases. Subject to Clause 6 (1)** This Scheme is compulsory for all Pensioners / Family Pensioners of all categories. The following categories of Pensioners / Family Pensioners alone are entitled to exercise their option at the time of submitting the prescribed Form appended in the Annexure-III to these Guidelines to the Authorities concerned.

(a) All India Service (AIS) Pensioner.

(b) A Pensioner who is a recipient of All India Service (AIS) Family Pension.

(c) If the spouse of the Pensioner is a State Government Employee, the Subscription shall be deducted from the salary of the employee only.

(d) If both Husband and Wife are State Government Pensioners, Pensioner's Subscription shall be recovered from only one of the Pensioner i.e., from the younger of the two (Husband or Wife).

(e) If a Pensioner is also a Family Pensioner.

(f) If an individual draws more than one Family Pension.

(3) In respect of categories (a) & (b) above, the subscription shall be recovered only from the Pensioners / Family Pensioners who has opted to avail the benefits under this scheme. In respect of categories (e) & (f) above, the subscription shall be recovered from one of the Pensioner / Family Pensioner as per the option exercised.

(4) A Pensioner / Family Pensioner who resides outside the State of Tamil Nadu may opt to not to avail the benefits of the Scheme, in which case, subscription shall not be recovered from such Pensioner/Family Pensioner.

(5) If no such option is received from the above said categories on or before the completion of one month from the date of issue of this order, it shall be construed that the above said categories of Pensioners / Family Pensioners are willing to enroll themselves under this Scheme. The option once exercised shall be final.

(6) Those Pensioners / Family Pensioners who are eligible for

exercising their option and had already exercised their option under New Health Insurance Scheme, 2022 need not exercise their option again to this Scheme.

7. Subscriptions to the Scheme: -

(1) A sum as prescribed by Government, per month shall be recovered as subscription from the pension / family pension/ interim payout of the Pensioner / Family Pensioner /Retired employees covered under TAPS, payable from the month of July 2026.

(2) The subscription recovered by the Pension Disbursing Officers directly from the pension / family pension of the Pensioner / Family Pensioner shall be credited into the relevant Heads of Account under Revenue Receipt.

(3) In respect of Provisional Pensioners: -

(a) The subscription shall be recovered by the Pay Disbursing Officers concerned directly and credited into the relevant Heads of Account under Revenue Receipt.

(b) The Pay and Accounts Officers / Pension Pay Officer, Chennai / Treasury Officers / Sub-Treasury Officers from whom provisional pension is drawn shall ensure that the subscription is being recovered towards this Scheme.

(4) In respect of Divisible Family Pensioners, the subscription shall be recovered from each of the Family Pensioners separately.

(5) The Authorities concerned shall be held responsible for the prompt recovery of the subscription and remittance every month.

(6) The Authorities concerned should also send a monthly/yearly report to the Commissioner of Treasuries and Accounts, Chennai about the deductions and remittances made towards subscription under this Scheme along with Pensioners / Family Pensioners details.

(7) The Commissioner/ Director of Treasuries and Accounts, Chennai shall send half yearly/yearly report to the Government for review of the scheme.

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 Pensioner (including spouse) / Family Pensioner 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 Net-work 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, 2022** for pensioners (including spouse) / family pensioners of Government Departments as in **Annexure-II** to these **Guidelines** and Hospitals already empanelled 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 Empanelled 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 Commissioner/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 by the Commissioner /Director of Treasuries and Accounts based on the recommendation of the Accreditation Committee for Hospital empanelment and Expert Committee respectively 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 five 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 Commissioner/Director 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 **Rupees Seven Lakh and Fifty Thousand** for Pensioners (Including Spouse) / Family Pensioners 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 **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 Pensioner (Including Spouse)/Family Pensioner of the Government shall not exceed **Rs.12.00 Lakh** (**Rupees Twelve Lakh.)**

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

(3) **Ceiling criteria**: Maximum limit of assistance admissible per Pensioner /Family Pensioner 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 empanelled 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 Pensioner /Family Pensioner at the time of final approval of the claim.

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 Pension disbursing 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 to suitable nearest empanelled hospital.

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

(a) 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.

(b) The Electronic Identity Card (e-card) of the Pensioner /Family Pensioner issued by the Insurance Company or by production of the copy of Form prescribed in **Annexure-III or** Pensioner ID card with IFHRMS number & PPO number shall be produced to the Network Hospitals for availing package rate based cashless facility.

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

(d) 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.

(e) 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.

(f) 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.

(g) 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 preauthorization number shall be provided immediately to the hospital through toll-free number upon intimation of IFHRMS Pensioner ID number of the Pensioner by the hospital thereby avoiding delay in treatment.

(h) 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 webportal.

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

(j) 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 Pension Disbursing Officer (TO/PPO) 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."**

(k) 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 Pensioners IFHRMS ID number-based e-identity cards to cover the beneficiaries with the details of the Pensioners /Family Pensioners. (ii) The Insurance Company shall arrange to provide option to download e-identity card by the Pensioners /Family Pensioners 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 shall 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 package rate based cashless facility applicable in Non-Network Hospital.

(3) The Scheme is that ordinarily the Pensioners (including spouse) / Family Pensioners 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, Pensioners (including spouse) / Family Pensioners undergo **treatments / surgeries 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.Ms.No.1023, Health and Family Welfare Department, dated 17-06-1980** 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 Grievance Redressal Officer, Joint Director of Medical and Rural Health Services through the concerned Pension Disbursing Authority.

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 Pension Disbursing Officer (TO / PPO) 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) Claim Forms prescribed by Insurance Company / TPA can be downloaded from designated website of TNNHIS.

(3) Documents that needed to be submitted for a hospitalisation reimbursement claim are: -

(a) IFHRMS ID No.

(b) Discharge Summary (Original).

(c) Hospital final bill (Original) with details of the charges.

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

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

(4) The Pension disbursing officer shall verify the Claim Documents and upload the same in the NHIS portal within seven days. The submitted documents (Hardcopies) shall be retained by the Pension disbursing officer and the same has to be forwarded to the Insurance company as and when required. Until the NHIS portal goes live, the existing reimbursement process may be followed.

(5) The Grievance Redressal Officer shall examine the claims documents uploaded into the portal 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 to District Level Empowered Committee within a period of one month from the date of receipt of claim from the Pension Disbursing Authority.

(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. Personal Assistant (Accounts) to the District Collector shall act as the nodal officer at the level of the District Collectorate to coordinate the DLEC meeting. 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) Pensioner/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 Pension Disbursing Officer 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 is 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 Pension Disbursing Officer concerned to the Additional Chief Secretary to Government, Finance Department, Secretariat.

(12) The Civil Courts situated in Chennai / Madurai 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 hospitalization 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	Insurance Company will reimburse the applicable package rate.
Scenario II	Approved Treatment	Non-Network Hospital	Emergency	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	Insurance company will reimburse 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	Shall be reimbursed by the Government of Tamil Nadu 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 Pensioners / Family Pensioners in position in the Government of Tamil Nadu as on **31.05.2026**. Of this amount, 95% will be paid as ad hoc 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 at the commencement of that year as per the IFHRMS data after the exclusion of Pensioners / Family Pensioners who died during the previous 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 ad hoc 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 Pensioners / Family Pensioners 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 raising 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. (Say 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 Commissioner / Director of Treasuries and Accounts.

(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 Commissioner / 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 Pensioners 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 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 Pensioner ID to the entire Pensioners 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 Treasury Officers / PPO / ATOs shall be responsible to arrange to delete the identity cards of such of those Pensioners / Family Pensioners who die in harness. In such cases, the identity cards will be frozen.

(3) The Insurance Company shall ensure that Pensioners (including spouse) / Family Pensioners 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 Pensioners.

(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 so as to provide the services to the Beneficiaries by the hospital without fail. 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.

(2) They should also ensure proper reception and care in the hospitals and send regular Management Information System (MIS).

(3) 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.

(4) 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) call center with a staff strength of minimum of 3 call responders to assist with the queries and grievances of Pensioners and hospitals. The Insurance Company should also set up a help desk at the Commissionerate of Treasuries and Accounts, Nandanam, Chennai functioning during the working hours.

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 Pensioners 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 Pensioners /Family Pensioners.

/ True Copy /-

24/06/2026

SECTION OFFICER.

24/06/26