

भारतीय मानक ब्यूरो
(स्थापना विभाग)

मानक भवन
9, बहादुर शाह मार्ग
नई दिल्ली 110 002

परिपत्र

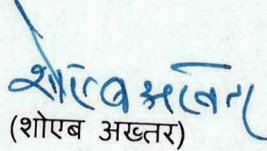
विषय: बीआईएस कर्मचारियों/आरओ/बीओ/लैब (सीएल के अलावा) के पेंशनभोगियों/पारिवारिक पेंशनभोगियों और दिल्ली/एनसीआर से बाहर रहने वाले लोगों के लिए नई ओपीडी चिकित्सा नीति पर अक्सर पूछे जाने वाले प्रश्न और नए अनुलग्नक

स्थापना विभाग ने परिपत्र संदर्भ संख्या Estt-1/29:2/2/(2021) दिनांक 19 सितंबर 2024 के तहत आरओ/बीओ/लैब (सीएल के अलावा) के बीआईएस कर्मचारियों/ पेंशनभोगियों/ पारिवारिक पेंशनभोगियों और दिल्ली/एनसीआर से बाहर रहने वाले लोगों के लिए नई ओपीडी चिकित्सा नीति जारी की है।

2. नई ओपीडी मेडिकल पॉलिसी से संबंधित प्रश्नों के समाधान के लिए, विभिन्न बीआईएस कार्यालयों से प्राप्त चिंताओं को संबोधित करते हुए एक FAQ तैयार किया गया है। इसके अलावा, नई ओपीडी मेडिकल पॉलिसी में दो नए अनुलग्नक भी जोड़े गए हैं, जिन्हें अनुलग्नक VIII और IX के रूप में नई ओपीडी मेडिकल पॉलिसी से जोड़ा जाएगा।

3. यह परिपत्र सक्षम प्राधिकारी (डीजी:बीआईएस) के अनुमोदन से सूचना एवं आवश्यक कार्रवाई हेतु जारी किया जा रहा है।

संलग्न: ऊपरोक्त अनुसार


(शोएब अख्तर)
निदेशक (स्थापना)

हमारा संदर्भ: स्थापना-1/29:2/2/2021

दिनांक: 29 अप्रैल 2025

बीआईएस इंटरनेट के माध्यम से प्रसारित: क्षेत्रीय/शाखा कार्यालय/प्रयोगशालाएं (सीएल के अलावा)

BUREAU OF INDIAN STANDARDS
(Establishment Department)

Manak Bhavan
9, Bahadur Shah Marg
New Delhi 110 002

CIRCULAR

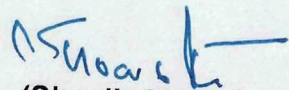
Subject : FAQs & New Annexures on New OPD Medical Policy for BIS Employees/
Pensioners/Family Pensioners of ROs/BOs/Labs (other than CL) and
residing outside Delhi/NCR

Estt Deptt vide Circular reference No. Estt-1/29:2/2/(2021) dated 19 Sept 2024
issued New OPD Medical Policy for BIS Employees/ Pensioners/Family Pensioners
of ROs /BOs/Labs (other than CL) and residing outside Delhi/NCR.

2. In order to address the queries related to the New OPD Medical Policy, an
FAQ has been prepared addressing the concerns received from various BIS Offices.
Further, two new Annexures have also been added in the New OPD Medical Policy,
which would be attached to New OPD Medical Policy as Annexure VIII & IX.

3. This Circular is issued with the approval of the Competent Authority (DG:BIS)
for information and necessary action.

Encl: as above


(Shoaib Akhter)
Director (Establishment)

Our Ref: Estt-1/29:2/2/2021
Dated: 29 Apr 2025

Circulated through BIS Intranet to : Regional/Branch offices/ Labs (other than CL)

FAQs related to New Medical Policy for employees/pensioners/family pensioners residing outside Delhi/NCR

1. How to avail coverages listed in Annexure A (IPD Treatment) in the circular issued by the Establishment Department dt. 20-09-2024 as there is no clarity in the circular regarding it?

Ans.: Annexure A of the circular covers IPD treatment. IPD treatment shall be covered through insurance policy. BIS is currently under process to obtain Insurance policy for IPD treatment. The same shall be applicable when an appropriate insurer is selected by BIS. Till such time IPD treatment shall be covered as per CGHS rules.

2. Where should the lump sum amount payment be made to - at BO level or at HQ and what will be the Income head against which the amount is to be accounted for?

Ans.: To avail new medical policy consisting of OPD as well as IPD schemes Rs 5000 is to be paid to concerned BOs/ROs under the A/c head 'CGHS contribution'.

3. Whether the contribution of lump sum payment of Rs 5000/- is to be made for both the Schemes A & B or other-wise?

Ans.: The contribution is applicable to both Scheme A and Scheme B.

4. Is the provision to deposit lump sum also applicable for the employees going to retire from the BIS offices located in Delhi/ NCR and going to reside outside Delhi/NCR

Ans.: The policy is also applicable for the employees going to retire from the BIS offices located in Delhi/ NCR and going to reside outside Delhi/NCR.

5. What is the date of implementation of OPD policy as the same is not clear from the circular?

Ans.: As the OPD policy has already been implemented throughout India one out of two dates of implementation, viz, 20 September 2024 or 01 October 2024, may be considered as per convenience or action already taken in the matter by the respective BO/RO. However, it is to be ensured that there should not be any period where employees/pensioners/family pensioners are not covered either under CGHS or New Medical Policy for OPD.

6. How will the medical claims of treatment availed before the date of implementation of the new medical policy be considered for reimbursement?

Ans.: The medical claims of treatment availed before the date of implementation of the new medical policy is to be considered as per earlier medical policy.

7. Is the annual ceiling prescribed for OPD treatment, both for Scheme A and Scheme B, consider the number of dependents?

Ans.: The ceiling for reimbursement for OPD is independent of number of dependents.

8. The circular states that beneficiaries can opt for systems of medicine present in CGHS i.e. Allopathy, Homeopathy, Ayurveda and Unani. It is to be clarified whether we can

opt for the AYUSH system of medicine, which is understood to have been covered under CGHS.

Ans.: Yes, AYUSH system of medicine can be opted as covered in CGHS.

9. Cataracts and Glaucoma are not covered whereas Dental and physiotherapy are covered (ref Annexure I (i) (f). Please clarify.

Ans.: OPD treatment is covered under this policy. A separate IPD scheme, currently under process, will cover IPD treatment.

10. Can Annual check-up facility (as per Annexure E), over and above the annual ceiling prescribed for serving employees, may be extended to retired beneficiaries also?

Ans.: As per clause i (i) of the OPD policy '*retired employees may undergo Health Checkup within their OPD ceiling as defined in Scheme A or Scheme B.*'

11. It is not clear from the term "Retired BIS beneficiaries" if the scheme is applicable for BIS Pensioners as well as Family Pensioners.

Ans.: The policy is applicable for both BIS Pensioners as well as Family Pensioners.

12. Beneficiaries have to submit the option but the place where they have to submit the option has not been mentioned.

Ans.: The options/ forms are to be submitted to respective offices from where medical claims are currently being processed.

13. Is the Annual Ceiling given under Scheme A & B for the serving employee and their dependent family member or pensioners / family members and their dependent family members?

Ans.: The Annual Ceiling given under Scheme A & B is for the serving employee and their dependent family members or pensioners / family members and their dependent family members.

14. Is the amount of Rs 20,000/- for dental and physiotherapy admissible every year?

Ans.: Rs 20, 000 is admissible on yearly basis.

15. Whether there is any limit / ceiling of reimbursement between dental and physiotherapy;

Ans.: There is no limit/ceiling on dental or physiotherapy, however, all claims above Rs 20,000 shall be covered under respective ceilings as per the scheme opted.

16. Whether the whole amount can be reimbursed in respect of any i.e. either only dental or physiotherapy.

Ans.: There is no separate limit/ceiling on dental or physiotherapy, however, all claims above Rs 20,000 shall be covered under respective ceilings as per the scheme opted.

17. It is not clear that the time limit of six months for submitting the claims is applicable for both the Schemes i.e. Scheme A & B as the amount is to be given on quarterly basis on self-certification from under scheme B.

Ans.: The time limit is applicable to both Scheme A as well as Scheme B.

18. The procedure for undergoing the high-cost tests has not been indicated i.e. recommending medical authority.

Ans.: Recommendation for high-cost tests is not a requirement. The claim is to be submitted along with Doctor's prescription and bill/receipts of the same.

19. The word "form" in Annexure I (I) (v) (b) (III) line 2 appears to be incorrect.

Ans.: The word "form" may be read as "from".

20. Life certificate of depends does not appear to be correct.

Ans.: "**Dependency Certificate**" of the dependent family members should be submitted by the beneficiaries.

21. What is the condition of residency of parents?

Ans.: Parents/ Dependents may reside anywhere in the country.

22. What is the periodicity of health check-up?

Ans.: As per the title of the clause i.e. 'Annual Medical Health Check Up for Employees', it would be carried out on yearly basis (financial year).

23. Is the health check-up is permissible under both the Scheme i.e. Scheme A and Scheme B?

Ans.: It is applicable for both schemes i.e, Scheme A as well as Scheme B.

24. What is the applicability of reimbursement in respect of critical/ chronic disease under scheme?

Ans.: The clarification has been made in Annexure I (iv) b of the policy

25. What is the designation of authorized officer?

Ans.: The authorized officer is as per the delegation of power

26. In case of transfer of any employee from CGHS to Non-CGHS area and vice-versa policy of which area is available to the concerned employee?

Ans.: The employee can avail the medical facility as per the area of his/her last posting for a period of 6 months or issuance of CGHS/ IPD (issued by insurance agency) card whichever is earlier and vice-versa.

27. In case of transfer in middle of any quarter to non-CGHS area, how will the reimbursement be processed?

Ans.: The reimbursement will be made on pro-rata basis after enrolment for policy in non-CGHS area.

28. In case of transfer from non-CGHS area to CGHS area, who will process the claims?

Ans.: The claims shall be submitted to concerned authority as per place of his/her last posting till medical facility as per new place of posting is initiated.

29. The delay in submission of claims within the period of claims can be condoned?

Ans.: The delay in submission of claims may be considered on the merits and in line with the CGHS norms.

30. In case an employee is transferred from the offices of Delhi/NCR to outside and they shift with their family how will they avail new medical policy?

Ans.: The employees transferred from the offices of Delhi/NCR to outside need to apply for new medical policy within 6 months and obtain IPD insurance cards. Till such time they would continue to be covered under CGHS policy.

31. In case an employee is transferred from outside to Delhi/NCR and they shift with their family how will they avail new medical policy?

Ans.: The employees transferred to the offices of Delhi/NCR from outside need to avail CGHS facility within 6 months. They would continue to be covered under new medical policy till they receive CGHS card or 6 months from the date of transfer, whichever is earlier.

32. Latest by which date undertaking required for Chronic Diseases as per Annexure B on as well as Annexure C should be submitted as per Annexure -D on Page 12?

Ans.: 'Chronic Certificate' may be submitted at any time during the financial year but before claiming reimbursement for the expenditure made for treatment of the disease.

33. All the forms necessary to claim viz., Reimbursement as per Scheme A vide Annexure-VI, refund as per Scheme B vide Annexure - VII, Doctor's Certificate vide Annexure-D for Suffering from Chronic Diseases as per Annexure B or Annexure C or Form as per OPD (P) vide Annexure III for Availing Medical benefits as per Scheme A or Scheme B, to whom these are these signed documents to be handed over, i.e RO/BO/HQ or uploaded on BIS Pensioners Portal or elsewhere?

Ans.: The requisite forms along with the claim are to be submitted at the respective Branch Offices.

34. What will be the time period for deciding the ceiling limit?

Ans.: The time period for deciding the ceiling limit will be as per Financial Year i.e, 1st April to 31st March.

35. When can claims be submitted for reimbursement?

Ans.: The claim under option A can be submitted for reimbursement at any time (but not later than 6 month from the date of treatment) within the ceiling whereas claim under option B is to submitted after completion of that particular quarter.

36. Can complete amount as per eligibility be claimed under Scheme B in any quarter?

Ans.: No, maximum of one fourth amount of total eligibility can be claimed in each quarter. However, in case no claim has been made in earlier quarters, the same can be

claimed subsequently. For example, if no claim has been made in first two quarters, claim for $\frac{3}{4}$ of eligible amount can be made in third quarter or complete amount as per eligibility can be claimed in 4th quarter.

37. Is option for choosing Scheme A or B needed to be submitted each year?

Ans.: After exercising the option for the first time the need to choose Scheme A or B would arise only in cases where the options are changed by the beneficiary from last submission. Such change in option should be exercised within one month of the financial year.

BUREAU OF INDIAN STANDARDS
MEDICAL REIMBURSEMENT CLAIM FORM FOR ANNUAL MEDICAL HEALTH
CHECK-UP/DENTAL/PHYSIOTHERAPY FOR BIS SERVING
EMPLOYEES/PENSIONERS/FAMILY PENSIONERS RESIDING OUTSIDE DELHI/NCR

1. Name of the Employee/Pensioner/ Family Pensioner :
2. Employee No./PPO No. :
3. Whether serving or Superannuated [Tick One] : ☐ Serving Employee; OR
☐ Superannuated
3. Residential Address :
4. Contact Number :
5. Name & Age of Patient
6. Relationship with Employee/Pensioner/ Family Pensioner :
7. Name & Address of the hospital/ diagnostic center/Doctor :
8. Details of treatment :
9. Total amount claimed :
10. Name of the Bank
- SB A/c No
- Branch MICR Code
- IFSC Code

DECLARATION

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependent on me. I agree for the reimbursement as is admissible under the rules.

Date :

Signature of the Serving Employee/Pensioner/
Family Pensioner

Place :

BUREAU OF INDIAN STANDARDS
MEDICAL REIMBURSEMENT CLAIM FORM FOR HIGH-COST TESTS AND ARTIFICIAL
APPLIANCES FOR BIS SERVING EMPLOYEES/PENSIONERS/FAMILY PENSIONERS
RESIDING OUTSIDE DELHI/NCR

1. Name of the Employee/Pensioner/
Family Pensioner :
2. Employee No./PPO No. :
3. Whether serving or Superannuated [Tick One] : ☐ Serving Employee; OR
☐ Superannuated
3. Residential Address :
4. Contact Number :
5. Name & Age of Patient
6. Relationship with Employee/Pensioner/
Family Pensioner :
7. Name & Address of the hospital/
diagnostic center/Doctor :
8. Name of the Lab Test/Artificial Appliance :
9. Total amount claimed :
10. Name of the Bank
- SB A/c No
- Branch MICR Code
- IFSC Code

DECLARATION

I hereby declare that the statements made in the application are true to the best of my knowledge and belief and the person for whom medical expenses were incurred is wholly dependent on me. I agree for the reimbursement as is admissible under the rules.

Date :

Signature of the Serving Employee/Pensioner/
Family Pensioner

Place :