

**OFFICE ORDER NO. HO/821/027**

**Date: 19.06.1996**

**Subject: BEL Retired Employees' Contributory Health Scheme (BERECHS)**  
**-- Revised (as amended)**

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- 1.0 In place of the existing BEL Retired Employees' Contributory Health Scheme (BERECHS), a Revised Scheme, as at ANNEXURE, is hereby introduced.
- 2.0 The Management reserves the right to add or delete or modify or withdraw any or all the provisions of this scheme, without any notice whatsoever to the Members or without assigning any reasons/s, at any point of time.
- 3.0 The Unit Heads are advised to give as wide publicity as possible to the Revised Scheme amongst the retirees and other eligible categories of personnel, to enable such persons to decide about joining the scheme.
- 4.0 The Revised Scheme comes into force with effect from 01.08.1996.
- 5.0 This Office Order supersedes the following Office Orders
  - i) Office Order No. HO/821/011 dtd 31.7.1986
  - ii) Office Order No. HO/821/023 dtd 1.1.1993

after the revised scheme is brought into force.

**CHAIRMAN & MANAGING DIRECTOR**

**BEL RETIRED EMPLOYEES' CONTRIBUTORY HEALTH SCHEME (BERECHS) – REVISED**

**1.0 TITLE & DATE OF COMMENCEMENT:**

1.1 The Scheme shall be known as “BEL RETIRED EMPLOYEES’ CONTRIBUTORY HEALTH SCHEME” (REVISED). It shall come into force on 01.08.1996.

**2.0 OBJECTIVE:**

2.1 The primary objective of the scheme is to provide medical facilities to the retired employees and their spouses to the extent provided under the Scheme.

**3.0 DEFINITION AND ELIGIBILITY:**

3.1 **+ Employee:** For the purpose of this scheme, Employee means an Employee who is on rolls of the Company on permanent basis.

**(+ Added vide OO No. HO/821/062 dtd 01.12.2022)**

3.1.1 **^** All employees, on retirement, shall be eligible to become members of this Scheme, subject to fulfilling the following criterion:

3.1.2 **^ %** All Employees retiring on superannuation with minimum 15 years of service in the Company.

OR

Employees retiring from the service of the Company, under Voluntary Retirement Scheme, after attaining the age of 50 years AND on completion of 15 years of service;

OR

All Full-Time Directors on the Board of the Company who retire on attaining the age of superannuation OR on completion of full tenure of service indicated in the Appointment Order, whichever is earlier.

**(% Substituted vide OO No. HO/821/043 dtd 19.01.2011)**

**(^ Re-numbered vide OO No. HO/821/062 dtd 01.12.2022)**

3.2 Notwithstanding the above, any person, under any of the following categories, shall also be eligible to become a member of the Scheme:

(a) All Members of the existing BERECHS as on the date of issue of this Office Order;

(b) **\*\*** Surviving spouse of a regular employee who died or dies while in service provided the deceased employee had put in a minimum of 10 years of service in the Company. If the spouse of deceased employee is employed, he/she has to produce a No Objection Certificate (NOC) from his / her employer at the time of enrolment under BERECHS and thereafter, every year along with BERECHS renewal form till he / she is in service. However, if the spouse of deceased employee re-marries, the coverage will be discontinued. Such persons who have been covered under this scheme shall certify their marital status every year.

**(\*\* Substituted vide OO No. HO/821/051 dtd 14.08.2015)**

Explanation: Spouse of a retired employee who died or dies after becoming member of this scheme shall be allowed to continue as a member of the scheme.

- (c) Employees who were OR may be discharged from service on medical grounds provided they satisfy the condition of minimum age and length of service prescribed in Clause 3.1.1 above;

**and**

- (d) All employees who retired on superannuation, but are not members of the Existing scheme, as on the date of issue of this Office Order.

**# Explanation:**

For avoidance of doubt, it is clarified that:

- (a) Such of those employees who retired from service, prior to 19.6.96, either under the erstwhile Manpower Adjustment Scheme or Voluntary Retirement Scheme (Pre-revised / Revised) and did not become members of the pre-revised scheme (notified vide CMD's Office Order No. HO/821/011 dt. 31.7.86) shall not be eligible to be enrolled as members of the revised BERECHS (as amended);
- (b) Such of those voluntary retirees (including their spouses) who enrolled themselves under the pre-revised BERECHS but ceased to be members of that scheme when the revised BERECHS was introduced / brought into force, for reasons, such as, non-renewal of their membership, etc., for reasons beyond their control, will be permitted to re-enrol themselves under the Revised Scheme.

**(# Substituted vide OO No. HO/821/028 dtd 20.12.1996 w.e.f. 29.10.1996)**

**4.0 BENEFICIARIES UNDER THE SCHEME:**

- 4.1 Benefits under the Scheme shall be available to the members and their spouses. No other member of the family shall be entitled to benefits under the Scheme, under any circumstances.

**5.0 CONTRIBUTION:**

- 5.1 **\$** All employees who opt to become members of the scheme will make a onetime non-refundable deposit with the Company (BEL) as under:

Category	Grade	Onetime Contribution Amount (in Rs.)
IA	CMD and Directors	50,000
I	E-VII to E-IX	47,500
IIA	E-V to E-VIA	45,000
II	E-I to E-IV and all TC personnel	32,000
III	Non-Executives	22,500

**(\$ Amended vide Circular dtd 30.03.2023)**

5.2 In the case of employees who do not have spouse, on the date of application for admission to the scheme, the amount of deposit will be 50% of the above amount.

5.3 **+++** If the spouse of the retiring employee is not working, the retiring employee can include his / her spouse under BERECHS by paying the applicable contribution amount during the month of his / her retirement. However, if the spouse of the retiring employee is working, then the following options are available for inclusion of his / her spouse under BERECHS:

a) If the spouse of the retiring employee is working in any Central Govt. / Quasi Govt. / PSU / Municipal Bodies / Port Trust / Nationalized Banks / Insurance Companies / P&T / Pvt. Company / Educational Institution, etc. and the retiring employee desires to include the spouse under BERECHS immediately on employee's retirement, a No Objection Certificate (NOC) has to be produced from the spouse's employer. This NOC has to be produced every year along with the BERECHS renewal form.

**OR**

b) The retiring employee can pay the contribution amount (for self and spouse) during the month of his / her retirement and activate the coverage for spouse, consequent to the spouse's retirement.

**(+++ Added vide OO No. HO/821/051 dtd 14.08.2015)**

5.4 **^^** The eligible spouse of deceased employee who opts to become member of this scheme will also make a one time non-refundable deposit as specified in para 5.1 above within one year of the death of the employee; provided such non-refundable deposit is made before 10th of any calendar month within one year of the death of the employee so as to allow him / her membership from the succeeding month.

**(^^ Re-numbered vide OO No. HO/821/051 dtd 14.08.2015)**

5.5 **++** An employee /spouse who was initially enrolled membership registration under BERECHS Scheme in a Unit will be allowed transfer of BERECHS membership to the other unit without restriction. However, such cases will be processed at the beginning of the Financial Year.

The HR Head of the Unit from which transfer is requested, will forward the entire documents to the HR Head of the Unit where such transfer is sought by the retired employee / spouse. Once such a transfer is effected, all rules and procedures pertaining to the Unit to which the documents are transferred will be made applicable.

**(++ Added vide Circular dtd 30.03.2023)**

## **6.0 BENEFITS UNDER THE SCHEME:**

6.1 All members of the Scheme and their spouses will be entitled to the following benefits, in Allopathic system of medicine only, under the Scheme:

6.1.1 **# In-patient treatment:** The Company will take Insurance coverage with the Insurance Company for In-patient treatment jointly in respect of retiree & spouse on floater basis as under:

Category	Grade	Basic Insurance Coverage amount (Joint coverage) in Rs	Corporate Buffer (Amount in Rs)	
			Critical	Non Critical
IA	CMD and Directors	8,00,000	8,00,000	<b>2,50,000</b>
I	E-VII to E-IX	8,00,000	8,00,000	<b>1,00,000</b>
IIA	E-V to E-VIA	6,50,000	6,50,000	<b>1,00,000</b>
II	E-I to E-IV and all TC personnel	5,00,000	5,00,000	<b>1,00,000</b>
III	Non-Executives	<b>4,00,000</b>	<b>4,00,000</b>	<b>1,00,000</b>

In case of Single Member i.e. only retiree or spouse, the coverage amount (including Corporate Buffer) will be 75% of the above amount.

**(# Amended vide Memo dtd 23.03.2026 w.e.f. 01.04.2026)**

++ Pre-hospitalization expenses incurred 30 days prior to hospitalization and post hospitalization expenses up to 60 days will be part of Inpatient treatment if it is towards the same treatment and subject to admissibility by the Insurance Company. Procedures which require day care will be covered under Inpatient treatment as per the terms and conditions of the Insurance.

**(++ Added vide Circular dtd 22.03.2022)**

**Corporate Buffer** becomes payable only after insured person / family has exhausted the basic sum insured. Corporate Buffer amount will be available for both Critical and Non-Critical ailments as follows:

- i) **Critical Buffer** – will cover Inpatient treatment for specific diseases viz. Heart Ailment, Cancer, Kidney Transplantation, Neurological Disorders, Joint Replacement Therapy and # *Liver Transplantation*.

**(# Added vide Memo dtd 23.03.2026 w.e.f. 01.04.2026)**

- ii) **Non Critical Buffer** – will cover Inpatient treatment including (i) above.

**# Priority for utilization of Corporate Buffer:** The priority for utilization of Corporate Buffer will be based on the nature of ailment for which the buffer amount is being utilized. For example, if the buffer amount is utilized towards treatment of heart disease, on exhausting the basic sum insured, the critical buffer will be first utilized. In the event, the treatment does not qualify under critical buffer, on exhausting the basic sum insured, the non-critical buffer will be first utilized.

**(# Amended vide Memo dtd 23.03.2026 w.e.f. 01.04.2026)**

- 6.1.2 All Members and their spouses will be entitled to inpatient treatment in any registered Hospital / Nursing Home as per the terms and conditions of Insurance.

## **7.0 @ OUT-PATIENT TREATMENT:**

The beneficiaries under the Scheme will be entitled to out-patient treatment to the extent indicated below:

**a) Purchase of medicines from Authorised Pharmacy:**

Medicines can be purchased to the extent of **Rs. 40,000/-** per year in case of family and in case of single member 75% of the entitlement i.e. **Rs.30,000/-**, through agency authorised by BEL, with a Co-pay of 10%.

Medicines can be purchased from authorised agency outlets as per the eligibility at respective location i.e. (within the State in which the retiree / spouse is registered as a member).

Units / Offices shall process the bills received from Authorised agency and ensure payment through SAP (T Code-ZREMP) as per the provisions of the scheme.

**b) # Emergency medicines, Consultation, Dental Treatment, Lab & Diagnostic Tests, Ayurvedic / Homeopathy treatment and Physiotherapy:**

- i) Members are allowed to purchase *Emergency medicines* (i.e. from any pharmacy outlet), avail Consultation, Dental treatment, Lab & Diagnostic Tests, Ayurvedic / Homeopathy treatment and Physiotherapy within the overall annual ceiling limit of **Rs. 45,000/-** in case of family and **Rs. 33,750/-** for single members.
- ii) Members are allowed to carry out *Master Health Check-up* within the annual ceiling limit applicable. The claim for reimbursement in such cases, need not be supported by doctor's prescription.
- iii) The expenditure incurred towards *Dental treatment* i.e. filling, extraction and root canal treatment can be claimed within the annual ceiling limit. Further, reimbursement towards crown and dentures will be allowed as per the following rates within the annual ceiling limit mentioned above:

Particulars	Amount (Rs.)
Metal Crown	2,500
Dentures (full)	10,000
Dentures (one jaw)	6,000
Obturator with teeth	10,000
Obturator without teeth	5,000

- iv) The claims for reimbursement will be considered, subject to admissibility, at the rate of 90% of the claim (i.e. remaining 10% co-pay) amount within the annual ceiling limit mentioned above. Provision will be made in SAP for maintaining the ceiling limits and respective Units shall monitor the same.

**(# Amended vide Memo dtd 23.03.2026 w.e.f. 01.04.2026)**

**c) Purchase of Spectacles:**

Reimbursement towards purchase of spectacles will be considered to an extent of **Rs. 1,000/-** per member **twice** for each member, during the membership under BERECH Scheme within the overall ceiling of **Rs. 45,000/-** in case of family and **Rs. 33,750/-** for single members.

d) The following appliances will be permitted for reimbursement **once** during the membership under the BERECH Scheme outside the overall ceiling limits of out-patient treatment.

- (i) **Hearing-aid** - to the extent of Rs. 10,000/- per member (Retiree and spouse)
- (ii) **Continuous Positive Airway Pressure (CPAP) and Bi-Level Positive Airway Pressure (BPAP) machine** – to the extent of Rs. 45,000/- and only to the Retiree.

The members of the BERECH Scheme can purchase the above appliances and claim reimbursement from BEL. The above appliances will be considered for reimbursement based on prescription. The rates mentioned are inclusive of all taxes.

(@ Substituted vide OO No. HO/821/068 dtd 01.04.2025)

e) # **Corporate Buffer for Out-Patient Treatment for Cancer ailment:**

- In respect of Out-Patient treatment for Cancer ailment, **Rs. 55,000/-** per annum in respect of joint members and **Rs. 41,250/-** per annum in case of single members will be available as Corporate Buffer in addition to the general entitlement indicated above. ***This will only cover expenditure towards Lab & Diagnostic tests for Cancer treatment.***
- The Corporate buffer for Cancer ailment shall be admissible on exhausting the basic annual ceiling limit i.e. Rs. 45,000/- / Rs. 33,750/- (as applicable) earmarked for Emergency medicines, Consultation, Dental, Lab & Diagnostic tests, etc.
- **Modalities for utilization of Corporate Buffer for Out-Patient Treatment (Cancer ailment):**
  - (i) Members who have exhausted the basic annual ceiling limit as indicated above, shall submit a one-time request to avail Out-Patient Corporate Buffer for Cancer treatment, in the prescribed **format (enclosed)** to CMO / BG (in respect of BG, CHN, HYD, MC, PN, NAMU, CO, CRL-BG, PDIC & RO-Vizag) & CMO/GAD (in respect of GAD, KOT, PK, CRL-GAD, Delhi Offices & RO-Kolkata).
  - (ii) CMO after due verification of the genuineness of the claim shall certify and approve the eligibility for Corporate buffer which will form the basis for entitlement of Corporate buffer every year. The approved list of members for Corporate Buffer shall be made available in SAP records.
  - (iii) The claims submitted under Corporate Buffer shall be admissible after factoring in the co-pay.
  - (iv) The existing practice of supply of Anti-cancer drugs and drugs for preventing cancer recurrence & related supportive drugs, by the Company, free of cost, shall continue.

(# Amended vide Memo dtd 23.03.2026 w.e.f. 01.04.2026)

## 8.0 @ GENERAL:

- (i) Members can avail consultation and lab tests facility to the extent available at Medical Centre – BG.CX. / Unit Medical Centres by paying the notified rates. Units shall adopt the rates finalised by Medical Centre – BG.CX. and notify the same along with the services available in their respective Units.

Members can avail the facilities at Panel Hospitals of respective Units by paying BEL agreed / negotiated rates. The list of such Panel Hospitals shall be notified from time to time.

- (ii) **Admissibility of Medicines:** Members are eligible to purchase supplements like Vitamin, Calcium tablets, etc. within the applicable ceiling amount i.e. Rs. 40,000 / Rs. 30,000 from the authorised agency or purchase the supplements within the ceiling limit of Rs. 45,000 / Rs. 33,750 from any pharmacy and claim reimbursement from BEL, based on valid prescription.

Items like sun screen lotions, moisturizer lotion / creams, soaps & shampoos (including medicated / antifungal), dental toothpaste, protein / nutritional supplement powders, laxatives, cosmetic items are not admissible under the BERECH Scheme.

- (iii) **Admissibility of Consultation and Lab Tests:** The admissibility of consultation and lab test will be as per the provisions of the CMA Scheme i.e. the claims will be regulated as per the provisions applicable to the regular employees of the Company.

- (iv) **Submission of claims:** Claims for reimbursement shall be submitted by the member any time during the financial year, **but not later than the 10<sup>th</sup> of April of the immediate succeeding financial year.**

Claims for reimbursement shall be submitted to Medical Centre – BG.CX. (in case of BG Unit) / Unit HR as applicable.

Computerised / online bills pertaining to consultation, purchase of medicines and lab test / other investigations shall be accepted without seal and signature. Further, in case of non-computerised bills pertaining to consultation, purchase of medicines and lab test / other investigations, if bills are in pre-printed proforma the same can be submitted with signature of the doctor / pharmacy / lab / agency respectively.

- (v) **Validity of Prescription:** It may be noted that the prescription will be considered as valid if it is not older than 6 months. A member can buy medicines from the authorised agency for a maximum period of 3 months. In case a member has been advised medicines for 6 months, the initial claim submitted should contain original prescription and the original bill for having purchased medicines. Later, in case of medicines purchased beyond the initial period, a copy of the self certified prescription (mentioning that original prescription has been submitted along with earlier claim) and the original bill (for purchase of medicines) should be submitted along with the claim.

(vi) **Co-Pay:** The annual ceiling amounts indicated for lab test, consultation, dental treatment and purchase of emergency medicines, etc. are excluding the co-pay of 10% which is borne by the member.

(vii) The **form** to be submitted to BEL for claiming entitled OPD expenditure is **enclosed**.

**(@ Substituted vide OO No. HO/821/068 dtd 01.04.2025)**

#### **9.0 + SUPPLY OF CRITICAL MEDICINES (INCLUDING CANCER):**

The medicines pertaining to the following critical ailments will be supplied by the concerned Unit (BEL hospital in case of BG CX):

- a) Anti cancer drugs and drugs for preventing cancer recurrence & related supportive drugs.
- b) Acute and chronic Disorders of brain and spinal cord (Stroke, Encephalitis, Meningitis' Vascular Lesions, Auto immune disorders), Motor neuron disease. Drugs used in chronic kidney disease to people undergoing dialysis (Erythropoietin, Darbopoietin, Iron Preparation etc).
- c) Systemic Viral infections (Acute / chronic / Acute on Chronic).
- d) Biological agents for the treatment of Auto immune disorders and Multi-organ Syndromes.
- e) Post Organ Transplant Immune suppressants.
- f) Visco supplements to Joints.
- g) Anti VGEF Injections to eyes for AMD.

The above medicines will be supplied by the company free of cost. A member can submit a representation along with a valid prescription to the concerned Unit HR (BEL hospital in case of BG CX). Such request should be forwarded by HR department of concerned Units (except BG CX) to Head of BEL Hospital / BG CX. Head of BEL Hospital / BG CX will verify whether the required medicine falls under the above category and confirm the same to the concerned Unit. Subsequently, the unit will arrange for the said medicines.

**(+ Added vide Circular dtd 22.03.2022)**

**10.0** Every year, periodic audit of the claims on a random basis will be carried out. Any incidents of misuse / false claims will be viewed seriously with repercussions including cancellation of membership from the BERECH Scheme.

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**BERECHS OPD - MEDICAL REIMBURSEMENT CLAIM FORM**

**UNIT / OFFICE: .....**

Name of Retiree / Spouse			
Ex-Staff Number			
Claim for (Tick)	SELF <input type="checkbox"/>	SPOUSE <input type="checkbox"/>	
Address (in Block letters)			
Mobile Number			
E-mail ID			

**Expenses incurred** (Please fill each line separately for each bill)

Type of Expenses	Bill Date	Bill Number	Name of Clinic / Hospital / Doctor / Lab / Pharmacy / Others	Amount claimed (Rs.)	Amount Admitted (Rs.) (Office Use only)
Consultation					
Lab Tests					
Any other (Please specify)					
<b>Total (A)</b>					
Medicines					
<b>Total (B)</b>					
<b>Total Amount (A + B)</b>					

**Date** \_\_\_\_\_

**Place** \_\_\_\_\_

\_\_\_\_\_  
**(Signature)**

**Note:** Please enclose all the documents in original along with this form. Please keep a copy of the claim for future reference.

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**FOR OFFICE USE ONLY**

**Medical Officer**

**Checked (Finance)**

**Payment Passed**

**Rs.** \_\_\_\_\_

**BERECHS - FORMAT TO AVAIL OUT-PATIENT CORPORATE BUFFER FOR  
 CANCER TREATMENT**

*(To be submitted by the member to Company's Medical Authorities for availing benefit under Corporate Buffer for  
 Out-Patient treatment towards Cancer ailment)*

1	Name of the Member	
2	Name of the Spouse (if applicable)	
3	BERECHS Membership Number	
4	Staff No.	
5	Mobile No.	
6	E-mail ID	
7	Whether the claim is for self or spouse	Self <input type="checkbox"/> Spouse <input type="checkbox"/>
8	Type of cancer ailment in respect of which Corporate Buffer is requested.	
9	Whether the medical records or certification by the treating doctor w.r.t. the cancer treatment is attached.	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	Whether copy of the BERECHS Identity booklet is attached.	Yes <input type="checkbox"/> No <input type="checkbox"/>

**DECLARATION**

I hereby declare that the information provided by me above, is true to the best of my knowledge. I have read the provisions of the Office Order No. HO/821/027 dated 19.06.1996 (as amended) and I hereby submit that all claims submitted by me under the Corporate Buffer shall be in accordance with the provisions of the Office Order. In the event, the information furnished / claims submitted by me are found to be false, I understand that I am liable for forfeiture of benefits under the Scheme.

**Date:**

**Signature of the Member**

**FOR OFFICE USE**

I have carefully gone through the medical records / doctor's certificate submitted by Sri/ Smt. \_\_\_\_\_ (BERECHS Membership No. \_\_\_\_\_).

I hereby certify that the request for Corporate Buffer qualifies for cancer treatment as per Office Order No. HO/821/027 dated 19.06.1996 (as amended).

I hereby approve the request of the member and recommend approval for Corporate Buffer amount in accordance with the provisions of the Office Order.

**Signature of the CMO**