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PARIPOORNA MEDICLAIM AYUSH BIMA SCHEME — BY DEPARTMENT OF FINANCIAL SERVICES, MoF.

The Writing on the Wall Is Loud and Clear

A Sinister Medical Insurance Mechanism Introduced by the Ministry of Finance: A Carefully Graduated and Lethal Blueprint to Dismantle CGHS and Coerce Beneficiaries into this Meticulously Manoeuvred and Measured Death Trap for CGHS Beneficiaries

Let every CGHS beneficiary understand, in clear and crisp words, that the government's (DFS) claim that this scheme is merely an "adjutant" to the existing CGHS mechanism is, in our view, completely delusional, misleading, and a manufactured statement. Change-over to this sinister mechanism will become inevitable and coercive, undoubtedly and unquestionably, in due course of time — unless beneficiaries resist it now.

On the "Paripoorna Mediclaim Ayush Bima" Scheme — it is not only extremely grave, but a real grave for CGHS beneficiaries.

A Wake-Up Call to Every CGHS Pensioner and Serving Employee

The Department of Financial Services (DFS), Ministry of Finance, has launched "Paripoorna Mediclaim Ayush Bima," sold through New India Assurance (NIACL), exclusively to CGHS card holders. SNPWA has studied this scheme closely, and every beneficiary — pensioner and serving employee alike — must understand exactly what is being proposed.

We are not opposing better healthcare options. We are raising the alarm on a scheme that is dressed up as an "additional benefit" but carries within it the seeds of CGHS's eventual dismantling.

1. Exorbitant Premiums with Crushing Co-Payments

New India Assurance's own quoted figures for a pensioner and spouse (2 persons):

* ₹10 Lakh, 50:50 basis — ₹70,031/year

* ₹10 Lakh, 70:30 basis — ₹87,540/year

* ₹20 Lakh, 50:50 basis — ₹87,541/year

* ₹20 Lakh, 70:30 basis — ₹1,09,425/year

For a pensioner on a fixed income, this is not affordable — and that's only the premium. On top of it, beneficiaries still pay 30% or 50% of every hospital bill themselves. This is not insurance in the beneficiary's interest — it quietly and surely shifts the real and entire burden back onto the very people it claims to protect.

A worked example makes this brutally clear: If a beneficiary takes the ₹10 lakh package covering spouse as well, the premium is ₹70,031 per annum. If he avails the entire ₹10 lakh cover for treatment in that year, he pays an additional ₹5 lakh under the 50:50 option — meaning a total of ₹5,70,031 for the year. Under the 70:30 option, the premium is ₹87,540, and a full claim adds another ₹3 lakh — a total of ₹3,87,540. This is not protection. It is a scheme that collects a premium upfront and still leaves the beneficiary to fund the bulk of their own treatment.

And here's what makes it worse: most pensioners have already paid once. Many made a substantial, one-time lifetime CGHS contribution at retirement, specifically to secure healthcare for life without further worry. This

scheme now asks them to pay a second time — through the annual premium — and then a third time — through the heavy co-payment on every bill. Pensioners who already settled their dues in full are being asked to pay thrice over for a security they were promised was already paid for. This isn't "additional protection" — it's triple taxation on the elderly, imposed on those least able to bear it.

What is interesting and significant is that much cheaper and better options are available in the market for senior citizens — and with the Insurance Regulatory Authority (IRDAI) now pushing insurers not to impose initial riders or cappings on pre-existing diseases, even more attractive and affordable plans are available elsewhere. This leads one to conclude that the Government, in terms of dividends from a PSU insurance company, wants to squeeze pensioners by offering only this calibrated option.

2. Floated by DFS, Not by the Health Ministry — A Telling Detail

This scheme has not come from the Ministry of Health and Family Welfare, which actually runs CGHS. It has come from the Department of Financial Services — concerned with financial outlay, not patient care. Once DFS becomes the face of "healthcare protection" for CGHS, it becomes administratively convenient — and financially tempting — to start trimming CGHS's own budget, on the reasoning that an "alternative" now exists. A cut in CGHS funding would mean further delays in payments to CGHS-empanelled hospitals (HCOs) and chemists (ALCs) — the very institutions beneficiaries depend on.

This is already happening, not just a future risk:

- * **Payments to CGHS-empanelled hospitals are already delayed by more than four months.**
- * **Recruitment of essential doctors and paramedical staff for CGHS is not happening at present, leaving posts vacant and service quality declining.**

Seen together — four-month payment delays, a recruitment freeze, and a parallel paid scheme launched by the Finance Ministry instead of the Health Ministry — this is, in SNPWA's firm view, a coordinated pattern of neglect designed to manufacture the very "decline" that will later be used to justify scaling down or shutting CGHS altogether.

3. The Real Game: A Gradual, Engineered Replacement of CGHS

SNPWA believes this scheme is not merely an "additional option." It is the opening move in a long-term strategy to wean beneficiaries off CGHS and onto a paid insurance model, step by step, so quietly that by the time members realise it, CGHS will be hollowed out beyond recovery.

4. Starve CGHS, Then Blame the Beneficiary for "Choosing" to Leave

Instead of expanding CGHS to under-served areas, the visible pattern is:

- * **Delay hospital payments (already 4+ months overdue) so hospitals grow reluctant to treat CGHS patients.**
- * **Let insurance-paying patients get preferential treatment at the same hospitals, while CGHS card holders wait.**
- * **Leave doctor/staff vacancies unfilled so service quality keeps declining on its own.**
- * **Push beneficiaries to "voluntarily" switch to paid insurance out of sheer frustration.**
- * **Then cite "low CGHS usage" as justification to scale it down or shut it altogether.**

This is not healthcare reform — it is a slow strangulation of a scheme crores of central government employees and pensioners earned through decades of honest service.

5. This Is Dangerous — and Threatens the Most Vulnerable First

*** Pensioners who can't afford the new premiums will be left with neither working CGHS access nor insurance cover.**

*** Beneficiaries with pre-existing conditions may become effectively uninsurable once CGHS weakens — exactly when they need care most.**

*** A promise that shaped career and retirement decisions for decades will have been quietly broken.**

*** What's "optional" today can become the only option tomorrow.**

This is how public welfare systems are dismantled — not through one dramatic announcement, but through a thousand small, "reasonable-sounding" steps.

SNPWA's Resolve

SNPWA will not stand by in silence. We call on every CGHS beneficiary, every serving employee, every pensioners' association, and every union to recognise this scheme for what it is and resist it with one voice.

SNPWA is determined to fight this sinister move with every legitimate means available, and we will not rest until this threat to CGHS is fully and finally defeated.

We demand:

1. Immediate strengthening and expansion of CGHS to under-served areas.
2. Full transparency on why this was handed to DFS instead of the Health Ministry.
3. A written government guarantee that CGHS will not be scaled down or phased out.
4. Immediate clearance of the 4+ month pending dues to HCOs and ALCs.
5. A firm commitment that CGHS fund outlays from DoE will not be cut due to this scheme, but will be augmented sufficiently.
6. Immediate resumption of recruitment of Medical Officers (M.Os) to fill all vacant CGHS doctor and staff posts.

CGHS was not a favour. It was a promise. SNPWA will ensure that promise is kept. We stand resolutely committed to defeat and expose this yet another devilish and monstrous attack by the Government on pensioners, coming after the promulgation of the Pension Validation Act, 2025.

Get ready, Comrades, on your feet. We shall begin very shortly our prolonged and sustained struggle — and not wait till imposition of this sinister mechanism becomes inevitable and irreversible.