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ODISHA POWER TRANSMISSION CORPORATION LIMITED

(A Government of Odisha Undertaking)

Regd. Office: OPTCL TECH TOWER, Janpath, Saheed Nagar, Bhubaneswar-751007

Telephone: (0674) 2540051 (EPABX), Website: www.optcl.co.in

CIN:U4102OR2004SGC007553

File No-AW-E&M-INS-01/2022(PT) 17356 **Date-** 30/10/26

Circular

1. It was intimated vide this Office Notice No. **17339 Dated 27.10.2026** that **M/s SBI General Insurance Co. Ltd.** had refused to accept the Group Health Insurance Policy for Retired Employees for Policy Year 2026-27 in spite of several attempts by OPTCL.
2. As an alternative option, **M/s Universal Sompo General Insurance Co. Ltd.,** the current insurer, was requested through several discussions & negotiations for accepting the said policy with a reduced negotiated premium.
3. Basing on the discussions and negotiations, **M/s Universal Sompo General Insurance Co. Ltd.** has agreed for an utmost reduced premium amount of **Rs. 29,000/- (Rupees Twenty Nine Thousand) only inclusive of GST** per annum per retired employee with coverage of **Rs. 5 Lakh** per retired employee and his/her spouse.
4. In continuation of this office **Circular No. 13916 dated 20.08.2026**, all retired employees and spouses of deceased employees are hereby informed of the following:
   i. The premium shall be paid by the retired employee either by direct payment (NEFT/RTGS/IMPS/Demand Draft) or through deduction from the monthly pension in one or two instalments, as per the option exercised by the pensioner. The health insurance coverage will be valid for one year from the date of implementation.
   ii. All willing retirees and spouses of deceased employees are requested to submit their fresh willingness in the enclosed format on or before **17.11.2026**, either directly to E&M Cell, Corporate HRD, or by e-mail to retdinsurance@optcl.co.in.
   iii. This applies to those who have already submitted their willingness earlier.
   iv. Retirees who have not submitted their willingness so far, may also submit it in the same format within the above date.
   v. Those opting to pay directly are requested to remit the premium of **Rs. 29,000/- (inclusive of GST)** on or before **17.11.2026** through NEFT/RTGS/IMPS or any other mode of online transfer to the following account:
      a. Bank Name and Address: Union Bank of India, Bapuji Nagar Branch, Bhubaneswar, Khordha-751009.
      b. Account Name: Odisha Power Transmission Corporation Limited
      c. Account No: **00481101102530**

d. IFSC Code: **UBIN0800481,** MICR Code: **751026019**

vi. Those who have already paid the earlier premium of **Rs. 27,133/- (inclusive of GST)** are requested to opt:

a. To pay the balance amount of **Rs. 1,867/-** to the account details mentioned in the pre-page.

b. Or submit willingness for deduction from monthly pension.

5. Other terms and conditions of the Group Health Insurance Policy for Retired Employees shall remain unaltered as per this Office Circular No. **13916 Dated 20.08.2026.**

This issues with the approval of the Competent Authority.

Encl:

(i) Annexure – I (Circular No. 13916 Dated 20.08.2026)

(ii) Annexure – II (Bank Account Details of OPTCL)

(iii) Annexure – III (Willingness Form)

General Manager (HRD), E&M Cell

Memo No. 17557 **Dt-** 30/10/26

Copy to the CGM (El.), CPC / CGM (Fin.), CF / CGM (Fin.), Budget / all Zonal Heads / Circle Heads / Divisional Heads / Sub-Divisional Heads / all DDOs / all Branch Heads of Head Office for information and necessary action. They are requested to display this notice on the notice boards and circulate it widely among all concerned retirees at the earliest for their information.

Manager (HRD), E&M Cell

Memo No. 17558 **Dt-** 30/10/26

Copy to the CGM (IT), I/c, OPTCL Hqrs. Office, Bhubaneswar for information and further necessary action. It is requested to upload the circular in the OPTCL website for wide circulation.

Manager (HRD), E&M Cell

Copy to:

1. Sr. PS to CMD, OPTCL, for kind information of CMD, OPTCL.
2. TA/PS/PA/Secretarial Assistant to all functional Directors, OPTCL for kind information of all functional Directors, OPTCL.

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CIN:U4102OR2004SGC007553

File No-AW-E&M-INS-01/2022(PT)13916 **Date-** 20/08/2026

CIRCULAR

We are pleased to intimate that the Group Health Insurance Scheme for the retired employees of OPTCL & their spouses as well as spouses of deceased employees of OPTCL will be implemented with **SBI General Insurance Co. Ltd.** on successful completion of Tender Process, at a premium of **Rs. 27,133/- (Rupees Twenty Seven Thousand One Hundred Thirty-Three) per annum including GST** for the Policy year 2026-27.

The premium amount shall be paid by the retired employees either by direct payment (through NEFT/RTGS/Demand Draft) or shall be deductible from their monthly pension in one or two installments as per the option exercised by the pensioner. The insurance coverage will be valid for one year from the date of implementation i.e 01.11.2026 to 31.10.2027.

To ensure a seamless process, we request all willing retirees and spouses of deceased employees to submit their willingness in the enclosed format on or before **15.10.2026** directly to E&M Cell, Corporate HRD or via mail to retdinsurance@optcl.co.in

The time & mode of payment of the premium, including the total coverage details under the policy will be notified to all concerned in the further correspondence.

Encl:- Annexure – I, II & III (Willingness Form)

General Manager (HRD), E&M Cell

Memo No. 13917 **Dt-** 20/08/2026

Copy to all Zonal Heads/Circle Heads/Divisional Heads/All DDOs/Sub-Divisional Heads/All Branch Heads of Hqrs. Office for information and necessary action. They are requested to display this circular in the Notice Boards and widely circulate it so that all concerned retirees submit their willingness within the stipulated deadline for insurance enrolment.

20.08.26
Deputy Manager (HRD), E&M Cell

Memo No. 13918 **Dt-** 20/08/2026

The CGM (F) CF, OPTCL Hqrs. Office, Bhubaneswar for favour of information and necessary action.

20.08.26
Deputy Manager (HRD), E&M Cell

Annexure – I

Policy Features of Group Health Insurance Policy (2026-27)
For
Retired Employees & Their Spouse

RETIRED EMPLOYEE POLICY (2026-27) (ANNEXURE - I)		
SL NO.	**SUBJECT**	**Policy Features for Retired Employees (2026-27)**
1	PERIOD	One Year (2026-27)
2	COVERAGE	• Retired employees (superannuated) of OPTCL, SLDC, GRIDCO, OSEB • Employees who have separated from OPTCL/GRIDCO/SLDC due to VRS/CRS • Employees who ceased to be in service due to permanent total disablement. • Spouse of deceased employee of OPTCL • Employees who resign from service from the organization at the age of 57 or above. • Employees who were deputed/appointed to OPTCL in tenure based service.
3	SUM INSURED	Rs. 5 Lakh
4	FAMILY DEFINITION	Family size of 1+1 Retd. Employee and spouse
5	COVERAGE AGE	Between 45 - 100 years of age.
6	TYPE OF COVERAGE	Floater
7	TPA	List of empaneled TPAs is to be provided by the insurance company and the TPA will be selected by the OPTCL management.
8	PRE-EXISTING DISEASE	Pre-existing diseases are covered under the policy.
9	INTERNAL/EXTERNAL CONGENITAL DISEASE	Internal congenital diseases are covered under the policy, but external congenital disease are covered in case of life threatening situation only. The following life threatening external congenital disease (Requiring ICU admission / emergency surgery certified by a specialist doctor and supported Supported by clinical evidence) may be covered under Group Health Insurance: 1. Infection of External deformity which spreads into bloodstream 2. Cleft palate/lip causing Breathing Difficulty or risk of choking 3. External vascular malformations or deformities causing heavy bleeding 4. External congenital condition developing into cancer 5. External defect affecting vital function indirectly: (a) Facial deformity impacting airway (b) Structural defect affecting feeding leading to severe malnutrition in infants 6. Injury to an external congenital defect leading to infection/hemorrhage

10	CASHLESS FACILITY	Cashless facility for network hospitals and reimbursement facility for non-network hospitals. No network hospital shall be removed within the current policy period. However, in circumstances where the removal of a network hospital is necessitated due to reasons beyond the control of the insurer or TPA, the insurer/TPA shall intimate OPTCL of such removal, along with reasons thereof, within 7 (seven) days from the date of removal.
11	30 DAYS WAITING PERIOD	To be waived
12	1ST, 2ND, 3RD YEAR EXCLUSIONS	To be waived
13	PRE & POST HOSPITILISATION EXPENSES	30 days pre and 60 days post-hospitalization expense are covered.
14	MATERNITY BENEFIT	Not to be covered
15	CATARACT	Rs. 30,000/- (per eye)
16	PRE-NATAL & POST NATAL TREATMENT	Not to be covered
17	ABORTION/ MISCARRIAGE	Not to be covered
18	NEW BORN BABY	Not to be covered
19	CORPORATE BUFFER	Not to be covered
20	CO-PAYMENT	10% co-payment is applicable to all insured ageing more than 60 years.
21	SUB-LIMITS FOR DISEASES	Sub-limits for diseases applicable as per Annexure - II No Cappings on Cancer Treatment i.e. Post Operative / Chemotherapy Treatment.
22	ADVANCE TREATMENT PROCEDURE	The coverage of advance procedures will be covered upto 100% of the Sum Insured subject to IRDAI regulation for the below mentioned procedures: a. Uterine Artery Embolization and HIFU (High Intensity Focused Ultrasound) b. Balloon Sinuplasty c. Deep Brain Stimulation d. Oral Chemotherapy e. Immunotherapy - Monoclonal Antibody to be given as injection f. Intra Vitreal Injections g. Robotic Surgeries h. Stereotactic Radio Surgeries i. Bronchial Thermoplasty j. Vaporization of the Prostate (Green Laser Treatment or Holmium Laser Treatment) k. IONM (Intra-Operative Neuro Monitoring) l. Stem Cell Therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.
23	ROOM RENT & ICU RENT	Room, Boarding Expenses including Nursing Expenses as provided by the Hospital/Nursing Home is subject to a limit of 1% of the Basic Sum Insured per day and for Intensive Care Unit 2% of Basic Sum Insured per day. In case, the insured person is admitted in a room with rent higher than the eligible room rent limit, the total hospitalization claim shall be reduced in proportion of eligible room rent to the actual room rent paid.

24	AYUSH TREATMENT	The AYUSH Treatment is covered up to 25% of Sum Insured at institutes recognized by Govt. and/or accredited by QCI/NABH.
25	DAY CARE PROCEDURES	To be covered as per IRDAI (Insurance Regulatory and Development Authority of India) guidelines. Indicative list to be supplied by insurance company after issue of policy.
26	COVERAGE OF CONSUMABLES	To be covered as per IRDAI (Insurance Regulatory and Development Authority of India) guidelines
27	MID-TERM ADDITION	Addition of new entrants into the policy may be considered at a pro-rata premium with 90 days waiting period as assurance valve.
28	AMBULANCE CHARGES	To be covered up to Rs. 2,500/- per event
29	DENTAL BENEFIT	Covered upto family sum insured for accidental cases on IPD basis.
30	ARTIFICIAL LIMB & HEARING AID	Reimbursement upto 50% of base SI allowed for artificial limbs & hearing aid.
31	ANY OTHER CAPPING/LIMITATION	Sub-limits for diseases applicable as per Annexure - II No Cappings on Cancer Treatment i.e. Post Operative / Chemotherapy Treatment.

Annexure – II

CAPPINGS APPLICABLE TO DISEASES/AILMENTS/PROCEDURES FOR RETIRED EMPLOYEE POLICY FOR POLICY YEAR 2026-27			
SL. NO.	**MEDICAL AILMENT / DISEASE**	**PROCEDURE**	**CAPPING RATE (Retired Employees) - 2026-27 Policy**
1	Haemorrhoids	Haemorrhoidectomy	₹ 25,000
2	Haemorrhoids	Stappler Haemmoroidectomy	₹ 50,000
3	Hydrocele(Unilateral)	———	₹ 15,000
4	Hydrocele(Bilateral)	———	₹ 25,000
5	Thyroid cancer	Total Thyroidectomy	₹ 50,000
6	Thyroid cancer	Total Thyroidectomy with Block Dissection	₹ 70,000
7	Anal fissure	Fissurectomy	₹ 25,000
8	Appendicitis	Appendicetomy (Lap / Open)	₹ 50,000
9	Cholecystitis / Gall Bladder Stone	Cholecystectomy (Lap / Open)	₹ 50,000
10	Cancer - Gallbladder	Radical Cholecystectomy	₹ 1,40,000
11	Prolapse Rectum	Preineal / Abdominal Procedure for Rectal Prolapse - Lap / Open	₹ 30,000
12	Oral Cancer	Excision of tumour of oral cavity / Paranasal sinus / Paryngopharynx with free / Pedicled flap reconstruction	₹ 70,000
13	Carcinoma of rectum	Resection of rectum (Lap / Open)	₹ 1,00,000
14 (a)	Malignant neoplasm of breast	Mastectomy-simple	₹ 40,000
14 (b)		Radical mastectomy	₹ 70,000
15	Malignant neoplasm of colon	Total colectomy	₹ 70,000
16	Phimosis	Circumscision	₹ 10,000
17	Varicose Veins	Varicose vein Laser ablation	₹ 50,000
18	Intusssusception	Intussusception Operation	₹ 50,000
20	Fistula	Fistulectomy	₹ 25,000

21	Fissure	Dialation of anal spincture with fissurectomy	₹ 30,000
22	Hernia	Hernia surgery with/without mesh (Lap / Open)	₹ 50,000
23	Hydatid Cyst	Open / Laparoscopic Removal of hydatid cyst	₹ 1,00,000
24	Malignant Pancreatic Tumor	Laparoscopic / Open treatment of Pancreatic Tumor	₹ 1,50,000
25	Benign prostatic hyperplasia	Transurethral resection of the prostate (TURP)	₹ 50,000
26	Calculus in bladder (Stone)	Endoscopic Removal of Stone in Bladder	₹ 30,000
27	Calculus of kidney (Stone)	Lap / Open / Endoscopic removal of Stone	₹ 50,000
28	Calculus of ureter	Ureterolithotomy-Lap/Endoscopic	₹ 50,000
29	Tonsillitis / Tonsillar Abscess	Peritonsillar abscess drainage / intraoral calculus	₹ 10,000
30 (a)	Kidney Disease	Nephrectomy - For Benign pathology - Lap / Open	₹ 70,000
30 (b)	Kidney Disease	Nephrectomy - Radical (Renal tumor) - Lap / Open	₹ 1,00,000
31	Kidney Disease	Dialysis	Rs. 5,000/seating
32	Hydrocephalus	Pleuro / Artial / Theco / Ventriculo-Peritoneal (VP) shunt	₹ 65,000
33 (a)	Cerebral ischemic stroke	Thrombolysis with TPA (Tissue Plasminogen Activator)	₹ 10,000
33 (b)	Cerebral ischemic stroke	Thrombectomy followed by thrombolysis (arterial/venous)	₹ 90,000
33 (c)	Cerebral ischemic stroke	Intracranial thrombolysis / clot retrieval	₹ 3,00,000
34	Brain Haemorrhage / Abscess	Decompressive craniotomy	₹ 60,000
35	ICSOL (Intra-cranial Space Occupying Lesion)	Cranioctomy and removal of SOL (Space Occupying Lesion)	₹ 1,00,000
36 (a)	Ischemic heart disease / Coronary Artery Disease	CABG (Coronary Artery Bypass Grafting) / CABG with ABP (Coronary Artery Bypass Grafting with Aortic Balloon Pump)	₹ 2,50,000
36 (b)		PTCA with single stenting (for additional stent Rs.35000 /- extra)	Rs. 1,00,000/- (for additional stent Rs.35,000 /- extra)

36 (c)		Coronary angiography	₹ 15,000
37 (d)	Myocardial Infraction	Conservative Management	₹ 50,000
38	Heart Valve	Heart Valve Replacement	₹ 2,00,000
39	Uterine & Ovarian Cancer	Radical Hysterectomy	₹ 1,00,000
40	Uterine Disease / Tumor	Hysterectomy with BSO	₹ 50,000
41		Diagnostic and therapeutic hystro laparoscopy	₹ 35,000
42 (a)	Delivery	Cesarean Section(CS)	₹ 50,000
42 (b)		Normal delivery with or without Episiotomy & P. repair	₹ 25,000
42 (c)		Operative vaginal delivery (Vacuum/ forceps)	₹ 30,000
43	Ovarian cyst/tumor	Ovarian cyst/tumor removal (Lap / Open)	₹ 50,000
44	Rectovaginal Fistula	(RVF) Repair (Lap / Open)	₹ 1,00,000
45	Vesicovaginal Fistula (VVF)	(VVF) Repair (Lap / Open)	₹ 1,00,000
46	Uterine Prolapse	Laparoscopic / Open operations for prolapse uterus	₹ 1,00,000
47	Vertebral / Spinal Disease	Endoscopic discectomy / repair	₹ 1,00,000
48	Hip Joint Disease	Total Hip Replacement (Revision - Total Hip Replacement) / Prosthetic Implant	₹ 1,90,000
49	Knee Joint Disease	Total Knee Joint Replacement (TKR) one side	₹ 1,80,000
50	Ligament Injuries	Ligament Repair	₹ 50,000
51	Fracture of Long Bones of Upper / Lower Limbs	Nailing & External Fixation (PCL) Reconstruction	₹ 1,00,000
52 (a)	Fingers & Toes	Open Reduction	₹ 20,000
52 (b)		Open Reduction & Internal Fixation (ORIF)	₹ 40,000
53	Upper and Lower Limbs	Amputation of each limb	₹ 50,000
54 (a)	Family Welfare / Planning	Sterilization (minilap) male / female	₹ 10,000
54 (b)		Reversal of Sterilisation/ Tuboplasty (lap/ open)	₹ 35,000
55	Cataract / Eye	Cataract Surgery with IOL	₹ 30,000
56 (a)	Eye Disease	Dacryocystorhinostomy	₹ 10,000
56 (b)		Canaliculo Dacryocystorhinostomy with Silicon Tube / Stent	₹ 20,000

57	Eye Disease	Ptosis surgery with Sling surgery one lid	₹ 20,000
58 (a)	Eye Disease	Enucleation - with implant	₹ 50,000
58 (b)		Enucleation - without implant	₹ 20,000
59	Eye Disease	Retinal detachment surgery (RDS) with scleral buckling	₹ 25,000
60	Eye Disease	Squint correction for one eye	₹ 20,000
61	Eye Disease	Glaucoma Surgery (Trabeculectomy)	₹ 25,000
62	Hearing Loss	hearing aid	₹ 25,000
63		Tympanoplasty	₹ 50,000
64 (a)	Cancer of cheek, tongue and larynx	Mandibulectomy with cervical node dissection	₹ 1,00,000
64 (b)		Radical Neck Dissection	₹ 1,50,000
65	Tonsilitis	Tonsillectomy	₹ 25,000
66	DNS (Deviated Nasal Septum)	DNS Septoplasty	₹ 25,000
67	Mastoiditis	Mastoidoctomy	₹ 25,000
68	Labyrinthitis	Labyrinthectomy	₹ 25,000
69	Facial Nerve Compression	Facial Nerve Decompression	₹ 50,000
70	Angiofibroma	Angiofibroma Excision	₹ 30,000
71	Nasal Polyp	Polyp removal Nose	₹ 10,000
72	Blood / Platelet Transfusion	Transfusion	₹ 5,000
73	Neo-Natal Care	Management of complications of new born following delivery	₹ 50,000
74	Organ Transplant (Kidney / Liver)	Organ Transplant	₹ 3,00,000

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ODISHA POWER TRANSMISSION CORPORATION LIMITED

(A Government of Odisha Undertaking)

Regd.Office: Janpath: Bhubaneswar-751022.

Telephone: (0674) 2540051 (EPABX), Website: www.optcl.co.in

CIN:U4102OR2004SGC007553

BANK MANDATE FOR ELECTRONIC FUND TRANSFER NEFT/RTGS

BANK NAME:	UNION BANK OF INDIA
ACCOUNT NAME:	ODISHA POWER TRANSMISSION CORPORATION
ACCOUNT NUMBER:	**004811011002530**
IFSC CODE:	**UBIN0800481**
MICR CODE:	751026019
BRANCH NAME:	BAPUJI NAGAR BRANCH, BHUBANESWAR, KHURDA-751009

WILLINGNESS TO BE INCLUDED IN
GROUP HEALTH INSURANCE SCHEME – 2026-27 (for Retired Employees)

1. Name of the retiree/spouse of deceased -
2. Date of Birth -
3. PPO Number -
4. Amount of monthly pension last drawn -
5. Name of Spouse -
6. Date of Birth of Spouse -
7. Contact Number -
8. E-Mail ID of the retd. Emp/spouse -
9. Address -
10. Name of the Nominee -
11. Relation with the Nominee -

Please, tick the appropriate box accordingly.

1. That, the above information provided is true to the best of my knowledge.
2. I am willing to subscribe to the Group Health Insurance Policy for Retired Employees and pay the premium of **Rs. 29,000/- only inclusive of GST.** I will make this payment at the specified time to OPTCL either through:
    - One-time payment ☐
      Or
    - Two consecutive monthly installments ☐ as follows:
        - Through a deduction from my monthly pension ☐
          Or
        - Via NEFT/RTGS ☐
          Or
        - Through Demand Draft in favor of "OPTCL" ☐
    - I have already paid an amount of **Rs. 27,133/-** via **NEFT/RTGS/Demand Draft** to the requisite Bank Account of OPTCL. Hence the remaining balance amount of Rs. **1,867/-** will be paid by myself via:
        - Deduction of the balance amount from my monthly Pension ☐
          Or
        - Deposit to the requisite Bank Account of OPTCL via NEFT/RTGS/ Demand Draft in favor of "OPTCL" ☐

Signature/L.H.T of
Retired employee/Spouse of deceased employee