

No. D. 12015/1/2025-FEA/CSS
GOVERNMENT OF MIZORAM
FINANCE DEPARTMENT
(Economic Affairs)

MINECO, Aizawl,
June 06, 2025

OFFICE MEMORANDUM

Subject: Inclusion of CSS Employees to 'the Mizoram Universal Healthcare Scheme' – reg.

In pursuance of the notification issued by Health & Family Welfare Department vide No.D.12016/2/2025-HFW/MUHCS/4 dt 18.03.2025, the Governor of Mizoram is pleased to order the inclusion of the CSS employees, **fully or partly funded by the concerned Centrally Sponsored Schemes**, to the Mizoram Universal Healthcare Scheme as under:

1. **Contribution & Entitlement:** Monthly contributions/subscription fees must be paid at the time of joining to the MUHCS as a one-time lump sum for the entire policy year at the rates mentioned below, to avoid possible issues arising from monthly contributions as salary bills are not presented in the normal salary bill form to Treasury for this category of employees. A copy of the challan and the corresponding schedule are to be submitted to the Finance Department (EA).

Sl. no	Salary category	Rate of Monthly contribution	Lump sum contribution per year	Room entitlement		Ceiling on coverage per family per year
				Type of Room	Ceiling per night	
1	Above ₹60,000	₹800	₹9,600	Private Ward	₹3,500	₹10,00,000
2	₹50,001- ₹60,000	₹700	₹8,400	Semi Private Ward	₹2,000	₹10,00,000
3	₹30,000- 50,000	₹400	₹4,800	Semi Private Ward	₹2,000	₹7,00,000
4	Below ₹30,000	₹300	₹3,600	General	₹800	₹7,00,000

1.1 Employees in the lower salary category shall have the option to subscribe to packages of the higher salary category by paying the respective subscription fees; however, employees in the higher salary category cannot opt for the package of the lower salary category.

1.2 **Policy year:** The aforementioned Contribution & Entitlement shall be for the Policy Year 2025-26. CSS employees who have previously registered as a

"Contributory beneficiaries" may, if they choose to do so, register again by paying the aforementioned subscription rates; however, fees paid as a contributory beneficiary will not be refunded. Employees who are already registered as "Contributory beneficiaries" and have availed the cashless benefits will not be eligible to avail any benefit as 'CSS Employee' even if they opt to register themselves for the Policy Year 2025-26.

1.3 **Family Declaration:** Family Declaration shall be made as per the form enclosed herewith at Annexure-I. Only the family members as per the Family Ration Card should be listed in the Form. For families without ration cards, family declaration should contain attestation by concerned LC/VC that the members are actually living under the same roof.

1.4 Only the patient's expenses shall be covered for medical referred cases outside the State i.e, patient attendant not included in entitlement.

1.5 **Entitlement on mode of travel:** Entitlement on mode of Travel is applicable only for the patient. The cheapest mode of travel must be encouraged and mode of travel should be as per entitlement and/or as per recommendation of the Medical Board. For air travel, the travelling expenses as charged by the airlines are admissible for the first visit. However, for the subsequent follow-up visits, the upper ceiling permissible for to and fro visits per head is as follows:

Aizawl to Imphal/Guwahati/Kolkata and back : ₹15,000/-

Aizawl to N. Delhi/Mumbai/Chennai/Bengaluru/
Hyderabad/Thiruvananthapuram and back : ₹30,000/-

Daily Allowance (DA) is not permissible for the period of treatment and halt period.

2. **Since the payment due for one year is paid in full, the family members of the employee will still be covered in the event of death or retirement of the employee during any point of time within the policy period.**

3. **New CSS employees recruited after this notification is issued may join the MUHCS from the month of joining the service by paying the pro rata rate of lumpsum amount from that month according to the rate prescribed at the table above.**

All claims shall be checked by the Mizoram State Healthcare Society (MSCHS) in line with this OM and with the aforementioned General Guidelines issued by Health & Family Welfare Department.

Sd/- RAMCHUANA

Secretary to the Govt. of Mizoram
Finance Department

Memo No.D.12015/1/2025-FEA/CSS

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Dated Aizawl, the 4th June, 2025

Copy to:

- 1) Secretary to Governor, Government of Mizoram.
- 2) PS to Hon'ble Chief Minister, Government of Mizoram.
- 3) PS to Speaker/Dy. Speaker/Ministers/Ministers of State, Government of Mizoram.
- 4) Sr. PPS to Chief Secretary, Government of Mizoram.
- 5) Sr. PS to Finance Commissioner, Government of Mizoram.
- 6) All Administrative Heads of Departments, Government of Mizoram.
- 7) All Heads of Departments, Government of Mizoram.
- 8) Chief Controller of Accounts, Government of Mizoram.
- 9) Joint Director Finance & Accounts/ Deputy Director, Finance & Accounts/FAO of all Departments
- 10) CEO, Mizoram State Health Care Society (MSHCS) for information and necessary action.
- 11) All Officers under Finance Department.
- 12) All Treasury Officers.
- 13) Website Manager.
- 14) Guard File.

(CHRISTINA LALMUANZUALI)

Under Secretary to the Govt. of Mizoram,
Finance Department (EA)

DETAILS OF FAMILY
(For CSS Employees)
(To be used in MUHCS)

Name of CSS Employee : _____
 Designation : _____
 Employee No. (as generated by IFMIS, if available): _____
 Aadhaar No. (if available) : _____
 Date of Birth : _____
 Date of Appointment : _____
 Ration Card No.* : _____

The details of my family members as on __/__/____ as per Ration Card is as below:-

Sl.No.	Name of the family members	Relationship with the CSS Employee	Aadhaar No. (if available)
1			
2			
3			
4			
5			
6			
...			

* Attested photo copy of family Ration Card to be enclosed.

I certify that the above declaration made by me is fully as per my family Ration Card.

Date.....

Signature of the CSS Employee

DECLARATION OF THE CONTROLLING AUTHORITY

After careful checking of the documents submitted by the CSS Employee. I satisfy myself that the above _____ (number of the members) persons are truly the family members as per the family Ration Card of _____ for the purpose of medical treatments under MUHCS.

Date.....

Signature of the Controlling Officer
 (with seal)