

1. SCOPE:

A TMS Member will be reimbursed hospitalization expenses (as an in-patient) incurred due to Illness/Accident subject to the terms, conditions and exclusions of the TMS Health Plan.

2. Period of Cover - From 1st April 2015 to 31st March 2016.

3. ELIGIBILITY:

- i) All exile-Tibetans in India who come under the direct care of the Tibetan Voluntary Health Association (TVHA)
- ii) A normal Tibetan household¹ consisting of up to five individuals with an exception to those households consisting of only one individual
- iii) A normal household unit with additional members shall have to pay extra individual voluntary contribution but the coverage will remain unchanged. This benefit is allowed only for the normal household
- iv) A household with one individual member is eligible for second plan category with its coverage and voluntary contribution
- v) Institutional households like monasteries and Old People Home (OPH) must group their members up to five to form a sub group to avail the benefits

4. BENEFITS AND CONTRIBUTION:

There are only two plans available for which all TMS benefits can be sought and guaranteed – the household unit plan and the individual plan.

The Household Unit Plan (HUP): Benefits & contribution

A household plan implies that all benefits available under TMS can be availed by any member of the household individually or collectively up to the maximum household cap allotted on floater basis.

Every additional member (for households having more than 5 members) is required to pay an additional contribution of Rs.713 per person per annum. Any addition of family member during the currency of the Health Plan period is not allowed. All additions are permitted at the time of renewal of the plan.

The Household plan covers all secondary and tertiary illnesses and surgeries up to the benefit limit of Rs.100, 000. It does not have any age restrictions or pre-existing health condition/disease exclusion.

Household Plan - Benefits & Contribution

Sl. No.	Benefits	Benefit Coverage	Annual Member Contribution
1	Hospitalization	Rs. 100,000	Rs. 3,565
2	Diagnostic tests (during hospitalization)	Covered	Covered

¹A household is essentially defined as a group of individuals bonded together by a common Tibetan socio-economic relationship. A household unit would normally comprise of the head, spouse, and up to three dependents. The dependents would include children or parents of the head or spouse listed as a part of the family in CTA databases. Although related, if parents are living separately, they shall be eligible only for separate registration.

3	Consultation and registration (during hospitalization)	Covered	Covered
4	Tibetan Sorig facilities (in-patients)	Covered	Covered
5	Outpatient treatment (OPD)	Not Covered	Not Covered

The Individual Plan: Benefits and contribution

This Individual plan is designed exclusively to provide coverage with suitable benefits to single member households.

Individual Plan - Benefits & Contribution

Sl. No.	Benefits	Benefit Coverage	Annual Member Contribution
1	Hospitalization	Rs. 50,000	Rs. 950
2	Diagnostic tests (during hospitalization)	Covered	Covered
3	Consultation and registration (during hospitalization)	Covered	Covered
4	Tibetan Sorig facilities (in-patients)	Covered	Covered
5	Outpatient treatment (OPD)	Not Covered	Not Covered

The individual plan covers all secondary and tertiary illnesses and surgeries up to the benefit limit of Rs. 50,000. It does not have any age restrictions or pre-existing health condition/disease exclusion. No additional member whether related or unrelated is allowed under this category.

5. COVERAGE

a) In-Patient Treatment	<ul style="list-style-type: none"> Treatment arising from Accident or Illness where a TMS Member has to stay in a Hospital for more than 24 hours and includes Hospital room rent, Nursing, Intensive Care Unit charges, Medical Practitioner's charges, anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines, drugs, consumables, diagnostic procedures. Tibetan Sorig facilities (in-patients)
b) Post-Hospitalization expenses	<ul style="list-style-type: none"> For medicines incurred up to 15 days after discharge from a Hospital for 50%.

6. BENEFIT LIMITS

BENEFIT	Household Plan	Individual Plan
	Limits (Rs.)	Limits (Rs.)
General Limit	100,000	50,000

Room Rent Limits	1% of the Benefit Limit Per Day or Rs. 1000 Per Day In Case of Admission to ICU/CCU, 2% of the Benefit Limit Per Day or Rs. 2000 Per Day	1% of the Benefit Limit Per Day or Rs. 500 Per Day In Case of Admission to ICU/CCU, 2% of the Benefit Limit Per Day or Rs. 1000 Per Day
Surgical Package Rates	TMS has fixed the package rates for the hospitals for a large number of interventions. Claims pertaining to those interventions where package rates have been developed will be paid up to the maximum of the package rates only. When applying package rates, no Co-pay deductions will be made. Kindly refer to Annexure A	TMS has fixed the package rates for the hospitals for a large number of interventions. Claims pertaining to those interventions where package rates have been developed will be paid up to the maximum of the package rates only. When applying package rates, no Co-pay deductions will be made. Kindly refer to Annexure A
Per Diem Rates for Medical Cases	Day 1 & 2: For admission in non ICU/CCU - Rs. 3500 For admission in ICU/CCU – Rs. 7000 Day 3 to 5: For admission in non ICU/CCU - Rs. 1500 For admission in ICU/CCU – Rs. 3000 Day 6 onwards For admission in non ICU/CCU - Rs. 1000 For admission in ICU/CCU – Rs. 2000 Note: The Per Diem Rates are Inclusive of Room Rent & All Hospital Charges	Day 1 & 2: For admission in non ICU/CCU - Rs. 3500 For admission in ICU/CCU – Rs. 7000 Day 3 to 5: For admission in non ICU/CCU - Rs. 1500 For admission in ICU/CCU – Rs. 3000 Day 6 onwards For admission in non ICU/CCU - Rs. 1000 For admission in ICU/CCU – Rs. 2000 Note: The Per Diem Rates are Inclusive of Room Rent & All Hospital Charges
Co-insurance/Co-Pay Per Payable Claim Amount (%)	Payable Claim Amount – (Co-Pay %) Rs. 30,000 - Rs. 50,000 (10%) Rs. 50,001 - Rs. 70,000 (15%) Rs. 70,001 - Rs. 100,000 (20%)	Payable Claim Amount – (Co-Pay %) Rs. 30,000 - Rs. 50,000 (10%)

7. EXCLUSIONS:

a) Plan Exclusions	<ol style="list-style-type: none">1. Out-Patient Treatment2. Hospitalization for evaluation, Investigation only For example tests like Electrophysiology Study (EPS), Holter monitoring, sleep study etc.3. Prosthetics and other devices NOT implanted internally by surgery4. Any conditions which are NOT the same as the condition for which Hospitalization was required.5. Treatment availed outside India.
b) General - Medical Exclusions	<ol style="list-style-type: none">1. Cost related to birth control or pregnancy prevention.2. Circumcision unless necessary for the treatment of an Illness or required as a result of Accidental Bodily Injury.3. Tubectomy, Vasectomy, sex change or treatment, which result from, or is in any way related to sex change. Hormone replacement therapy.4. Vaccination , inoculation , cosmetic treatments (including any complication arising out of or howsoever attributable to any cosmetic treatments or the replacement of an existing breast implant) unless necessitated by an acute trauma injury, burns or cancer, aesthetic treatments, experimental, investigational or unproven procedures or treatments, devices and pharmacological regimens of any description . The exclusion on vaccination does not include post-bite treatment. Exclusion on cosmetic surgery is not applicable where medically required as part of treatment for cancer, accidents and burns.5. Vitamins and tonics unless forming a necessary part of the treatment for Illness as certified by the attending Doctor.6. Any dental treatment or surgery of a corrective, cosmetic or aesthetic nature unless it requires Hospitalization; is carried out under general anesthesia and is necessitated by Illness or Accidental Bodily Injury.7. Independent personal comfort and convenience items or services such as television, telephone, barber or beauty service, guest service and similar incidental services and supplies which are charged separately unless they form part of room rent.8. The treatment of obesity (including morbid obesity) and any other weight control programs, services, or supplies.9. Durable medical equipment (including but not limited to wheelchairs, crutches, limbs and the like), (namely that equipment used externally from the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose; is generally not useful in the absence of an Illness or Injury and is usable outside of a Hospital) unless required for the treatment of Illness or Accidental Bodily Injury.10. Diagnostic, X-ray or laboratory examination not incidental to or inconsistent with the diagnosis and treatment of the Illness or Injury for which the TMS Member was hospitalized.11. The TMS Member's participation in any hazardous activities , including but not limited to scuba diving, motor-racing, parachuting, hang-gliding, rock or mountain climbing, as a member of the armed forces, the paramilitary, the security forces, the fire or ambulance services, lifeboat

	<p>service, police force and the like whether part time or full time, voluntary or paid.</p> <p>12. Charges incurred in connection with the provision or fitting of hearing aids, eye glasses or contact lenses.</p> <p>13. Any travel or transportation costs or expenses.</p> <p>14. Use, misuse, or abuse of alcohol, banned substances or narcotic drugs (whether prescribed or not).</p> <p>15. All the medical appliances, treatments and medical supplies including elastic stockings, diabetic test strips, and similar products not supported by a prescription.</p> <p>16 Voluntary medical termination of pregnancy; any treatment related to sterilization.</p> <p>17. TB, Psychiatric, HIV AIDS and all related medical conditions.</p> <p>18. Any condition after the point at which it is certified by the attending doctor to be of such a nature that further medical treatment may serve to stabilize or maintain it but is unlikely to result in a material improvement within a reasonable time frame.</p> <p>19. Treatment taken in excluded hospitals as communicated to TMS members from time to time.</p>
<p>c) General - Non Medical Exclusions</p>	<p>1. War or similar situations: Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.</p> <p>2. Breach of law: Any TMS Member committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide while sane or insane.</p> <p>3. Dangerous acts (including sports): An TMS Member's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing in a professional or semiprofessional nature.</p> <p>4. Injuries related to physical squabbles and fighting.</p> <p>5. Medico-Legal Case except those pertaining to Accidents.</p>

Note: All the above mentioned exclusions will not be entertained even if supported by referral letter