

04. TMS HEALTH PLAN COVERAGE

Eligibility

All Tibetans in exile who come under the direct care of the Tibetan Voluntary Health Association (TVHA)

Conditions Apply:

A normal household unit with additional members shall have to pay extra individual voluntary contribution but the coverage will remain same.

A household with one individual member is eligible for individual and has to pay voluntary contribution as per the norms

Institutional households:

- a) Monasteries must group their members from two to five to form sub group to avail the benefits
- b) Old People Homes must group their members up to five to form a sub group to avail the benefits

Coverage

Treatment arising from Accident or Illness where a TMS Member has to hospitalize more than 24 hours and includes:

a) Hospital room rent, b) Nursing, c) Intensive Care Unit charges, d) Medical Practitioner's charges, e) Anesthesia, f) Blood, g) Oxygen, h) Operation Theatre charges, i) Surgical Appliances, j) Medicines, k) Drugs, Consumables, Diagnostic Procedures.

Tibetan Sorig facilities (in-patients)

Period of Cover - From 1st April to 31st March

05. BENEFIT 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.

*A 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 or separate registration.

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. The annual contribution for a household plan is Rs 3900.

Household Plan - Benefits & Contribution

Sr.No.	Benefits	Benefit Coverage
1	Hospitalization*	Rs. 120,000
2	Diagnostic tests (during hospitalization)	Covered
3	Consultation and registration (during hospitalization)	Covered
4	Tibetan Sorig facilities (in-patients)	Covered
5	For medicines from DoH health centre	20% Discount
6	For medicines from Men-Tse-Khang and Delek Hospital	10% Discount
7	Outpatient treatment (OPD)	Not Covered

The Household plan covers all secondary and tertiary illness and surgeries up to the benefit limit of Rs.120,000.

It does not have any age restrictions or exclusion of pre-existing health condition/disease.

Any addition of family members during the term of the Health Plan period is not allowed.

The Individual Plan: Benefits

This Individual plan is designed exclusively to provide coverage with suitable benefits to a household consisting of a single member. The annual contribution for an individual plan is Rs.990

Individual Plan - Benefits& Contribution

The individual plan covers all secondary and tertiary illnesses and surgeries up to the benefit limit of Rs 60,000. It does not have any age restrictions or exclusion of pre-existing health condition/disease. No

* Contribution for family with up to 5 members. Each additional member has to contribute Rs. 780/- extra with benefit limit remaining same i.e. Rs. 120,000/-

Sr.No.	Benefits	Benefit Coverage
1	Hospitalization	Rs. 60,000
2	Diagnostic tests (during hospitalization)	Covered
3	Consultation and registration (during hospitalization)	Covered
4	Tibetan Sorig facilities (in-patients)	Covered
5	For medicines from DoH health center	20% Discount
6	For medicines from Men-Tse-Khang and Delek Hospital	10% Discount
7	Outpatient treatment (OPD)	Not Covered

additional member whether related or unrelated is allowed under this category.

Post-hospitalization coverage allows 50% reimbursement for medicines incurred up to 15 days after discharge from the Hospital

Maternity and Newborn Children covered, subject to conditions. See box. → Benefit is on a family floater basis, which means that the total benefit amount (Rs. 120,000) can be used by one person or jointly with other members of the family.

Age Limit: There is no lower or upper age limit for coverage.

All the amount collected through contribution goes entirely for the benefits of the community e.g. **no agent commission** etc.

No underwriting is done since it is a community based-benefit Health Scheme. There are **no waiting period** of any type (for conditions e.g. cataract, gallstone or pregnancy) and you can start availing benefits from the day one of the benefit period.

Subsidized contribution for vulnerable families & Individuals.

Maternity & Child Coverage under TMS

All expenses related to the delivery of the baby (normal or cesarean) in the hospital/nursing home are covered

Coverage up to Rs15,000 for normal delivery

Coverage up to Rs25,000 for caesarean section or complicated delivery

Newborn coverage from day one up to the end of the policy, even if the newborn is the sixth member of the enrolled family.

06. EXPENSES NOT COVERED UNDER TMS HEALTH PLAN (EXCLUSIONS)

a) Plan Exclusions

- i) Out-Patient Treatment
- ii) Hospitalization specifically for evaluation, Investigations. For example tests like Electrophysiology Study (EPS), Holter monitoring, sleep study etc.
- iii) Prosthetics and other devices NOT implanted internally by surgery
- iv) Any conditions which are NOT the same as the condition for which Hospitalization was required.
- v) Treatment availed outside India.

b) General - Medical Exclusions(Following medical expenses are not covered under TMS)

- i) Cost related to birth control or pregnancy prevention.
- ii) Circumcision unless necessary for the treatment of an Illness or required as a result of Accidental Bodily Injury.
- iii) Tubectomy, Vasectomy, sex change or treatment, which result from, or is in any way related to sex change. Hormone replacement therapy.
- iv) 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. Exclusion on cosmetic surgery is not applicable where medically required as part of treatment for cancer, accidents and burns.
- v) Vitamins and tonics unless forming a necessary part of the treatment for Illness as certified by the attending Doctor.
- vi) 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.
- vii) 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 a part of room rent.

- viii) The treatment of obesity (including morbid obesity) and any other weight control programs, services, or supplies.
- ix) Durable medical equipment. Example of durable medical equipment are wheelchairs, crutches, limbs etc (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.
- x) Diagnostic, X-ray or laboratory examination not related to or inconsistent with the diagnosis and treatment of the Illness or Injury for which the TMS Member was hospitalized.
- xi) Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus or Variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.
- xii) Treatment for any mental illness or psychiatric illness, Parkinson's disease.
- xiii) Treatment of Tuberculosis (TB).
- xiv) Any Medical Expenses incurred on Joint replacement surgery (Knee replacement or Hip replacement)
- xv) 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 service, police force and the like whether part time or full time, voluntary or paid.
- xvi) Charges incurred in connection with the provision or fitting of hearing aids, eye glasses or contact lenses.
- xvii) Any travel or transportation costs or expenses.
- xviii) Use, misuse, or abuse of alcohol, banned substances or narcotic drugs (whether prescribed or not).
- xix) All the medical appliances, treatments and medical supplies including elastic stockings, diabetic test strips, and similar products not supported by a prescription.

c) General - Non Medical Exclusions

- i) 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, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.

- ii) 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.
- iii) 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.
- iv) Injuries related to physical squabbles and fighting.
- v) Medico-Legal Cases except those pertaining to Accidents



100%
Reimbursement
if treatment taken at
Health Department Hospitals
and
Indian Government Hospitals