

15. FREQUENTLY ASKED QUESTIONS (FAQS)

Following are the short answers to the FAQs put forward by the settlers during the TMS awareness campaign. For further details, please go through TMS health plan document available at your hospitals and settlement offices.

Enrollment

Q 1. Will ID card be provided to all individuals?

Ans. Yes, ID card will be provided to all the members' individually.

Q.2. Is there any special consideration with regard to the ward facility at the time of hospitalization?

Ans. The reimbursement towards room is limited to 1% of the yearly benefit (sum insured) amount, which amounts to INR 1200 per day of hospitalization for Household Unit Plan and INR600 per day of hospitalization for Individual Unit Plan. These rent limits are doubled to 2% of the yearly benefit (sum insured) amount in case of hospitalization in ICU/CCU.

Q.3. In monastery, many of monks are eager to join in individual category by paying INR 990/- per annum? Can they do it or not?

Ans. No, the Individual category provision is only meant for a family unit with single member. The monks staying in the monasteries should form a group of two to five to join a household/family unit provision.

Q.4. Does the TMS cover a new born child?

Ans. Yes. A newborn child is covered from day one up to the end of the Health Plan period.

Q.5. Can persons working in an educational institute or any other organization enroll in TMS, when they are already covered under medical insurance provided by their organization? Can they still enroll?

Ans. It is up to them if they want to have more than one health plan. However, getting double reimbursement on same treatment is illegal and is subject to legal prosecution.

Q.6. If a person enrolls in TMS for more than 3 years and later dis-

continues, will he/she get some amount as refund later?

Ans. No (see entry and exit rules)

Q.7. Can extra members instead of joining the family provision form another unit?

Ans. No, no natural member(s) can form another family unit because this distorts the basic unit logic and effective preventive health care assumption.

Q.8. Can one member in a family enroll if other members don't want?

Ans. No. All members of the family have to enroll.

Q.9. Can member contribution paid is refundable on percentage base if a member has not fallen sick or not been hospitalized for many years?

Ans. No, because it must have been already used for other members of TMS.

Q.10. Can a non-Tibetan who has Green Book can enroll in this scheme?

Ans. No. Only Exiled Tibetans can enroll under this scheme.

Q.11. Can any Individual/Household willingly to get enrolled after the specific period between (Jan-March) of TMS enrollment is end?

Ans. Yes, Individual/Household can enroll but TMS scheme benefit will start from next accounting year(1st April).

Q. 12. In case a Tibetan married to other nationality, then will she or he be eligible to enroll in Tibetan Medicare System (TMS)?

Ans. Tibetan married to other nationality, if Wife or Husband doesn't have children then the Tibetan spouse have to enroll in the Individual Plan and if the Wife and Husband have children then the Tibetan spouse must enroll in Household Plan with his/her children.

Q.13. Besides being a member of family, can anyone enroll in the TMS Individual Plan and get the Individual Benefit?

Ans. Besides being a member of family, if one has intentionally or unintentionally enrolled in Individual Plan will be disqualified from the TMS member for that specific year and the premium collected will not get refund.

Migration/Location

- Q.1. In case of migration of insured client abroad, can the same be replaced by another member of the same family?
- Ans. No, all the family members have to enroll from the beginning if one family member is enrolling. Hence, no substitution is permitted.
- Q.2. If someone has left for abroad after the registration, can he/she avail the same facility abroad?
- Ans. The benefits under TMS are applicable only within India. Hence, anyone who has migrated abroad cannot avail the facility overseas. But, anyone moving within India can well avail all facilities from the nearest hospitals by intimating to the Settlement Office or TVHA hospital where he is currently staying.
- Q.3. In case, an enrolled member faces an emergency during the sweater selling duration where there's no TVHA hospitals around, where and how can I seek treatment?
- Ans. You will have to get treated at any nearby hospital and send all the medical expenses related document to Department of Health through your enrolled Settlement Office or TVHA hospital. You should inform to your respective executive secretary or settlement officer within 48 hours of your admission.
- Q.4. Can we enroll as one family even if family members are staying in different places? For instance, I am living at Dharamsala and my parents live in Mussoorie. Can I enroll them at Dharamsala as one family?
- Ans. Yes, provided you are legitimate family members as per the definition.
- Q.5. Can a member who enrolled at Dharamsala is allowed to consult at hospital at Bangalore?
- Ans. Yes, if he happens to be there at the time of hospitalization.
- Q.6. Can I enroll my family members who are staying in Nepal?
- Ans. No, the scheme focuses only to the Tibetan refugees living in India at this stage.
- Q.7. Can TMS member get benefit for treatment availed outside India?
- Ans. No

Coverage

- Q.1. Can I claim more than once during the period of the Health Plan?
- Ans. Yes, you can claim more than once until your benefit limit is exhausted.
- Q.2. What should I do when I lost my ID card?
- Ans. You should inform your settlement officer or hospital executive secretary and request for a new ID card.
- Q.3. A family consisting of 7 members insures under this health plan by paying extra INR 780/- for the sixth and seventh member of the family? What is the benefit limit for such a family? Will it be only INR 1.2 lakh or more?
- Ans. There is no change in the benefits which remains at INR 1.2 lakh which is cap of the benefit.
- Q.4. Does the scheme also cover medical expenses related with eye and dental?
- Ans. Medical expenses related to eye surgeries are covered as per package rates. Dental expenses are not covered, except those arising out of accidental injuries requiring a minimum of 24 hours of hospitalization.
- Q.5. What happens if the treatment expenses exceed the maximum benefit level?
- Ans. In such a case, the concerned patient/member has to bear the extra costs.
- Q.4. What will TMS do if the members consulted to their preferred hospital and get referral slip later?
- Ans. This case is an acceptable only if it is an emergency case.
- Q.5. Do the members get DA/TA while they are hospitalized?
- Ans. No DA/TA is payable under TMS.
- Q.6. How will the TMS consider a situation where the scheme's one year validity is over while one of the member is still in process of recovery at the hospital?
- Ans. The TMS member will have to renew the membership without any lapse or else he will receive benefit only of period when he was a member.
- Q.7. Who will get the benefit if a single enrolled member passes away in the middle of scheme's financial year?

- Ans. No one, as coverage lapses automatically on the member's demise.
- Q.8. Can the remaining benefits of previous financial year be carried forward to the subsequent year, in case no claim was made?
- Ans. No, the benefits are yearly basis and lapse at the completion of the plan period.
- Q.9. Does the TMS cover illness resulting from drinking excessive alcohol years ago?
- Ans. Yes, such cases are covered since TMS do not bar any pre-existing diseases.
- Q.10. Does the TMS bear expenses incurred for the delivery cases?
- Ans. For such case, you should try to get the benefits provided under the ongoing MCH (Mother and Child Health) programmer. If MCH programmer is unable to cover the hospitalization than TMS will cover.
- Q.13 A new TMS applicant enrolled in month of February and gets hospitalized in March, who subsequently gets discharged in April. In that case case the new TMS applicant avail the benefits for hospitalization expenses incurred in April?
- Ans. The coverage period starts from 1st April and continues till 31st March. For a new member who enrolls for the first time in February, for him the coverage will only start from 1st April, hence any hospitalisation before 1st April is not covered, even if he is discharged in April. The date of admission has to be on or after 1st April.