

FREQUENTLY ASKED QUESTIONS

Q-1. What is this “Delhi Government Employees Health Scheme” all about?

- Delhi Government Employees Health Scheme is a welfare scheme of Delhi Government for providing comprehensive medical facilities to its beneficiaries. The scheme is based on CGHS pattern and generally follows CGHS rates and provisions.

Q-2. What are the hospitals recognized under the scheme?

- All health facilities (hospitals/dispensaries) run by the Govt. of NCT of Delhi and autonomous bodies under Delhi Government, local bodies viz. MCD, NDMC, Delhi Cantonment Board, Central Government and other Government bodies, such as AIIMS, Patel Chest Institute (University of Delhi) etc. are recognized under the scheme. In addition, many Private Hospitals/Diagnostic centers have been empanelled under the scheme (please refer our website for latest list of empanelled hospitals).

Q-3. Which facilities are available to members of DGEHS?

- Out Patient care facilities in all systems.
- Emergency services in Allopathic system.
- Free supply of prescribed medicines to pensioner beneficiaries.
- Lab. and Radiological investigations.
- Super specialty treatment i.e. Kidney transplant, CABG, Joint replacement etc.
- Family Welfare Services.
- Specialized treatment/Diagnosis in hospitals, both in Govt. and private empanelled hospitals/ Diagnostic centers under DGEHS.

Q-4. Who can become the member of the scheme?

- All serving employees and their dependents family members & pensioner (including family pensioners) of GNCTD of Delhi
- Sitting and Ex-MLAs and Ex-Metropolitan councilors and their dependent family members

- Sitting and retired judges of High Court of Delhi.
- Retired officers of Indian Administrative Service/Indian Forest Service of AGMUT Cadre, officers of DANICS/UTCS cadre including their family pensioners.
- Families of IAS AGMUT Cadre/DANICS Officers posted outside Delhi on deputation/short term transfers on payment of DGEHS subscription in advance on yearly basis.
- Autonomous/Statutory bodies fully funded by Delhi Government (after approval from Competent Authority)

Q-5. Which family member are eligible to be considered as dependent for the purpose of availing DGEHS benefits ?

- Husband/ wife, including more than one wife and a judicially separated wife.
- Parents (excluding step parents), subject to the following:
 - in case of adoption, adoptive parents and not real parents;
 - if adoptive father has more than one wife, only the first wife; and
 - in case of female employees, parents or parents-in-laws, at her option, subject to the conditions of dependency and residence etc. being satisfied.
- Children, including step children, legally adopted children, children taken as wards. Son is eligible till he starts earning or attains the age of 25 years, or gets married, whichever is earlier. Daughter is eligible till she starts earning, or gets married, whichever is earlier (irrespective of age).
- Sons suffering from permanent disability either physically or mentally, without any age limit. Permanent disability means a person with 40% or more of one or more disabilities.
- Dependent divorced/abandoned or separated from their husband/widowed daughters (irrespective of age).
- Dependent unmarried/divorced/abandoned or separated from their husband/widowed sisters (irrespective of age).
- Minor brother(s) (up to the age of becoming a major).

- Brother, suffering from permanent disability either physically or mentally, without any age limit. Provided he is unmarried, not having his own family, wholly dependent on and residing with the principal CGHS cardholder beneficiary.
- Step-mother.
- Minor children of widowed/separated daughters who are dependent upon the CGHS beneficiary and normally residing with him, shall be eligible up to the age of 18 years.
- These family members shall be deemed to be dependent on the government servant if they are normally residing with him/her and their income from all sources including pension/and family pension does not exceed Rs.9000 plus amount of dearness relief on the basic pension of Rs.9000/- as on date of consideration. As an exception, parents can live away from the employee in another station with other members of family.

Q-6. From where the Medical Facility card will be issued to me?

Sr. No.	Category	Card to be issued from
1.	Ministers of GNCT of Delhi	General Administrative Department
2.	Ex. and sitting MLA and Ex. Metropolitan Councilors	Delhi Legislative Assembly
3.	Retired and sitting judges of Delhi High Court	Registrar, Delhi High Court
4.	Delhi Govt. serving employees	Concerned Department from where drawing the salary
5.	Delhi Govt. Pensioners	Concerned Department from where last salary was drawn
6.	IAS(AGMUT) & DANICS Officer on deputation/ transfer	DGEHS Cell, DHS (HQ)

Q-7. What is the procedure for issuing Medical Facility Card ?

- An employee / pensioner of Delhi Govt. should approach his respective administrative office from where he/she is drawing his/her salary/pension to get DGEHS membership.

- Respective administrative Office would issue the Index Medical Forms to the applicant which is to be filled up by the applicant.
- Respective administrative office shall verify all the details as per the service record.
- Respective administrative office shall ask the applicant pensioner to submit the requisite prevailing subscription as per the provisions of the scheme.
- Applicant has choice to choose his AMA i.e. any Delhi Govt. Allopathic Dispensary or Hospital to which he wants to get his Medical Card attach as per his convenience.
- The subscription amount shall be payable as per rates prevailing on the date of submission of application for issuance of Medical card.
- The benefits of the scheme are prospective in nature i.e. after becoming a member of scheme (after deposition of requisite subscription).
- Respective administrative office must mention the validity of card, ward entitlement of the beneficiary & details of subscription amount deposited, on the Card.
- The administrative department may ensure that DGEHS card issued to that employee while in service must be surrendered at the time of retirement.
- In case of transfer of any working employee, the new administrative department may endorse the same card and new address of card issuing authority may be depicted on the card. There is no need of issue of new card in case of transfer of an employee.
- Any addition / deletion in family must be informed immediately by the beneficiary to his/ her Office, Authorized Medical Attendant (AMA) and Addl. Director, DGEHS.
- The card issuing authority would be responsible for all the entries made on the card. All cuttings, overwriting & corrections in the DGEHS Card must be duly attested/ authenticated by the card issuing authority.

Q-8. What are the rates of subscription of the scheme?

- Monthly subscription for availing DGEHS Facility w.e.f. 01-02-2017 is as under-

S. No.	Corresponding Level in the Pay Matrix as per 7 th CPC	Contribution (Rs. per month)
1.	Level: 1 to 5	250
2.	Level: 6	450
3.	Level: 7 to 11	650
4.	Level: 12 & above	1000

Contribution for serving employees shall be recovered from the monthly salary bills.

Q.9 What are wards Entitlements in private hospitals empanelled under DGEHS.

The wards Entitlements in private hospitals empanelled under DGEHS are as under:-

Sl. No.	Corresponding Basic pay drawn by the officer in 7 th CPC per month	Ward entitlement
1	Up to Rs. 47,600/-	General
2	Rs.47,601/- to Rs. 63,100/-	Semi-Private
3	Rs. 63,101/- and above	Private

Q-10. What are the amounts that need to be deposited for availing DGEHS by eligible pensioner/family pensioner ?

Pensioners have an option to get their DGEHS pensioner card made by either making contribution on an annual basis (twelve months) or by making contribution for 10 (ten) years {120 (one hundred and twenty) months} for getting a pensioner DGEHS card with life-time validity. It is clarified that:

- Contribution to be made by pensioners / family pensioners would be the amount that they were subscribing at the time of their retirement or at the time of death of the Government servant. (For those pensioners who have retired prior to 01-02-2017, the contribution amount will be decided in accordance with point (iv) or (v) below)
- Pensioner beneficiaries, who have already obtained DGEHS card with life time validity by paying a lump sum amount equivalent to 10 years contribution, will

not be required to pay any additional amount as a result of the revision in the rates of contribution for availing DGEHS facility;

- Entitlement of pensioners / family pensioners, who have already deposited their contribution for life time DGEHS facility, will not be changed.

- Pensioners / family pensioners who are contributing to the DGEHS on an annual basis and wish to continue to avail DGEHS benefits will have to contribute at the revised rates up to the time of contribution needed to cover a period of a total of ten years from the time pensioner DGEHS card was issued for the first time to them. The revised rate of contribution for the remaining period would be with reference to the level of pay that he / she would have drawn in the post held by him / her (at the time of his / her retirement / death) had he / she continued to be in service now but for his / her retirement/ death; and

- Any pensioner / family pensioner who is entitled to avail DGEHS facility has not so far got his / her pensioner DGEHS card made, the rate of contribution in such cases will be with reference to the level of pay that he / she would have drawn in the post held by him / her (at the time of his / her retirement / death) had he / she continued to be in service now but for his/ her retirement / death.

Q-11. I am a pensioner and did not opt for the scheme at the time of retirement. Whether now can I join the scheme?

- Yes, the scheme is open ended and an eligible pensioner can become member of the scheme at any time by paying in the requisite contribution, as per prevailing rates subject to condition that he surrenders the Fixed Medical Allowance (FMA).

Q-12. I have deposited a lump-sum of 60 months contribution before the modified scheme was notified in 2003. Will I be getting the medical benefits?

- For those pensioners who have deposited 60 months contribution as per the provisions of the scheme before 2003, the medical facilities will be provided to such pensioners under the scheme on lifelong basis.

- After 2003, it shall be for 120 months.

Q-13. Me and my wife are both Delhi Govt. employees and have dependant brothers / sisters and parents. Can we make separate cards and include family members?

Yes. Both Government employees have the option to make DGEHS Contribution and obtain two separate DGEHS cards and the names of the eligible dependant family members can be included on their respective cards.

Your wife can include the names of her parents/ brothers / sisters and such other eligible dependants in her card, subject to the condition of dependence and residence, etc., being satisfied.

Q-14. My spouse is also in service, whether he/she can also avail the claim/benefits?

- Yes. Where both husband and wife are Delhi Govt. employees, either of them may prefer claim for self and eligible members of the family, according to the status of the claimant. A joint declaration as to who will prefer the claim should be furnished. If declaration is not furnished, concession is to be availed by all including wife according to the status of the husband. The option given in the declaration can be changed as and when necessary depending on change in circumstances such as promotion, transfer, resignation etc.

Q-15. Whether the scheme is applicable to the employee where FMA (Fixed Medical Allowance) is being given?

- No, dual benefits are not allowed under the scheme.

Q-16. Is the scheme benefits available to pensioners residing outside Delhi/NCR also?

- The beneficiaries who travel/settle outside Delhi/NCR, may avail non-emergent treatment directly from any Govt./Govt. empanelled private hospital. However, the expenditure incurred on such treatment will be reimbursed by concerned department, where beneficiary is working or retired from, as per CGHS approved rates of that city/nearest CGHS covered city. centre then rates of that State hospital or CGHS rates of that city, whichever are less are reimbursable.

Q-17. Do I need a referral to avail treatment facilities in recognized hospitals?

- For treatment at any of DGEHS empanelled private hospital, Center/ State government hospital / dispensary, Autonomous hospitals of Center / State government, hospitals / dispensaries of other government bodies like MCD, NDMC, Delhi cantonment board etc. no referral is required. For AYUSH treatment, although referral is not required from AMA , advice of Govt. AYUSH specialists need to be obtained before taking treatment in a private empanelled AYUSH hospital.

Q-18. Are there any credit facilities for the beneficiary under the scheme?

•The cashless facilities as per entitlement in empanelled private hospitals / diagnostic centers in Delhi will be available to serving employees and pensioners in emergent conditions on production of valid DGEHS card. The cashless facilities will also be available to the pensioner beneficiaries even in non-emergent conditions. Cashless treatment is also available to self and dependent family members of Ministers, MLAs, Ex. MLA and Ex. Metropolitan Councilors for routine & emergent treatments and investigations on production of valid DGEHS card in original. Credit / Cashless facility is also available to dependents of IAS (AGMUT) & DANICS officers posted on deputation / transfer to outside Delhi.

Q-19. Where should I deposit my medical reimbursement bills?

Sr. No.	Category	Bills to be submitted to
	Ministers of GNCT of Delhi	General Administrative Department
	Ex. and sitting MLA and Ex. Metropolitan Councilors	Delhi Legislative Assembly
	Retired and sitting judges of Delhi High Court	Registrar, Delhi High Court
	Delhi Govt. serving employees	Concerned Department from where drawing the salary
	Delhi Govt. Pensioners	Concerned Department from where last salary was drawn
	IAS(AGMUT) & DANICS Officer on deputation/ transfer outside Delhi	DGEHS Cell, DHS (HQ)

Q-20. What is the time period for submission of medical reimbursement claim?

•Beneficiary should submit the claim within six months of completion of treatment.

Q-21. My physician has prescribed medicine for four months. Can I get medicine/NA for four months at a time?

No. Generally, medicine/NA are issued for one month at a time, however, in chronic diseases it can be issued up to three months at a time on valid prescription.

Q-22. Will the dispensary provide me vitamin, mineral, anti-oxidant, cosmetics & food supplements prescribed by private empanelled hospital ?

- The prescription of vitamins, minerals, and antioxidants should be restricted as per EML 2016 of Delhi Govt. In case of non-availability of these items in Delhi Govt. Hospital/Health Centres, they may be allowed initially for first three Months on prescription of any private empanelled hospital provided that they have been prescribed as essential for therapeutic use along with some medicines with proper diagnosis and justification. After three months, these products may be permitted by AMA on the recommendation of Govt. Specialist of concerned field only.

- The above conditions shall not apply to the patients with CLD, CKD, malabsorption syndrome, transplant patients, cancer patients who may be permitted vitamins, minerals, food supplements and antioxidants if the same has been prescribed by the concerned specialists as essential for therapeutic use with proper diagnosis and justification.

- Food supplements may be allowed by AMA only on recommendation of Govt. Specialist of concerned field.

- Toiletry and cosmetic products will not be permitted.

Q-23. What is the procedure of Settlement of Medical claim.

For the settlement/ reimbursement of medical claim the beneficiary should submit an application to the concerned department for claiming reimbursement of medical expenditure and settlement of any advance. The claim should be filed within six months of discharge from the hospital / treatment taken. The application should be submitted along with the following documents-

- Covering letter/ self representation by the beneficiary
- Modified Medical claim Form 2004 and checklist for reimbursement.
- Summary of medical bills claimed.
- All original bills.

- Photocopy of valid DGEHS Medical card.
- Prescription slip and diagnostic reports.
- Non-Availability certificate from concerned AMA for drugs prescribed in OPD by private empanelled or Government hospital.
- Discharge Summary (for admitted patients)
- A detailed list of all medicines, laboratory tests, investigations, doctor visits etc. with dates.
- In case treatment is taken in emergency, a self explanatory letter from the beneficiary, explaining the emergency circumstances. Emergency treatment certificate from the concerned hospital must also be submitted.
- Photocopy of cheque of bank account to which online transfer of money is preferred.
- Photocopies of claim papers and an affidavit on stamp paper, in case original papers have been lost.
- Affidavit on stamp paper by claimant, no objection from any other legal heirs on stamp paper and the copy of death certificate, in case of death of the card holder.

Note:- there is no need for essentiality certificate signed by the treating doctor to be submitted for the reimbursement of medical claim.

Such reimbursement is restricted to the limits prescribed by the Government from time to time. The expenditure incurred in excess of the limits prescribed in CS(MA) Rules / CGHS guidelines has to be borne by the beneficiary himself. For the items non-admissible as per CS(MA) Rules / CGHS guidelines the expenditure thereof shall be borne by the beneficiaries themselves.

Q-24. What should I do if my Medical Facility Card is lost?

- In case of loss of Medical Facility Card, the issuing department shall issue duplicate Medical Facility Card on receiving an application, a copy of FIR / Complaint lodged with police regarding loss of card and payment of Rs. 10/-.

Q-25. Who is competent authority to sanction medical advance?

- The Heads of the Departments of Delhi Government are competent to sanction medical advance to the extent of 90% of the approved cost of treatment for major/ serious illnesses in accordance with the provisions of CS(MA) Rules 1944. Medical advance may be issued by the concerned HOD on production of copies of valid Medical card, estimate provided by Government / Private empanelled Hospital, prescription & justification and an application for the same.

Q-26. Is there any provision of change of dispensary / hospital to which I am attached?

- Change of dispensary is not permitted under normal circumstances except in case of change of residential address or opening of new facility near the residence. For change of AMA the beneficiary shall have to apply to his/her administrative office with reasons thereof. The Card issuing authority, if satisfied, shall issue an approval letter for change of AMA. The beneficiary shall submit this approval letter to previously attached AMA. with the approval of the Card issuing authority for change of AMA. AMA shall keep a copy of the approval letter in its records and stuck off the name of the beneficiary and dependents from the register along with remarks against it. Original index form shall be handed over to the beneficiary for enrollment with the new AMA. A copy of index form along with remarks on it should be retained in the records.

Q-27. I am a member of DGEHS and has also taken a medical policy from a Insurance Company. Can I claim reimbursement from both the sources ?

- The beneficiaries who have subscribed to Medical Insurance Policies in addition to availing DGEHS facilities may be allowed to claim reimbursement from both the sources subject to the condition that the reimbursement will be restricted only to the admissible amount as per DGEHS approved rates subject to the condition that the total amount reimbursed by the two organizations does not exceed the total expenditure incurred by the beneficiary.

Q-28. Whether any prior permission is required form DGEHS?

Prior permission of DGHS is required for procurement of equipments/ machines like BIPAP, CPAP, AICD, Oxygen Concentrator, Neuro-Implants, Cochlear Implant etc. and costly treatments like Liver Transplant, Bone marrow Transplant etc.

Q-29. Whether any prior permission is required for purchasing of Hearing Aid ?

•Yes, as per OM No. F. 25(III)/DGEHS/509/DHS/2016-17/200837-1002 dated 05-04-2017, Hearing Aid can be purchased with prior permission of HOD.

Q-30. Can the CMO or the pharmacist give a different brand than the one prescribed by the specialist?

Medicines are issued by DGD/Hospital by the same brand, if available or by generic name or by any available brand name of equal therapeutic value.

Q-31. Are ambulance charges reimbursable?

Yes. Ambulance charges are reimbursable within the city , if there is a certificate from treating doctor that conveyance by any other mode would definitely endanger patient's life or would grossly aggravate his/her condition.

Q-32. What should I do in case of emergency?

Treatment in private hospitals not recognized/not empanelled under the scheme in medically emergent conditions will also be admissible when treatment is necessitated in such hospitals being situated near the place of illness / trauma and when no other recognized facility is available nearby or due to circumstances beyond the control of the beneficiary. However, reimbursement in such cases shall be made by the concerned department within the ceiling of DGEHS rates.

Q-33. From where I get the latest issued Office Orders, Office Memorandum, list of empanelment private hospitals /diagnostic centres etc. of the DGEHS scheme?

The members of the scheme may visit DGEHS webportal www.health.delhigovt.nic.in > on left hand side 3 link "Directorate General of Health Services" > on left hand side 2 link "DGEHS" for latest issued Office Orders, Office Memorandum, list of empanelment private hospitals /diagnostic centres etc. of the scheme.