

## **Micro Health Shield Prospectus**

### **Applicability**

Micro health shield is applicable to clients of micro finance institution's, members of NGOs, SHGs and other social sectors organizations

### **Who can be the proposer?**

Any Micro Finance Institution, Non Government Organization, Self Help Groups and other social sector organizations can avail this cover for their members.

### **The uniqueness of the cover**

This is an exclusive Group health insurance policy designed to offer health cover to micro insurance clients at an affordable cost.

### **Eligibility**

This insurance is applicable to persons & their family members up to 65 years of age. The set age limit is for entry stage only and there is no exist age for renewal of existing insured person.

Minimum of 20 persons requires to be covered.

### **Eligible Family members**

Family members mean spouse, dependant children (above 91 days), and dependant parents.

### **Sum Insured**

The Client can opt Sum Insured for a limit of Rs.30000/- or Rs.15000/-per family.

The sum insured is offered on floater basis; mean the expenses can be claimed individually or collectively up to the limit specified in the policy.

### **Period of Insurance**

Period of insurance is for one year.

### **Enrollment process**

This product offers three options for enrollment of the members:

1. All or none basis
2. Minimum of 50% enrollment basis
3. Open enrollment option

### Co-payment clause

There will be discount in the premium, if the proposer opts for the co-payment. Co-payment means, the insured person has to bear certain percentage of expenses (as opted) of all claims admitted under the policy. The discounts will be as follows:

For opting 10% of Co-pay : 10% discount on Premium  
 For opting 15% of Co-pay : 15% discount on Premium  
 For opting 20% of Co-pay : 20% discount on Premium

### Premium

MICRO HEALTH SHEILD - RATING STRUCTURE									
Indicative Sum Insured (Rs.)	Basis of Enrollment	Standard Premium Rate							
		Primary member only (Rs.)			Member & Spouse (Rs.)			Additional member	
		Low Risk	Medium Risk	High Risk	Low Risk	Medium Risk	High Risk	Per Child	Per parent
Rs.30,000/-	All or none basis	212	244	265	359	413	449	35% of primary member charges	140% of primary member charges
	Subject to 50% enrollment	265	305	331	449	516	561		
	Open (enrollment option)	318	366	397	538	619	673		
Rs.15,000/-	All or none basis	176	202	220	286	329	358		
	Subject to 50% enrolment	220	253	275	357	411	446		
	Open enrollment option	264	304	330	429	493	536		

\* If Cashless facility is opted, TPA Fee @ 10% on premium will be charged (This is subject to revision as per agreement entered with the TPA & same will be disclosed to the client while giving the offer).

\* Premium quoted above is exclusive of ST. Service Tax as applicable will be charged.

\*The insured if desire a change in the TPA, they have the option to seek a change of TPA, before 30 days of renewal.

### What is covered

The policy covers Hospitalisation expenses of the insured person incurred at the Hospitals for treatment of the diseases, illness, medical condition or injury, during the policy period up to the sum insured stated in the schedule subject to the terms, conditions, limitations and exclusions mentioned in the policy.

Hospitalisation means admission at hospital as an in-patient for minimum stay of 24 hours. However this time limit is not applicable to specific Day care treatment listed below:

**Day care Treatment:**

Haemo-Dialysis, Parenteral Chemotherapy, Radiotherapy, Eye Surgery, Lithotripsy (kidney stone removal), Tonsillectomy, D&C, Dental surgery following an accident, Surgery of Hydrocele, Surgery of Prostrate, Gastrointestinal Surgery, Genital Surgery, Surgery of Nose, Surgery of Throat, Surgery of Ear, Surgery of Urinary System, Treatment of fractures/dislocation (excluding hair line fracture), Contracture releases and minor reconstructive procedures of limbs which otherwise require hospitalization, Laparoscopic therapeutic surgeries that can be done in day care, Identified surgeries under General Anaesthesia.

**Sub limit**

Room, boarding & nursing expenses per day subject to max 2% of Sum Insured & for intensive care unit charges per day is 4% of Sum Insured.

**What is excluded**

The Company shall not pay any expenses in connection with or in respect of:

1. Pre Existing Disease: Pre Existing Diseases means any condition, ailment or injury or related condition(s) for which insured person had signs or symptoms, and / or was diagnosed, and / or received medical advice / treatment within 48 months prior to the first policy issued by us.  
Pre existing diseases shall however be covered after 48 months of continuous coverage with us.
2. 30 Days waiting period: Any hospitalization by the insured person during the first 30 days from the inception date of the policy
3. First year exclusions: During the first 12 months from the inception date, the expenses on treatment of cataract, Benign Prostatic hypertrophy, Hysterectomy for menorrhagia or Fibroma, Hernia, Hydrocele, fistula in anus, Piles, Sinusities and related disorders.
4. Conditions that do not require hospitalization: Condition that do not require hospitalization and can be treated under out patient Care.
5. Expenses incurred on evaluation/diagnostic studies unless required and forming part of treating illness/diseases.
6. Any dental treatment or surgery unless arising from injury and which requires hospitalization for treatment.
7. The cost of spectacles, contact lenses and hearing aids.
8. Congenital external diseases: Congenital external diseases or defects or anomalies,
9. Convalescence, general debility, "run down" condition or rest cure.
10. Drug and Alcohol Induced illness
11. Sterilization and Fertility related procedures
12. Vaccination, inoculation or change of life. Exclusion of vaccination does not apply for post bite treatment.
13. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident.
14. War, Nuclear risk
15. Intentional self-injury/suicide, all psychiatric and psychosomatic and related disorders.
16. Any treatment other than Allopathy
17. Any treatment received in convalescent home, convalescent hospital, nature care clinic or similar establishments.
18. Treatment arising from traceable to pregnancy/ childbirth including caesarean delivery and its complications. This exclusion does not apply to ectopic pregnancy.
19. Treatment of psychiatric, mental or nervous conditions and insanity.
20. Treatment for obesity, Sex change, Hormone replacement therapy.
21. Any cosmetic, Plastic surgery of any description unless medically necessary as a result of an accident/part of treatment of cancer & burn.
22. Treatment relating to any condition associated with AIDS.
23. Expenses on vitamins and tonics unless forming part of treatment for injury or disease.



\* PED Exclusion can be waived if the cover opted on “all or none basis” (all members in the group are covered without any selection) or “minimum 50% of members of organization/group is enrolled.

## **Claims Procedure**

### **Re-imbusement of Hospitalisation Expenses:**

Intimate immediately to Royal Sundaram about hospitalisation through toll free number (CIMS) /Letter/fax /E-mail/ / In person.

Insured shall submit the original bills, cash receipts, lab reports, x-ray, scan reports along with discharge summary with in 30 days from the date of discharge from the hospital.

The company will reimburse the admissible expenses under the policy to the insured up to the limit available for the family.

### **Cashless facilities at network hospitals** (Applicable only if the proposer opted for Cashless Facility)

In the event of any illness or sustaining injury, the insured person or his family members can approach the help desk at empanelled hospital with the Health card admission necessary.

On scrutiny of the admission, TPA will issue pre-authorization letter to network hospitals.

The insured can undergo treatment without payment up to the limit available for the family.

Then TPA will pay the cash directly to the hospital up to the sum insured limit available for the family.

### **Free Look in:**

At the inception of the policy you will be allowed a period of 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable. If you have not made any claim during the free look period, you will be entitled to the following, provided no claim has been settled or lodged for the period the policy has been in force:

- a. A refund of the premium paid less stamp duty charges or;
- b. where the risk has already commenced and the option of return of the policy is exercised, a deduction towards the proportionate risk premium for period on cover or;
- c. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

## **Portability**

This product can be ported to another company before renewal date. Incase you wish to port, to ensure continuous coverage of the policy without any break in insurance, please get in touch with the other insurance company 45 days before the renewal date to initiate the necessary porting formalities there.

## **Cancellation**

The insured can cancel the policy and in that event the company can refund the premium after adjusting the premium for the period, the policy is in force on the short period scale, as shown below:



Short period scales:

<b>Period on Risk</b>	<b>Rate of Premium to be retained</b>
<b>Tenure of the Policy</b>	<b>1 Year</b>
Up to 1 month	25% of Premium
Up to 3 months	50% of Premium
Up to 6 months	75% of Premium
Up to 12 months	Full Premium

The company can cancel the policy on grounds of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the insured by giving 14 days notice in writing & in that event, company will refund the premium after adjusting the premium for the period, the policy is in force on the pro rata basis.

### **Renewals**

This Policy can be renewed and in such event the renewal premium shall be paid to the Company on or before the date of expiry of this Policy. There will be a 30 day grace period available to you from the expiry date to renew your policy. However there will be no coverage during the period of break in insurance.

At renewal, the coverages, terms & conditions & premium may change, in which case a three months notice shall be sent to the Insured Person at his last known address as recorded in the policy. Any change in premium on account of change of age will not require any prior notice.

This is only a summary of the product features. For complete details refer policy document.