

MICRO UNIVERSAL HEALTH INSURANCE SCHEME

UIN:IRDA/NL-HLT/OIC/P-H/V.I/38/14-15

PROSPECTUS

Coverage:

The policy covers reimbursement of Hospitalisation expenses for illness/diseases contracted or injury sustained by the Insured Person

Sum Insured:

Section I: Hospitalisation Benefit : Rs.30,000/- per family – per policy period (Rs.30,000/- is inclusive of Maternity benefit of Rs. 2500/- for normal and Rs.5000/- for caesarean delivery)

Total expenses incurred for any one illness is limited to Rs.15,000/- (other than Maternity Benefit)

Section II : (A) Accidental death of earning head of the family Rs.25,000/-

Section II: (B) Disability compensation payable due to hospitalization of earning head and or spouse at the rate of Rs.50/- per day upto maximum of period of 15days in a policy year with a time excess of 3 days . Maximum compensation is restricted to Rs.750/- in one policy year.

Age: This insurance is available to persons between the age of 5 to 70 years. Children between the age of 3 months and 5 years of age can be covered provided one or both parents are covered concurrently.

Premium:

Coverage	Premium
Individual	Rs.300/-
Family upto 5 Members	Rs.450/-
Family upto 7 Members	Rs.600/-

Benefits:

Section – I HOSPITALISATION EXPENSES

The policy covers reimbursement of Hospitalisation expenses for illness / diseases suffered or injury sustained by the Insured Person. In the event of any claim becoming admissible under policy, the company through TPA will pay to the Hospital / Nursing Home or Insured Person the amount of such expenses subject to limits as would fall under different heads mentioned below, as are reasonably and necessarily incurred in respect thereof anywhere in India by or on behalf of such Insured Person but not exceeding Sum Insured (all claims in aggregate) for that person as stated in the schedule in any one period of insurance.

Hospitalisation Benefits		Limits
A	Room, Boarding Expenses as provided by the Hospital / nursing home. If admitted in IC Unit	Up to 0.5% of Sum Insured per day Up to 1% of Sum Insured per day
B	Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees, Nursing Expenses	Up to 15% of Sum Insured per illness / Injury
C	Anaesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & Drugs, Diagnostic Materials and X-ray Dialysis, Chemotherapy, Radiotherapy Cost of Pacemaker, Artificial Limbs & Cost of organs and similar expenses.	Up to 15% of Sum Insured per illness / Injury
D	Maternity Benefit – ONE CHILD ONLY (with 12 months waiting period)	Rs.2,500/- for normal delivery and Rs.5,000/- for caesarean delivery.

N.B: a) Company's Liability in respect of all claims including Maternity Benefit admitted during the period of Insurance shall not exceed the Sum Insured of Rs.30,000/- per person or family as mentioned in the schedule)

b) Total expenses incurred for any one illness is limited to Rs.15000/- (other than Maternity Benefit)

The Policy is extended to include one Maternity Benefit with liability under the Section being restricted to Rs.2,500/- for normal delivery and Rs.5,000/- for caesarean delivery. A waiting period of 12 months from inception of the policy is applicable. The above amount would also cover the medical expenses incurred in respect of new born child upto 3 months. However, this benefit is within the overall limit of Sum Insured of Rs.30,000/-

This benefit is available only once to an insured person during the currency of the policy or its subsequent renewals. ie. only once during the life time of insured person.

SECTION –II

A. PERSONAL ACCIDENT COVER TO EARNING HEAD

If the Insured Person (earning head of the family) shall sustain any bodily injury resulting solely and directly from Accident caused by outward, violent and visible means, and if such injury shall within 6 calendar months (unless otherwise specified) of its occurrence lead to death then the Company shall pay to the Insured the sum as specified below :

Death of Insured Person (earning head of the family) solely due to accident	Rs.25,000/-
--	-------------

DISABILITY COMPENSATION FOR EARNING HEAD AND / OR SPOUSE OF THE FAMILY: If the Earning head of the family / spouse is hospitalized due to accident / disease /illness for which there is a valid claim admitted under Section I of the policy then after a waiting period of 3 days, the Company shall pay to the earning head of the family or spouse a compensation of Rs.50/- per day from the fourth day of hospitalization upto a maximum of 15 days per policy period.

Note: The maximum liability of the Company is limited to Rs.750/- in all during the policy period in respect of II (B) above.

2. DEFINITIONS :

2.1.1 An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2.1.2 Day care treatment refers to medical treatment, and/or surgical procedure which is:
i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
ii. which would have otherwise required a hospitalization of more than 24 hours.

NOTE: Treatment normally taken on an out-patient basis is not included in the scope of this definition.

2.1.3 Grace Period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre existing diseases. Coverage is not available for the period for which no premium is received.

2.1.4 Hospital means any institution established for institution established for inpatient care and day care treatment of illness and /or injury and which has been registered as a Hospital with the local authority under the Clinical Establishments (Registration and Regulation) Act 2010 or under the enactment specified under schedule of Section 56(1) of the said act OR complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;
- Has at least 10 inpatient beds, in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
- has qualified medical practitioner (s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out.
- maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

2.1.5 Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably

2.1.6 Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

2.1.7 Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or Homeopathy set up by Government of India or State Government and is thereby entitled to practice medicine within its jurisdiction: and is acting within the scope and jurisdiction of license.

2.1.7 Medically Necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which –

- is required for the medical management of the illness or injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a medical practitioner,
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

2.1.8 Network Provider means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.

2.1.9 Qualified Nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India

2.1.10 Reasonable Charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved .

2.1.11 Surgical or surgical procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner

2.1.12 OPD treatment is one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

2.1.13 Hospitalisation means admission in a Hospital for a minimum period of 24 in patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24consecutive hours.

2.1.14 Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

2.1.15 Day Care Centre means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with local authorities, where applicable and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:

- Has qualified nursing staff under its employment:
- Has qualified medical practitioner/s in charge:
- Has a fully equipped operation theatre of its own where surgical procedures are carried out:
- Maintains daily record of patients and will make these accessible to the insurance company's authorized personnel..

2.1.16 Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

2.1.17 Medical Advise means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

2.1.18 Medical expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

- 2.1.19 Newborn Baby** means those babies born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.
- 2.1.20** Maternity Expense shall include:
 (a) **Medical Treatment Expenses traceable to child birth (including complicated deliveries and caesarean sections incurred during hospitalization)**
 (b) **Expenses towards lawful medical termination of pregnancy during the policy period.**
- 2.1.21** *Hospital/Nursing Home*, shall not include an establishment which is a place of rest, a place for the aged, a place for drug addiction or place of alcoholics, a hotel or a similar place.
- 2.1.22** *Expenses of Hospitalisation for minimum period of 24 hours are admissible. However this time limit is not applied to specific treatments i.e. Dialysis, Chemotherapy, Radiotherapy, Eye Surgery, Lithotripsy (Kidney Stone removal), D & C, Tonsillectomy taken in the Hospital/Nursing Home and the Insured is discharged on the same day. The treatment will be considered under Hospitalisation Benefit. This condition will also not apply in case of stay in Hospital of less than 24 hours provided*
- 3.1.1. Dental treatment** is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.
- 3.1.2. Any one illness** means continuous Period of illness and it includes relapse within 60 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.
- 3.1.3. Cashless facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.
- 3.1.5** *Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.*
- 3.1.6** *Unproven/experimental treatment means treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.*
- 3.1.7** *Contribution means is essentially the right of an insurer to call upon other insurer liable to the same insured to share the cost of an indemnity claim on a retable proportion of sum insured with clause shall not apply to any benefit offered on fixed benefit basis.*
- 3.1.8** *Alternative treatments are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.*

Section IV. EXCLUSIONS:-

Applicable to Section –1

The company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

- 4.1 Injury / disease directly or indirectly caused by or arising from or attributable to invasion, Act of Foreign enemy, War like operations (whether war be declared or not)
- 4.2 Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as apart of any illness.
- 4.3 Cost of spectacles and contact lenses, hearing aids.
- 4.4 Dental treatment or surgery of any kind unless requiring hospitalisation.
- 4.5 Convalescence, general debility; run-down condition or rest cure, Congenital external disease or defects or anomalies, Sterility, Venereal disease, intentional self injury and use of intoxication drugs / alcohol
- 4.6 All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLV - III) or lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
- 4.7 Charges incurred at Hospital or Nursing Home primarily for diagnosis x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home.
- 4.8 Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician
- 4.9 Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials
- 4.10 Naturopathy Treatment

Applicable to SECTION –II

- 4.11 Payment or compensation in respect of death directly or indirectly arising out of or contributed to by or traceable to any disability already existing on the date of commencement of this policy.
- 4.12 Death injury or disablements arising directly or indirectly from or traceable to:
 - i. Intentional self injury, suicide or attempted suicide
 - ii. Pregnancy or in consequence thereof
 - iii. Whilst engaging in aviation or Ballooning, whilst mounting into dismounting from or travelling in any Balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
 - iv. Whilst under the influence of intoxication, liquor or drugs
 - v. Directly or indirectly caused by venereal diseases or insanity
 - vi. Arising or resulting from the insured committing any breach of law with criminal intent
 - vii. War and war like perils, nuclear perils, radioactivity etc.

Section V CONDITIONS APPLICABLE TO SECTIONS – I & II:

1. Every notice or communication to be given or made under this Policy shall be delivered in writing at the address of the TPA office as shown in the Schedule.

2. The premium payable under this Policy shall be paid in advance.
3. No receipt for Premium shall be valid except on the official form of the company signed by a duly authorised official of the company. The due payment of premium and the observance and fulfilment of the terms, provisions, conditions and endorsements of this Policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to any liability of the Company to make any payment under this Policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorised official of the Company.
4. Upon the happening of any event which may give rise to a claim under this Policy notice with full particulars shall be sent to the TPA named in the schedule immediately and in case of emergency within 24 hours of Hospitalisation.
5. All supporting documents relating to the claim must be filed with TPA within 7 days from the date of discharge from the hospital.
Note: Waiver of this Condition may be considered in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time-limit.
The Insured Person shall obtain and furnish the TPA with all original bills, receipts and other documents upon which a claim is based and shall also give the TPA/ Company such additional information and assistance as the TPA/Company may require in dealing with the claim.
6. In case of death of earning member of the family due to accident a post-mortem report must be submitted along with other documents of proof of death.
7. Any medical practitioner authorised by the TPA / Company shall be allowed to examine the Insured Person in case of any alleged injury or disease requiring Hospitalisation when and so often as the same may reasonably be required on behalf of the Company.
8. The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf
9. If at the time when any claim arises under this Policy, there is in existence any other insurance (other than Cancer Insurance Policy in collaboration with Indian Cancer Society), whether it be effected by or on behalf of any Insured Person in respect of whom the claim may have arisen covering the same loss, liability, compensation, costs or expenses, the Company shall not be liable to pay or contribute more than its rateable proportion of any loss, liability, compensation costs or expenses. The benefits under this Policy shall be in excess of the benefits available under Cancer Insurance Policy.
10. The policy may be renewed by mutual consent. The Company shall not however be bound to give notice that it is due for renewal. The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by the insured by sending seven days notice in writing by Registered A/D to the insured at his last known address in which case the Company shall return to the insured a proportion of the last premium corresponding to the unexpired period of insurance if no claim has been paid under the policy. The insured may at any time cancel this policy and in such event the Company shall allow refund of premium at Company's short period rate table.
11. If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.
It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.
It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.
12. If the Company, as per terms and conditions of the policy, shall disclaim liability to the Insured for any claim hereunder and if the Insured shall not within 12 calendar months from the date or receipt of the notice of such disclaimer notify the Company in writing that he does not accept such disclaimer and intends to recover his claim from the Company then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.
13. All medical/surgical treatments under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency. Payment of claim shall be made through TPA to the Hospital/Nursing Home or the Insured Person as the case may be.
14. Grace period of 15 days will be available immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods. Coverage is not available for the period for which no premium is received.

Section VI. NOTICE OF CLAIM

1. Preliminary notice of claim with particulars relating to policy numbers, Name of Insured Person in respect of whom claim is made, Nature of illness/Injury and Name and Address of the attending Medical Practitioner/Hospital/Nursing Home should be given by the insured person to the TPA immediately and in case of emergency hospitalisation within 24 hours from the date of

Hospitalisation. In case of notice received beyond 24 hours from the time of hospitalisation etc., the matter may be referred to the insurer for considering waiver of the condition, wherever felt appropriate.

2. Final Claim along with receipted Bills/Cash Memos, claim form and list of documents as listed in the claim form etc., should be submitted to the TPA within 7 days from the date of completion of treatment.

Note: Waiver of the Condition may be considered in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insurer was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time limit

Section VII. PAYMENT OF CLAIM

All claims under this policy shall be payable in Indian currency. All medical treatments for the purpose of this insurance will have to be taken in India only. Payment of claim shall be made by the TPA on behalf of the Company either to the Hospital / Nursing Home or the Insured Person as the case may be.

Section VIII. DETAILS OF INSURED PERSON : The insured shall be required to furnish a complete list of insured persons in the following format. Any additions and deletions during the currency of the policy should be intimated to the Company in the same format. However, such additions and deletions will be incorporated in the policy from the first day of the following months subject to pro-rata premium adjustment.

Sr. No.	Names of Insured persons	Relation Insured	with	Age	Sex
1					
2					
3					
4					

NOTE: No refund of premium will be allowed for deletion of Insured person in the event of Insured Person having made / recovered a claim under the policy.

Section IX. CLAIM MINIMISATION CLAUSE

The Insured will at all times cooperate with a TPA /Company to contain claims ratio by ensuring that the treatment charges and other expenses are reasonable and necessary.

Section X. PROTECTION OF POLICY HOLDERS' INTEREST

In compliance to IRDA (Protection of Policy Holders' Interest) Regulations, 2002, the Company has opened grievance cell at Regional Office as well as Head Office. The policy holder may submit his complaint / grievance to the said grievance cell of the Company for remedial action.

The prospectus shall form part of your proposal form hence please sign as you have noted the contents of this prospectus.