

Regd Office: 21, Patullos Road, Chennai 600 002. Corporate Office: Vishranthi Melaram Towers, No.2/319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai 600 097

Ph: 91-44-71177117 Fax: 91-44-7113 7114

Micro Health Shield

#### Micro Health Shield

#### **Prospectus**

## **Applicability**

Rural 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



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#### **Premium**

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

<sup>\*</sup> 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).

#### 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.

<sup>\*</sup> Premium quoted above is exclusive of GST. GST as applicable will be charged.

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

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Micro Health Shield

#### **Modern Treatment Methods:**

The following procedures will be covered (whichever medically indicated) either as in patient or as part of day care treatment in a hospital maximum of Sum Insured as specified in the policy schedule, during the policy period:

- A. Uterine Artery Embolization and HIFU
- B. Balloon Sinuplasty
- C. Deep Brain stimulation
- D. Oral chemotherapy
- E. Immunotherapy- Monoclonal Antibody to be given as injection
- F. Intra vitreal injections
- G. Robotic surgeries
- H. Stereotactic radio surgeries
- I. Bronchical Thermoplasty
- J. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
- K. IONM (Intra Operative Neuro Monitoring)
- L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

## **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.

## Expenses covered under the policy

- Room, Boarding Expenses as provided by the Hospital/Nursing Home is subject to a maximum of 1% of the Sum Insured per day and for Intensive Care Unit, 2% of the Sum Insured per day. In case, the insured person is admitted in a room with rent higher than the eligible room rent limit, the total hospitalization claim shall be reduced in proportion of eligible room rent to the actual room rent paid.
- 2. Nursing Expenses
- Surgeon, Anesthetist, Medical practitioner, Consultants & specialist's fees subject to limit of 40% of the sum insured.
- 4. Anesthesia, blood, Oxygen, Operation theater charges, Medicines & drugs, Diagnostic materials and X-ray, Dialysis, Chemotherapy, Radiotherapy.
- Pre- hospitalization and post hospitalization expenses (as specified) when the claim for hospitalization is admitted under the policy.
- 6. The package rate agreed upon with the Hospital by the insurer for cashless facility.

The costs that are to be subsumed into the Room Charges are provided in Annexure-B attached to this Policy;

The costs that are to be subsumed into the specific procedure charges are provided in Annexure-C attached to this Policy;

The costs that are to be subsumed into the costs of treatments are provided in Annexure-D attached to this Policy.

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#### What is excluded

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

## 1. Pre-Existing Diseases - Code- Excl01

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

## 2. Specified disease/procedure waiting period- Code- Excl02

- a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f) List of specific diseases/procedures: 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.

## 3. 30-day waiting period- Code- Excl03

- a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

## 4. Investigation & Evaluation- Code- Excl04

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

## 5. Rest Cure, rehabilitation and respite care- Code- Excl05

- Expenses related to any admission primarily for enforced bed rest and not for receiving treatment.
   This also includes:
  - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
  - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

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## 6. Obesity/ Weight Control: Code- Excl06

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
  - a) greater than or equal to 40 or
  - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
    - i. Obesity-related cardiomyopathy
    - ii. Coronary heart disease
    - iii. Severe Sleep Apnea
    - iv. Uncontrolled Type2 Diabetes

## 7. Change-of-Gender treatments: Code- Excl07

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

## 8. Cosmetic or plastic Surgery: Code- Excl08

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

## 9. Hazardous or Adventure sports: Code- Excl09

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

## 10. Breach of law: Code- Excl10

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

## 11. Excluded Providers: Code- Excl11

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded but the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threating situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

- 12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12
- 13.Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code- Excl13
- 14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code- **Excl14**

## 15. Refractive Error: Code- Excl15

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

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#### 16. Unproven Treatments: Code- Excl16

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

## 17. Sterility and Infertility: Code- Excl17

Expenses related to sterility and infertility. This includes:

- i. Any type of contraception, sterilization
- ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- iii. Gestational Surrogacy
- iv. Reversal of sterilization

## 18. Maternity: Code- Excl18

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
- 19. Conditions that do not require hospitalization: Condition that do not require hospitalization and can be treated under out patient Care. Out patient Diagnostic, Medical and Surgical procedures or treatments unless necessary for treatment of a disease covered under day care procedures. Code- Excl19
- 20. Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc. unless arising from disease or injury and which requires hospitalisation for treatment. Code- **Excl20**
- 21. The cost of spectacles contact lenses and hearing aids. Code- Excl 21
- 22. Congenital external diseases: Congenital external diseases or defects or anomalies. Code- Excl 22
- 23. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident. Code- Excl 23
- 24. War, Nuclear invasion: Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not) or by nuclear weapons / materials. Including chemical & biological terrorism. Code- Excl 24
- 25. Suicide: Intentional self-injury/suicide, all psychiatric and psychosomatic and related disorders. Code-Excl 25
- 26. Any other Alternative Treatments except Allopathy. Code- Excl 26
- 27. List of optional items as given in the Annexure-E attached to this Policy- Excl 27
- 28. Use of alcohol, intoxicating drugs and medical conditions resulting therefrom other than impairment of Person's intellectual faculties by usage of drugs, stimulants or depressants prescribed by a Medical Practitioner. **Excl 28**
- 29. All expenses arising out of any condition directly indirectly caused with Human T-cell Lympphotropic Virus Type-III (HTLB-III) or Lymphadenopathy associated Virus (LAV) or the Mutants Derivative or variations deficiency syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS. Code- Excl 30

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#### Claims Procedure:-

#### Re-imbursement 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:

The insured Person will have the option to port the policy to other insurers as an extant Guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance plan with an Indian General/Health insurer as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as under:

- i. The waiting periods specified in Section 1 & 2 of Exclusions shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy.
- ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the base sum insured), portability benefit shall not apply to any other additional increased Sum Insured.

For Detailed Guidelines on Portability, kindly refer the below link:-

 $\underline{https://www.royalsundaram.in/html/files/Modification-guidelines-on-standardization-in-health-insurance-Portability.pdf}$ 

#### Migration:

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Micro Health Shield

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per extant Guidelines related to Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, as per Guidelines on migration, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per below:

- i. The waiting periods specified in Section 1 & 2 of Exclusions shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy.
- ii. Migration benefit will be offered to the extent of sum of previous sum insured and accrued bonus/multiplier benefit (as part of the base sum insured), migration benefits shall not apply to any other additional increased Sum Insured.

For Detailed Guidelines on Migration, kindly refer the below link:-

https://www.royalsundaram.in/html/files/Modification-guidelines-on-standardization-in-health-insurance-Migration.pdf

#### 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:

Period on Risk	Rate of Premium to be retained	
Tenure of the Policy	1 Year	
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.



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## **Grievances**

IRDA Regn No.102

Grievance- In case of any grievance relating to servicing the Policy, the insured person may submit in writing to the Policy issuing office or regional office for redressal.

For details of grievance officer, kindly refer the link www.royalsundaram.in (or) http://www.ecoi.co.in/ombudsman.html IRDAI Integrated Grievance Management System - https://igms.irda.gov. in

Insurance Ombudsman - the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-A

#### The contact details of the Insurance Ombudsman offices are as below-

## Annexure A

Office Details	Jurisdiction of Office Union Territory,District)	Date Of Taking Charge
AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.	03/10/2019
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N- 19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.	23/04/2018
BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh Chattisgarh.	24/05/2018



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BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.	11/09/2019
CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.	16/04/2018
CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).	03/05/2018
DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi.	12/09/2019
GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	02/05/2018



IRDA Regn No.102

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HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.	11/06/2018
JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan.	13/04/2018
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadwee p, Mahe-a part of Pondicherry.	07/11/2018
KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax: 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.	30/09/2019
LUCKNOW -Shri Justice Anil Kumar Srivastava	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba,	

IRDAI UIN: RSAHMIP21440V022021 Prospectus



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Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	11/09/2019
Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.	04/05/2018
NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh:  Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	17/09/2019
PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur,	Bihar, Jharkhand.	09/10/2019



Regd Office: 21, Patullos Road, Chennai 600 002. Corporate Office: Vishranthi Melaram Towers, No.2/319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai 600 097

Ph: 91-44- 71177117 Fax: 91-44- 7113 7114

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	Wildle Health Chiefe
Patna 800 006.	
Tel.: 0612-2680952	
Email: <u>bimalokpal.patna@ecoi.co.in</u>	
PUNE - Shri/Smt	
Office of the Insurance Ombudsman,	
Jeevan Darshan Bldg., 3rd Floor,	
C.T.S. No.s. 195 to 198,	
N.C. Kelkar Road, Narayan Peth,	
Pune – 411 030.	
Tel.: 020-41312555	
Email: bimalokpal.pune@ecoi.co.in	

## OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL

EXECUTIVE COUNCIL OF INSURERS,

3rd Floor, Jeevan Seva Annexe,

S. V. Road, Santacruz (W), Mumbai - 400 054.

Tel.: 022 - 26106889 / 671 / 980

Fax: 022 - 26106949 Email: <a href="mailto:inscoun@ecoi.co.in">inscoun@ecoi.co.in</a>

Shri M.M.L. Verma, Secretary General Smt Moushumi Mukherji, Secretary

Annexure - B

Costs that are to be subsumed into the Room Rent Charges				
SI. No.	Item			
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)			
2	HAND WASH			
3	SHOE COVER			
4	CAPS			
5	CRADLE CHARGES			
6	COMB			
7	EAU-DE-COLOGNE / ROOM FRESHNERS			
8	FOOT COVER			
9	GOWN			
10	SLIPPERS			
11	TISSUE PAPER			
12	TOOTH PASTE			
13	TOOTH BRUSH			
14	BED PAN			
15	FACE MASK			
16	FLEXI MASK			
17	HAND HOLDER			
18	SPUTUM CUP			
19	DISINFECTANT LOTIONS			
20	LUXURY TAX			
21	HVAC			
22	HOUSE KEEPING CHARGES			
23	AIR CONDITIONER CHARGES			



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24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

## Annexure - C

Costs th	Costs that are to be subsumed into Specific Procedure Charges		
SI. No.	Item		
1	HAIR REMOVAL CREAM		
2	DISPOSABLES RAZORS CHARGES (for site preparations)		
3	EYE PAD		
4	EYE SHEILD		
5	CAMERA COVER		
6	DVD, CD CHARGES		
7	GAUSE SOFT		
8	GAUZE		
9	WARD AND THEATRE BOOKING CHARGES		
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS		
11	MICROSCOPE COVER		
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER		
13	SURGICAL DRILL		
14	EYE KIT		
15	EYE DRAPE		
16	X-RAY FILM		
17	BOYLES APPARATUS CHARGES		
18	COTTON		
19	COTTON BANDAGE		
20	SURGICAL TAPE		
21	APRON		
22	TORNIQUET		
23	ORTHOBUNDLE, GYNAEC BUNDLE		

## Annexure - D

Costs that are to be subsumed into Costs of treatment		
SI. No.	Item	



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1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP- COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer& Strips
18	URINE BAG

Annexure - E

Annexure-IV – List of Optional items		
SI No.	Item	
1	BABY FOOD	
2	BABY UTILITIES CHARGES	
3	BEAUTY SERVICES	
4	BELTS/ BRACES	
5	BUDS	
6	COLD PACK/HOT PACK	
7	CARRY BAGS	
8	EMAIL / INTERNET CHARGES	
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	
10	LEGGINGS	
11	LAUNDRY CHARGES	
12	MINERAL WATER	
13	SANITARY PAD	
14	TELEPHONE CHARGES	
15	GUEST SERVICES	
16	CREPE BANDAGE	
17	DIAPER OF ANY TYPE	
18	EYELET COLLAR	
19	SLINGS	
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	
22	Television Charges	
23	SURCHARGES	



IRDA Regn No.102

# ROYAL SUNDARAM GENERAL INSURANCE CO. LIMITED

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0.4	Micro Health Shield
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical
	pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT



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64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

<sup>\*</sup>This is only a summary of the product features. For complete details refer policy document.

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