

## 51. MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT

### 1. The Scheme at a Glance

Ownership Profile:	Public Department
Starting Date:	2008
Risk Coverage:	Health care
Target Group:	Disabled Persons
Rural/Urban:	Rural and urban
Outreach:	10 selected Districts across the country
Total Number of Insured:	2,500
Potential Target:	100,000
Micro-Finance Linkage:	No
Insurance Co. Linkage:	Yes (Private)



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner – Agent
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary/automatic
Insured Unit:	Individual / Family	Individual
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Up Front
Subsidy to the Scheme:	Direct / Indirect	Direct

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	High
Tie-up with Health Facilities:	Private / Public	Private
Administration Responsibility:	TPA / No TPA	TPA
Additional Financial Benefit:	Discount / No Discount	Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Pre-Authorization
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Cashless

### 3. The Organization

In a unique initiative, National Trust under the Union Ministry of Social Justice & Empowerment announced the launching of a new health insurance scheme called “Niramaya” for the welfare of Below Poverty Line persons living with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities. The insurance scheme that will be implemented in ten selected districts across the country aims at improving the general health condition and quality of life of persons with disability.

The scheme will be implemented and monitored by the National Trust through a third party nodal agency with the active participation of local-level committees. As part of this pilot project, the Union Minister of Social Justice and Empowerment has awarded the mandate to ICICI Lombard General Insurance Company to provide health insurance to a maximum of 100,000 BPL persons.

Launched first in Erode District of Tamil Nadu, the Social Welfare Minister said that it would so be a great boon to persons with disability and he appealed to parents of disabled children to make use of the scheme.

For the BPL group, the full premium will be borne by the Government. Enrolment procedure was made simple and insured people could take treatment in any one of the hospitals that will be identified as providing quality health care services.

This is the very first time that a health insurance mechanism is introduced for disabled persons as they were always considered as a high risk group.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Niramaya Scheme
Starting Date:	June 2008
Duration of Insurance Plan:	NA
Insurance Year:	One year
Management Responsibility:	Nodal Agency to be appointed at the State Level by Ministry of Social Justice and Empowerment. This may be either a public or private entity working in close collaboration with the insurance company and the Third Party Administrator
Organization Structure:	Social Justice Department
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Rural and urban
Outreach:	10 Districts selected as follows: Central Delhi (Delhi), Chandigarh (Haryana), Jabalpur (Madhya Pradesh), Kaimur (Bihar), Agarthala (North Eastern Region), Raebareilly (Uttar Pradesh), Erode (Tamil Nadu), Ernakulam (Kerala), AHmedabad (Gujarat) and Bhageshwar (Uttarankhand)
Target Group:	Below Poverty Line people with autism, cerebral palsy, mental retardation and multiple disabilities
Staff Working for the Scheme:	No full-time staff except for the staff assigned by the TPA

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary/automatic
Age Limitations:	None
Insurance Unit:	Individual
Number of Policyholders:	2,500 so far (scheme being first implemented in Tamil Nadu)
Number of Insured:	2,500
Percentage of Women:	About 50%
Potential Target:	100,000
Penetration Rate:	Not applicable

#### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2008 – 2009	2,500	-

#### 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Up Front

Schedule of Contributions:	Yearly
Membership Identification:	Membership card with photo identification
Waiting Period:	No
Changes in Contributions over Time:	Not applicable (scheme just started)
Changes in Benefits over Time:	Not applicable

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>○ Hospitalization costs up to Rs. 100,000</li> <li>○ Domiciliary hospitalization including nursing charges up to Rs. 20,000</li> <li>○ Corrective surgeries for existing disability including congenital disability up to Rs. 50,000</li> <li>○ Surgery to prevent aggravation of disability up to Rs. 15,000</li> <li>○ Post operative care including therapies for 6 months up to Rs. 15,000</li> <li>○ OPD services (consultation and medicines) for all ailments and diseases up to Rs. 10,000</li> <li>○ Regular medical check up for non-ailing disabled (per year) up to Rs. 5,000</li> <li>○ Pathology, radiology, advance tests for diagnosis of illness and monitoring disability up to Rs. 7,500</li> <li>○ On-going therapies to reduce impact of disability and disability related complications up to Rs. 7,500</li> </ul>	Rs. 112 per person per year	800

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2008 – 2009	800	89,600
Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2008 – 2009	NA	NA

## 7. Health Related Information

Prior Health Check-Up:	Disability certificate required
Exclusion Clauses:	No (includes pre-existing conditions)

Co-Payment:	No
Service Payment Modality:	Cashless
Tie-up with Health Facilities:	Yes. Private hospital network already developed in all States by the TPA
Contractual Arrangements with HPs:	Yes
Number of Associated HPs:	300 so far (In Tamil Nadu only)
Financial Advantages Provided by HPs:	Discounts and fixed rates to be negotiated by the TPA
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Limited
Level of Health Benefits:	High (up to Rs. 100,000)
Intervention of TPA:	Yes
Designation of TPA:	MDindia Healthcare Services
Access to Health Services:	Pre-authorization required
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	Not applicable
Renewal Rate:	Not applicable

## 8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Ministry of Social Justice and Empowerment
Direct Subsidy:	Yes: For BPL members: full premium paid by the Ministry of Social Justice and Empowerment
Indirect Subsidy:	No
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	TPA hospital network

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	Yes: ICICI Lombard General Insurance Company
Changes of Private Companies:	No
Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	No
Re-Insurance:	No

## 10. Problems and Constraints (Not Applicable at this Early Stage)

Plan Distribution:	-
Enrolment Modalities:	-
Service Delivery:	-
Management:	-
Financing:	-
Sustainability:	-

## 11. Development Perspectives (Not Applicable at this Early Stage)

Enrolment:	-
Service Delivery:	-
Management:	-
Extension:	-
Replication:	-

## 12. Contact Details

1. Insurance Company

Contact Persons:	Mr. Sanjay Pande, Zonal Head, North, Government Solutions Group, ICICI Lombard Insurance Company Ms. Surbhi Chawla, Area Head, Government Solutions Group, ICICI Lombard Insurance Company Mr. Milan maheshwari, ICICI Lombard
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Website:	<a href="http://www.ICICIlombard.com">www.ICICIlombard.com</a>

## 2. Third Party Administrator

Contact Persons:	Mr. Anupam Gupta, Chief Operating Officer Mr. Praveen Yadav, Chief Administrative Officer
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## 52. MINISTRY OF TEXTILES - HANDLOOMS

### 1. The Scheme at a Glance

Ownership Profile:	Public Department
Starting Date:	2005
Risk Coverage:	Health care
Target Group:	Handloom weavers
Rural/Urban:	Rural and urban
Outreach:	All India
Total Number of Insured:	6,120,000
Potential Target:	6,480,000
Micro-Finance Linkage:	No
Insurance Co. Linkage:	Yes (Private)



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner – Agent
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary/automatic
Insured Unit:	Individual / Family	Family
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Up Front
Subsidy to the Scheme:	Direct / Indirect	Direct

#### Health

Scope of Health Benefits:	Limited / Broad	Broad
Level of Health Benefits:	Low / High	Medium
Tie-up with Health Facilities:	Private / Public	Private
Administration Responsibility:	TPA / No TPA	TPA
Additional Financial Benefit:	Discount / No Discount	No
Access to Health Services:	Free Access / Pre-Authorization Required	Both
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Both

### 3. The Organization

The textiles industry in India contributes to 4 percent of the GDP; providing direct employment to over 35 million people. Within the textiles industry, the handloom sector is one of the largest employers in India, providing income to about 6.5 million people (second only to agriculture). A large number of the weavers belong to the socially disadvantaged strata and are at the bottom end of the economic hierarchy.

The sector comes under the purview of the Ministry of Textiles (MoT), Government of India (GoI). Under the MoT, the Office of the Development Commissioner (Handlooms) was set in 1976 for the promotion and export of handloom products. It advises the GoI on matters relating to the development of the sector and assists the State Governments in planning and implementing any development scheme.

Under its various welfare measures, the MoT has implemented life insurance schemes, health package schemes, thrift fund and a workshop housing scheme. The health package scheme soon evolved into a health insurance scheme targeting the weavers which was launched in November 2005. The scheme ran for two years under partnership with ICICI Lombard General Insurance Company.

A slightly revised scheme was launched in 2007, again for a period of two years as a component of the Handloom Weavers Comprehensive Welfare Scheme. ICICI Lombard is the partner agent for the health component while the Life Insurance Corporation (LIC) of India covers the life component.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Health Insurance Scheme for Handloom Weavers
Starting Date:	November 2005
Duration of Insurance Plan:	One year, 365 days from enrolment
Insurance Year:	Not fixed
Management Responsibility:	Office of the Development Commissioner of Handlooms under the union Ministry of Textiles
Organization Structure:	Union Government Ministry
Risk Coverage:	Health care (including deliveries)
Registration:	No separate registration
Rural/Urban:	Rural and urban
Outreach:	Entire country
Target Group:	Handloom weavers and their families
Staff Working for the Scheme:	550

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary/automatic
Age Limitations:	No. the scheme covers persons between the age group of 1 day to 80 years
Insurance Unit:	Family of four
Number of Policyholders:	1,700,000 weavers
Number of Insured:	6,120,000 (average: 3.6 per household)
Percentage of Women:	About 50%
Potential Target:	6,480,000 (1,800,000 weavers)
Penetration Rate:	95%

Evolution of Number of Insured		
Year	Number of Insured	Change (%)
2007 – 2008	6,120,000	+ 413%
2006 – 2007	1,444,057	+ 43%
2005 – 2006	1,071,208	-

#### 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No: But a few handloom co-operatives pay premium for all their members
Schedule of Contributions:	Annual
Membership Identification:	Health card
Waiting Period:	None

Changes in Contributions over Time:	Yes: Premium was reduced after two years In 2005-2007: Rs. 1,000 for a family of four In 2007-2008: Rs.781,6 for a family of four
Changes in Benefits over Time:	No. In the first year, the scheme was administered by a single TPA. Under the new MOU signed in year three, areas of operations were divided between five TPAs in order to provide better proximity services

Benefits	Contributions	Number of Insured
<u>Health care:</u> Both IP and OPD covered with various sub-limits: <ul style="list-style-type: none"> <li>○ Hospitalization costs up to Rs. 15,000</li> <li>○ Domiciliary hospitalization up to Rs. 4,000</li> <li>○ OPD up to Rs. 7,500</li> <li>○ Limit per illness: Rs. 7,500</li> <li>○ Ayurvedic/Unani/Homeopathic treatment up to Rs. 4,000</li> <li>○ Dental treatment up to Rs. 250</li> <li>○ Eye treatment up to Rs. 75</li> <li>○ Spectacles up to Rs. 250</li> <li>○ Baby coverage up to Rs. 500</li> <li>○ Maternity benefits up to Rs. 2,500 (first two children only)</li> </ul>	Revised Rates (2007-08) Total premium: Rs. 781,6 per family of four per year Contribution by weaver/state Government Rs. 139,13/family/year Contribution by Govt of India: Rs. 642,47 family/year + 12.6% Service Tax also paid by Central Government	6,100,000

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2007 – 2008	1,700,000	1,328,720,000
2006 – 2007	401,127	401,127,000
2005 – 2006	297,558	297,558,000

Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2007 – 2008	NA	NA
2006 – 2007	NA	NA
2005 – 2006	NA	276,000,000

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Yes. Corrective cosmetic surgery, HIV/AIDS, sterility, venereal diseases, self injury, use of intoxicating drugs/alcohol, war, riot, strike, terrorism acts and nuclear risk. It also excludes critical illnesses such as cancer, paralysis, myocardial infarction, bypass surgery, kidney failure, stroke, TB etc.



Co-Payment:	No
Service Payment Modality:	Cashless for empanelled hospitals & reimbursement for others
Tie-up with Health Facilities:	Yes - Private
Contractual Arrangements with HPs:	Yes. Formal agreement specifying fixed rates at discounted prices
Number of Associated HPs:	Currently: 1,650 hospitals and 300 OPD clinics (private)
Financial Advantages Provided by HPs:	Adhere to in patient rates fixed according to CGHS
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Broad (hospitalization and out-patient care, including dental treatment, spectacles...)
Level of Health Benefits:	Medium
Intervention of TPA:	Yes: 5 TPAs
Designation of TPA:	<ol style="list-style-type: none"> <li>1. Jharkhand: Family Health Plan</li> <li>2. Southern India: Health India</li> <li>3. Uttar Pradesh: Raksha</li> <li>4. Northern India: Safeway</li> <li>5. Gujarat: Anmol</li> </ol>
Access to Health Services:	Pre-authorization in empanelled hospitals
Other Health Related Activities:	Occasional mobile health camps
Claim Ratio Rejection Rates:	Very low
Renewal Rate:	90%

## 8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Central Government, some State Governments (Jharkhand, Orissa, Andhra Pradesh, Tamil Nadu)
Direct Subsidy:	Yes.
Indirect Subsidy:	No. However, some support provided at state level for enrolment, promotion and communications
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	Yes: ICICI Lombard General Insurance Company
Changes of Private Companies:	No. The first two-year contract was renewed in 2007
Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	Tie up with ICICI Prudential to introduce life insurance within the same target group
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Wide diversity of clusters across the country, which creates brand new communication challenges
Enrolment Modalities:	-
Service Delivery:	About half of the health facilities previously associated with the scheme were disempanelled in Year
Management:	Rapid enrolment growth puts severe strains on the accounting and monitoring procedures. Dual service payment mechanism adds to the workload. Huge gaps in the management information system
Financing:	-
Sustainability:	Scheme already replicated with some minor changes for the artisans

## 11. Development Perspectives

Enrolment:	Complete full enrolment of all weavers and their families
Service Delivery:	-
Management:	Improve management information system and develop a broad training programme for the field staff
Extension:	-
Replication:	-

## 12. Contact Details

Contact Persons:	Ms. Surbhi Chawla, Area Head, Government Solutions Group, ICICI Lombard Insurance Company
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## 53. MINISTRY OF TEXTILES - HANDICRAFTS

### 1. The Scheme at a Glance

Ownership Profile:	Public Department
Starting Date:	2007
Risk Coverage:	Health care, including maternity protection
Target Group:	Artisans
Rural/Urban:	Rural and urban
Outreach:	All India
Total Number of Insured:	2,700,000
Potential Target:	2,970,000
Micro-Finance Linkage:	No
Insurance Co. Linkage:	Yes (Private)



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner Agent
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary/automatic
Insured Unit:	Individual / Family	Family
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Both
Subsidy to the Scheme:	Direct / Indirect	Direct

#### Health

Scope of Health Benefits:	Limited / Broad	Broad
Level of Health Benefits:	Low / High	Medium
Tie-up with Health Facilities:	Private / Public	Private
Administration Responsibility:	TPA / No TPA	TPA
Additional Financial Benefit:	Discount / No Discount	Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Both
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Both

### 3. The Organization

Handicrafts are mostly defined as “items made by hand”, often with the use of simple tools, and are generally artistic and/or traditional in nature. They are also objects of utility and objects of decoration. The handicrafts sector is able to provide substantial direct employment to numerous artisans and others engaged in the trade and also employment to many input industries. In recognition of the above facts, the Government of India set up an autonomous All India Handicrafts Board in 1952

The promotion of handicrafts industries is the primary responsibility of the State Governments. However, the Office of the Development Commissioner (Handicrafts) has been implementing various departmental schemes at the central level to supplement the States' activities towards this sector.

The Office of the Development Commissioner functions under the Ministry of textiles for the promotion and exports of handicrafts. It advises the Govt on matters relating to the development of the sector and assists the State Governments in planning and implementing any development scheme for the artisans. The Board of the organization consists of representatives of the Ministry of Textiles, Ministry of Rural Development, Ministry of Small Scale and Agro Industry, Planning Commission and Managing Director of the Tribal Cooperative Federation, as well as State representatives.

As part of its Handicrafts Artisans Comprehensive Welfare Scheme, two insurance schemes were launched in 2007 – the Rajiv Gandhi Shilpi Swasthya Bima Yojana (health) and the Jana Shree Bima Yojana (life). The health insurance scheme was launched as a pilot in April 2007, after which the scheme extended to a larger group in December 2007.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	2 (one health)
Name of the Scheme(s):	Rajiv Gandhi Shilpi Swasthya Bima Yojana
Starting Date:	April 2007
Duration of Insurance Plan:	One year
Insurance Year:	Not fixed
Management Responsibility:	Office of the Development Commissioner of Handicraft Artisans
Organization Structure:	Government Body
Risk Coverage:	Health care, including maternity protection
Registration:	No separate registration
Rural/Urban:	Rural and urban
Outreach:	Entire country
Target Group:	Handicraft Artisans + family (any other 3 persons out of spouse, children or dependent parents)
Staff Working for the Scheme:	250

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary/automatic
Age limitations:	No. the scheme covers persons between the age group from day 1 to 80 years
Insurance Unit:	Family of five
Number of Policyholders:	750,000 artisans
Number of Insured:	2,700,000 (about 3.6 per household on average)
Percentage of Women:	About 50%
Potential Target:	850,000 artisans (2,970,000)
Penetration Rate:	90%

#### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007 – 2008 (As of Dec)	2,700,000	+ 1.346%
2007 – 2008 (April to Nov.)	186,708	-

#### 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	In some cases, apex organizations make an up front payment for their members
Schedule of Contributions:	Annual
Membership Identification:	Health identity card

Waiting Period:	No
Changes in Contributions over Time:	Not applicable (new scheme)
Changes in Benefits over Time:	-

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>○ All services (IP &amp; OP) up to an annual limit of Rs. 15,000 per year per family, with the following sub-limits: <ul style="list-style-type: none"> <li>○ Dental: Rs. 250</li> <li>○ Eye: Rs. 75</li> <li>○ Spectacles: Rs. 250</li> <li>○ Domiciliary hospitalization: Rs. 4,000</li> <li>○ Ayurvedic/Unani/Homeopathic /siddha: Rs. 4,000</li> <li>○ Baby coverage: Rs. 500</li> <li>○ OPD: Rs. 7,500</li> <li>○ Hospitalization (including pre and post): Rs. 15,000</li> <li>○ Limit per illness: Rs. 7,500</li> </ul> </li> </ul> <u>Maternity benefits:</u> <ul style="list-style-type: none"> <li>○ Rs. 2,500 (first 2 children)</li> </ul>	Total premium: Rs. 800 per family per year  <u>General category:</u> Artisan contribution: Rs. 150 per family per year Central Government: Rs. 650 per family per year  <u>North East region, SC/ST &amp; BPL artisans:</u> Artisan contribution: Rs. 75 per family per year Central Government: Rs. 725 per family per year  <u>Plus:</u> Service tax: 12.36% (borne by the Central Government over annual insurance premium)	2,700,000

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2007 – 2008 (As of Dec.)	750,000	600,000,000
2007 – 2008 (April to Nov.)	51,909	51,919,000
Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2007 – 2008 (As of Dec.)	NA	NA
2007 – 2008 (April to Nov.)	NA	NA

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Corrective cosmetic surgery or treatment, HIV/AIDS, sterility, venereal diseases, intentional self-injury, use of intoxicating drug or alcohol, war, strike, riot, terrorism acts & nuclear risks. It also excludes critical illnesses such as cancer, paralysis, myocardial infarction, bypass surgery, kidney failure, stroke, TB etc.
Co-Payment:	No
Service Payment Modality:	Cashless for empanelled hospitals & reimbursement for others
Tie-up with Health Facilities:	Yes - Private
Contractual Arrangements with HPs:	Yes
Number of Associated HPs:	Currently: 1,650 hospitals and 300 OPD clinics
Financial Advantages Provided by HPs:	Adhere to rates fixed according to CGHS

Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Broad: IP + OP + maternity
Level of Health Benefits:	Medium
Intervention of TPA:	Yes
Designation of TPA:	Five TPAS – geographical distribution
Access to Health Services:	Pre authorization for hospitalization in empanelled hospitals
Other Health Related Activities:	Mobile health camps
Claim Ratio Rejection Rates:	Very low
Renewal Rate:	Not applicable

## 8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Central Government of India
Direct Subsidy:	Yes. Premium cost-sharing mechanism
Indirect Subsidy:	Enrolment cost at state level
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	No

II

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	Yes – ICICI Lombard Insurance Company
Changes of Private Companies:	No
Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	Wide network of empanelled hospitals across the country
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Weak understanding of insurance principles and mechanisms
Enrolment Modalities:	-
Service Delivery:	-
Management:	-
Financing:	-
Sustainability:	-

## 11. Development Perspectives

Enrolment:	Cover all artisan families in Year 2
Service Delivery:	Reduce the number of reimbursement cases which generates delays in claims settlement and administrative overload
Management:	-
Extension:	-
Replication:	-

## 12. Contact Details

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## 54. MITRA CHRISTIAN HOSPITAL BISSAMCUTTAK

### 1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2003
Risk Coverage:	Health care
Target Group:	Women's groups and vulnerable communities
Rural/Urban:	Rural
Outreach:	One district in Orissa
Total Number of Insured:	2,243
Potential Target:	15,000
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	No



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	In – House
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Family
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Up Front
Subsidy to the Scheme:	Direct / Indirect	No Subsidy

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	Low
Tie-up with Health Facilities:	Private / Public	Own Health Facility
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	No Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Cashless

### 3. The Organization

The Christian Hospital, Bissamcuttak has been functioning for over 50 years in one of the most backward blocks of Rayagada district in Orissa State. MITRA is the Community Health Unit of the hospital.

MITRA is working in three clusters in the villages surrounding the main secondary level hospital. To address the health financing needs of the communities, MITRA started to design and implement various community health insurance initiatives. At present, three types of health insurance/health funds initiatives, are being



tested to answer the specific needs of the three clusters of villages.

Each initiative has evolved out of a dialogue developed in each set of villages and is therefore localized and very different. No effort has been made so far to homogenize or enforce conformity. Each initiative is allowed to grow or wither according to its own ingenuity. MITRA provides the technical and administrative inputs allowing these initiatives to develop in an enabling environment.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	3 health schemes
Name of the Scheme(s):	Scheme 1: Dakluguda Cluster Women's Health Insurance Scheme 2: Malkondh Anchalika Society Model (MAS) Scheme 3: Dukum-Shada Cluster Model
Starting Date:	Scheme 1: January 2003 Scheme 2: March 2005 Scheme 3: March 2006
Duration of Insurance Plan:	One year
Insurance Year:	Scheme 1: January to December Scheme 2: March to February Scheme 3: March to February
Management Responsibility:	MITRA team, Christian Hospital Bissamcuttak
Organization Structure:	NGO
Risk Coverage:	Health care
Registration:	Not registered separately
Rural/Urban:	Rural
Outreach:	3 clusters of Bissamcuttak Block, Rayagonda district, Orissa
Target Group:	Women's groups from vulnerable /tribal communities
Staff Working for the Scheme:	No full-time staff

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	No
Insurance Unit:	Family
Number of Policyholders:	484 families
Number of Insured:	2,243
Percentage of Women:	About 50%
Potential Target:	15,000
Penetration Rate:	15%

##### Evolution of Number of Insured

###### Scheme 1:

Year	Number of Insured	Change (%)
2007	577	-

###### Scheme 2:

Year	Number of Insured	Change (%)
2006 – 2007	668	-

###### Scheme 3:

Year	Number of Insured	Change (%)
2006 – 2007	998	-

#### 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Up front

Schedule of Contributions:	Yearly
Membership Identification:	Membership card
Waiting Period:	No
Changes in Contributions over Time:	No
Changes in Benefits over Time:	No

Scheme 1:

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>Free health care at the community level</li> <li>Subsidized care at the Christian Hospital</li> </ul>	Rs. 30 per family per year	129 families, 577 individuals

Scheme 2:

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>Subsidized medicines at the community level</li> </ul>	Rs. 10 per person per year (any money left is carried over to the new year and the premium is decreased for old members, while remaining Rs. 10 for new members)	143 families, 668 individuals

Scheme 3:

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>Subsidized medicines at the community level</li> </ul>	Rs. 10 per person per year (any money left is carried over to the new year and the premium is decreased for old members, while remaining Rs. 10 for new members)	212 families, 998 individuals

Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2007 (Scheme 1)	129	17,310
2006 – 2007 (Scheme 2)	143	6,680
2006 – 2007 (Scheme 3)	212	9,980

Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
Scheme 1	NA	NA
Scheme 2	NA	NA
Scheme 3	NA	NA

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	No
Co-Payment:	No
Service Payment Modality:	Cashless

Tie-up with Health Facilities:	Own health facility
Contractual Arrangements with HPs:	Not applicable
Number of Associated HPs:	-
Financial Advantages Provided by HPs:	-
Non Financial Advantages Provided to Insured:	-
Scope of Health Benefits:	Limited
Level of Health Benefits:	Low
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	Health education
Claim Ratio Rejection Rates:	NA
Renewal Rate:	NA

## 8. Assistance to the Scheme

External Funding:	No
Origin of External Funding:	-
Direct Subsidy:	No
Indirect Subsidy:	No
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-
Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	-
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Weak understanding of insurance principles and mechanisms
Enrolment Modalities:	Low renewal rates
Service Delivery:	-
Management:	Low management capacity – no MIS allowing to follow the services provided and morbidity patterns
Financing:	Need additional support
Sustainability:	-

## 11. Development Perspectives

Enrolment:	Strengthen the promotion effort in order to generalte massive enrolment
Service Delivery:	-
Management:	Building management capacity though training
Extension:	-
Replication:	-

## 12. Contact Details

Contact Persons:	Dr. John C. Oomen, Teal Leader Ms. Atulya Bora
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Address:	Chistian Hospital, Bissamcuttak Rayagada district Orissa
Telephone Number:	-
Fax Number:	(06863) 247505
E.Mail:	-
Website:	-

## 55. MODERN ARCHITECTS OF RURAL INDIA (MARI)

### 1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2002
Risk Coverage:	Health care, accidental death, disability + others
Target Group:	Poor women, members of SHGs
Rural/Urban:	Rural
Outreach:	One district in Andhra Pradesh
Total Number of Insured:	6,589
Potential Target:	30,000
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	Yes (Private)



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner Agent
Type of Risk:	Single Risk / Risk Package	Risk Package
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Individual
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Up Front
Subsidy to the Scheme:	Direct / Indirect	Indirect

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	Medium
Tie-up with Health Facilities:	Private / Public	Private
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	No Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Pre-authorization
Co-Payment:	Yes / No	Yes
Payment Modality:	Cashless / Reimbursement	Both

### 3. The Organization

Modern Architects for Rural India (MARI) is a non-profit voluntary organization started by a team of professional social workers in the year 1988. Operating in Warangal district of Andhra Pradesh, it covers some 200 villages spread over 9 mandals and blocks.

MARI's mission is to promote strong community based organizations of the poor and disadvantaged, enabling them to mobilize resources from within, government and other agencies and guide them to work

united on their development issues such as micro-finance, sustainable management of natural resources, agriculture, water, hygiene, sanitation and integrated nutrition and health services.

MARI began implementing a savings programme in 1992 and has now formed 534 self-help groups, comprising approximately 7,500 clients spread out in 80 villages, including tribal communities. Since its collaboration with CARE-CASH programme in 2000, the organization has been at the forefront of a number of new micro-finance initiatives such as developing a system of village bookkeepers and designing a set of low-cost, pictorial, capacity building tools that are now being used by several other micro-finance institutions.

While continuing its effort towards self-help groups strengthening, MARI also geared into Mutually Aided Co-operative Societies (MACS) promotional mode by developing a clear strategy for promoting sustainable MACS and commencing its efforts to organize groups into these new bodies.

MARI focused on the mobilization of external loan funds and was able to increase the size of bank linkages to groups, complete the legal formalities involved in MACS promotion, and provide the requisite capacity building for MACS strengthening. At the organizational level, greater convergence could take place between the micro-finance and other development programmes, with the integration of gender concerns as a new key objective.

During its partnership with CASHE, MARI has worked towards establishing a three-tier community-owned, managed and controlled micro-finance institution, comprised of self-help groups, cluster MACS of about 100 groups each, and an overarching apex MACS, the Sangatitha Federation.

As of June 2006, MARI was providing its support to some 19,000 clients organized belonging to 1,366 SHGs and regrouping into 14 MACS, with accumulated savings amounting to some Rs. 49 million.

The organization also actively supported linkage with insurance companies in order to provide some level of social protection to poor women members and their families. These efforts could result in a tie-up with a private insurance company providing a health insurance coverage to some 6,400 people.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Health Insurance Scheme
Starting Date:	2004
Duration of Insurance Plan:	One year
Insurance Year:	May – April
Management Responsibility:	MARI
Organization Structure:	NGO in collaboration with partner Community Based Organizations
Risk Coverage:	Health care, accidental death, disability, education grant, girl child wedding benefit
Registration:	No separate registration
Rural/Urban:	Rural
Outreach:	Four Mandals in Waranga District in Andhra Pradesh
Target Group:	Poor women organized in Self Help Groups
Staff Working for the Scheme:	No full-time staff

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	NA
Insurance Unit:	Individual
Number of Policyholders:	6,589
Number of Insured:	6,589
Percentage of Women:	100%
Potential Target:	30,000
Penetration Rate:	22%

Evolution of Number of Insured		
Year	Number of Insured	Change (%)
2006 – 2007	6,589	NA
2005 – 2006	NA	NA
2004 – 2005	NA	-

## 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No
Schedule of Contributions:	Yearly
Membership Identification:	Membership card
Waiting Period:	No
Changes in Contributions over Time:	No
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>Hospitalization costs up to Rs. 20,000 for a family of five: <ul style="list-style-type: none"> <li>Includes pregnancy cover</li> <li>Coverage for listed illnesses only (DRG Lists)</li> <li>25% co-payment</li> <li>Wage loss compensation for a max. of 15 days at Rs. 100 per day, starting on day 3</li> <li>Post-hospitalization medicines to the tune of Rs. 300 at the time of discharge</li> <li>Transportation for tribal groups upto Rs. 300</li> </ul> </li> </ul>	Rs. 336 for a family of five  (Rs. 235 for insurer – Rs. 164 for health care + Rs. 35 for accident + Rs. 36 service tax - and Rs 101 for HHF administration costs)	6,589
<u>Accidental death:</u> <ul style="list-style-type: none"> <li>Rs. 25,000 in case of accidental death of insured or spouse</li> </ul>		
<u>Disability:</u> <ul style="list-style-type: none"> <li>Rs. 25,000 on total disability</li> <li>Rs. 12,500 on partial disability</li> </ul>		
<u>Education grant:</u> <ul style="list-style-type: none"> <li>On death of primary insured, additional amount of Rs. 5,000 to each surviving child (max 3) towards education</li> </ul>		

<u>Girl Child Wedding Benefit:</u>		
o On death of primary insured, additional amount of Rs. 5,000 to surviving girl (max 3) towards marriage		

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2006 – 2007	6,589	NA
2005 – 2006	NA	NA
2004 – 2005	NA	NA

Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2006 – 2007	NA	NA
2005 – 2006	NA	NA
2004 – 2005	NA	NA

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Yes: Standard exclusions applied by most private insurance companies
Co-Payment:	Yes: 25% of the costs
Service Payment Modality:	Cashless when foing to a network hospital, reimbursement in other health facilities
Tie-up with Health Facilities:	Yes (private)
Contractual Arrangements with HPs:	Yes: Some formal agreements while others remain verbal
Number of Associated HPs:	NA
Financial Advantages Provided by HPs:	No
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Limited
Level of Health Benefits:	Medium
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Pre-authorization required
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	NA
Renewal Rate:	NA

## 8. Assistance to the Scheme

External Funding:	No
Origin of External Funding:	-
Direct Subsidy:	No
Indirect Subsidy:	No
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	Yes: HDFC Ergo General Insurance Company
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Changes of Private Companies:	No
Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	No
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Difficulty in reaching the target group
Enrolment Modalities:	-
Service Delivery:	Relations with health providers
Management:	Management constraints
Financing:	-
Sustainability:	-

## 11. Development Perspectives

Enrolment:	Organize a broad awareness campaign
Service Delivery:	Improve quality of health care services
Management:	-
Extension:	-
Replication:	-

## 12. Contact Details

Contact Persons:	Mr. R. Murali, Chief representative Dr. D.K. Lal Pas, Principal, P.G. College of Social Work
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E.Mail:	<a href="mailto:Marimail@rediffmail.com">Marimail@rediffmail.com</a> <a href="mailto:mariwgl@gmail.com">mariwgl@gmail.com</a> <a href="mailto:sangathitha12@rediffmail.com">sangathitha12@rediffmail.com</a>
Website:	-

## 56. MYRADA

### 1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2005
Risk Coverage:	Health care
Target Group:	SHG members
Rural/Urban:	Rural
Outreach:	One district in Karnataka
Total Number of Insured:	3,831
Potential Target:	30,000
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	No



Karnataka

### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	In – House
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Family
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Up Front
Subsidy to the Scheme:	Direct / Indirect	Indirect

#### Health

Scope of Health Benefits:	Limited / Broad	Broad
Level of Health Benefits:	Low / High	Low
Tie-up with Health Facilities:	Private / Public	No Tie Up
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	Yes
Payment Modality:	Cashless / Reimbursement	Cashless

### 3. The Organization

Myrada – Plan H.D. Kote is one of the projects of MYRADA which operates in the district of Mysore. Its main mission is to promote local level institutions imbued with principles of cooperation, voluntarism, mutual trust, concern of poor and the environment to develop appropriate strategies and actions contributing to the promotion of children rights and empowerment of women. Since the year 1985, Myrada – Plan has taken the approach to support these local institutions into fostering Self Help Affinity Groups (SAGs) regrouping poor women to form a new power basis helping them to overcome obstacles in their path.

As on 31<sup>st</sup> December 2005, MYRADA – Plan had promoted 2,272 groups which succeeded to raise some Rs. 94 million while raising altogether some Rs. 225 million from various banks and financial institutions. These internal and external resources allowed these groups to extend loans to their members to finance income-generating activities up to the tune of some Rs. 580 million.

MYRADA's activities also included the creation of clean and hygienic habitat to achieve protection and survival rights of children, the development of off farm employment opportunities to boys and girls to enhance the income of poor families and the development of capacity building at village level to ensure their better education.

The health programme developed by MYRADA focuses on organizing health camps such as eye, gynaecology, diabetes detection camps and supporting early detection and referral of chronic diseases and awareness on STD-HIV/AIDS etc.

While assisting local level institutions, MYRADA supported the organization and development of a youth movement which in turn, could engage in new innovative development strategies. One of the initiatives taken by this movement called Swamy Vivekananda Youth Movement (SVYM) was to design and promote in 2005 a new health insurance plan catering for the most urgent needs of poor women members of the SAGs.

#### 4. The Micro-Insurance Scheme

Number of Schemes:	1
Name of the Scheme(s):	Swasthya Suraksha
Starting Date:	2005
Duration of Insurance Plan:	One ye separatelyar
Insurance Year:	Not fixed - enroment may happen anytime
Management Responsibility:	Swami Vivekananda Youth Movement (SVYM)
Organization Structure:	NGO
Risk Coverage:	Health care
Registration:	Not registered separately
Rural/Urban:	Rural
Outreach:	184 villages in Mysore district of Karnataka
Target Group:	SHG members, other poor community members
Staff Working for the Scheme:	Ten – part-time

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	NA
Insurance Unit:	Family
Number of Policyholders:	3,831
Number of Insured:	3,831
Percentage of Women:	About 70%
Potential Target:	30,000
Penetration Rate:	13%

##### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2005 – 2006	3,831	-

#### 6. Contributions and Benefits

Entrance Fee:	None
Age Limitations:	None
Easy Payment Mechanisms:	Up front payment
Schedule of Contributions:	Yearly

Membership Identification:	Card issued by SVYM
Waiting Period:	One month
Changes in Contributions over Time:	No
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>100% cost free OPD services, eye care, family planning, immunization, counselling...</li> <li>50% of any surgery other than delivery with one way transport after major surgery/delivery</li> <li>10% concession for dental related treatment</li> <li>30% concession for dental surgery</li> <li>20% for medicines</li> <li>10% concession on laboratory tests, physiotherapy and ayurvedic treatment</li> <li>Free medical treatment and registration in any health camp organized by the hospitals and free referrals</li> </ul>	Rs. 60 per person per year with compulsory enrolment of at least 3 persons in the family	3,831

#### Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2005 – 2006	3,831	229,860

#### Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2005 – 2006	NA	223,642

## 7. Health Related Information -

Prior Health Check-Up:	No
Exclusion Clauses:	No
Co-Payment:	Rs. 20 per person
Service Payment Modality:	Cashless
Tie-up with Health Facilities:	In-house – the hospitals are run by the organization
Contractual Arrangements with HPs:	No
Number of Associated HPs:	-
Financial Advantages Provided by HPs:	Discounts on all services
Non Financial Advantages Provided to Insured:	Additional services such as provision of spectacles for children free of cost, HIV tests for pregnant women
Scope of Health Benefits:	Broad – bot IP and OP health care services
Level of Health Benefits:	Low
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access

Other Health Related Activities:	Family visits by trained health volunteers, health education, health related activities like drinking water and sanitation services
Claim Ratio Rejection Rates:	NA
Renewal Rate:	NA

## 8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	ORBIS, an international Eye Care NGO
Direct Subsidy:	No
Indirect Subsidy:	Yes – support to administrative costs and awareness generation activities
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	Member of Asian Micro-Insurance Network (AMIN)

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-
Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	-
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Low awareness and knowledge about health insurance
Enrolment Modalities:	Low renewal rate, low acceptance of family insurance
Service Delivery:	-
Management:	Capacity building needed in technical matters related to risk and resource pooling
Financing:	High administrative overheads, presently supported by ORBIS
Sustainability:	Low number of members, high administration costs

## 11. Development Perspectives

Enrolment:	SHG based enrolment provides potential for coverage of large groups ensuring quality and risk pooling
Service Delivery:	Need to include medicines as requested by members
Management:	Need to involve SHG federation in the management of the scheme
Extension:	-
Replication:	-

## 12. Contact Details

Contact Persons:	William D'Souza, Programme officer
Address:	Mysore district office Karnataka
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Fax Number:	-
E.Mail:	<a href="mailto:HDKote.pu@plan-international.org">HDKote.pu@plan-international.org</a>
Website:	-

## 57. NAANDI FOUNDATION – HYDERABAD

### 1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2005
Risk Coverage:	Health care
Target Group:	Young children enlisted in public schools
Rural/Urban:	Urban
Outreach:	City of Hyderabad
Total Number of Insured:	54,000
Potential Target:	200,000
Micro-Finance Linkage:	No
Insurance Co. Linkage:	No



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	In – House
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary/automatic
Insured Unit:	Individual / Family	Individual
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Easy Payment Mech.
Subsidy to the Scheme:	Direct / Indirect	Both

#### Health

Scope of Health Benefits:	Limited / Broad	Broad
Level of Health Benefits:	Low / High	High
Tie-up with Health Facilities:	Private / Public	Private
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Cashless

### 3. The Organization

Naandi Foundation is an autonomous, not-for-profit organization dedicated to changing lives of the under-served populations in India through public-private partnerships. Set up in 1998, Naandi's mission is to create innovative alliances aiming to improve the quality of life of marginalised communities such as farmers, tribals and children. Under the banner of Child Rights, Naandi, in partnership with the state government of Andhra Pradesh has been providing quality education and nutrition to the states' school children. Initiated in 1992 with 10 schools, these interventions were progressively extended to 289 schools in the city of Hyderabad

During the course of its education programme targeting 6-14 years-old children. Naandi observed frequent absenteeism and a general low-energy index among children. This was due to general ill health and lack of efficient treatment for the children who primarily came from lower socio-economic backgrounds.

The general ill health of school children undermined the efficacy of Naandi's education initiatives to a great extent. It became imperative then, to ensure that health needs of children were attended for before they could be regular at school. Furthermore, the failure of the state sponsored health programme had left nothing for these children to turn to when in need of health care. This convinced Naandi that these children warranted special attention to their health and nutritional status combined with access to education

Naandi first addressed the preventive and promotive aspects of health, providing a new face to the government school buildings, ensuring access to safe drinking water and clean toilets, introducing first aid kits and forming school health clubs. It soon became clear that these efforts had to be expanded to curative services since a huge number of children were found suffering from acute and chronic conditions, while being too poor to access quality medical care.

With a view to provide health coverage for under-privileged children, Naandi embarked in a broad multi-partnership strategy involving the state government, corporates, civil society organizations and health providers. Through active interactions and networking with all stakeholders, Naandi could design a unique and replicable pre-insurance model for delivery of comprehensive healthcare services that could underwrite health care expenditures from common cold to cardiac surgery.

While all other health insurance schemes operating in India only provide a very sketchy coverage of diseases while applying harsh limitations on the various types of health services, Naandi's model stands alone in being all-inclusive (not barring the entry to children living with HIV) and has no restrictions nor limitations.

The programme operates through school based out-patient clinics set up in nodal government schools, a dedicated base hospital with round the clock in-patient department and a broad system of referrals to specialized and tertiary care hospitals.

The programme succeeded to bring together the corporate sector, their employees and civil society members to provide regular contributions resulting in the availability of free, quality health services for disadvantaged children while reducing indebtedness of families due to child illnesses to zero.

The number of regular subsidies that the health programme is relying upon is many, thus reducing the unit cost to Rs. 10 per child per month. However, it is estimated that this programme could be run anywhere in the country for 40,000 children within a radius of 25 km, with an escalation in unit cost not exceeding Rs. 15 per child per month (Rs. 182,50 a year).

Naandi school health programme is currently covering 60,000 poor children enlisted in government schools operating in the city of Hyderabad and has already been replicated in Udaipur with a 50% subsidy provided by the state government of Rajasthan.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Naandi School Health Programme
Starting Date:	February 2005
Duration of Insurance Plan:	1 year
Insurance Year:	February 1 <sup>st</sup> – January 31 <sup>st</sup>
Management Responsibility:	Naandi Foundation
Organization Structure:	Part of the activities of the organization
Risk Coverage:	Health Care (primary, secondary, tertiary)
Registration:	Part of the regular interventions of the organization
Rural/Urban:	Urban
Outreach:	291 public schools operating in 5 mandals of Hyderabad city

Target Group:	Poor young children enlisted in public schools – Classes I to VII (6 to 14 years old)
Staff Working for the Scheme:	7 doctors, on a part-time basis + involvement of Naandi Foundation staff (programme and administration)

## 5. Policyholders and Insured

Type of Enrolment:	Voluntary – automatic
Age Limitations:	Yes – Scheme restricted to children enlisted in specific classes
Insurance Unit:	Individual
Number of Policyholders:	54,000
Number of Insured:	54,000
Percentage of Women:	57% girls
Potential Target:	200,000
Penetration Rate:	27%

Evolution of Number of Insured		
Year	Number of Insured	Change (%)
2007 – 2008	54,000	-
2006 – 2007	54,000	- 10%
2005 – 2006	60,000	-

## 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No contribution from insured/families - Premium fully paid by agreements with the corporate sector and donor community
Schedule of Contributions:	Yearly
Membership Identification:	Individual membership card with photo identification proof
Waiting Period:	No
Changes in Contributions over Time:	No
Changes in Benefits over Time:	Not applicable

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>Whole care coverage without any limitation or service cap at all levels: primary, secondary, tertiary</li> <li>Surgical interventions extended to corrective, cosmetic and dental surgery</li> </ul>	Rs. 120 per child per year	54,000

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2007 – 2008	54,000	6,480,000
2006 – 2007	54,000	6,480,000
2005 – 2006	60,000	7,200,000

Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2005 – 2006	90,000 (OPD services)	7,063,000



## 7. Health Related Information

Prior Health Check-Up:	Rounds of health camps organized before the launching of the scheme: information on health programme, comprehensive health screening, enrolment and delivery of membership card
Exclusion Clauses:	None – Any prior disease/illness detected when organizing the health camps is being treated (including some HIV cases)
Co-Payment:	None
Service Payment Modality:	Cashless for all children covered by the scheme
Tie-up with Health Facilities:	OPD services provided through mobile clinics set up by Naandi – In-patient services provided by one base hospital with referrals to a network of specialized hospitals
Contractual Arrangements with HPs:	Memorandum of Understanding with main referral hospitals Informal agreements with other referral hospitals and individual physicians/specialist
Number of Associated HPs:	Five main specialized hospitals - Some 12 private hospitals through formal agreements or intervention of individual physicians
Financial Advantages Provided by HPs:	Discounts on specialized interventions - free meals for accompanying parents of a sick child during hospitalization period
Non Financial Advantages Provided to Insured:	Linked with education, sanitation and nutrition (mid-day meal) programmes
Scope of Health Benefits:	Broad: Primary, secondary and tertiary
Level of Health Benefits:	High: No ceilings applied on health benefits
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Mobile school clinics, direct access to OPD services – direct referral to base hospital and other network hospitals
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	0%
Renewal Rate:	100%

## 8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Michael & Susan Dell Foundation
Direct Subsidy:	Yes. Co-contribution collected through formal arrangements with the corporate sector
Indirect Subsidy:	Yes – support to some administration costs
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-
Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	-
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Weak awareness of plan benefits among families - Children above 14 dropping out of the system and left with no health protection
Enrolment Modalities:	Lack of ownership due to absence of family contribution
Service Delivery:	-
Management:	Need for a comprehensive data base allowing for regular analysis of trends in terms of services and costs
Financing:	Absence of government's contribution
Sustainability:	-

## 11. Development Perspectives

Enrolment:	Development of awareness campaigns
Service Delivery:	-
Coverage:	Negotiations with Ministry of health under way
Management:	Setting up of a strong information system
Extension:	Negotiations to be developed with insurance companies
Replication:	Scheme already replicated in Udaipur with a 50% financial contribution provided by the Government of Rajasthan – similar replication projects under discussion with other states

## 12. Contact Details

Contact Persons:	Ms. Chitra Jayanty, Vice President, Naandi Foundation Ms. Rohini Mukherjee, Manager, Naandi Foundation
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Website:	<a href="http://www.naandi.org">www.naandi.org</a>

## 58. NAANDI FOUNDATION – UDAIPUR

### 1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2007
Risk Coverage:	Health care
Target Group:	Young children enlisted in public schools (6-14 years)
Rural/Urban:	Urban
Outreach:	City of Udaipur
Total Number of Insured:	44,000
Potential Target:	100,000
Micro-Finance Linkage:	No
Insurance Co. Linkage:	No



Rajasthan

### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	In – House
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary/automatic
Insured Unit:	Individual / Family	Individual
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Easy Payment Mech.
Subsidy to the Scheme:	Direct / Indirect	Both

#### Health

Scope of Health Benefits:	Limited / Broad	Broad
Level of Health Benefits:	Low / High	High
Tie-up with Health Facilities:	Private / Public	Private
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Cashless

### 3. The Organization

Naandi Foundation is an autonomous, not-for-profit organization dedicated to changing lives of the under-served populations in India through public-private partnerships. Set up in 1998, Naandi's mission is to create innovative alliances aiming to improve the quality of life of marginalised communities such as farmers, tribals and children. Under the banner of Child Rights, Naandi, in partnership with the state government of Andhra Pradesh has been providing quality education and nutrition to the states' school children. Initiated in 1992 with 10 schools, these interventions were progressively extended to 289 schools in the city of Hyderabad

During the course of its education programme targeting 6-14 years-old children. Naandi observed frequent absenteeism and a general low-energy index among children. This was due to general ill health and lack of efficient treatment for the children who primarily came from lower socio-economic backgrounds.

The general ill health of school children undermined the efficacy of Naandi's education initiatives to a great extent. It became imperative then, to ensure that health needs of children were attended for before they could be regular at school. Furthermore, the failure of the state sponsored health programme had left nothing for these children to turn to when in need of health care. This convinced Naandi that these children warranted special attention to their health and nutritional status combined with access to education

Naandi first addressed the preventive and promotive aspects of health, providing a new face to the government school buildings, ensuring access to safe drinking water and clean toilets, introducing first aid kits and forming school health clubs. It soon became clear that these efforts had to be expanded to curative services since a huge number of children were found suffering from acute and chronic conditions, while being too poor to access quality medical care.

With a view to provide health coverage for under-privileged children, Naandi embarked in a broad multi-partnership strategy involving the state government, corporates, civil society organizations and health providers. Through active interactions and networking with all stakeholders, Naandi could design a unique and replicable pre-insurance model for delivery of comprehensive healthcare services that could underwrite health care expenditures from common cold to cardiac surgery.

While all other health insurance schemes operating in India only provide a very sketchy coverage of diseases while applying harsh limitations on the various types of health services, Naandi's model stands alone in being all-inclusive (not barring the entry to children living with HIV) and has no restrictions nor limitations.

The programme succeeded to bring together the corporate sector, their employees and civil society members to provide regular contributions resulting in the availability of free, quality health services for disadvantaged children while reducing indebtedness of families due to child illnesses to zero.

The successful implementation of this new health insurance model in Hyderabad allowed Naandi to tie up with the State Government of Rajasthan for a replication in the City of Udaipur, which could benefit from direct and indirect support from the State Government.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Naandi School Health Programme
Starting Date:	2007
Duration of Insurance Plan:	1 year
Insurance Year:	February to January
Management Responsibility:	Naandi Foundation
Organization Structure:	Schoolchild Healthcare Plan: Public-Private Partnership – a joint initiative by Naandi, NICE Foundation, Government of Rajasthan and various corporates
Risk Coverage:	Health Care (primary, secondary, tertiary)
Registration:	Part of the regular interventions of the organization
Rural/Urban:	Urban
Outreach:	222 public schools operating in Udaipur city
Target Group:	Poor young children enlisted in public schools – Classes I to VII (6 to 14 years old)
Staff Working for the Scheme:	Involvement of Naandi Foundation staff (programme and administration)

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary/automatic
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Age Limitations:	Yes – Scheme restricted to children enlisted in specific classes
Insurance Unit:	Individual
Number of Policyholders:	44,000
Number of Insured:	44,000
Percentage of Women:	55% girls
Potential Target:	100,000
Penetration Rate:	44%

#### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007 – 2008	44,000	-

## 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No contribution from insured/families – premium cost-sharing mechanism with the State Government
Schedule of Contributions:	Yearly
Membership Identification:	Individual membership card with photo identification proof
Waiting Period:	No
Changes in Contributions over Time:	Not applicable (new scheme)
Changes in Benefits over Time:	Not applicable

Benefits	Contributions	Number of Insured
<u>Health care:</u> Full range of health care covered: <ul style="list-style-type: none"> <li>Primary level services are through 28 OP clinics in Nodal Schools. Including six mobile OP clinics with weekly ophthalmic and dental services and access to essential medicines</li> <li>Secondary level care through base hospital with 12 general beds and ICU (7 beds) and emergency pediatric OPD available 24/7</li> <li>Tertiary level services provided through a network of private health providers specialized in diagnostic laboratory test, cardiac problems, orthopaedic, dentistry and</li> <li>Surgical interventions extended to corrective, cosmetic and dental surgery</li> </ul>	Rs. 180 per child per year (50% paid by State Government)	44,000

#### Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2007 – 2008	44,000	8,030,000

## Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2007 – 2008	<p>Over a first two-month period:</p> <p><u>School level</u></p> <ul style="list-style-type: none"> <li>- Total of 8,860 children accessed genral OP services</li> <li>- Total of 776 children accessed eye OP services</li> <li>- Total of 609 children accessed dental OP services</li> </ul> <p><u>Hospital level</u></p> <ul style="list-style-type: none"> <li>- 1,256 OP cases</li> <li>- 32 hospital admissions</li> </ul> <p><u>Referrals to specialized hospitals</u></p> <p>3 cases</p>	-

## 7. Health Related Information

Prior Health Check-Up:	Rounds of health camps organized before the launching of the scheme: information on health programme, comprehensive health screening, enrolment and delivery of membership card
Exclusion Clauses:	No – Any prior disease/illness detected when organizing the health camps is being treated (including some HIV cases)
Co-Payment:	No
Service Payment Modality:	Cashless for all children covered by the scheme
Tie-up with Health Facilities:	OPD services provided trough mobile clinics set up by Naandi – In-patient services provided by one base hospital with referrals to a network of specialized hospitals
Contractual Arrangements with HPs:	Memorandum of Understanding with main referral hospitals Informal agreements with other referral hospitals and individual physicians/specialist
Number of Associated HPs:	Some 8 private hospitals through formal agreements or intervention of individual physicians
Financial Advantages Provided by HPs:	Discount on specialized interventions
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Broad: Primary, secondary and tertiary
Level of Health Benefits:	High: No ceilings applied on health benefits
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Mobile school clinics. direct access to OPD services – direct referral to base hospital and other network hospitals
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	0%
Renewal Rate:	Not applicable (new scheme)

## 8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Government of Rajasthan
Direct Subsidy:	Yes
	Co-contribution of Rs. 90 per child per year (Government of Rajasthan)
	Additional co-contribution collected through formal arrangements with the corporate sector
Indirect Subsidy:	Yes – Government of Rajasthan allocated a wing of one of a public hospital to serve as base hospital for the children
External Technical Assistance:	No

Nature of Technical Assistance:	-
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-
Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	-
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Weak awareness of plan benefits among families
Enrolment Modalities:	Lack of ownership due to absence of family contribution
Service Delivery:	-
Management:	Need for a comprehensive data base allowing for regular analysis of trends in terms of services and costs
Financing:	-
Sustainability:	-

## 11. Development Perspectives

Enrolment:	Development of awareness campaigns
Service Delivery:	-
Coverage:	-
Management:	-
Extension:	-
Replication:	Scheme already replicated in Jodhpur and discussions under way to replicate it in Bikaner

## 12. Contact Details

Contact Persons:	Ms. Chitra Jayanty, Vice President, Naandi Foundation Ms. Rohini Mukherjee, Manager, Naandi Foundation
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Website:	<a href="http://www.naandi.org">www.naandi.org</a>

## 59. NAANDI FOUNDATION – JODHPUR

### 1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2007
Risk Coverage:	Health care
Target Group:	Young children enlisted in public schools
Rural/Urban:	Urban
Outreach:	City of Jodhpur
Total Number of Insured:	70,000
Potential Target:	100,000
Micro-Finance Linkage:	No
Insurance Co. Linkage:	No



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	In – House
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary/automatic
Insured Unit:	Individual / Family	Individual
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Easy Payment Mech.
Subsidy to the Scheme:	Direct / Indirect	Both

#### Health

Scope of Health Benefits:	Limited / Broad	Broad
Level of Health Benefits:	Low / High	High
Tie-up with Health Facilities:	Private / Public	Private H.P.
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Cashless

### 3. The Organization

Naandi Foundation is an autonomous, not-for-profit organization dedicated to changing lives of the under-served populations in India through public-private partnerships. Set up in 1998, Naandi's mission is to create innovative alliances aiming to improve the quality of life of marginalised communities such as farmers, tribals and children. Under the banner of Child Rights, Naandi, in partnership with the state government of Andhra Pradesh has been providing quality education and nutrition to the states' school children. Initiated in 1992 with 10 schools, these interventions were progressively extended to 289 schools in the city of Hyderabad



During the course of its education programme targeting 6-14 years-old children. Naandi observed frequent absenteeism and a general low-energy index among children. This was due to general ill health and lack of efficient treatment for the children who primarily came from lower socio-economic backgrounds.

The general ill health of school children undermined the efficacy of Naandi's education initiatives to a great extent. It became imperative then, to ensure that health needs of children were attended for before they could be regular at school. Furthermore, the failure of the state sponsored health programme had left nothing for these children to turn to when in need of health care. This convinced Naandi that these children warranted special attention to their health and nutritional status combined with access to education

Naandi first addressed the preventive and promotive aspects of health, providing a new face to the government school buildings, ensuring access to safe drinking water and clean toilets, introducing first aid kits and forming school health clubs. It soon became clear that these efforts had to be expanded to curative services since a huge number of children were found suffering from acute and chronic conditions, while being too poor to access quality medical care.

With a view to provide health coverage for under-privileged children, Naandi embarked in a broad multi-partnership strategy involving the state government, corporates, civil society organizations and health providers. Through active interactions and networking with all stakeholders, Naandi could design a unique and replicable pre-insurance model for delivery of comprehensive healthcare services that could underwrite health care expenditures from common cold to cardiac surgery.

While all other health insurance schemes operating in India only provide a very sketchy coverage of diseases while applying harsh limitations on the various types of health services, Naandi's model stands alone in being all-inclusive (not barring the entry to children living with HIV) and has no restrictions nor limitations.

The programme operates through school based out-patient clinics set up in nodal government schools, a dedicated base hospital with round the clock in-patient department and a broad system of referrals to specialized and tertiary care hospitals.

The programme succeeded to bring together the corporate sector, their employees and civil society members to provide regular contributions resulting in the availability of free, quality health services for disadvantaged children while reducing indebtedness of families due to child illnesses to zero.

The successful implementation of this new health insurance model in Hyderabad allowed Naandi to tie up with the State Government of Rajasthan for a replication in the City of Jodhpur, which could benefit from direct and indirect support from the State Government.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Naandi School Health Programme
Starting Date:	July 2007
Duration of Insurance Plan:	1 year
Insurance Year:	July – June
Management Responsibility:	Naandi Foundation
Organization Structure:	Schoolchild Healthcare Plan: Public-Private Partnership – a joint initiative by Naandi, NICE Foundation, Government of Rajasthan and various corporates
Risk Coverage:	Health Care (primary, secondary, tertiary)
Registration:	Part of the regular interventions of the organization
Rural/Urban:	Urban
Outreach:	374 public schools operating in Jodhpur city
Target Group:	Poor young children enlisted in public schools – Classes I to XII (6 to 18 years old)
Staff Working for the Scheme:	Involvement of Naandi Foundation staff (programme and administration)

## 5. Policyholders and Insured

Type of Enrolment:	Voluntary / automatic
Age Limitations:	Yes. Scheme restricted to children enlisted in specific classes
Insurance Unit:	Individual
Number of Policyholders:	70,000
Number of Insured:	70,000
Percentage of Women:	-
Potential Target:	100,000
Penetration Rate:	70%

Evolution of Number of Insured		
Year	Number of Insured	Change (%)
2007 – 2008	70,000	-

## 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No contribution from insured/families –premium cost-sharing mechanism with the State Government
Schedule of Contributions:	Yearly
Membership Identification:	Individual membership card with photo identification proof
Waiting Period:	None
Changes in Contributions over Time:	Not applicable (new scheme)
Changes in Benefits over Time:	Not applicable

Benefits	Contributions	Number of Insured
<u>Health care:</u> Full range of health care covered: <ul style="list-style-type: none"> <li>Primary level services are through 28 OP clinics in Nodal Schools. Including six mobile OP clinics with weekly ophthalmic and dental services and access to essential medicines</li> <li>Secondary level care through bas hospital with 12 general beds and ICU (7 beds) and emergency pediatric OPD available 24/7</li> <li>Tertiary level services provided through a network of private health providers specialized in diagnostic laboratory test, cardiac problems, orthopaedic, dentistry and</li> <li>Surgical interventions extended to corrective, cosmetic and dental surgery</li> </ul>	Rs. 180 per child per year (50% paid by State Government)	70,000

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2007 – 2008	70,000	12,775,000
Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2007 – 2008	NA	NA

## 7. Health Related Information

Prior Health Check-Up:	Rounds of health camps organized before the launching of the scheme: information on health programme, comprehensive health screening, enrolment and delivery of membership card
Exclusion Clauses:	No – Any prior disease/illness detected when organizing the health camps is being treated (including some HIV cases)
Co-Payment:	No
Service Payment Modality:	Cashless for all children covered by the scheme
Tie-up with Health Facilities:	OPD services provided through mobile clinics set up by Naandi – In-patient services provided by one base hospital with referrals to a network of specialized hospitals
Contractual Arrangements with HPs:	Memorandum of Understanding with main referral hospitals Informal agreements with other referral hospitals and individual physicians/specialist
Number of Associated HPs:	Private hospitals through formal agreements or intervention of individual physicians
Financial Advantages Provided by HPs:	Discount on specialized interventions
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Broad: Primary, secondary and tertiary
Level of Health Benefits:	High: No ceilings applied on health benefits
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Mobile school clinics, direct access to OPD services – direct referral to base hospital and other network hospitals
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	0%
Renewal Rate:	Not applicable (new scheme)

## 8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Government of Rajasthan
Direct Subsidy:	Yes. Co-contribution of Rs. 90 per child per year (Government of Rajasthan) Additional co-contribution collected through formal arrangements with the corporate sector
Indirect Subsidy:	Yes. Government of Rajasthan: support to 100 % of capital expenditures with a maximum ceiling of Rs. 100 per child
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-
Use of Public Insurance Companies:	No

Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	-
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Weak awareness of plan benefits among families
Enrolment Modalities:	Lack of ownership due to absence of family contribution
Service Delivery:	-
Management:	Need for a comprehensive data base allowing for regular analysis of trends in terms of services and costs
Financing:	-
Sustainability:	-

## 11. Development Perspectives

Enrolment:	Development of awareness campaigns
Service Delivery:	-
Coverage:	-
Management:	Setting up of a strong information system
Extension:	
Replication:	Similar replication projects under discussion with other states

## 12. Contact Details

Contact Persons:	Ms. Chitra Jayanty, Vice President, Naandi Foundation Ms. Tarana Mendiratta, Sr. Program Officer, Naandi Foundation Ms. Rohini Mukherjee, Manager, Naandi Foundation
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## 60. NEW LIFE

### 1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	1995
Risk Coverage:	Health care
Target Group:	Informal economy groups
Rural/Urban:	Rural and urban
Outreach:	Five districts in Tamil Nadu
Total Number of Insured:	42,000
Potential Target:	75,000
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	Yes (Public)



Tamil Nadu

### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner – Agent
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Both
Insured Unit:	Individual / Family	Individual
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Easy Paym. Mech.
Subsidy to the Scheme:	Direct / Indirect	No Subsidy

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	Medium
Tie-up with Health Facilities:	Private / Public	Private
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	No Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Reimbursement

### 3. The Organization

New Life came into existence in the year 1993 with the help of philanthropists from various fields like agriculture, engineering, medicine, etc. The mission of New Life is to bring to mainstream the women who are far behind their counterparts in socio-economic status. New Life is registered under the Societies Registration Act. It is an organization with the governing board comprising of experienced and committed individuals. The basic focus of the organization is women empowerment through micro-finance and other developmental activities.

New Life works hand in hand with government agencies such as Tamil Nadu Corporation of Development of Women Limited – a government agency engaged in formation of women SHGs and Panchayat-level federations. It runs non-formal schools for the Child Labour Eradication and Rehabilitation (CHEERS) Collectorate, Tiruchirappalli while working for eradication of child labour and education of child workers. It also works in close collaboration with District Rural Development Agency (DRDA) SHGs for the provision of loans including a subsidy component to SHGs and training in marketing and sales for the promotion of women members' products.

The organization is member of various networks such as Women's India Association (WIA), Chennai, Low External Input and Sustainable Agriculture (LEISA), Trichy, and Sa-Dhan (The Association of Community Development Finance Institutions), New Delhi.

New Life formed youth clubs to encourage the youth to come together and participate in community development. Besides this the target children between the ages 6-18 are financially supported to continue their studies / undergo vocational training. The organization also initiated a special training programme for the prisoners in central prisons. They are given training on various income generation activities like poly bag sugarcane nursery, vermin-compost manufacturing, tailoring, etc. There is also a crèche for children of women prisoners and slum areas.

New Life also has a health programme for its members where they are provided with subsidized consultation by a physician on its board and a gynaecologist in obtaining the health card issued by the organization. In addition, health camps are organized in coordination with the leading physicians and hospitals through which people are given awareness on sexual infections, family planning, childcare, child psychology and legal rights.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Saranalaya Social Security Cover
Starting Date:	December 1995
Duration of Insurance Plan:	Annual
Insurance Year:	1 <sup>st</sup> April – 31 <sup>st</sup> March
Management Responsibility:	New Life
Organization Structure:	NGO
Risk Coverage:	Health care
Registration:	Not registered separately
Rural/Urban:	Rural and urban
Outreach:	5 rural districts, 14 municipal wards and 4 zones in two cities in Tamil Nadu
Target Group:	Occupation based informal economy groups
Staff Working for the Scheme:	35 women leaders (voluntary work)

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary for non-borrowers, compulsory for borrowers
Age limitations:	Age group 18 to 55 year-old
Insurance Unit:	Individual
Number of Policyholders:	42,000
Number of Insured:	42,000
Percentage of Women:	100%
Potential Target:	Above 75,000
Penetration Rate:	56%

#### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2006 – 2007	42,000	+ 135%

2005 – 2006	17,860	+ 62%
2004 – 2005	11,000	-

## 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Yes - Weekly payments
Schedule of Contributions:	Yearly
Membership Identification:	No
Waiting Period:	One month
Changes in Contributions over Time:	Increased
Changes in Benefits over Time:	Increased

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>Hospitalization expenses up to Rs. 10,000</li> <li>Rs. 20,000 cover in case of critical illness</li> </ul>	Rs. 85 per person per year Rs. 90 if critical illness cover is added to normal cover	42,000

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2006 – 2007	42,000	3,750,000
2005 – 2006	17,860	1,418,100
2004 – 2005	11,000	935,000

Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2006 – 2007	NA	NA
2005 – 2006	121	125,000
2004 – 2005	NA	NA

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Suicide, maternity, pregnancy-related illnesses
Co-Payment:	No
Service Payment Modality:	Reimbursement
Tie-up with Health Facilities:	Yes – Private
Contractual Arrangements with HPs:	Yes
Number of Associated HPs:	15 in Trichapalli Town
Financial Advantages Provided by HPs:	No
Non Financial Advantages Provided to Insured:	Quality health care services
Scope of Health Benefits:	Limited
Level of Health Benefits:	Medium
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	Family planning, health education, information sessions aimed at preventing sexual infections, periodical consultations organized with physicians applying special tariffs for women members

Claim Ratio Rejection Rates:	NA
Renewal Rate:	NA

## 8. Assistance to the Scheme

External Funding:	No
Origin of External Funding:	-
Direct Subsidy:	No
Indirect Subsidy:	No
External Technical Assistance:	Yes
Nature of Technical Assistance:	Management and advisory services
Member of Network Organization:	Asian Micro-Insurance Network (AMIN)

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	Yes
Changes of Private Companies:	Discontinued
Use of Public Insurance Companies:	Yes – New India Assurance Company
Changes of Public Companies:	Yes
Special Advantages Provided by Insurance Companies:	No
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Insurance product is not rural friendly
Enrolment Modalities:	Difficulty to reach remote villages
Service Delivery:	-
Management:	Credit staff manage additional insurance activities, no support to insurance activity
Financing:	Additional financing is needed in order to provide an appropriate level of social security to the poor
Sustainability:	Still a challenge

## 11. Development Perspectives

Enrolment:	Extend to rural (agricultural and non-agricultural) population, through women SHG networks
Service Delivery:	-
Management:	Improve management capacities at the NGO level
Extension:	Plans to extend to Kerala and Karnataka rural markets
Replication:	Possible replication in other parts of South India

## 12. Contact Details

Contact Persons:	Mr. C. Peter Rex Charly, Managing Director
Address:	Flat B, Kamban Street (2 <sup>nd</sup> Cross), Kumara Nagar Tiruchapalli – 620 017 Tamil Nadu
Telephone Number:	Cell: 0-93457 38860
Fax Number:	(0431) 2781860
E.Mail:	<a href="mailto:newfed@hotmail.com">newfed@hotmail.com</a>
Website:	<a href="http://www.newlifemfi.org">www.newlifemfi.org</a>



## 61. NIDAN

### 1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2003
Risk Coverage:	Health care, accidental death, life, assets
Target Group:	Poor households and communities
Rural/Urban:	Rural and urban
Outreach:	Bihar and three other States
Total Number of Insured:	21,460
Potential Target:	100,000
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	Yes (Private)



**Bihar + 3 States**

### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner – Agent
Type of Risk:	Single Risk / Risk Package	Risk Package
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Individual
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Up Front
Subsidy to the Scheme:	Direct / Indirect	No Subsidy

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	Low
Tie-up with Health Facilities:	Private / Public	Private
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	No Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Reimbursement

### 3. The Organization

NIDAN is a not-for-profit organization based in Patna, Bihar. The organization works into organizing the poor into Self help Groups, cooperatives and market committees for developmental activities. These are the basic building blocks upon which clusters are formed. A move is also being made to federate these Self Help Groups and cooperatives.

NIDAN uses these groups to link people with insurance programmes. Information is disseminated at cluster

meetings where all the Self Help Groups of a cluster participate to take up and decide upon common issues.

Since 2000, NIDAN has been offering various insurance products mainly to the women members of the Self Help Groups,

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	2
Name of the Scheme(s):	Social Security Programmes
Starting Date:	2000
Duration of Insurance Plan:	Annual
Insurance Year:	January – December
Management Responsibility:	NIDAN
Organization Structure:	NGO
Risk Coverage:	Health care, accidental death, disability, life, assets
Registration:	No separate registration
Rural/Urban:	Rural and urban
Outreach:	Bihar, Delhi, Rajasthan and Uttar Pradesh
Target Group:	Poor people working in the informal economy
Staff Working for the Scheme:	104

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	NA
Insurance Unit:	Individual
Number of Policyholders:	21,460
Number of Insured:	21,460
Percentage of Women:	71%
Potential Target:	100,000
Penetration Rate:	21%

##### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2006	21,460	+ 110%
2005	10,203	+ 77%
2004	5,736	-

#### 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Up front
Schedule of Contributions:	Yearly
Membership Identification:	Membership card
Waiting Period:	No
Changes in Contributions over Time:	Changes over time: premium was raised from Rs 100 to Rs. 125 in 2007
Changes in Benefits over Time:	Yes, once -

##### Scheme 1:

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>Hospitalization expenses up to Rs. 2,000</li> </ul>	Rs. 125 per person per year  Spouse: Rs. 100 per year	Total both schemes: 21,460 (disaggregated data not available)

<u>Accidental death:</u> <ul style="list-style-type: none"> <li>Rs. 40,000 in case of accidental death of member</li> <li>Rs. 25,000 in case of accidental death of spouse</li> </ul> <u>Life:</u> <ul style="list-style-type: none"> <li>Rs. 7,500 in case of natural death (member and spouse)</li> </ul> <u>Assets:</u> <ul style="list-style-type: none"> <li>House and assets: up to Rs. 10,000</li> </ul>		
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Scheme 2:

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>Hospitalization expenses up to Rs. 6,000</li> </ul> <u>Accidental death:</u> <ul style="list-style-type: none"> <li>Rs. 65,000 in case of accidental death (member)</li> <li>Rs. 50,000 in case of accidental death (spouse)</li> </ul> <u>Life:</u> <ul style="list-style-type: none"> <li>Rs. 20,000 in case of natural death (member and spouse)</li> </ul> <u>Disability:</u> <ul style="list-style-type: none"> <li>Rs. 50,000 in case of total permanent disability (member and spouse)</li> <li>Rs. 25,000 in case of permanent partial disability (member and spouse)</li> </ul> <u>Assets:</u> <ul style="list-style-type: none"> <li>House and assets: up to Rs. 20,000</li> </ul>	Rs. 225 per person per year  Spouse: Rs. 175 per year	Total both schemes: 21,460 (disaggregated data not available)

Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2006	21,460	2,196,680
2005	10,203	1,314,275
2004	5,736	820,423
2003		

Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2006	142	426,106
2005	319	1,355,158
2004	139	663,232
2003	30	600,000

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Disease developed in last 6 months not covered
Co-Payment:	No
Service Payment Modality:	Reimbursement
Tie-up with Health Facilities:	Yes – Private
Contractual Arrangements with HPs:	Yes
Number of Associated HPs:	17
Financial Advantages Provided by HPs:	No
Non Financial Advantages Provided to Insured:	Yes
Scope of Health Benefits:	Limited – hospitalization cover only
Level of Health Benefits:	Low – up to Rs. 2,000 only (scheme 1)
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	Members are linked to various government and non-government health programmes including immunization, family planning, nutrition, ANC, PNC, TB treatment...
Claim Ratio Rejection Rates:	NA
Renewal Rate:	72%

## 8. Assistance to the Scheme

External Funding:	No
Origin of External Funding:	-
Direct Subsidy:	No
Indirect Subsidy:	No
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	Member of Sa-Dhan

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	Yes – ICICI Lombard Insurance Company for the health and assets component
Changes of Private Companies:	No
Use of Public Insurance Companies:	Yes – LIC for the life insurance component
Changes of Public Companies:	Not recently
Special Advantages Provided by Insurance Companies:	No
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Difficulty to reach and communicate with the target population
Enrolment Modalities:	Low income groups find it difficult to contribute. Illiterate people find the paperwork difficult to handle

Service Delivery:	-
Management:	Commissions for implementing agencies (to be paid by insurance companies) never arrive on due time
Financing:	Stress on human and financial resources
Sustainability:	-

## 11. Development Perspectives

Enrolment:	Organize disadvantaged groups into SHGs and cooperatives
Service Delivery:	Include out-patient care in the insurance package
Management:	Time taken for claims clearance should be shortened - Enhanced managerial capacity of staff
Extension:	-
Replication:	-

## 12. Contact Details

Contact Persons:	Mr. Arbind Singh
Address:	Sudama Bhavan, Boring Road Patna – 800 001 Bihar
Telephone Number:	(0612) 2570705 / 2277589
Fax Number:	(0612) 2570705
E.Mail:	<a href="mailto:nidanpat@hotmail.com">nidanpat@hotmail.com</a>
Website:	-

## 62. ORGANIZATION FOR AWARENESS OF INTEGRATED SOCIAL SECURITY (OASIS)

### 1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2007
Risk Coverage:	Health care, accidental death
Target Group:	Poor people
Rural/Urban:	Rural
Outreach:	One District in Madhya Pradesh
Total Number of Insured:	2,500
Potential Target:	5,000
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	Yes (Public)



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner – Agent
Type of Risk:	Single Risk / Risk Package	Risk Package
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Both
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Easy Payment Mech.
Subsidy to the Scheme:	Direct / Indirect	Both

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	High
Tie-up with Health Facilities:	Private / Public	Private
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	No Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Reimbursement

### 3. The Organization

The Organization for Awareness of Integrated Social Security (OASIS) is a non-profit non-governmental organization working towards “Ensuring sustainable economical status for all” through a self-sustaining social security system. Former by prominent citizens, social workers, journalists and insurance professionals, it was registered under the Societies Act in March 2003.

The broad objective of the organization is to create a community-based social security system for people in rural areas for improving their livelihood and securing them financially from uncertainties of life and health and making provisions for old-age economic independence.

The social security model was so designed that the community contributes to its financial security from byproduct of non-discetionary expenditure, but not through tax, savings or cuts in spending. In other words, the members are not supposed to deposit any amount directly to the system. Rather, the members are linked to various service providers of their choice, who will offer a fixed discount on all services taken. These accumulated discount amount forms the security towards health packagelike social insurance, health insurance, life insurance and disability insurance to the earning member, education support for the children and unemployment and retirement benefit.

This new social security model may therefore be called an expenditure based model relying on a broad solidarity movement developed in the entire village community. Tthe numerous service providers associated to the implementation of the scheme could be anyone from grocery shop owners, doctors, hospitals, clothes merchants, petrol or gas dealers, etc. The scheme also relies on the formation of Self Employed groups (SEGs) with the help of the SHGs, NGOs and other associations already involved in various development activities.

As a first step and in collaboration with NABARD and a public insurance company, OASIS launched in 2006 a pilot project in three villages of Betul District, providing a first social security package covering both health risks and accidental death to the targeted community.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Community Based Social Security System
Starting Date:	2006
Duration of Insurance Plan:	One year
Insurance Year:	NA
Management Responsibility:	OASIS
Organization Structure:	NGO
Risk Coverage:	Health care, acc idental death
Registration:	No separate registration
Rural/Urban:	Rural
Outreach:	Three villages of Betul District in Madhya Pradesh
Target Group:	Poor segments of the population
Staff Working for the Scheme:	1 Accountant + volunteers

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	No
Insurance Unit:	Family
Number of Policyholders:	500
Number of Insured:	2,500
Percentage of Women:	About 50%
Potential Target:	5,000
Penetration Rate:	50%

#### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007 – 2008	2,500	-

#### 6. Contributions and Benefits

Entrance Fee:	No
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Easy Payment Mechanisms:	Yes. Through the specific financing mechanism as well as through soft loans provided by the SHG groups
Schedule of Contributions:	Yearly
Membership Identification:	Yes. Personal Account for Social Security (PASS) and social security number
Waiting Period:	No
Changes in Contributions over Time:	Not applicable at this early stage
Changes in Benefits over Time:	Not applicable

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>Hospitalization expenses up to Rs. 30,000</li> <li>Compensation due to loss of earning at the rate of Rs. 50 per day up to a maximum of 15 days</li> </ul> <u>Accidental death:</u> <ul style="list-style-type: none"> <li>Rs. 25,000 in case of accidental death of the household head</li> </ul>	Premium rates: Rs. 365 for an individual Rs. 548 for a family of five Rs. 730 for a family of seven (includes a government subsidy)	2,500

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2007 – 2008	500	NA
Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2007 – 2008	NA	NA

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Standard exclusion clauses applied by public insurance companies + maternity protection
Co-Payment:	No
Service Payment Modality:	Reimbursement
Tie-up with Health Facilities:	Yes – Private
Contractual Arrangements with HPs:	Yes – Formal
Number of Associated HPs:	NA
Financial Advantages Provided by HPs:	Participation of some health providers in the special social security financing mechanism adopted by the scheme
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Limited (hospitalization expenses only)
Level of Health Benefits:	High (up to Rs. 30,000)
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	Not applicable
Renewal Rate:	Not applicable

## 8. Assistance to the Scheme



External Funding:	Yes
Origin of External Funding:	Central Government and NABARD
Direct Subsidy:	Yes. Central Government contribution towards the premium to be paid by BPL families: <ul style="list-style-type: none"> <li>o Rs. 100 for an individual</li> <li>o Rs. 200 for a family of five</li> <li>o Rs. 300 for a family of seven</li> </ul>
Indirect Subsidy:	Yes. Grant assistance to implement the pilot project. First instalment released in June 2006
External Technical Assistance:	Yes. Through a Project Implementation and Monitoring Committee comprising of representatives of NABARD and insurance company
Nature of Technical Assistance:	Technical advice
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-
Use of Public Insurance Companies:	Yes. New India Assurance Company
Changes of Public Companies:	No
Special Advantages Provided by Insurance Companies:	-
Re-Insurance:	No

## 10. Problems and Constraints (Not Applicable at this Early Stage)

Plan Distribution:	-
Enrolment Modalities:	-
Service Delivery:	-
Management:	-
Financing:	-
Sustainability:	-

## 11. Development Perspectives (Not Applicable at this Early Stage)

Enrolment:	-
Service Delivery:	-
Management:	-
Extension:	-
Replication:	-

## 12. Contact Details

Contact Persons:	-
Address:	New India Assurance Company New India Assurance Building, 87, M.G.Road, Fort Mumbai – 400 001 Maharashtra
Telephone Number:	(022) 2267 4617
Fax Number:	-
E.Mail:	-
Website:	-

## 63. ORGANIZATION FOR DEVELOPMENT OF PEOPLE (ODP)

### 1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	1993
Risk Coverage:	Health care, accidental death, disability
Target Group:	Women SHG members
Rural/Urban:	Rural
Outreach:	Selected districts in Karnataka
Total Number of Insured:	2,274
Potential Target:	6,250
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	Yes (Public)



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner – Agent
Type of Risk:	Single Risk / Risk Package	Risk Package
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Individual
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Easy Paym. Mech.
Subsidy to the Scheme:	Direct / Indirect	No Subsidy

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	Low
Tie-up with Health Facilities:	Private / Public	No Tie Up
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	No Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Reimbursement

### 3. The Organization

The Organization for Development of People (ODP) is a not-for-profit organization established in 1981 and based in Karnataka.

ODP's work is currently focusing on women and other marginalized groups belonging to lower strata of society and who are economically disempowered. It has about 100 women Sabghas (groups) with a membership base of around 3,130 women in selected rural districts,

ODP initiated a health and personal accident insurance scheme for its Sangha members in 1993.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	ODP Health Nalathittam Scheme
Starting Date:	1993
Duration of Insurance Plan:	Annual
Insurance Year:	NA
Management Responsibility:	Organization for Development of People
Organization Structure:	NGO
Risk Coverage:	Health care, accidental death, disability
Registration:	Not registered separately
Rural/Urban:	Rural
Outreach:	Selected districts in Karnataka
Target Group:	Sangha of women SHGs and their spouses
Staff Working for the Scheme:	NA

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age limitations:	Yes – Age group of 18 to 50 years
Insurance Unit:	Couple
Number of Policyholders:	1,137
Number of Insured:	2,274
Percentage of Women:	50%
Potential Target:	6,250
Penetration Rate:	NA

##### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2006	2,274	

#### 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Premium Rs. 23.75 per head paid out by ODP's welfare fund and recovered at the rate of Rs. 2 per month
Schedule of Contributions:	Annual
Membership Identification:	Membership card
Waiting Period:	No
Changes in Contributions over Time:	No
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>Hospitalization expenses up to Rs. 2,500 per couple per year: <ul style="list-style-type: none"> <li>Rs. 50 hospital charges per day</li> <li>Up to Rs. 1,000 total hospital charges for one year</li> </ul> </li> </ul>	Rs. 23.75 per couple per year	2,274

- Up to Rs. 450 for surgeon and anaesthetist's fees
- Up to Rs. 300 for blood, oxygen, operation theatre and surgical appliances
- Up to Rs. 300 for diagnostic tests/materials and X-rays
- Up to Rs. 200 for attending doctors' consultants and/or specialists's fees
- Up to Rs. 250 for medicines and drugs

Accidental death:

- Rs. 10,000 in case of accidental death

Disability:

- Rs. 10,000 in the event of loss of two limbs or two eyes
- Rs. 5,000 in case of permanent total disability
- Rs. 2,000 in the event of a loss of one hand, foot, eye or hearing
- Rs. 4,000 in case of total and irrecoverable loss of use of hand or a foot without physical separation

Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2006	1,137	27,288

Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2006	NA	NA

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Pre-existing diseases and other standard exclusion clauses
Co-Payment:	No
Service Payment Modality:	Reimbursement
Tie-up with Health Facilities:	No
Contractual Arrangements with HPs:	No
Number of Associated HPs:	-
Financial Advantages Provided by HPs:	No
Non Financial Advantages Provided to Insured:	No

Scope of Health Benefits:	Limited
Level of Health Benefits:	Low
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	NA
Renewal Rate:	NA

## 8. Assistance to the Scheme

External Funding:	No
Origin of External Funding:	-
Direct Subsidy:	No
Indirect Subsidy:	No
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-
Use of Public Insurance Companies:	Yes – New India Assurance Company
Changes of Public Companies:	No
Special Advantages Provided by Insurance Companies:	None
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Weak understanding of insurance principles and mechanisms
Enrolment Modalities:	Drop-outs and delays in monthly instalments to be paid by members
Service Delivery:	-
Management:	-
Financing:	-
Sustainability:	-

## 11. Development Perspectives

Enrolment:	Enroll all members
Service Delivery:	Increase health benefits
Management:	Generate more excess money to the Sangha that could be allocated to the insurance scheme
Extension:	-
Replication:	-

## 12. Contact Details

Contact Persons:	Ms. Geeta Mitra
Address:	Pragati, Banimantap B. Layout Mysore – 570 015 Karnataka
Telephone Number:	(0821) 2494195 / 2491161
Fax Number:	
E.Mail:	<a href="mailto:odpmysor@sancharnet.in">odpmysor@sancharnet.in</a>
Website:	

## 64. PALMYRAH WORKERS DEVELOPMENT SOCIETY (PWDS)

### 1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2005
Risk Coverage:	Health care, accidental death, disability
Target Group:	Marginalized sections of the population
Rural/Urban:	Rural
Outreach:	9 districts in Tamil Nadu
Total Number of Insured:	1,014
Potential Target:	54,000
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	Yes (Public)



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner – Agent
Type of Risk:	Single Risk / Risk Package	Risk Package
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Individual
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Up Front
Subsidy to the Scheme:	Direct / Indirect	Indirect

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	Medium
Tie-up with Health Facilities:	Private / Public	No Tie Up
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	No Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Reimbursement

### 3. The Organization

Palmyrah Workers Development Society (PWDS) is a non-profit organization founded in 1977, offering development support services to sustain community initiatives. PWDS promotes and works with community based organizations and support service organizations aiming at “self-management and sustainability”. Its interventions aim at empowering the poor communities by building people’s organization; equipping them through awareness generation and skills training, linking with mainstream for sustenance, and influencing policies for scale and reach of the impact.

PWDS's main approach, MEALS, include the following steps: Motivate, equip, accompany, link and sustain. In this approach the community owns and manages all activities, while PWDS extends the needed support services, a process which emphasizes community ownership rather than community participation.

Initially, PWDS worked with Palmyrah tappers, but now its target group had been extended to cover all marginalized and disadvantaged groups of the society. Currently, PWDS coordinates six field projects, has promoted eleven support organizations with mainstream linkages, and works in 29 districts in Tamil Nadu through network programmes associating 54 NGOs as local partners.

In 2002, PWDS fielded a comprehensive health survey covering all the 1,748 SHGs supported by its programme. The main objectives of this survey were the following:

- To identify the prevailing diseases in the target community
- To assess the medical expenses incurred by the families and identify the sources of funding to meet them
- To assess the willingness to pay for a health micro-insurance scheme

The main findings of the survey were as follows:

- Average incidence rate was found to be 1.7%
- Average hospitalization expenses was Rs. 2,092 per person per year
- 44% of surveyed persons were willing to contribute an average amount of Rs. 20 per month towards a health insurance cover

PWDS prepared a concept note based on these findings and started negotiating a customized product with various insurance companies. Seven insurance companies responded to the call and submitted different products. In March 2005, PWDS finalized the package with New India Assurance Company. The salient features of this customization process included the following:

- The modified standard cover was extended to seven members per family
- A pamphlet was printed, mentioning the list of 42 diseases covered by the family
- For hospitalization expenses, only the upper ceiling was mentioned – no sub category limit (room rent, surgeon's fee...) was mentioned
- Hospitals were identified for inclusion in the approved hospitals list
- All the claims forms were translated into vernacular language
- All claims had to be paid to CBOs instead of the individual members as they would face some difficulty in encashing of their cheques

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	NEERA Micro Insurance Scheme
Starting Date:	March 2005
Duration of Insurance Plan:	One year
Insurance Year:	Not fixed – enrolment can occur any time of the year
Management Responsibility:	Palmyrah Workers development Society (PWDS)
Organization Structure:	NGO
Risk Coverage:	Health care, accidental death, disability
Registration:	No separate registration
Rural/Urban:	Rural
Outreach:	9 districts – 40 blocks and 1,108 villages
Target Group:	Palmyrah tappers and other marginalized sections of society
Staff Working for the Scheme:	No – using NGO partners staff dealing with micro-finance activities

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
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Age Limitations:	No age bar for young infants (0 – 3 months of age), but upper age limitation: from 0 to 65 years
Insurance Unit:	Individual and family
Number of Policyholders:	1,014
Number of Insured:	1,014
Percentage of Women:	31% (children accounting for 43% of total insured)
Potential Target:	54,000 members into SHGs – total of 221,000 potential population insured
Penetration Rate:	At its peak: 15% At present: insignificant

Evolution of Number of Insured		
Year	Number of Insured	Change (%)
2007 – 2008 (up to Sept 07)	1,014	-
2006 – 2007	4,163	-
2005 – 2006	20,648	+
2004 – 2005	1,154	-

## 6. Contributions and Benefits

Entrance Fee:	None
Easy Payment Mechanisms:	No
Schedule of Contributions:	Yearly
Membership Identification:	Membership card
Waiting Period:	Operations not covered during the first year
Changes in Contributions over Time:	No
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured																																								
<u>Health care:</u> <ul style="list-style-type: none"><li>Hospitalization expenses (related to 42 listed diseases) up to Rs. 20,000 per person/family per year</li></ul>	Varies according to age (Including Service Tax): <table><tr><th>N° Ins.</th><th>0-35</th><th>36-45</th><th>46-55</th><th>56-65</th></tr><tr><td>1</td><td>287</td><td>309</td><td>430</td><td>488</td></tr><tr><td>2</td><td>315</td><td>340</td><td>472</td><td>537</td></tr><tr><td>3</td><td>342</td><td>367</td><td>513</td><td>583</td></tr><tr><td>4</td><td>368</td><td>395</td><td>552</td><td>630</td></tr><tr><td>5</td><td>393</td><td>423</td><td>593</td><td>676</td></tr><tr><td>6</td><td>419</td><td>41</td><td>633</td><td>720</td></tr><tr><td>7</td><td>443</td><td>479</td><td>672</td><td>766</td></tr></table>	N° Ins.	0-35	36-45	46-55	56-65	1	287	309	430	488	2	315	340	472	537	3	342	367	513	583	4	368	395	552	630	5	393	423	593	676	6	419	41	633	720	7	443	479	672	766	1,014
N° Ins.	0-35	36-45	46-55	56-65																																						
1	287	309	430	488																																						
2	315	340	472	537																																						
3	342	367	513	583																																						
4	368	395	552	630																																						
5	393	423	593	676																																						
6	419	41	633	720																																						
7	443	479	672	766																																						
<u>Accidental death:</u> <ul style="list-style-type: none"><li>Rs. 50,000 in case of accidental death of prime insured or spouse</li></ul>																																										
<u>Disability:</u> <ul style="list-style-type: none"><li>Rs. 50,000 in case of total disability due to accident</li><li>Rs. 25,000 in case of partial permanent disability – loss of one hand/leg/eye</li></ul>																																										
<u>Girl child wedding benefit:</u> <ul style="list-style-type: none"><li>In case of accidental death of the prime insured, girl child will get Rs. 5,000 for her marriage – upon reaching 18</li></ul>																																										



years of age		
Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2007 – 2008	1,014	Total premium collected since starting of the scheme: Rs. 2,864,000
2006 – 2007	4,163	
2005 – 2006	20,648	
2004 – 2005	1.154	
Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2004 – 2008	Total of 693 claims since the scheme was started	Total pay-out since starting of the scheme: Rs. 1,401,000

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Pre-existing diseases, dental surgery and child birth not covered
Co-Payment:	No
Service Payment Modality:	Reimbursement
Tie-up with Health Facilities:	No
Contractual Arrangements with HPs:	-
Number of Associated HPs:	No
Financial Advantages Provided by HPs:	-
Non Financial Advantages Provided to Insured:	-
Scope of Health Benefits:	Limited
Level of Health Benefits:	Medium (up to Rs. 20,000)
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	16% on average
Renewal Rate:	14% on average

## 8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Various sources
Direct Subsidy:	No
Indirect Subsidy:	Yes. Preliminary studies, negotiations with insurance company and support to promotion of insurance plan
External Technical Assistance:	Yes
Nature of Technical Assistance:	Technical advice and training support provided to partner NGOs
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-
Use of Public Insurance Companies:	Yes – New India Assurance Company

Changes of Public Companies:	No
Special Advantages Provided by Insurance Companies:	No
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Poor communication and understanding of the scheme among NGO partners and members
Enrolment Modalities:	Some NGO partners had difficulties convincing people to join and decided to leave the scheme
Service Delivery:	Low claims incidence ratio: 1.2% Some hospitals raised the tariffs they applied to people insured by the scheme
Management:	Low claims ratio: 49% Long claims settlement period: 71% claims take more than 3 months to be settled
Financing:	No administration fee paid by the insurance company to the scheme
Sustainability:	-

## 11. Development Perspectives

Enrolment:	Need to redefine the insurance product Use of new technologies to ensure better insurance education and broader enrolment
Service Delivery:	Introduction of a co-payment mechanism
Management:	Increase administration fees to be paid by the insurance company to NGOs/CBOs operating at the grassroots level Set up SUMI (Special Unit for Micro-Insurance)
Extension:	Advocacy for policy support
Replication:	-

## 12. Contact Details

Contact Persons:	Mr. D.T. Reji Chandra, Director
Address:	11, Kennet Cross Road, New Ellis Nagar Madurai – 625 010 Tamil Nadu
Telephone Number:	(0452) 2603652 / 2602824
Fax Number:	(0452) 2300369
E.Mail:	<a href="mailto:datapwds@eth.net">datapwds@eth.net</a>
Website:	

## 65. PEOPLE'S RURAL EDUCATION PROGRAMME (PREM)

### 1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2003
Risk Coverage:	Health care
Target Group:	Poor tribals
Rural/Urban:	Rural
Outreach:	Two districts in Orissa
Total Number of Insured:	150,000
Potential Target:	500,000
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	No



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	In - House
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Automatic
Insured Unit:	Individual / Family	Individual
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Both
Subsidy to the Scheme:	Direct / Indirect	Both

#### Health

Scope of Health Benefits:	Limited / Broad	Broad
Level of Health Benefits:	Low / High	Low
Tie-up with Health Facilities:	Private / Public	Both
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Pre-Authorization
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Cashless

### 3. The Organization

People's Rural Education Movement (PREM) started as a comprehensive development project implemented at the community level with the support of the NGO called Plan International (India). Targeting the poor tribal population in the southern part of Orissa, it aimed primarily to assist women SHGs to address their main development issues such as health, education and income generating activities, through a network of community-based micro-finance activities.

Health became quickly PREM's main concern as in all projects' areas, health problems such as: malaria, diarrhoea and water borne diseases were reaching alarming heights. A special health care programme was set up in order to develop malaria prevention and control, to promote early childhood care and safe motherhood, and to provide, through a social protection component, assistance to members in need of health care services provided at both the local and district level.

The service-oriented approach regarding health care and social protection assistance had to be transformed to become fully sustainable over time. The whole programme was thus redesigned and reorganized in 2003 with the active participation of the community.

The new health promotion scheme, based on the solidarity motto "One for all and all for one", transferred the responsibilities at the community level and set up a new micro-insurance mechanism where regular contributions from all members could progressively substitute to external funding.

The new insurance scheme covers both primary care services at the local level and hospitalization costs at referral centres at the district level. It includes the training of SHG volunteers to take care of health education and first aid and to maintain record at the village level, the setting up of village medicines depots, the engagement of nurses, and the intervention of contact persons to organize referral case at selected public hospitals which became partners of the scheme under contractual arrangements.

Initiated in 2003, the health insurance scheme, while relying on the active participation of the whole organized community already succeeded to enrol a significant number of people and now plans to expand its reach to the whole tribal population of the state.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	People's Rural Health Promotion Scheme
Starting Date:	2003
Duration of Insurance Plan:	One year
Insurance Year	January – December
Management Responsibility:	People's Rural Education programme (PREM)
Organization Structure:	Federation of CBOs – with local NGO partners
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Rural
Outreach:	Gapajati and Ganjam districts of Orissa
Target Group:	Tribal, Dalit and fishing communities
Staff Working for the Scheme:	NA

#### 5. Policyholders and Insured

Type of Enrolment:	En-bloc enrolment through agreements with village committees
Age limitations:	None
Insurance Unit:	Family
Number of Policyholders:	30,000
Number of Insured:	150,000
Percentage of Women:	About 50%
Potential Target:	500,000
Penetration Rate:	30%

##### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2008	150,000	+ 95%
2007	76,652	- 12%
2006	87,350	- 19%

2005	108,589	+ 41%
2004	76,980	-

## 6. Contributions and Benefits

Entrance Fee:	None
Easy Payment Mechanisms:	Yes – Access to health funds organized by some communities, soft loans
Schedule of Contributions:	Annual
Membership Identification:	Membership card
Waiting Period:	No
Changes in Contributions over Time:	Rs 20 per person per year to start off with. This increased to Rs 30 in 2007
Changes in Benefits over Time:	Benefit ceiling was first set at Rs. 3,200. This was raised to Rs. 3,600 in 2007

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>First level: VMD: Free OPD, 50% discount on medicines</li> <li>Secondary level: PHCs, CHCs, area hospitals: Treatment of any disease up to Rs. 3,600</li> <li>Tertiary level: Medical College and Private Hospitals: Treatment of any disease up to Rs. 3,600</li> </ul>	Rs. 30 per person per year	150,000

### Evolution of Contributions:

Year	Number of Contributors	Amount in Rs
2008	150,000	4,500,000
2007	76,652	1,533,040
2006	87,350	2,171,780
2005	108,589	1,250,068
2004	76,980	1,539,598

### Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2007	12,325	1,915,156
2006		
2005	3,391	1,733,346

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	No
Co-Payment:	Yes – 50% at primary level (VMD)
Service Payment Modality:	Mostly cashless with some cases of reimbursement
Tie-up with Health Facilities:	Yes – with public facilities and private health providers
Contractual Arrangements with HPs:	No
Number of Associated HPs:	500 Village medical Depots + 21 health facilities including PHC, CHC, District Hospitals, Medical College and Mission Hospitals

Financial Advantages Provided by HPs:	Discounts provided by some private health facilities
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Broad
Level of Health Benefits:	Low
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access at primary level with referral to higher level
Other Health Related Activities:	Health awareness and education campaigns, parallel implementation of health campaigns against tuberculosis, HIV/AIDS..., etc.
Claim Ratio Rejection Rates:	NA
Renewal Rate:	

## 8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	PLAN reimbursed claim costs on a progressively declining basis from years 1-3, while the amount collected as premium from the communities accumulated was invested in bonds – interests yielded used for seed money
Direct Subsidy:	Yes – through seed money and yearly supply to VMDs
Indirect Subsidy:	Yes – To management and training support
External Technical Assistance:	Yes – Some technical advice provided by PLAN
Nature of Technical Assistance:	Technical advice, monitoring and evaluation activities developed by PLAN
Member of Network Organization:	Member of the Communities-Led Association for Social Security (CLASS)

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-
Use of Public Insurance Companies:	Yes, on a trial basis, before launching the present scheme
Changes of Public Companies:	Discontinued due to high claim rejection ratio
Special Advantages Provided by Insurance Companies:	-
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	-
Enrolment Modalities:	-
Service Delivery:	Poor quality of services provided by some public health providers
Management:	Still weak Management Information System and monitoring and reporting systems
Financing:	-
Sustainability:	More efforts are needed to achieve full financial sustainability

## 11. Development Perspectives

Enrolment:	-
Service Delivery:	Formalize contractual arrangements with health providers – further develop the stock of medicines available at the village level
Coverage:	Extend the coverage to some 500,000

Management:	Organize the full transfer of management responsibilities to the CBOs' Apex organization, adopt and implement the Syslift programme to i – Negotiate a co-contribution mechmanagement programme developed by Uplift India Assocaitaion
Extension:	Negotiate a co-contribution mechanism with the State Government, extend the interventions to other districts
Replication:	-

## 12. Contact Details

Contact Persons:	Mr. Jacob Thundyl, Director Mr. Tripathi Mishra, Prgramme Coordinator
Address:	Mandiapalli, Rangailunda, Bhanja Vihar, Ganjan District Berhampur – 706 007 Orissa
Telephone Number:	(0680) 2242266 / 2204338
Fax Number:	(0680) 2242401 / 2203523
E.Mail:	<a href="mailto:Premoffice_1@sify.com">Premoffice_1@sify.com</a> <a href="mailto:tripatimishra@rediffmail.com">tripatimishra@rediffmail.com</a>
Website:	<a href="http://www.prem.org.in">www.prem.org.in</a>

## 66. PRAGATHI GRAMIN BANK/CHITRADURGA UNIT (PGB/CU)

### 1. The Scheme at a Glance

Ownership Profile:	CBO
Starting Date:	2004
Risk Coverage:	Health care
Target Group:	Cooperative members
Rural/Urban:	Rural
Outreach:	Two districts in Karnataka
Total Number of Insured:	11,320
Potential Target:	40,000
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	Yes (Public)



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner – Agent
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Individual
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Up Front
Subsidy to the Scheme:	Direct / Indirect	No Subsidy

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	Medium
Tie-up with Health Facilities:	Private / Public	No Tie Up
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	No Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Reimbursement

### 3. The Organization

Pragathi Grameen Bank, Chitradurga Unit (PGB/CU) is sponsored by Canara Bank with its head office at Chitradurga, a district about 180 kms north of Bangalore in Karnataka. PGB/CU was established in August 1981 and presently operates in the two districts of Chitradurga and Devangiri, covering 9 blocks through its 91 branches.

In 2004, PFB/CU initiated a micro-insurance scheme to cover its members.



#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Sangha Kshema Vima Yojana (SKVY)
Starting Date:	2004
Duration of Insurance Plan:	One year
Insurance Year:	January to December
Management Responsibility:	Praghati Gramin Bank (PGB)
Organization Structure:	Rural Bank
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Rural
Outreach:	79 branches of the Bank across Chitradurga and Devangiri districts of Karnatak
Target Group:	SHGs associated with the Bank's branches
Staff Working for the Scheme:	NA

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	NA
Insurance Unit:	Individual
Number of Policyholders:	11,320
Number of Insured:	11,320
Percentage of Women:	About 50%
Potential Target:	40,000
Penetration Rate:	27%

##### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2006	11,320	

#### 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No – up front payment
Schedule of Contributions:	Yearly
Membership Identification:	Member card
Waiting Period:	No
Changes in Contributions over Time:	No
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>Hospitalization expenses up to Rs. 10,000 per member on a floater basis for member, spouse and first two children</li> </ul>	Rs 100 per person per year	11,320

##### Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2006	11,320	1,132,000

##### Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2006	337	642,000

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Standard exclusions applying to health insurance schemes offered by public insurance companies
Co-Payment:	No
Service Payment Modality:	Reimbursement
Tie-up with Health Facilities:	No
Contractual Arrangements with HPs:	-
Number of Associated HPs:	-
Financial Advantages Provided by HPs:	-
Non Financial Advantages Provided to Insured:	-
Scope of Health Benefits:	Limited – hospitalization cover only
Level of Health Benefits:	Medium – up to Rs. 10,000
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	NA
Renewal Rate:	NA

## 8. Assistance to the Scheme

External Funding:	No
Origin of External Funding:	-
Direct Subsidy:	No
Indirect Subsidy:	No
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-
Use of Public Insurance Companies:	Yes – National Insurance Company
Changes of Public Companies:	No
Special Advantages Provided by Insurance Companies:	No
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Lack of awareness on Insurance mechanisms among SHG members
Enrolment Modalities:	-
Service Delivery:	-
Management:	-
Financing:	-
Sustainability:	-

## 11. Development Perspectives

Enrolment:	-
Service Delivery:	-
Management:	-
Extension:	-
Replication:	-

## 12. Contact Details

Contact Persons:	-
Address:	Praghati Gramin Bank, Chitradurga district Karnataka
Telephone Number:	-
Fax Number:	-
E.Mail:	-
Website:	-

## 67. PRAGATI

### 1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2006
Risk Coverage:	Health care
Target Group:	Poorest segments of the population
Rural/Urban:	Rural
Outreach:	1 District in Orissa
Total Number of Insured:	800
Potential Target:	5,000
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	No



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	In – House
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Individual
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Easy Payment Mech.
Subsidy to the Scheme:	Direct / Indirect	No Subsidy

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	Low
Tie-up with Health Facilities:	Private / Public	No Tie Up
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Cashless

### 3. The Organization

Pragati is a non-governmental organization involved in various development activities in select wards in rural Orissa. Its activities aim at improving the living and working conditions of poor communities, based on their own felt needs and priorities.

Pragati started work as a catalyst and support organization for poor communities for their own development based on gender equality. It promotes grassroots level people's organizations to look after thrift, credit,

micro-enterprise, health, education and other social needs of the whole community.

In 2006, the organization initiated a health insurance initiative aiming to allow for the availability of basic medicines.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Health Insurance Scheme
Starting Date:	January 2006
Duration of Insurance Plan:	One year
Insurance Year:	February to January
Management Responsibility:	Pragati
Organization Structure:	NGO. Part of the regular on-going activities of the organization
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Rural
Outreach:	One District in Orissa
Target Group:	Poorest segments of the rural population
Staff Working for the Scheme:	No full-time staff

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	No
Insurance Unit:	Individual
Number of Policyholders:	800
Number of Insured:	800
Percentage of Women:	About 60%
Potential Target:	5,000
Penetration Rate:	16%

##### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007 – 2008	800	NA
2006 – 2007	NA	-

#### 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Yes. Through SHG savings and loans
Schedule of Contributions:	Yearly
Membership Identification:	Membership card
Waiting Period:	No
Changes in Contributions over Time:	No
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>Access to medicines up to the sum insured</li> </ul>	Rs. 25 per person per year for a sum insured of Rs. 150 Rs. 50 per person per year for a sum insured of Rs. 300 Rs. 100 per person per year for a sum insured of Rs. 600	800

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2007 – 2008	800	NA
2006 – 2007	NA	NA
Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2007 – 2008	NA	NA
2006 – 2007	NA	NA

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	No
Co-Payment:	No
Service Payment Modality:	Cashless
Tie-up with Health Facilities:	No. Except with some pharmaceutical companies
Contractual Arrangements with HPs:	-
Number of Associated HPs:	-
Financial Advantages Provided by HPs:	Discounts on bulk purchase of medicines
Non Financial Advantages Provided to Insured:	-
Scope of Health Benefits:	Limited (access to medicines only)
Level of Health Benefits:	Low
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	Not applicable
Renewal Rate:	NA

## 8. Assistance to the Scheme

External Funding:	No
Origin of External Funding:	-
Direct Subsidy:	No
Indirect Subsidy:	No
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-
Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	-
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Limited understanding of insurance
Enrolment Modalities:	Slow enrolment process

Service Delivery:	-
Management:	-
Financing:	-
Sustainability:	-

## 11. Development Perspectives

Enrolment:	-
Service Delivery:	-
Management:	-
Extension:	-
Replication:	-

## 12. Contact Details

Contact Persons:	Mr. Rajendra Kumar Behera, Secretary
Address:	Sambhalpur Orissa
Telephone Number:	-
Fax Number:	-
E.Mail:	<a href="mailto:beherarajendrakumar@yahoo.com">beherarajendrakumar@yahoo.com</a>
Website:	-

## 68. RAIGARH AMBIKAPUR HEALTH ASSOCIATION (RAHA)

### 1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	1980
Risk Coverage:	Health care
Target Group:	Tribal communities
Rural/Urban:	Rural
Outreach:	Four districts in Chhattisgarh
Total Number of Insured:	89,000
Potential Target:	500,000
Micro-Finance Linkage:	No
Insurance Co. Linkage:	No



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	In - House
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Individual
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Easy Payment Mech.
Subsidy to the Scheme:	Direct / Indirect	Both

#### Health

Scope of Health Benefits:	Limited / Broad	Broad
Level of Health Benefits:	Low / High	Low
Tie-up with Health Facilities:	Private / Public	Own Health Facil.
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Referral
Co-Payment:	Yes / No	Yes
Payment Modality:	Cashless / Reimbursement	Cashless

### 3. The Organization

Raigarh Ambikapur Health Association (RAHA) was formed in 1969 by the Catholic Church in an effort to encourage the tribal people who inhabited the remote and isolated villages in Chhattisgarh to address their own health concerns. Belonging to the Oraon, Kwar, Gond and Kural tribes, these people live in a state of complete isolation where very few schools and government-run primary centres exist. To reach a hospital or a school and avail of services is one of the biggest challenges for these people as they are not only far away but also very few.



The locals therefore depend on their village doctor to address their immediate health needs. However, the doctor can offer little assistance against life-threatening diseases and situations. It was in this scenario that RAHA stepped in to bridge the gap.

As a people's organization, RAHA believes in working in the tribal areas with full participation of community and in nurturing local leadership for ensuring sustainability of its programme. RAHA's Executive Director works with the health and development coordinators, assisted by a strong team of nurses from different congregations. The grassroots level workers comprising of a cluster of village health workers, traditional birth attendants and school health guides are members of the core team.

RAHA's present outreach is spread over 41 blocks in four districts covering some 4 million people regrouped in 2,000 villages. The existing 91 rural health centres (RHC) provide both curative as well as preventive health care services to the tribal population. But given the low economic status of the people and the additional expenses incurred to reach these centres, most of the tribals shied away. Under these circumstances, RAHA decided to start work on providing a community based medical insurance scheme to subsidise the medical given to the most needy persons.

Set up as early as 1980, the health insurance scheme aimed at improving affordability and accessibility of primary, secondary and tertiary health care, while encouraging people to be a caring community – "I am my brother's keeper" – and to participate actively in health care organization and delivery. RAHA has also innovated in adopting a mechanism whereby the contributions could be paid in kind at harvest time.

Over the years, and without undergoing any major change in its organization and functioning, RAHA succeeded to stabilize its enrolment figures, currently standing at some 53,000 people.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Raigarh Ambikapur Health Asociation Medical Insurance Scheme
Starting Date:	1980
Duration of Insurance Plan:	One year
Insurance Year:	April to March for families September to August for students
Management Responsibility:	Raigarh Ambikapur Health Association (RAHA)
Organization Structure:	NGO
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Rural
Outreach:	4 districts: Raigarh, Jahspur, Surgija and Korea in Chhattisgarh
Target Group:	Rural tribal groups, school children
Staff Working for the Scheme:	2

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	None
Insurance Unit:	Individual
Number of Policyholders:	89,000
Number of Insured:	80,000
Percentage of Women:	52%
Potential Target:	500,000
Penetration Rate:	18%

##### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007 – 2008	89,000	+ 11%

2006 – 2007	80,182	+ 18%
2005 – 2006	67,751	+ 16%
2004 – 2005	58,331	-

## 6. Contributions and Benefits

Entrance Fee:	No.
Easy Payment Mechanisms:	Yes – payment during harvest season, possible payment in kind (2 kg rice)
Schedule of Contributions:	Yearly
Membership Identification:	Membership card
Waiting Period:	Yes. One month
Changes in Contributions over Time:	No – remained the equivalent of 2 kg of rice
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>o Village level: free treatment for minor illnesses with home and herbal remedies</li> <li>o Rural health centre: free OPD consultation and medicines up to Rs. 100 – In patient: free consultation , 50% rebate on the bill, Rs. 50 for delivery</li> <li>o Hospital level: Rebate up to upper limit of Rs. 1,250 for total treatment. Co-payment for hospital services is inversely correlated to the distance from the hospital (up to 25 Km. – Rs 250, more than 100 km. – Rs 100)</li> </ul>	2 Kgs of rice or the equivalent amount in cash – presently Rs. 20 per person per year	89,000

### Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2007 – 2008	89,000	1,780,000
2006 – 2007	80,182	1,603,640
2005 – 2006	67,571	1,341,420
2004 – 2005	58,334	1,166,680

### Evolution of Benefits Paid (Hospital claims only: IP and OP):

Year	Number of Benefits Paid	Amount in Rs
2007 – 2008	NA	NA
2006 – 2007	643	578,050
2005 – 2006	674	563,620
2004 – 2005	735	511,760

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	None, but treatment limited to those available at the secondary hospitals of the RAHA network
Co-Payment:	Yes. At RHC level <ul style="list-style-type: none"> <li>○ None for OP</li> <li>○ 50% of IP bill</li> </ul> At hospital level – inversely related to distance travelled
Service Payment Modality:	Cashless
Tie-up with Health Facilities:	Own health facilities
Contractual Arrangements with HPs:	-
Number of Associated HPs:	3 base hospitals, 93 health centres, 672 trained TBAs, 972 Volunteer Health Workers
Financial Advantages Provided by HPs:	No
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Broad – primary and secondary health care
Level of Health Benefits:	Low – up to Rs. 1,250 only
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access to primary health posts, referral system to the hospitals
Other Health Related Activities:	Preventive and promotional health programmes, development of various health vaccination and health-related programmes with State Government support
Claim Ratio Rejection Rates:	NA
Renewal Rate:	NA

## 8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Miseror
Direct Subsidy:	Yes
Indirect Subsidy:	Yes
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	Member of the Asian Micro-Insurance Network (AMIN) Member of the Communities-Led Association for Social Security (CLASS)

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-
Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	-
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Currently only 39 of 125 schools are members of the MIS
Enrolment Modalities:	High level of OOP expenditure
Service Delivery:	Lack of orientation for providers, especially hospital staff and doctors on details of MIS as well as the benefits of health insurance

Management:	Inappropriate management system which has not undergone any significant modification since its inception in 1981.
Financing:	-
Sustainability:	-

## 11. Development Perspectives

Enrolment:	Increase enrolment: introduce mandatory enrolment in two model villages per RCH
Service Delivery:	Remove co-payment on admission at hospital and RCH Increase ceiling amount in hospital. Increase gross premium amount to meet increase in benefit package. Standard Treatment Guidelines, Training RHC nurses and promoting use of generic medicines
Management:	Adopt a simplified Management Information System. Provide regular and systematic feedback to the community about MIS
Extension:	-
Replication:	-

## 12. Contact Details

Contact Persons:	Sr. Elizabeth, Executive Director
Address:	BTI Chowk, Pathalgaon District Jashpur – 496 118 Chhattisgarh
Telephone Number:	(07765) 233384 / 233609
Fax Number:	(07765) 233875
E.Mail:	<a href="mailto:Raha74@sancharner.net">Raha74@sancharner.net</a>
Website:	<a href="http://www.wcc-coe.org">www.wcc-coe.org</a>

## 69. RAJASTHAN DAIRY COOPERATIVE FEDERATION (RDCF)

### 1. The Scheme at a Glance

Ownership Profile:	CBO
Starting Date:	2006
Risk Coverage:	Health care, including maternity protection
Target Group:	Cooperative members
Rural/Urban:	Rural and semi urban
Outreach:	State of Rajasthan
Total Number of Insured:	384,000
Potential Target:	600,000
Micro-Finance Linkage:	No
Insurance Co. Linkage:	Yes (Private)



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner – Agent
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary/Automatic
Insured Unit:	Individual / Family	Family
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Easy Paym. Mech.
Subsidy to the Scheme:	Direct / Indirect	Direct

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	High
Tie-up with Health Facilities:	Private / Public	Private
Administration Responsibility:	TPA / No TPA	TPA
Additional Financial Benefit:	Discount / No Discount	Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Both
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Both

### 3. The Organization

Rajasthan is one of India's largest States. More than 60% of its territory is desert and semi-arid. Agriculture is dependent on rainfall and failure of monsoon causes severe drought and scarcity conditions. Animal husbandry is a more stable source of livelihood than agriculture especially for the poor since it is less affected by failure of rains. With the highest livestock population, Rajasthan contributes nearly 40% of wool production and 10% of all milk production in the country.

Airy development was initiated by the State Government in the early seventies under the auspices of Rajasthan State Dairy Development Corporation (RSDDC). In 1977 the Rajasthan Cooperative Dairy Federation (RCDF) was set up as the implementing agency for dairy development programmes in Rajasthan and was registered as a society under the Rajasthan Cooperative Societies Act of 1965.

One of the main objectives of RCDF is to carry out activities for promoting production, procurement, processing and marketing of milk and milk products for the economic development of the animal husbandry/farming community. In addition to this, RCDF is also involved in providing technical inputs, capacity building, erection of dairy and chilling plants, etc for the unions, providing assistance and guidance to members and addressing any issue of importance to them.

The dairy cooperative movement operates on a three-tier system wherein a minimum of 10 farmer members own Dairy Cooperative Societies (DCS) which in turn own district milk producers' unions. The unions collectively own the RCDF, which is the State level apex cooperative organization.

The overall membership of the RCDF is 550,000, of which about 250,000 are said to be active pourers or regularly contribute to the milk supply chain. Of these members, nearly one fourth are women. The total number of DCS as per 2006-07 data is 9,507. About 25% of these DCS consist exclusively of women members.

As part of its range of services, the RCDF offers life insurance (Saras Suraksha Kawach) and cattle insurance to its members through the UTI and LIC. In 2005 the RCDF in collaboration with ICICI Lombard General Insurance Company developed a health insurance scheme to provide health protection to its members. This scheme was launched as Saras Samuthik Arogya Bima Yojana or the SARAS health insurance scheme in January 2006. It is open to all registered members of Dairy Cooperative Societies as well as members of proposed societies.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Saras Samuhik Arogya Bima Yojana
Starting Date:	January 2006
Duration of Insurance Plan:	One year
Insurance Year:	Currently: April 1 <sup>st</sup> – March 31 <sup>st</sup>
Management Responsibility:	Rajasthan Cooperative Dairy Federation
Organization Structure:	CBO – Cooperative Federation
Risk Coverage:	Health care
Registration:	RCDF registered under the Companies Act
Rural/Urban:	Rural and semi urban
Outreach:	16 milk unions spread over the State of Rajasthan
Target Group:	Dairy farmers and their farmers
Staff Working for the Scheme:	16 from ICICI Lombard Insurance Company

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary – with some unions/cooperatives organizing en-bloc enrolment of their members
Age limitations:	Yes – Age group of persons covered is 3 months – 65 years
Insurance Unit:	Family of four (first two children only)
Number of Policyholders:	96,000
Number of Insured:	384,000
Percentage of Women:	45 %
Potential Target:	600,000 (150,000 families – active members of Rajasthan Dairy Cooperative Federation)
Penetration Rate:	64%

#### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007 – 2008	384,000	+ 2%

2006 – 2007	376,000	-
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## 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Premium paid by Milk unions and deducted from payments made to milk suppliers
Schedule of Contributions:	Annual
Membership Identification:	Membership card
Waiting Period:	9 months for maternity protection
Changes in Contributions over Time:	Premium was set at Rs. 350 in Year I – This was raised to Rs. 357 per family in year two as a result of the increase of the Service Tax (additional cess education)
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>Hospitalization expenses for illnesses or injuries sustained up to Rs. 100,000 (with pre-existing diseases also covered)</li> <li>The following major surgeries/ illnesses have a doubled ceiling (Rs. 200,000): <ul style="list-style-type: none"> <li>Coronary artery surgery</li> <li>Cancer</li> <li>Renal failure</li> <li>Stroke</li> <li>Multiple sclerosis</li> <li>Major organ transplant</li> </ul> </li> </ul> <u>Maternity protection:</u> <ul style="list-style-type: none"> <li>Rs. 2,500 per child (maximum of two children)</li> </ul>	Rs. 357 per family of four per year  Contributions: RCDF: 12.5%: Rs. 44.62 Milk union: 12.5%: Rs. 44.62 Dairy Cooperative Society (DCS): 30%: Rs. 107.10 Member: 45%: Rs. 160.65	384,000

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2007 – 2008	96,000	34,272,000
2006 – 2007	94,000	33,276,000

Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2007 – 2008 (up to Aug. 07)	789	NA
2006 – 2007 (Jan 06 – March 07)	3,404 <u>Claim distribution:</u> Medical: 2,228 Ortho Surgical: 639 Surgeries: 200 Accidents: 89 Maternity: 73	31,782,913

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Standard exclusions clauses apply. Apart from this, the policy has a list of conditions which are excluded in year one, but covered from year two
Co-Payment:	No
Service Payment Modality:	Cashless in network hospitals and reimbursement in government PHCs and private clinics
Tie-up with Health Facilities:	Yes – Private
Contractual Arrangements with HPs:	Yes
Number of Associated HPs:	105
Financial Advantages Provided by HPs:	Discounts and free OPD consultations have been negotiated with some health providers
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Limited
Level of Health Benefits:	High – up to Rs. 200,000 for some treatments
Intervention of TPA:	Yes
Designation of TPA:	Raksha Pvt. Ltd
Access to Health Services:	Pre-authorization for network hospitals and free access for others
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	Last year: 28%
Renewal Rate:	55%

## 8. Assistance to the Scheme

External Funding:	No
Origin of External Funding:	-
Direct Subsidy:	From the cooperative movement: RCDF, Milk Union, Dairy Coop Society
Indirect Subsidy:	The RCDF and the Milk unions also bear some of the administrative costs while enrolling the members
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	Yes – ICICI Lombard Insurance Company
Changes of Private Companies:	No
Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	No
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Insurance plan distributed by the 16 Milk unions with some of them still having a limited reach
Enrolment Modalities:	-
Service Delivery:	Most empanelled hospitals are in urban centres. Very few facilities in rural areas where most of the members are living
Management:	Some cases of fraud have been identified
Financing:	-
Sustainability:	-



## 11. Development Perspectives

Enrolment:	Plan to enrol directly through DCS
Service Delivery:	Restrict number of empanelled hospitals in cities
Management:	-
Extension:	-
Replication:	Looking for a replication with dairy federations operating in other States

## 12. Contact Details

Contact Persons:	Mr. D. M. Bhel, General Manager, FO & AH, Social Initiative Policies, RCDF
Address:	Mr. Rajhans Upadhaya, Managing Director, RCDF Rajasthan Cooperative Dairy Federation, Saras, JLN Marg Jaipur Rajasthan
Telephone Number:	(0141) 2702501 / 8
Fax Number:	(0141) 2702537
E.Mail:	<a href="mailto:Rcdfho_jpl@sancharnet.in">Rcdfho_jpl@sancharnet.in</a>
Website:	<a href="http://www.sarasmilkfed.coop">www.sarasmilkfed.coop</a>

## 70. RINCHI HOSPITAL TRUST (RHT)

### 1. The Scheme at a Glance

Ownership Profile:	Health provider
Starting Date:	2005
Risk Coverage:	Health care
Target Group:	Low and middle income groups
Rural/Urban:	Rural and semi urban
Outreach:	City of Ranchi
Total Number of Insured:	889
Potential Target:	10,000
Micro-Finance Linkage:	No
Insurance Co. Linkage:	No



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	In-House
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Individual
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Easy Payment Mech.
Subsidy to the Scheme:	Direct / Indirect	No subsidy

#### Health

Scope of Health Benefits:	Limited / Broad	Broad
Level of Health Benefits:	Low / High	Medium
Tie-up with Health Facilities:	Private / Public	Own Facility
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Cashless

### 3. The Organization

Research Institute for Civil Health Integration (RINCHI) Trust is a public charitable Trust that runs its social health services through its unit "Rinchi Management Centre".

Among other activities, it also runs a hospital called the Rinchi Trust Hospital (RTH). In 2006, it launched a pilot health insurance scheme, allowing the poor population living in the vicinity to access all medical services provided by its own health facility.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Jan Swasthya Yojana
Starting Date:	November 2005
Duration of Insurance Plan:	One year
Insurance Year:	November to October
Management Responsibility:	Rinchi Trust Hospital
Organization Structure:	Health Provider
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Rural and semi urban
Outreach:	City of Rinchi outskirts
Target Group:	Population belonging to the Above Poverty Line group
Staff Working for the Scheme:	5 – including the individuals promoting the insurance plan

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	No
Insurance Unit:	Individual and family
Number of Policyholders:	267
Number of Insured:	889
Percentage of Women:	About 40%
Potential Target:	9,000
Penetration Rate:	10%

Evolution of Number of Insured		
Year	Number of Insured	Change (%)
2006 – 2007	NA	NA
2005 – 2006	889	-

#### 6. Contributions and Benefits

Entrance Fee:	None
Easy Payment Mechanisms:	Yes – quarterly payments
Schedule of Contributions:	Yearly or quarterly
Membership Identification:	Membership card with photo identification
Waiting Period:	One month
Changes in Contributions over Time:	Not applicable (new scheme)
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>○ Outpatient consultation at RTH or at specified outdoor clinics</li> <li>○ Emergency treatment and hospitalization with hospitalization expenditures up to Rs. 10,000</li> <li>○ All indoor medical treatment and surgeries up to the same</li> </ul>	Rs. 365 per person per year	889

upper limit		
o Cost free laboratory tests		

#### Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2006 – 2007	NA	NA
2005 – 2006	287	324,485

#### Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2006 – 2007	NA	NA
2005 – 2006	120	NA

#### Distribution of interventions:

Surgical operations	50 (appendicetomy, hysterectomy, hernia...)
Simple deliveries	30
Complicated deliveries	20
Medical hospitalization	20

## 7. Health Related Information

Prior Health Check-Up:	None
Exclusion Clauses:	Spectacles, contact lenses, hearing aids, congenital and metabolic diseases. HIV/AIDS, catastrophic illnesses, plastic surgery, vaccination, injury or diseases related to natural calamity, medicines to be purchases by the member, or, in admitted cases, limited to price of generic drugs where available or else with 40% co-payment by the member During first year of registration: surgical treatment of diseases such as catacart, hydrocele, fistula, piles, sinusitis will only be covered as per priority and seriousness of the disease condition
Co-Payment:	No
Service Payment Modality:	Cashless – no reimbursement for treatment in other Government/private hospitals but in case of necessity, access will be facilitated
Tie-up with Health Facilities:	Through its own health facilities – one hospital and two decentralized clinics
Contractual Arrangements with HPs:	-
Number of Associated HPs:	-
Financial Advantages Provided by HPs:	Discounted prices on a limited list of health care procedures
Non Financial Advantages Provided to Insured:	-
Scope of Health Benefits:	Broad – In patient, out patient and surgeries
Level of Health Benefits:	Medium – up to Rs. 10,000
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	2%
Renewal Rate:	Not applicable (new scheme)

## 8. Assistance to the Scheme

External Funding:	No
Origin of External Funding:	-
Direct Subsidy:	No

Indirect Subsidy:	No
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-
Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	-
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	-
Enrolment Modalities:	Some cases of drop-out among those who opted for the quarterly payment modality
Service Delivery:	Adverse selection
Management:	High administration costs, including the high level of fee to be paid to volunteers who are now selling the insurance plan: Rs. 65 per policy
Financing:	-
Sustainability:	-

## 11. Development Perspectives

Enrolment:	Develop partnerships with NGOs and associations that can promote and distribute the insurance plan
Service Delivery:	-
Management:	-
Extension:	-
Replication:	-

## 12. Contact Details

Contact Persons:	-
Address:	Rinchi Trust Hospital Kathal Mode, Itki Road, Lalgutwa Ranchi Jharkhand
Telephone Number:	(0651) 2547054 / 3093558
Fax Number:	-
E.Mail:	-
Website:	-

## 71. RURAL HEALTH AND SOCIAL ADVANCEMENT (RUHSA)

### 1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2006
Risk Coverage:	Health care
Target Group:	Poor population
Rural/Urban:	Rural
Outreach:	Selected wards in Tamil Nadu
Total Number of Insured:	20,000
Potential Target:	100,000
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	Yes (Private)



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner – Agent
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Family
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Easy Payment Mech.
Subsidy to the Scheme:	Direct / Indirect	No Subsidy

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	Medium
Tie-up with Health Facilities:	Private / Public	Private
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Both

### 3. The Organization

Rural Health and Social Advancement is a non-governmental organization willing from the first hour to take an active part in the development of appropriate social security measures for the excluded groups.

Through a series of field surveys in select wards, the organization recognized health protection as the top priority requirement of poor rural communities.

In close collaboration with a private health provider, a private insurance company and a federation of Self help Groups operating in the area, RUHSA initiated in 2007 a very first health insurance scheme that could cater for the particular needs of the target population.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Help Insurance Scheme
Starting Date:	February 2006
Duration of Insurance Plan:	One year
Insurance Year:	February to January
Management Responsibility:	RUHSA
Organization Structure:	NGO in collaboration with a Health Provider
Risk Coverage:	Health care, including maternity protection
Registration:	No separate registration
Rural/Urban:	Rural
Outreach:	One District in Tamil Nadu
Target Group:	Poor families
Staff Working for the Scheme:	Some ICICI field officers – No full-time staff from RUHSA (Part of the regular on-going activities of the organization)

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	Yes – NA
Insurance Unit:	Family of four
Number of Policyholders:	5,000
Number of Insured:	20,000
Percentage of Women:	About 50%
Potential Target:	100,000
Penetration Rate:	16%

##### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007 – 2008	20,000	NA
2006 – 2007	NA	-

#### 6. Contributions and Benefits

Entrance Fee:	Yes. Rs. 300
Easy Payment Mechanisms:	Yes. Through SHG savings and loans
Schedule of Contributions:	Yearly
Membership Identification:	Membership card
Waiting Period:	Yes. 2 months
Changes in Contributions over Time:	No
Changes in Benefits over Time:	Yes. Some benefits were added in Year 2

Benefits	Contributions	Number of Insured
<u>Health care:</u>		
o Hospitalization costs up to Rs. 15,000 (including deliveries)	Rs. 60 per family per year	20,000

##### Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
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2007 – 2008	5,000	NA
2006 – 2007	NA	NA
Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2007 – 2008	NA	NA
2006 – 2007	NA	NA

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Yes. Standard exclusion clauses applied by most private insurance companies
Co-Payment:	No
Service Payment Modality:	Cashless in associated health facility
Tie-up with Health Facilities:	Yes. With Christian Medical College only
Contractual Arrangements with HPs:	Yes. Through Memorandum of Understanding
Number of Associated HPs:	1
Financial Advantages Provided by HPs:	Discounted rates
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Limited (Hospitalization expenses only)
Level of Health Benefits:	Medium (up to Rs. 15,000)
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	NA
Renewal Rate:	NA

## 8. Assistance to the Scheme

External Funding:	No
Origin of External Funding:	-
Direct Subsidy:	No
Indirect Subsidy:	No
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	-

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	Yes. ICICI Lombard General Insurance Company
Changes of Private Companies:	No
Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	No
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Limited insurance awareness
Enrolment Modalities:	-
Service Delivery:	-
Management:	-
Financing:	-



Sustainability: -

## 11. Development Perspectives

Enrolment:	-
Service Delivery:	Develop new partnership arrangements with other health providers
Management:	-
Extension:	-
Replication:	-

## 12. Contact Details

Contact Persons:	-
Address:	Christian medical College (CMC) Vellore 2 – 632 002 Tamil Nadu
Telephone Number:	-
Fax Number:	-
E.Mail:	<a href="mailto:mony@cmcvellore.ac.in">mony@cmcvellore.ac.in</a>
Website:	-

## 72. SAMPOORNA KUTUMBA AROGYA PATHAKAM (SKAP)

### 1. The Scheme at a Glance

Ownership Profile:	CBO
Starting Date:	2007
Risk Coverage:	Health care
Target Group:	Women SHG members
Rural/Urban:	Rural
Outreach:	One district in Andhra Pradesh
Total Number of Insured:	170,000
Potential Target:	250,000
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	No



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	In - House
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary/Automatic
Insured Unit:	Individual / Family	Family
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Easy Payment Mech.
Subsidy to the Scheme:	Direct / Indirect	No Subsidy

#### Health

Scope of Health Benefits:	Limited / Broad	Broad
Level of Health Benefits:	Low / High	High
Tie-up with Health Facilities:	Private / Public	Private
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Pre - Authorization
Co-Payment:	Yes / No	Yes
Payment Modality:	Cashless / Reimbursement	Cashless

### 3. The Organization

The Zilla Swasthya Samithi is a broad federation of Self Help Groups operating in one district of Andhra Pradesh. This movement has already succeeded to organize itself at different levels, looking at ways to address the various needs of its members. One of the priority needs of the women members was to benefit from an appropriate protection against the health risks that may affect them and their families.

Based on the successful implementation of the Yeshasvini scheme in Karnataka, the Federation decided to

partner with the Yeshasvini Trust in order to design a new health tailor made insurance product, covering the whole range of health care services.

One pre-requisite clearly stated by the Federation was that this scheme was to adopt the in-house model, in order for the Federation to retain full control of the management functions without any intervention from a third party administrator or insurance company.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Sampoorna Kutumba Arogya Pathakam (SKAP- Sanjeevini)
Starting Date:	2007
Duration of Insurance Plan:	One year
Insurance Year:	January to December
Management Responsibility:	Zilla Swasthya Samithi
Organization Structure:	CBO – Federation of SHGs
Risk Coverage:	Health care (including maternity protection)
Registration:	No separate registration
Rural/Urban:	Rural
Outreach:	One district in Andhra Pradesh
Target Group:	Poor women organized in the SHG movement
Staff Working for the Scheme:	1 full-time + volunteers from the SHG movement

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary/Automatic. Pre-agreement with the federation to ensure enrolment of all federation members
Age Limitations:	No
Insurance Unit:	Family of five
Number of Policyholders:	35,000
Number of Insured:	170,000
Percentage of Women:	About 50%
Potential Target:	250,000
Penetration Rate:	68%

##### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2008	170,000	+ 70%
2007	100,000	-

#### 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Yes – through up front payment made by the federation for its members, to be reimbursed in monthly instalments
Schedule of Contributions:	Yearly
Membership Identification:	Normal membership card
Waiting Period:	One month
Changes in Contributions over Time:	Not applicable (New scheme)
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>Out patient consultation at PHC level once a week – free consultation at network</li> </ul>	Rs. 260 for family of five per year	170,000

<ul style="list-style-type: none"> <li>hospital</li> <li>o Basic diagnostics at PHC free of cost – at a discounted rate at network Hospital level</li> <li>o Inpatient treatment requiring hospitalization for more than 24 H. up to Rs. 5,000 (includes consultation, investigations, room charges, medicines and consumables)</li> <li>o Quality medicines: <ul style="list-style-type: none"> <li>▪ Free at PHC level</li> <li>▪ 10% discount at hospital level</li> <li>▪ Gross discount at central depot</li> </ul> </li> <li>o Hospitalization and tertiary surgical care: 100% cashless facility – up to a maximum amount of Rs. 30,000</li> </ul>		
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Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2008	35,000	9,100,000
2007	20,000	5,200,000
Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2008	4,200 consultations at hospital level 8,100 consultations at PHC level 228 medical admissions 140 surgical operations	NA

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	NA
Co-Payment:	Yes – 10% of hospitalization costs
Service Payment Modality:	Cashless
Tie-up with Health Facilities:	Yes. Private Hospitals
Contractual Arrangements with HPs:	Yes. Formal agreements covering all covered interventions
Number of Associated HPs:	17
Financial Advantages Provided by HPs:	Yes. Discounts and fixed rates applied
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Broad – primary, secondary and tertiary health care
Level of Health Benefits:	High
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access for OPD – referral system for surgeries

Other Health Related Activities:	Health education and prevention programmes – weekly doorstep consultation with lady doctor
Claim Ratio Rejection Rates:	NA
Renewal Rate:	NA

## 8. Assistance to the Scheme

External Funding:	No
Origin of External Funding:	-
Direct Subsidy:	No
Indirect Subsidy:	No
External Technical Assistance:	Yes. By Yeshasvini Trust
Nature of Technical Assistance:	Design of the scheme – support to negotiations with health providers
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-
Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	-
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Limited understanding of health insurance
Enrolment Modalities:	Delays in enrolment process
Service Delivery:	-
Management:	Gaps in the Management Information System
Financing:	-
Sustainability:	-

## 11. Development Perspectives

Enrolment:	Develop promotional materials
Service Delivery:	-
Management:	Develop MIS in order to track all performance indicators, morbidity patterns and costs
Extension:	-
Replication:	-

## 12. Contact Details

Contact Persons:	Mr. Hanuman Prasad, Manager Micro Health Programme
Address:	Narayana Hrudayalaya N0 258/A, Bommasandra Industrial Area Bangalore Karnataka
Telephone Number:	0 99456 70366
Fax Number:	-
E.Mail:	<a href="mailto:rhprasad@gmail.com">rhprasad@gmail.com</a>
Website:	-

## 73. SAMSKAR

### 1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2005
Risk Coverage:	Health care
Target Group:	BPL families
Rural/Urban:	Rural
Outreach:	One district in Andhra Pradesh
Total Number of Insured:	5,303
Potential Target:	25,000
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	No



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	In – House
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Individual
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Up Front
Subsidy to the Scheme:	Direct / Indirect	Both

#### Health

Scope of Health Benefits:	Limited / Broad	Medium
Level of Health Benefits:	Low / High	Low
Tie-up with Health Facilities:	Private / Public	No Tie Up
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	No Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Reimbursement

### 3. The Organization

Samskar is a non governmental organization with philosophy and strategy derived from its reform approach towards socially abandoned sections of society. The organization's mission includes rehabilitation and improvement of living conditions of the socially disadvantaged. Samskar's short term goal is betterment of existing socio-economic conditions of the poor through various interventions and solidarity chains. In addition, the organization has a long-term goal of social integration (like changed criminals) and creation of a civil society where the individuals play a constructive role within their respective village communities.

The broad areas identified for the improvement interventions include livelihood, education and health. With regard to livelihood, the organization is providing alternate opportunities in agriculture, provision of vocational training and credit facilities since these were identified as the three major areas of intervention.

Samskar is also involved in health awareness activities, organizing medical camps, medical support, emergency aid, referral linkages and strengthening the traditional health practitioners (especially women) and adolescent life skill for young girls. In addition, child health issues like immunization and nutrition recently acquired a major importance in its overall health programme.

The organization is expecting to achieve a number of positive results in a ten-year period such as greater social and cultural integration, a well developed educational programme, better employment opportunities, and a growth of human dignity among women and children.

In 2005, Samskar decided to add a health insurance component to its interventions which had the distinctive feature to try simultaneously to deal with the medical problems of the people at three different levels: primary, secondary and tertiary.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Mana Nestham
Starting Date:	2005
Duration of Insurance Plan:	Annual
Insurance Year:	April – March
Management Responsibility:	Samskar
Organization Structure:	NGO
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Rural
Outreach:	76 villages in 5 Mandals of Nizamabad district in Andhra Pradesh
Target Group:	BPL families
Staff Working for the Scheme:	2

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	No
Insurance Unit:	Individual
Number of Policyholders:	5,303
Number of Insured:	5,303
Percentage of Women:	60%
Potential Target:	25,000
Penetration Rate:	20%

##### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2006 – 2007	5,303	+ 10%
2005 – 2006	4,820	-

#### 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No – Up front payment
Schedule of Contributions:	Yearly
Membership Identification:	Membership card

Waiting Period:	No
Changes in Contributions over Time:	Premium was raised from Rs. 25 to Rs. 30 in 2006-07
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>Insurance cover of maximum Rs. 1,800 for common ailments, referral to sub-centres or hospitals or to district level hospital for chronic illnesses, accidents and emergency cases</li> <li>Medicines worth of Rs. 300 to be given at sub-centres</li> <li>Free medical advice and check-up by project medical team</li> </ul>	Rs. 30 per person per year  (part of the costs not covered by the premium paid by PLAN)	5,303

#### Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2006 – 2007	5,303	159,090
2005 – 2006	4,820	120,500

#### Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2006 – 2007	NA	NA
2005 – 2006	294	520,812

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	No
Co-Payment:	No
Service Payment Modality:	Reimbursement
Tie-up with Health Facilities:	No
Contractual Arrangements with HPs:	-
Number of Associated HPs:	-
Financial Advantages Provided by HPs:	-
Non Financial Advantages Provided to Insured:	-
Scope of Health Benefits:	Medium – limited IP and OP health services
Level of Health Benefits:	Low – up to Rs. 1,800 only
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free services
Other Health Related Activities:	Health awareness, regular health camps, referral linkage, child immunization and nutrition programmes
Claim Ratio Rejection Rates:	5%
Renewal Rate:	60%

## 8. Assistance to the Scheme



External Funding:	Yes
Origin of External Funding:	Plan International (India)
Direct Subsidy:	Yes – co-contribution to premium
Indirect Subsidy:	Yes – support to administration of the scheme
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	Asian Micro-Insurance Network (AMIN)

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-
Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	-
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Limited understanding of the insurance plan among the target group
Enrolment Modalities:	Costs linked to promotional activities and enrolment process in remote rural areas
Service Delivery:	Difficulty to maintain health services provided at the three levels: primary, secondary and tertiary
Management:	Limited management capacities among the staff – no monitoring mechanism
Financing:	Still depending on external assistance
Sustainability:	-

## 11. Development Perspectives

Enrolment:	-
Service Delivery:	-
Management:	-
Extension:	-
Replication:	-

## 12. Contact Details

Contact Persons:	Dr. K.H.S.S. Sundar, Director – Programme & Administration
Address:	Varni – 503201 Nizamabad district Andhra Pradesh
Telephone Number:	91(0)8467 – 281136 / 281852
Fax Number:	-
E.Mail:	<a href="mailto:Nizamabad.pu@plan-international.org">Nizamabad.pu@plan-international.org</a>
Website:	-

## 74. SEBA COOPERATIVE HEALTH SOCIETY (SCHS)

### 1. The Scheme at a Glance

Ownership Profile:	CBO
Starting Date:	1982
Risk Coverage:	Health care
Target Group:	Residents of Kolkota
Rural/Urban:	Urban
Outreach:	City of Kolkota, West bengal
Total Number of Insured:	2,000
Potential Target:	15,000
Micro-Finance Linkage:	No
Insurance Co. Linkage:	Yes (Public)



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner – Agent
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Individual
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Up Front
Subsidy to the Scheme:	Direct / Indirect	No Subsidy

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	Low
Tie-up with Health Facilities:	Private / Public	Own Health Facility
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	No Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Cashless

### 3. The Organization

The Seba Cooperative Health Society Limited was established in 1979 in Kolkata with the objective of improving healthcare facilities for its members. It is a professionally managed organization with a Board of Directors regrouping members from the medical profession and Government. Seba has a well-equipped hospital with ambulatory care and emergency home service. Seba plans to rely soon on a 100-bedded facility and considers the opening of similar facilities in Districts and sub-divisions.

Seba membership consists of individual shareholders holding shares of Rs. 100 each. Members and their families are entitled to concessional charges for medical services, and are given preference in bed allocation. Seba planned to have a membership of 3,000 families to be converted either to their own Medical Assistance Plan or through tie up arrangements with other insurance companies.

In 1982, Seba introduced a medical care scheme called MAP in association with a public insurance company in order to have a cashless treatment under one roof. Such arrangement was expected to help the insurance company in minimizing false claims, setting standards of care, regulating costs and using member derived data to fix premium rates.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Prepaid Medical Care Plan (MAP)
Starting Date:	1982
Duration of Insurance Plan:	One year
Insurance Year:	Not fixed. Any time in the year
Management Responsibility:	Seba Cooperative Health Society
Organization Structure:	Part of the regular activities of the organization
Risk Coverage:	Health care
Registration:	Not registered separately
Rural/Urban:	Urban
Outreach:	Kolkata City in West Bengal
Target Group:	Any person who is available of Medisclaim policy of the New India Assurance Company
Staff Working for the Scheme:	NA

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	Yes. Scheme restricted to age group: three months to sixty five years
Insurance Unit:	Individual
Number of Policyholders:	2,000
Number of Insured:	2,000
Percentage of Women:	About 40%
Potential Target:	15,000
Penetration Rate:	13%

##### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007	2,000	NA
2006	NA	NA
2005	NA	-

#### 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No
Schedule of Contributions:	Yearly
Membership Identification:	Membership card
Waiting Period:	Yes. One month
Changes in Contributions over Time:	NA
Changes in Benefits over Time:	NA

Benefits	Contributions	Number of Insured
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<u>Health care:</u>		
o Hospitalization costs up to Rs. 8,000	Rs. 105 per person per year	2,000

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2007	2,000	210,000
2006	NA	NA
2005	NA	NA

Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2007	NA	NA
2006	NA	NA
2005	NA	NA

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Yes. Pre-existing diseases, dental care and pregnancy
Co-Payment:	No
Service Payment Modality:	Cashless
Tie-up with Health Facilities:	Use of its own hospital
Contractual Arrangements with HPs:	No
Number of Associated HPs:	-
Financial Advantages Provided by HPs:	-
Non Financial Advantages Provided to Insured:	-
Scope of Health Benefits:	Limited (hospitalization only)
Level of Health Benefits:	Low (up to Rs. 8,000)
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	Development of mobile teams for home based post operative care
Claim Ratio Rejection Rates:	NA
Renewal Rate:	NA

## 8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Health project supported by UCO Bank
Direct Subsidy:	No
Indirect Subsidy:	No
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-
Use of Public Insurance Companies:	Yes. New India Assurance Company

Changes of Public Companies:	Yes. Partnered with National Insurance Company before switching to New India
Special Advantages Provided by Insurance Companies:	Health camp hold in collaboration with Insurance Company
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Inadequate membership
Enrolment Modalities:	-
Service Delivery:	-
Management:	-
Financing:	-
Sustainability:	-

## 11. Development Perspectives

Enrolment:	-
Service Delivery:	-
Management:	-
Extension:	-
Replication:	-

## 12. Contact Details

Contact Persons:	Mr. Sambhu Pal, Chaiman Mr. Shiv Shankar Pal, Insurance Officer Mr. Piyush Chakravarty, Secretary
Address:	DD – 35 Slat Lake Kolkata – 700 064 West Bengal
Telephone Number:	(033) 2337 3486 / 2334 5790
Fax Number:	(033) 2337 6290
E.Mail:	<a href="mailto:mail@sebahospital.org">mail@sebahospital.org</a>
Website:	<a href="http://www.sebahospital.org">www.sebahospital.org</a>

## 75. SELF-EMPLOYED WOMEN'S ASSOCIATION (SEWA)

### 1. The Scheme at a Glance

Ownership Profile:	Trade Union Branch
Starting Date:	1992
Risk Coverage:	Health care, life, accidental death, assets, maternity
Target Group:	Poor women operating in the informal economy
Rural/Urban:	Rural and urban
Outreach:	State of Gujarat (+ 3 other States)
Total Number of Insured:	195,472
Potential Target:	300,000
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	Yes (Private and Public)



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner – Agent
Type of Risk:	Single Risk / Risk Package	Risk Package
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Individual
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Both
Subsidy to the Scheme:	Direct / Indirect	Indirect Subsidy

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	Low
Tie-up with Health Facilities:	Private / Public	No Tie-up
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	No Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Reimbursement

### 3. The Organization

The Self-Employed Women's Association (SEWA), established since 1972 and since 2006 registered as a trade union, is currently representing the interests of some 1,000,000 poor women working in the informal economy, mainly: home-based workers, street vendors, manual labourers, service providers and small producers.

SEWA pursues two main goals: first is to organize women workers to attain full employment security (job

security, income security, food security and social security), second is to make them individually and collectively self-reliant, economically independent and capable of making their own decisions.

In order to achieve these goals, SEWA has been actively engaged in various activities, such as the creation of its own bank, providing some 200,000 women member with tailor-made savings and credit services. Since 1985, SEWA has also operated an innovative insurance scheme designed to protect poor women against the major risks they face on a day-to-day basis that could drive them deeper into poverty

SEWA was the very first organization to adopt a social perspective and to set forth a clear social security agenda while preparing its insurance initiative aimed at covering the various life cycle needs of its members. The insurance scheme called VimoSEWA proposes a composite package, simultaneously covering: life, assets and health care while also providing maternity benefits. The scheme was designed to evolve into a new insurance model in which the members would be the users and at the same time the owners and managers of all services provided.

In the early nineties, VimoSEWA innovated in linking insurance with savings. The premium for insurance came from the interest that the members got on their own deposits, while the savings remained intact. This fixed deposit methodology helped VimoSEWA to reach a critical mass of members, allowing it to play an active role in negotiating the best conditions with insurance companies

In October 2002, VimoSEWA took a major initiative in establishing its insurance business plan which relied on an efficient information management system. This new instrument, providing detailed information on all aspects of the insurance activities was expected to facilitate the scheme's evolution into a sustainable insurance model that could gradually scale up across all India.

In 2009, VimoSEWA succeeded to obtain from IRDA the license allowing it to function as a brand new cooperative insurance company, fully own and managed by its women members.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	Two
Name of the Scheme(s):	Sewa Insurance – VimoSEWA
Starting Date:	1992
Duration of Insurance Plan:	One year
Insurance Year	January 1 <sup>st</sup> – December 31 <sup>st</sup>
Management Responsibility:	VimoSEWA
Organization Structure:	Separate unit within the trade union. It is running as a de facto cooperative and hopes to be registered as a full-fledged insurance company soon
Risk Coverage:	Health care (Hospitalization expenses), life, accidental death, assets, maternity protection
Registration:	No separate registration
Rural/Urban:	Both rural (67%) and urban (33%)
Outreach:	Covers 11 districts in Gujarat with additional membership resulting from partnership with NIDAN (Bihar – 22,220 insured) and SHEPERD (Tamil Nadu – 5,679 insured) as well as with various CBOs in Rajasthan
Target Group:	Poor women working in agriculture diversified products, animal husbandry, trade and craft and informal sector employment
Staff Working for the Scheme:	About 20 full-time staff plus many volunteers: The Aagewans. This is a dedicated team of women who are central to the programme. In VimoSEWA's experience, one of the most effective ways of member education and marketing insurance remains face-to-face and door-to-door.

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	No

Insurance Unit:	Individual
Number of Policyholders:	125,000
Number of Insured:	195,472
Percentage of Women:	60%
Potential Target:	300,000
Penetration Rate:	65%

#### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2008	195,472	+ 7%
2007	181,000	+ 4%
2006	174,004	+ 27%
2005	137,124	+ 25%
2004	109,605	- 2%
2003	111,593	-

## 6. Contributions and Benefits

Entrance Fee:	None
Easy Payment Mechanisms:	Interests yielded by some fixed deposit accounts are used to pay the yearly premium
Schedule of Contributions:	Yearly – Enrolment campaign spanning over four months (September to December)
Membership Identification:	Yes. Membership card
Waiting Period:	1 month for the first year of the policy
Changes in Contributions over Time:	Yes. Premium increased in 2007, from Rs 100 to Rs 125 for women member in Scheme 1, and from Rs 225 to Rs 275 for women member in Scheme 2
Changes in Benefits over Time:	Yes. Increased benefits over the years

#### Scheme I:

Benefits	Contributions	Number of Insured
<u>Health care,</u> o Hospitalization costs up to Rs. 2,000 (Rs. 2,500 for a child)	Rs. 125 per person per year Rs. 100 for spouse Rs. 100 for two children	187,472 Women: 109,775 Men: 47,223 Children: 38,474
<u>Life:</u> o Rs. 7,500 in case of natural death		
<u>Accidental death:</u> o Rs. 40,000 in case of accidental death		
<u>Assets:</u> o Up to Rs. 10,000		
<u>Maternity:</u> o Rs. 300 per child (maximum 2 children)		

#### Scheme II:

Benefits	Contributions	Number of Insured
<u>Health care,</u>	Rs. 275 per person per year	8,000



<ul style="list-style-type: none"> <li>○ Hospitalization costs up to Rs. 6,000</li> </ul> <p><u>Life:</u></p> <ul style="list-style-type: none"> <li>○ Rs.20,000 in case of natural death</li> </ul> <p><u>Accidental death:</u></p> <ul style="list-style-type: none"> <li>○ Rs. 60,000 in case of accidental death</li> </ul> <p><u>Assets:</u></p> <ul style="list-style-type: none"> <li>○ Up to Rs. 20,000</li> </ul> <p><u>Maternity:</u></p> <p>Rs. 300 per child (maximum 2 children)</p>	<p>Rs. 175 for spouse Rs. 100 for two children</p>	
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#### Evolution of Contributions:

Year	Number of Contributors	Amount in Rs
2008	NA	NA
2007	NA	NA
2006	NA	NA
2005	118,818 (Adults only)	11,147,000
2004	104,525 (Adults only)	8,387,000
2003	109,758 (Adults only)	7,930,000

#### Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2008	NA	NA
2007	NA	NA
2006	14,203 (7,213 for health care)	NA
2005	9,618 (5,038 for health care)	17,989,000 (8,454,000 for health care)
2004	5,273 (3,728 for health care)	9,522,000 (6,189,000 for health care)
2003	6,112 (2,726 for health care)	7,679,000 (4,362,000 for health care)

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	The insurance plan does not have particular exclusion clauses except for HIV/AIDS cases
Co-Payment:	No
Service Payment Modality:	Yearly
Tie-up with Health Facilities:	No. SEWA recently introduced a new innovative service payment mechanism whereby the scheme is informed as soon as a member is hospitalized, allowing it to pay the covered amount before discharge of the patient
Contractual Arrangements with HPs:	No
Number of Associated HPs:	No

Financial Advantages Provided by HPs:	No
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Limited (hospitalization expenses)
Level of Health Benefits:	Low (Scheme 1: up to Rs. 2,000, scheme 2: up to Rs. 6,000)
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	Collaboration with SEWA health promotion programme
Claim Ratio Rejection Rates:	11%
Renewal Rate:	48% (in 2008)

## 8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Various donors
Direct Subsidy:	No
Indirect subsidy:	Various donors contributed to the functioning of the scheme through subsidies and an endowment fund whose earnings cover the promotional and administration expenses until the membership could reach a critical mass
External Technical Assistance:	Yes. Short-time technical support provided by an external actuarial and management expert under external funding
Nature of Technical Assistance:	Preparation of income statement and regular analysis of the scheme's achievements
Member of Network Organization:	Member of the sub-committee on social security of NCEUS task force Core member of AMIN (Asia Micro-Insurance Network) Member of the Communities-Led Association for Social Security (CLASS) – pending confirmation

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	Yes. ICICI Lombard General Insurance Company
Changes of Private Companies:	Various changes over time
Use of Public Insurance Companies:	Yes. Life Insurance Corporation of India
Changes of Public Companies:	No
Special Advantages Provided by Insurance Companies:	No
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Cost of promotion and enrolment campaign
Enrolment Modalities:	-
Service Delivery:	Low level of health benefits – absence of tie-ups with health providers
Management:	Management information gaps
Financing:	-
Sustainability:	Full operational sustainability still to be achieved

## 11. Development Perspectives

Distribution:	-
Enrolment:	Reduce the drop-out rate and rely on a stable membership
Service Delivery:	Increase health benefits – generalize the cashless system that was recently introduced in Ahmedabad City

Management:	Reduce administration costs. Further develop the Management Information System in order to track all activities and performance indicators
Extension:	Further develop the first extension initiative in bihar, Tamil Nadu and Rajasthan
Replication:	Evolve into a comprehensive social security model that can be easily replicated in other states

## 12. Contact Details

Contact Persons:	Ms. Mirai Chatterjee, Programme Coordinator Ms. Tara Sinha, Research Coordinator
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## 76. SELF-HELP ASSOCIATION FOR DEVELOPMENT AND EMPOWERMENT (SHADE)

### 1. The Scheme at a Glance

Ownership Profile:	CBO
Starting Date:	1993
Risk Coverage:	Health care
Target Group:	Middle and low income households
Rural/Urban:	Rural and urban
Outreach:	One district in Kerala
Total Number of Insured:	22,298
Potential Target:	40,000
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	Yes (Public)



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner – Agent
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Both
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Easy Paym. Mech.
Subsidy to the Scheme:	Direct / Indirect	Direct

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	Medium/High
Tie-up with Health Facilities:	Private / Public	Private
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	No Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Both

### 3. The Organization

Five small Self Help Groups called Swasraya Credit Unions (SCU) in Ernakulam district in Kerala have been implementing a community health insurance programme since December 1993. The Self Help Association for Development and Empowerment (SHADE) started coordinating their activities since January 2004

.SHADE is a registered society under the Community Medicine Department of the Malankara Orthodox Syrian Church (MOSC) medical college, Kolenchery. SHADE's area of operation covers four blocks of Ernakulam district.

The community health insurance programme operates in the selected health project areas of the medical college covering a population of about 100,000. At present there are about 9,000 members in the five SCUs.

Free out of patient services are available in all these locations by way of regular doctors clinics, nurse run clinics and essential drugs are provided by trained health volunteers. The mediclaim insurance covers only the hospitalization costs.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	4 health schemes
Name of the Scheme(s):	Community Health Insurance Programme Scheme 1: Group mediclaim with NIC Scheme 2: Viswarogya 1 for BPL families only with UIIC Scheme 3: Viswarogya 2 for BPL families only with UIIC Scheme 4: Family Medical Insurance Plan for APL families with UIIC
Starting Date:	1993
Duration of Insurance Plan:	One year
Insurance Year:	April to March
Management Responsibility:	Self-Help Association for development and Empowerment (SHADE)
Organization Structure:	CBO
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Rural and urban
Outreach:	4 Blocks in Ernakulam district in Kerala
Target Group:	Middle class, labourers and very poor
Staff Working for the Scheme:	NA

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	Mediclaim: Viswagorya 1 and 2: from 3 months to 65 years
Insurance Unit:	Individual and family
Number of Policyholders:	7,784
Number of Insured:	22,298
Percentage of Women:	50-60%
Potential Target:	40,000
Penetration Rate:	50%

#### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2006 – 2007	7,784 families	+ 138%
2005 – 2006	3,262 families	+ 15%
2004 – 2005	2,842 families	+ 19%
2003 – 2004	2,382 families	-

#### 6. Contributions and Benefits

Entrance Fee:	Rs. 10
Easy Payment Mechanisms:	Yes – Debit from Credit Union Account

Schedule of Contributions:	Yearly
Membership Identification:	Credit union identification cards
Waiting Period:	One month for new enrolment
Changes in Contributions over Time:	Premium increased over time
Changes in Benefits over Time:	Unchanged over 13 years

Scheme 1:

Benefits	Contributions	Number of Insured
<u>Health care (group Medclaim with NIC):</u> <ul style="list-style-type: none"> <li>Hospitalization expenses up to Rs. 15,000</li> <li>Domiciliary hospitalization expenses up to Rs. 3,000</li> <li>Pre and post-hospitalization also covered</li> </ul>	Premium ranges from Rs. 322 to Rs. 368 per person per year according to age	75

Scheme 2:

Benefits	Contributions	Number of Insured
<u>Health care (Viswarogya 1 with UIIC) – for BPL only:</u> <ul style="list-style-type: none"> <li>Hospitalization expenses up to Rs. 30,000 subject to the following sub-limits: <ul style="list-style-type: none"> <li>Room/board up to Rs, 150 per day up to a total of Rs. 4,500</li> <li>Room in intensive care up to Rs. 300 per day</li> <li>Nursing and specialist fees up to Rs. 4,500</li> <li>Medicine and diagnostic tests up to Rs. 4,500</li> <li>Ceiling of Rs. 15,000 for one illness</li> <li>Next mayy only be considered after 60 days</li> <li>Compensation of Rs. 50 per days for up to 15 days for earning head</li> </ul> </li> </ul>	Rs. 365 to Rs. 730 based on type of family unit and size: Rs. 365 – individual Rs. 548 – with parents and three children (5) Rs. 730 – with parents, grand parents and 3 children (7) (includes a Government subsidy)	840 families

Scheme 3:

Benefits	Contributions	Number of Insured
<u>Health care (Viswarogya 2 with UIIC) – for BPL only:</u> <ul style="list-style-type: none"> <li>Hospitalization expenses up to Rs. 30,000 subject to the following sub-limits: <ul style="list-style-type: none"> <li>Room/board up to Rs, 150 per day up to a total of Rs. 4,500</li> </ul> </li> </ul>	Same as above – but premium subsidized by MOSC hospital – service delivery only at MOSC hospital	1,333 families

- Room in intensive care up to Rs. 300 per day
- Nursing and specialist fees up to Rs. 4,500
- Medicine and diagnostic tests up to Rs. 4,500
- Ceiling of Rs. 15,000 for one illness
- Next case may only be considered after 60 days
- Compensation of Rs. 50 per days for up to 15 days for earning head

Scheme 4:

Benefits	Contributions	Number of Insured
<u>Health care (Family Medical Insurance Plan with UIIC) – for APL:</u> <ul style="list-style-type: none"> <li>○ Hospitalization expenses up to Rs. 30,000 subject to the following sub-limits: <ul style="list-style-type: none"> <li>○ Room/board up to Rs, 150 per day up to a total of Rs. 4,500</li> <li>○ Room in intensive care up to Rs. 300 per day</li> <li>○ Nursing and specialist fees up to Rs. 4,500</li> <li>○ Medicine and diagnostic tests up to Rs. 4,500</li> <li>○ Ceiling of Rs. 15,000 for one illness</li> <li>○ Next case may only be considered after 60 days</li> <li>○ Compensation of Rs. 50 per days for up to 15 days for earning head</li> </ul> </li> </ul>	Rs. 370 to Rs. 870 based on type of family size and unit	865 families

Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2006 – 2007	7, 784 families	NA
2005 – 2006	3,263 families	866,092
2004 – 2005	2,842 families + 77 Medclaim	677,199
2003 – 2004	2,382 families + 79 Medclaim	455,196

Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2005 – 2006	604	1,097,763

2004 – 2005	619	1,219,114
2003 – 2004	317	566,332

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Pre-existing diseases, cataract, hysterectomy, hernia, hydrocele, fistula, piles, sinusitis, congenital internal disease, corrective, cosmetic or dental surgery or treatment, spectacles, contact lens and hearing aid, vaccination, HIV/AIDS, sterility, venereal disease, intentional self-injury, use of intoxicating drugs/alcohol, treatment for pregnancy, childbirth, miscarriage, abortion
Co-Payment:	No
Service Payment Modality:	Cashless if services provided by enlisted hospital – reimbursement for others
Tie-up with Health Facilities:	Yes – only one
Contractual Arrangements with HPs:	With Medical College
Number of Associated HPs:	-
Financial Advantages Provided by HPs:	Discounts provided by Medical College
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Limited – Hospitalization expenses only
Level of Health Benefits:	Medium to high according to the selected scheme: from Rs. 15,000 to Rs. 30,000 for one illness episode -
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	Health education, out patient services through outreach clinics
Claim Ratio Rejection Rates:	NA
Renewal Rate:	High

## 8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Government of India and Medical College
Direct Subsidy:	Yes – Subsidy component in Schemes 2 and 3 <ul style="list-style-type: none"> <li>Rs. 100 for an individual</li> <li>Rs. 200 for a family of 5</li> <li>Rs. 300 for a family of 7</li> </ul> Yes – premium for ultra poor fully paid by Medical College
Indirect Subsidy:	No
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	Member of Asian Micro-Insurance Network (AMIN)

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-
Use of Public Insurance Companies:	Yes – National Insurance Company (NIC) and United India Insurance Company (UIIC)
Changes of Public Companies:	NIC to UIIC based on Government directives
Special Advantages Provided by Insurance Companies:	Steady services – improvements in claims processing and settlement
Re-Insurance:	No

## 10. Problems and Constraints



Plan Distribution:	Limited enrolment – weak understanding of health insurance advantages
Enrolment Modalities:	-
Service Delivery:	Limited range of benefits
Management:	-
Financing:	-
Sustainability:	High claims ration and losses
	As long as the Government continues to support the subsidized scheme

## 11. Development Perspectives

Enrolment:	Develop more education efforts
Service Delivery:	-
Management:	-
Extension:	-
Replication:	-

## 12. Contact Details

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E.Mail:	<a href="mailto:Marina_rajan@yahoo.co.in">Marina_rajan@yahoo.co.in</a>
Website:	<a href="http://www.moscmm.org">www.moscmm.org</a>

## 77. SELF-HELP PROMOTION FOR HEALTH AND RURAL DEVELOPMENT (SHEPHERD)

### 1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	1999
Risk Coverage:	Health care
Target Group:	Poor women
Rural/Urban:	Rural
Outreach:	Five districts in Tamil Nadu
Total Number of Insured:	17,341
Potential Target:	100,000
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	Yes (Public)



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner – Agent
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Individual
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Both
Subsidy to the Scheme:	Direct / Indirect	Indirect

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	Low
Tie-up with Health Facilities:	Private / Public	Private
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Reimbursement

### 3. The Organization

Self Help Promotion for Health and Rural Development (SHEPHERD) is a non governmental organization based in Trichy, Tamil Nadu, registered under the Societies Registration Act, 1975. SHEPHERD's objective is to mobilize women to inculcate the habit of savings, to help them to lead a sustainable livelihood and protect them from any natural or man-made calamities.

The organization specializes in building people's institutions owned and managed by women, dealing with savings, credit, insurance and micro-enterprise development. It works in three districts with self-help groups of women belonging to the very poor sections of the population. The occupational background of most of these women is agriculture labourers, unskilled workers and retail vendors.

SHEPHERD's experiences and understanding of the vulnerability of rural poor women facing various risks and their financial inability to deal with it further drawing them into debt and poverty led it to introduce micro-insurance services as part of its operations.

With the assistance of Friends of Women World Banking (FWWB-India), SHEPHERD initiated in 1999 a micro-insurance programme for the SHG members and their spouses called "Social security net for the unorganized poor". The organization manages to promote various insurance services through the SHG federations and field workers.

SHEPHERD's insurance programme offers multiple risks products like life and disability as well as single risk products covering health care, assets and livestock. The organization is currently considering the possible introduction of a pension plan for old SHG women members and is planning to increase its overall coverage to some 90% of the population in its rural operational areas.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	United India Insurance Company Scheme
Starting Date:	1999
Duration of Insurance Plan:	One year
Insurance Year:	April to March
Management Responsibility:	Nanayaturabhi Development Financial Services under SHEPHERD
Organization Structure:	NGO
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Rural
Outreach:	Five districts of Tamil Nadu
Target Group:	Poor women
Staff Working for the Scheme:	2 salaried staff + women volunteers

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	Yes. For women below 55 years of age
Insurance Unit:	Individual
Number of Policyholders:	17,341
Number of Insured:	17,341
Percentage of Women:	100%
Potential Target:	100,000
Penetration Rate:	17%

#### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007 – 2008	17,341	+ 65%
2006 – 2007	10,500	+ 55%
2005 – 2006	6,750	- 22%
2004 – 2005	8,692	-

#### 6. Contributions and Benefits

Entrance Fee:	None
Easy Payment Mechanisms:	Yes – through local health emergency funds managed by Self help Groups or soft loans
Schedule of Contributions:	Yearly
Membership Identification:	Membership card
Waiting Period:	Yes. One month
Changes in Contributions over Time:	Yes
Changes in Benefits over Time:	Yes

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>Hospitalization expenses up to Rs. 5,000 including bed, medicines and consultation costs</li> </ul>	Rs. 180 per person per year	17,341

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2007 – 2008	17,341	1,109,824
2006 – 2007	10,500	672,000
2005 – 2006	6,750	NA
2004 – 2005	8,692	556,288

Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2007 – 2008	NA	NA
2006 – 2007	NA	NA
2005 – 2006	NA	NA
2004 – 2005	NA	NA

## 7. Health Related Information

Prior Health Check-Up:	None
Exclusion Clauses:	Pre-existing diseases, medicine cost after discharge, HIV/AIDS related cases, venereal diseases, intoxicating abuse of alcohol or drugs. Formal agreements
Co-Payment:	No
Service Payment Modality:	Reimbursement
Tie-up with Health Facilities:	Yes - Private
Contractual Arrangements with HPs:	Yes. Formal agreements
Number of Associated HPs:	4
Financial Advantages Provided by HPs:	Some discounts on tariffs applied
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Limited – hospitalization cover only
Level of Health Benefits:	Low – up to Rs. 5,000
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free services

Other Health Related Activities:	Regular health camps and health education programme Additional health emergency fund established to cater for additional services such as transportation costs, minor surgeries, first two deliveries, medicine cost after discharge from hospital
Claim Ratio Rejection Rates:	NA
Renewal Rate:	50%

### CLAIMS MONITORING PROCESS: HEALTH CLAIMS: JANUARY – AUGUST 2007

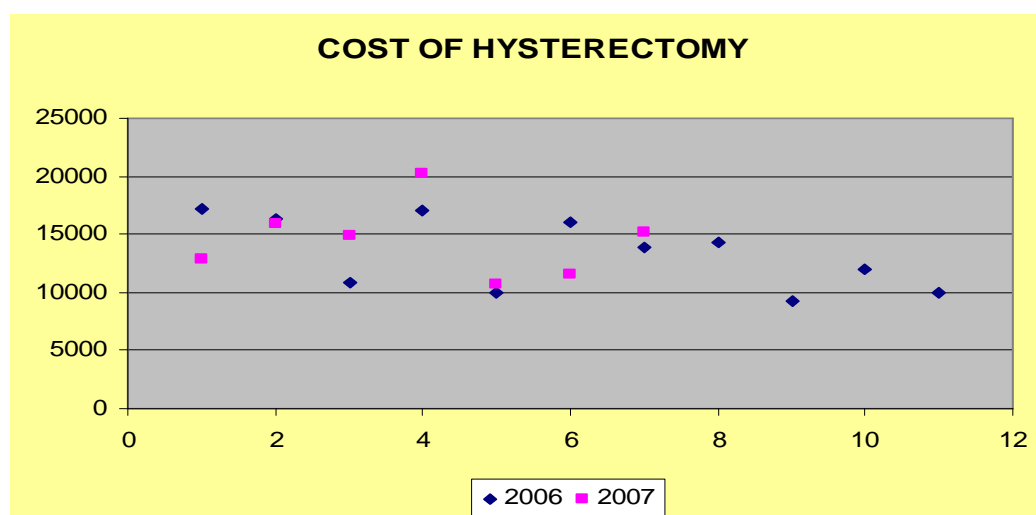
N°	Age	Claim Nature	Claim Am	Reimb.	Dir. Paym	% Rei mb.	Surgery
1	35	Hysterectomy	12,844	5,000	7,844	38.93	Surgery
2	37	Hysterectomy	15,869	5,000	10,869	31.51	Surgery
3	50	Leg pain	1,668	1,668	0	100	
4	27	Bartholin abcess	7,172	5,000	2,172	69.72	Surgery
5	48	Hysterectomy	14,924	5,000	9,924	33.50	Surgery
6	42	Jaundice	2,695	2,695	0	100	
7	40	Hemiparesis	10,282	5,000	5,282	48.63	
8	25	Diarrhoea	840	840	0	100	
9	50	Post surgery protocol	5,322	5,000	322	93.95	Surgery
10	45	Benign posit. vertigo	7,280	5,000	2,280	68.68	
11	33	Repair injury	1,477	1,477	0	100	
12	27	Anaemia	3,462	3,462	0	100	
13	42	Gastritis	1,588	1,588	0	100	
14	31	Peptic ulcer	10,359	5,000	5,359	48.27	Surgery
15	39	STI + anaemia	5,623	5,000	623	88.92	
16	32	Viral fever	3,265	3,265	0	100	
17	32	Hysterectomy	20,222	5,000	15,222	24.73	Surgery
18	57	Acute bronchitis	2,292	2,292	0	100	
19	36	Hysterectomy	10,743	5,000	5,743	46.54	Surgery
20	34	Viral fever	4,155	4,155	0	100	
21	35	Viral fever	982	982	0	100	
22	29	Fever + abdomin. pain	4,960	4,960	0	100	
23	40	Injury	2,200	2,200	0	100	
24	39	Gastritis	2,124	2,124	0	100	
25	30	Viral fever	2,899	2,899	0	100	
26	54	Cataract	9,860	5,000	4,860	50.71	Surgery
27	40	Appendectomy	11,879	5,000	6,879	42.09	Surgery
28	32	Haemorrhoids	7,495	5,000	2,495	66.71	Surgery
29	30	Hysterectomy + STI	21,975	5,000	16,975	22.75	Surgery
30	28	Bronchitis	1,290	1,290	0	100	
31	29	Nephritis	3,498	3,498	0	100	
32	49	Cancer cervix stage 2	3,723	3,723	0	100	
33	33	Diarrhoea	999	999	0	100	
34	54	Diabetes	4,895	4,985	0	100	
35	47	Diabetes	1,665	1,665	0	100	
36	35	Abcess	5,228	5,000	228	95.64	
37	31	Pneumonia	3,855	3,855	0	100	
38	30	Viral fever	7,447	5,000	2,447	67.14	
39	50	Pneumonia	2,483	2,483	0	100	
40	48	Injury	5,000	5,000	0	100	
41	37	Injury	5,791	5,000	791	86.34	
42	26	Ectopic pregnancy	5,000	5,000	0	100	Surgery
43	50	Dermatitis	2,060	2,060	0	100	
44	29	Injury with fracture	3,189	3,189	0	100	
45	31	Viral fever	1,537	1,537	0	100	
46	50	Enteric fever	2,840	2,840	0	100	
47	21	Gastritis	544	544	0	100	

48	55	Hysterectomy	11,549	5,000	6,549	43.29	Surgery
49	29	Appendectomy	9,669	5,000	4,669	51.71	Surgery
50	23	STI	2,230	2,230	0	100	
51	49	Injury	2,465	2,465	0	100	
52	40	Enteric fever	5,702	5,000	702	87.69	
53	36	Pulmonary disease	7,166	5,000	2,166	69.77	
54	31	Injury with fracture	814	814	0	100	
55	45	Chikungunya	1,592	1,592	0	100	
56	50	Eye mature cataract	3,542	3,542	0	100	
57	45	Gastritis	4,043	4,043	0	100	
58	45	Injury	2,115	2,115	0	100	
59	35	Anaemia	3,179	3,179	0	100	
60	48	Hernia	10,182	5,000	5,182	49.11	Surgery
61	32	STI	1,290	1,290	0	100	
62	20	Anaemia	5,578	5,000	578	89.64	
63	29	Hysterectomy	15,210	5,000	10,210	32.87	Surgery
64	50	Hernial disk	5,000	5,000	0	100	
65	49	Nephrectomy	71,413	5,000	66,413	7.00	Surgery
66	55	Injury	4,450	4,450	0	100	

Total			434,689	237,995	196,784	54.75	
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### CLAIMS BY AGE GROUP: JANUARY – AUGUST 2007

Age Groups	N°Claims	N°Surg.	Claims Am.	Reimb.	Dir . Paym.	% Reimb.
20 – 29	13	4	62,642	45,013	17,629	71.85
30 – 39	24	7	157,338	86,576	70,762	55.02
40 – 49	17	4	158,748	62,086	96,662	39.10
50 - 55	12	3	55,961	44,320	11,731	79.19
Total		18	434,689	237,995	196,784	54.75



## 8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Ford Foundation
Direct Subsidy:	No

Indirect Subsidy:	Yes – development of a brand new insurance programme, setting up of mutual societies, management information system, training activities, shifting towards a in-house mutual benefit society model
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	Core member of Asian Micro-Insurance Network (AMIN) Member of the Communities-Led Association for Social Security (CLASS)

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-
Use of Public Insurance Companies:	Yes – United India Assurance Company
Changes of Public Companies:	No
Special Advantages Provided by Insurance Companies:	No
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Lack of awareness among members on technical issues
Enrolment Modalities:	Reaching targets – scheme limited at present to women members
Service Delivery:	Limited benefits – Need to better monitor the rising costs applied on hysterectomies, need to add maternity protection as requested by women
Management:	Limited management and monitoring capacities
Financing:	-
Sustainability:	-

## 11. Development Perspectives

Enrolment:	Extend coverage to children and husbands
Service Delivery:	Include a maternity protection component
Management:	Strengthen the Management Information System – transfer the management responsibility to grassroots organizations and their apex structure
Extension:	Cover about 100,000 people over the next two years Develop advocacy activities towards public departments in order to mobilize a co-contribution
Replication:	Insure long-term sustainability of the scheme

## 12. Contact Details

Contact Persons:	Mr. N. Peter Palaniswami, Secretary General
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Website:	-

## 78. SELF-HELP GROUPS FEDERATION – KERALA

### 1. The Scheme at a Glance

Ownership Profile:	CBO
Starting Date:	2007
Risk Coverage:	Health care, accidental death
Target Group:	Poor people in Tsunami affected areas
Rural/Urban:	Rural and peri-urban
Outreach:	Four Districts in Kerala
Total Number of Insured:	225,970
Potential Target:	425,000
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	Yes (Public)



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner – Agent
Type of Risk:	Single Risk / Risk Package	Risk Package
Type of Enrolment:	Voluntary / Compulsory	Voluntary/Automatic
Insured Unit:	Individual / Family	Family
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Up Front
Subsidy to the Scheme:	Direct / Indirect	Direct

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	High
Tie-up with Health Facilities:	Private / Public	Private
Administration Responsibility:	TPA / No TPA	TPA
Additional Financial Benefit:	Discount / No Discount	Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Both
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Both

### 3. The Organization

The various Self Help Groups Federations operating in Kerala were willing to provide an appropriate health protection cover to their members. These Federations had already been very proactive when the State Government made its first attempt to provide a health insurance cover to all BPL families. Initiated in 2006, the state-wide Kutumbasuraksha health insurance scheme focused on BPL households and intended to cover 2.5 million people. Its first phase could demonstrate that the word-of-mouth strategy for information dissemination through the Self Help Groups was highly effective, resulting in a very high enrolment rate



within a period of three months. Due mainly to political reasons, the scheme however was soon interrupted

In 2007, the Central Government decided to take over and introduced under the Universal Health Insurance Scheme, a new specific scheme targeting the poor population living in the tsunami affected areas. This scheme, called the Tsunami Free Mediclaim Policy jointly offered by the Government and the United India Insurance Company, adopted a similar methodology: linking up with the Self Help Groups Federations in order to reach the target groups and to ensure all necessary interactions during the implementation process

In Kerala, the scheme was planned to cover the four districts of Calicut, Ernakulam, Kollam and Kannur, with a total coverage estimated to reach around 225,000 people

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Tsunami Free Mediclaim Policy
Starting Date:	September 2007
Duration of Insurance Plan:	One year
Insurance Year:	Not fixed – starting upon issuance of insurance card
Management Responsibility:	SHG Federations
Organization Structure:	CBO in close collaboration with TPA local support team
Risk Coverage:	Health care, accidental death
Registration:	No separate registration
Rural/Urban:	Rural and peri-urban
Outreach:	Ernakulam, Kollam, Calicut and Kannur Districts of Kerala
Target Group:	Poor population living in the Tsunami affected area
Staff Working for the Scheme:	NA

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary / automatic (upon receipt of all requested information from each family head)
Age Limitations:	No
Insurance Unit:	Family of five
Number of Policyholders:	45,194
Number of Insured:	225,970
Percentage of Women:	About 50%
Potential Target:	425,000
Penetration Rate:	53%

##### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007 – 2008	225,970	-

#### 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Full premium paid by Government of India
Schedule of Contributions:	Yearly
Membership Identification:	Membership card
Waiting Period:	No
Changes in Contributions over Time:	Not applicable
Changes in Benefits over Time:	Not applicable

Benefits	Contributions	Number of Insured
<u>Health care:</u>	Premium rates:	225,970
o Hospitalization expenses up	Rs. 365 for an individual	

to Rs. 30,000	Rs. 548 for a family of five Rs. 730 for a family of seven	
<ul style="list-style-type: none"> <li>Compensation due to loss of earning at the rate of Rs. 50 per day up to a maximum of 15 days</li> </ul>		
<u>Accidental death:</u>		
<ul style="list-style-type: none"> <li>Rs. 25,000 in case of accidental death of the household head</li> </ul>		

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2007 – 2008	45,194	NA
Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2007 – 2008	NA	NA

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Standard exclusion clauses applied by public insurance companies
Co-Payment:	No
Service Payment Modality:	Cashless in empanelled hospitals – reimbursement in case of use of other health facilities
Tie-up with Health Facilities:	Yes - Private
Contractual Arrangements with HPs:	Yes. Formal agreements
Number of Associated HPs:	Network of private hospitals and nursing homes already partnering with the selected TPA
Financial Advantages Provided by HPs:	Discount and fixed rates on services covered by the scheme
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Limited (Hospitalization only)
Level of Health Benefits:	High (up to Rs. 30,000)
Intervention of TPA:	Yes
Designation of TPA:	MDIndia Healthcare
Access to Health Services:	Pre-authorization required
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	Not applicable
Renewal Rate:	Not applicable

## 8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Government of India
Direct Subsidy:	Yes. Full premium paid by Government of India
Indirect Subsidy:	No
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
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Changes of Private Companies:	-
Use of Public Insurance Companies:	Yes. United India Insurance Company
Changes of Public Companies:	No
Special Advantages Provided by Insurance Companies:	No
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Difficulty to reach the target population in remote areas
Enrolment Modalities:	Delays in enrolment process
Service Delivery:	-
Management:	-
Financing:	-
Sustainability:	-

## 11. Development Perspectives (Not Applicable at this Early Stage)

Enrolment:	-
Service Delivery:	-
Management:	-
Extension:	-
Replication:	-

## 12. Contact Details

Contact Persons:	Mr. Anupam Gupta, Chief Operating Officer
Address:	MDIndia Healthcare Services MDIndia House, Near Kothrud Petrol Pump, Karve Statue Circle Kothrud, Pune – 411 038 Maharashtra
Telephone Number:	(20) 2729 2041 / 42 / 43 Mob: 93267 02258
Fax Number:	(20) 2729 2050
E.Mail:	<a href="mailto:agupta@mdindia.com">agupta@mdindia.com</a>
Website:	<a href="http://www.mdindia.com">www.mdindia.com</a>

## 79. SELF-HELP GROUPS FEDERATION (1) – TAMIL NADU

### 1. The Scheme at a Glance

Ownership Profile:	CBO
Starting Date:	2007
Risk Coverage:	Health care, accidental death
Target Group:	Poor population in tsunami affected areas
Rural/Urban:	Rural and peri-urban
Outreach:	Three Districts in Tamil Nadu
Total Number of Insured:	49,535
Potential Target:	73,675
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	Yes (Public)



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner – Agent
Type of Risk:	Single Risk / Risk Package	Risk Package
Type of Enrolment:	Voluntary / Compulsory	Voluntary/automatic
Insured Unit:	Individual / Family	Family
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Up Front
Subsidy to the Scheme:	Direct / Indirect	Direct

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	High
Tie-up with Health Facilities:	Private / Public	Private
Administration Responsibility:	TPA / No TPA	TPA
Additional Financial Benefit:	Discount / No Discount	Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Both
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Both

### 3. The Organization

The various Self Help Groups Federations operating in Kerala were willing to provide an appropriate health protection cover to their members. These Federations took the opportunity of linking up with the new initiative launched by the Central Government in Kerala and Tamil Nadu.

In 2007, the Central Government decided to introduce under the Universal Health Insurance Scheme, a new specific scheme targeting the poor population living in the tsunami affected areas. This scheme, called the

Tsunami Free Mediclaim Policy jointly offered by the Government and the United India Insurance Company, adopted the method to link up with the Self Help Groups Federations in order to reach the target groups and to ensure all necessary interactions during the implementation process

In Tamil Nadu, the scheme was planned to cover the district of Cuddalore, with a total coverage estimated to reach around 49,000 people

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Tsunami Free Mediclaim Policy
Starting Date:	September 2007
Duration of Insurance Plan:	One year
Insurance Year:	Not fixed – starting upon issuance of insurance card
Management Responsibility:	SHG Federations
Organization Structure:	CBO in close collaboration with TPA local support team
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Rural and peri-urban
Outreach:	Pondichery, Karaikal and Cuddalore Districts in Tamil Nadu
Target Group:	Poor population living in the Tsunami affected area
Staff Working for the Scheme:	NA

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary / automatic (upon receipt of all requested information from each family head)
Age Limitations:	No
Insurance Unit:	Family of 5
Number of Policyholders:	9,907
Number of Insured:	49,535
Percentage of Women:	About 50%
Potential Target:	73,675
Penetration Rate:	67%

##### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007 – 2008	49,535	-

#### 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Full premium paid by Government of India
Schedule of Contributions:	Yearly
Membership Identification:	Membership card
Waiting Period:	No
Changes in Contributions over Time:	Not applicable
Changes in Benefits over Time:	Not applicable

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>Hospitalization expenses up to Rs. 30,000</li> <li>Compensation due to loss of earning at the rate of Rs. 50 per day up to a maximum of</li> </ul>	Premium rates: Rs. 365 for an individual Rs. 548 for a family of five Rs. 730 for a family of seven	59,640

15 days		
Accidental death:		
o Rs. 25,000 in case of accidental death of the household head		
Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2007 – 2008	9,907	NA
Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2007 – 2008	NA	NA

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Standard exclusion clauses applied by public insurance companies
Co-Payment:	No
Service Payment Modality:	Cashless in empanelled hospitals – reimbursement in case of use of other health facilities
Tie-up with Health Facilities:	Yes - Private
Contractual Arrangements with HPs:	Yes. Formal agreements
Number of Associated HPs:	Network of private hospitals and nursing homes already partnering with the selected TPA
Financial Advantages Provided by HPs:	Discount and fixed rates on services covered by the scheme
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Limited (Hospitalization only)
Level of Health Benefits:	High (up to rs. 30,000)
Intervention of TPA:	Yes
Designation of TPA:	MDIndia Healthcare
Access to Health Services:	Pre-authorization required
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	Not applicable
Renewal Rate:	Not applicable

## 8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Government of India
Direct Subsidy:	Yes. Full premium paid by Government of India
Indirect Subsidy:	No
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-
Use of Public Insurance Companies:	Yes. United India Insurance Company
Changes of Public Companies:	No
Special Advantages Provided by Insurance Companies:	No

Re-Insurance: No

## 10. Problems and Constraints

Plan Distribution:	Difficulty to reach the target population in remote areas
Enrolment Modalities:	Delays in enrolment process
Service Delivery:	-
Management:	-
Financing:	-
Sustainability:	-

## 11. Development Perspectives (Not Applicable at this Early Stage)

Enrolment:	-
Service Delivery:	-
Management:	-
Extension:	-
Replication:	-

## 12. Contact Details

Contact Persons:	Mr. Anupam Gupta, Chief Operating Officer
Address:	MDIndia Healthcare Services MDIndia House, Near Kothrud Petrol Pump, Karve Statue Circle Kothrud, Pune – 411 038 Maharashtra
Telephone Number:	(20) 2729 2041 / 42 / 43 Mob: 93267 02258
Fax Number:	(20) 2729 2050
E.Mail:	<a href="mailto:agupta@mdindia.com">agupta@mdindia.com</a>
Website:	<a href="http://www.mdindia.com">www.mdindia.com</a>

## 80. SELF-HELP GROUPS FEDERATION (2) – TAMIL NADU

### 1. The Scheme at a Glance

Ownership Profile:	CBO
Starting Date:	2006
Risk Coverage:	Health care
Target Group:	Poor women organized in SHGs
Rural/Urban:	Rural
Outreach:	One district in Tamil Nadu
Total Number of Insured:	2,688
Potential Target:	10,000
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	Yes (Private)



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner – Agent
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Individual
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Easy Paym. Mech.
Subsidy to the Scheme:	Direct / Indirect	No Subsidy

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	High
Tie-up with Health Facilities:	Private / Public	Private
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Pre – Authorization
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Both

### 3. The Organization

Over the last few years, the State of Tamil Nadu has witnessed one of the most rapid developments of the Self Help Group movement. This movement has already succeeded to organize itself into federations operating at different levels, while generating revenues that could be used to facilitate the provision of various insurance products to their members.

Star Health and Allied Insurance Company is the first stand-alone health insurance company. In line with the



social objectives Government of India, it is committed to bring quality health care within the affordable reach of the rural population.

As a result of a close collaboration with various federations of SHGs and other local organizations, Star Health already designed several micro health insurance products targeting the disadvantaged groups. It now plans to extend such schemes across all India.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Micro Health Insurance Scheme
Starting Date:	May 2006
Duration of Insurance Plan:	One year
Insurance Year:	Not fixed – starts on day of premium payment
Management Responsibility:	Federation of Self help Groups
Organization Structure:	Community based organization
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Rural
Outreach:	One district in Tamil Nadu
Target Group:	Self Help Groups members – poor women and their families
Staff Working for the Scheme:	No full-time staff. Volunteers working for the federation add insurance to their regular activities

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	Yes. Restricted to age group between 5 and 50 years
Insurance Unit:	Individual
Number of Policyholders:	2,688
Number of Insured:	2,688
Percentage of Women:	90%
Potential Target:	10,000
Penetration Rate:	27%

##### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007 – 2008	NA	NA
2006 – 2007	2,688	-

#### 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Yes. Some SHGs may lend the premium amount to their members
Schedule of Contributions:	Yearly
Membership Identification:	Membership card with photo identification
Waiting Period:	Yes. 30 days from the commencement of the policy
Changes in Contributions over Time:	Not applicable at such an early stage
Changes in Benefits over Time:	Not applicable

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>Total hospitalization expenses up to Rs. 30,000 with following sub-limits:</li> </ul>	Rates range according to age group: Rs. 275 per person per year (5 - 25 year old)	2,688

<ul style="list-style-type: none"> <li>○ Hospitalization costs up to Rs. 5,000 including room rent, boarding and nursing expenses (Rs. 150 per day)</li> <li>○ Surgeon's fee, consultant's fee and anaesthetist's fee up to Rs. 3,500</li> <li>○ Cost of blood, oxygen, diagnostic expenses, artificial limb, medicines up to Rs. 4,500 per hospitalization</li> <li>○ Emergency ambulance charges up to Rs. 350 per hospitalization and up to Rs. 1,000 per insured period</li> </ul>	Rs. 350 per person per year (26 – 35 year old) Rs. 425 per person per year (36 – 45 year old) Rs. 500 per person per year (46 – 50 year old)	
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Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2007 – 2008	NA	NA
2006 – 2007	2,688	NA
Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2007 – 2008	NA	NA
2006 – 2007	NA	NA

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Yes. Pre-existing diseases, naturopathy treatment and cosmetic expenses and any treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications or any of these including caesarean section First year exclusions: Hernia, piles, fistula in anus, congenital internal diseases/defect, sinusitis and related disorder, gall stone/renal stone. Second year exclusions: Hysterectomy, joint/knee replacement surgery, varicose veins/ulcers
Co-Payment:	No
Service Payment Modality:	Cashless in network facilities. Reimbursement in case of use of other health facilities
Tie-up with Health Facilities:	Yes – Private
Contractual Arrangements with HPs:	Yes. Formal agreements
Number of Associated HPs:	NA
Financial Advantages Provided by HPs:	Discount on tariffs, fixed intervention rates
Non Financial Advantages Provided to Insured:	From Insurance company: Information brochure including the list of network hospitals 24 hours general practitioner advice, medical counselling and health tips 24X7 in-house call center - toll free telephone line assistance

Scope of Health Benefits:	Limited
Level of Health Benefits:	High
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Pre-authorization required
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	NA
Renewal Rate:	Not applicable

## 8. Assistance to the Scheme

External Funding:	No
Origin of External Funding:	-
Direct Subsidy:	No
Indirect Subsidy:	No
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	Yes. Star Health and Allied Insurance Company
Changes of Private Companies:	No
Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	All group policies are eligible for a maximum discount of 5% for a group exceeding 100 members
Re-Insurance:	No

## 10. Problems and Constraints (Not Applicable at this Early Stage)

Plan Distribution:	-
Enrolment Modalities:	-
Service Delivery:	-
Management:	-
Financing:	-
Sustainability:	-

## 11. Development Perspectives (Not Applicable at this Early Stage)

Enrolment:	-
Service Delivery:	-
Management:	-
Extension:	-
Replication:	-

## 12. Contact Details

Contact Persons:	Mr. A.G. Gajapathy, Vice-President, Marketing
Address:	Star Health and Allied Insurance Company 1, New Tank Street, Valluvar Kottam High Road Nungambakhan, Chennai – 600 034 Tamil Nadu
Telephone Number:	(44) 2828 8800
Fax Number:	(44) 2826 0062
E.Mail:	-
Website:	<a href="http://www.starhealth.in">www.starhealth.in</a>

## 81. SEVASHRAM

### 1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2006
Risk Coverage:	Health care
Target Group:	Poor women and other marginalized groups
Rural/Urban:	Rural and semi urban
Outreach:	One district in Kerala
Total Number of Insured:	125
Potential Target:	2,000
Micro-Finance Linkage:	No
Insurance Co. Linkage:	Yes (Public)



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner – Agent
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Both
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Easy Payment Mech.
Subsidy to the Scheme:	Direct / Indirect	No Subsidy

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	Low
Tie-up with Health Facilities:	Private / Public	Both
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	No Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Reimbursement

### 3. The Organization

Sevashram is a non-governmental organization duly registered in 1995 under the Charitable Society Act. Its main activities include the support to income-generating activities, the development of micro-enterprises, the promotion of rural employment, and general improvement of education, sanitation, health and social security measures.

Sevashram main focus is on poor marginalized workers operating in rural communities, mainly dealing with

agricultural activities and animal husbandry. A special emphasis is also given to the various activities that would help poor women to take a more active role in the whole local development process.

In 2006, Sevashram tied up with a public insurance company to provide a first much needed health insurance cover to the poor communities it worked with.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Jan Arogya Bima Policy
Starting Date:	May 2006
Duration of Insurance Plan:	One year
Insurance Year:	January to December
Management Responsibility:	Sevashram
Organization Structure:	NGO
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Rural and semi urban
Outreach:	One district in Kerala
Target Group:	Women and other socially and economically weaker groups of the population
Staff Working for the Scheme:	NA

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	Yes – from 18 to 65 years
Insurance Unit:	Individual and family
Number of Policyholders:	60
Number of Insured:	125
Percentage of Women:	80%
Potential Target:	2,000
Penetration Rate:	6%

##### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007	125	-

#### 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Yes. Collection of premium from home in regular instalments
Schedule of Contributions:	Yearly
Membership Identification:	Payment slip
Waiting Period:	No
Changes in Contributions over Time:	Not applicable (new scheme)
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>Hospitalization expnses up to Rs. 5,000 per person per year</li> </ul>	Up to 45 years: Rs. 70 per person per year 46 – 55 years: Rs 100 per person per year 56 – 65 years: Rs. 120 per person per year	125

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2007	125	NA
Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2007	NA	NA

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Standard exclusions
Co-Payment:	No
Service Payment Modality:	Reimbursement
Tie-up with Health Facilities:	No
Contractual Arrangements with HPs:	-
Number of Associated HPs:	-
Financial Advantages Provided by HPs:	-
Non Financial Advantages Provided to Insured:	-
Scope of Health Benefits:	Limited – hospitalization cover only
Level of Health Benefits:	Low – up to Rs. 5,000 only
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	Not applicable (new scheme)
Renewal Rate:	NA

## 8. Assistance to the Scheme

External Funding:	No
Origin of External Funding:	-
Direct Subsidy:	No
Indirect Subsidy:	No
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-
Use of Public Insurance Companies:	Yes – United India Assurance Company (UIAC)
Changes of Public Companies:	No
Special Advantages Provided by Insurance Companies:	No
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Limited intervention area and weak enrolment in response to health insurance promotion
Enrolment Modalities:	-
Service Delivery:	-
Management:	-
Financing:	-

Sustainability: -

## 11. Development Perspectives

Enrolment:	-
Service Delivery:	Improve claims processing and reduce settlement delays
Management:	Improve the management information system and the monitoring capacity
Extension:	-
Replication:	-

## 12. Contact Details

Contact Persons:	Fr. K. Mampilly, President
Address:	Mangattukara, Puliyanam, Ekm. District Angamaly – 683 572 Kerala
Telephone Number:	(0484) 2457133 / 2457784
Fax Number:	(0484) 2457784
E.Mail:	<a href="mailto:sevashram@sevashramindia.org">sevashram@sevashramindia.org</a>
Website:	<a href="http://www.sevashramindia.org">www.sevashramindia.org</a>

## 82. SEVA MANDIR

### 1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2004
Risk Coverage:	Health care
Target Group:	Poor population
Rural/Urban:	Rural
Outreach:	One district in Rajasthan
Total Number of Insured:	400
Potential Target:	4,000
Micro-Finance Linkage:	No
Insurance Co. Linkage:	No



Rajasthan

### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	In – House
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Individual
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Up Front
Subsidy to the Scheme:	Direct / Indirect	Indirect

#### Health

Scope of Health Benefits:	Limited / Broad	Medium
Level of Health Benefits:	Low / High	Low
Tie-up with Health Facilities:	Private / Public	Own Health Facility
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	No Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	Yes
Payment Modality:	Cashless / Reimbursement	Reimbursement

### 3. The Organization

Seva Mandir is a Non-Governmental Organization working in 583 villages mainly from Udaipur and Rajsamand districts of Rajasthan. Seva Mandir's work spans over various sectors such as health, women and child development, control of natural resources, empowerment and strengthening village institutions.

Seva Mandir's health programme focuses on providing safe motherhood services to pregnant women and meeting the health and nutritional needs of rural children. The health education initiatives include sanitation



and personal hygiene, fight against the major diseases prevalent in the area (Tuberculosis, HIV, Malaria and Diarrhoea), maternal and child health and dissemination of information on birth control. At the village level, the organization rely on the intervention of Village Health Workers and Trained Birth Attendants.

Seva Mandir runs a 25-bedded hospital in the area with radiology and pathology facilities with two resident doctors.

Seva Mandir pioneered in 2004 a very first maternity coupon programme as a way of establishing regular linkages between service providers and beneficiaries and encouraging institutional deliveries. The same year, Seva Mandir also choose to design and implement a health insurance programme for the community.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Routine Care Health Insurance Programme (RCHIP)
Starting Date:	May 2004
Duration of Insurance Plan:	One year
Insurance Year:	May to April
Management Responsibility:	Seva Mandir – part of the organization's regular on-going activities
Organization Structure:	NGO
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Rural
Outreach:	Kherwara Block of Old Fatehpura District in Udaipur, Rajasthan
Target Group:	Poor population within a specific geographical area
Staff Working for the Scheme:	No full-time staff

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	No
Insurance Unit:	Individual
Number of Policyholders:	400
Number of Insured:	400
Percentage of Women:	About 80%
Potential Target:	4,000
Penetration Rate:	10%

##### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2006 – 2007	400	+ 100%

#### 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No
Schedule of Contributions:	Yearly
Membership Identification:	Membership card
Waiting Period:	No
Changes in Contributions over Time:	No
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
<u>Health care:</u>	Rs. 50 per adult per year	400
o Hospitalization costs and out-	Rs. 40 per child per year	

patient care up to Rs. 2,000  
(including chronic ailments  
like heart disease, asthma,  
etc.)

#### Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2006 – 2007	400	NA
2005 – 2006	200	NA

#### Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2006 – 2007	NA	NA
2005 – 2006	NA	NA

### 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Yes. Such diseases as cancer and tuberculosis
Co-Payment:	Yes: Rs. 20 per treatment covered under the scheme
Service Payment Modality:	Up front
Tie-up with Health Facilities:	The scheme uses its own health facility: a 25-bedded hospital operated at Kojawara
Contractual Arrangements with HPs:	No
Number of Associated HPs:	-
Financial Advantages Provided by HPs:	No
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Medium
Level of Health Benefits:	Low
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	Local support provided by the village health workers. Health education and maternity voucher programmes
Claim Ratio Rejection Rates:	NA
Renewal Rate:	NA

### 8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	NA
Direct Subsidy:	No
Indirect Subsidy:	Operation grant provided to the organization
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	No

### 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-
Use of Public Insurance Companies:	No
Changes of Public Companies:	-

Special Advantages Provided by Insurance Companies:	No
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Weak understanding of health insurance
Enrolment Modalities:	Weak involvement of the targeted community
Service Delivery:	-
Management:	-
Financing:	-
Sustainability:	-

## 11. Development Perspectives

Enrolment:	Review the whole experience and introduce changes in the present scheme in order to ensure an increased and steady membership
Service Delivery:	-
Management:	-
Extension:	-
Replication:	-

## 12. Contact Details

Contact Persons:	Ms. Swati, Programme Manager
Address:	Seva Mandir Old Fateh Pura Udaipur – 313 004 Rajasthan
Telephone Number:	294 – 2450960/ 2451041
Fax Number:	294 – 2450947
E.Mail:	<a href="mailto:wcd@sevamandir.org">wcd@sevamandir.org</a>
Website:	-

## 83. SHANTI DAN

### 1. The Scheme at a Glance

Ownership Profile:	CBO
Starting Date:	2004
Risk Coverage:	Health care
Target Group:	Poor working women
Rural/Urban:	Rural
Outreach:	Tamil Nadu + Pondicherry
Total Number of Insured:	100,000
Potential Target:	200,000
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	Yes (Private)



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner – Agent
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Family
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Up Front
Subsidy to the Scheme:	Direct / Indirect	Direct

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	High
Tie-up with Health Facilities:	Private / Public	Private
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Both

### 3. The Organization

Shanti Dan which literally means “Gift of Peace” was set up in Tamil Nadu in 1982 and registered under the Societies registration Act. Its vision is a just social order where working women are accepted as equal partners in community building. Its mission is to enable working women to participate in the democratic institutions of decision making through social awareness and organization. It currently operates in the States of Tamil Nadu and Pondicherry.

Shanti Dan's key strategies are: community organization, capacity building, sensitization, networking, lobbying and advocacy. Accordingly, it is involved in the following activities: micro-finance, income generation, organization of development activities at village level, supplementary tuition for school going children, community health and hygiene.

Micro-credit activities are organized through women's sangams at the village, zonal and district level. The sangams are regrouped into the "Shanti Dan Munuetta Sangam" – an apex federation of the women sangams which is registered as a separate body under the Indian Trust Act.

For its health insurance initiative which started in 2004, it has entered a partnership with the Government, an insurance company and a health provider – the Karakkonam Medical College & Hospital of the Church of South Asia.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Shantidan Health Insurance Scheme
Starting Date:	2004
Duration of Insurance Plan:	One year
Insurance Year:	January to December
Management Responsibility:	Self Help Group Federation
Organization Structure:	CBO
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Rural
Outreach:	Selected districts in Tamil Nadu and Pondicherry
Target Group:	Below Poverty Line Families including Tsunami affected areas
Staff Working for the Scheme:	No full-time staff

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	NA
Insurance Unit:	Family of five
Number of Policyholders:	20,000
Number of Insured:	100,000
Percentage of Women:	About 50%
Potential Target:	150,000
Penetration Rate:	66%

##### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2006	100,000	-

#### 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No
Schedule of Contributions:	Yearly
Membership Identification:	Membership card
Waiting Period:	No
Changes in Contributions over Time:	No
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
Health care:	Rs. 580 per family of five per year	100,000
o Hospitalization costs up to Rs.		

15,000 for a single admission. with a ceiling of Rs. 35,000 per family per year	(the member pays only Rs. 280, with the State Government contributing Rs. 300)	
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Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2006	20,000	11,600,000
Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2006	NA	NA

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Delivery and pregnancy-related illnesses are not covered under the scheme
Co-Payment:	No
Service Payment Modality:	Cashless or reimbursement
Tie-up with Health Facilities:	Only one health provider is part of the scheme and provides cashless services to members
Contractual Arrangements with HPs:	Yes
Number of Associated HPs:	1
Financial Advantages Provided by HPs:	Discounts on some services
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Limited – hospitalization cover only
Level of Health Benefits:	High – up to Rs. 35,000 per family per year
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	Community health education programme
Claim Ratio Rejection Rates:	NA
Renewal Rate:	NA

## 8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	State Governments of Tamil Nadu and Pondicherry
Direct Subsidy:	Yes – cost-sharing mechanism
Indirect Subsidy:	No
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-
Use of Public Insurance Companies:	Yes – United India Insurance Company
Changes of Public Companies:	No
Special Advantages Provided by Insurance Companies:	None
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Limited understanding of health insurance advantages
Enrolment Modalities:	Very low enrolment – low renewal
Service Delivery:	-
Management:	Delayed settlement of some claims leading to dissatisfaction among members
Financing:	-
Sustainability:	No guarantee that the Government co-contribution will be provided over the next years

## 11. Development Perspectives

Enrolment:	Develop insurance awareness and education programmes
Service Delivery:	Partner with additional health providers
Management:	-
Extension:	-
Replication:	-

## 12. Contact Details

Contact Persons:	Shantidan Chairman
Address:	5A-1 Kesari Trust Nagercoli – 629 001 Kanyakumari district Tamil Nadu
Telephone Number:	-
Fax Number:	-
E.Mail:	-
Website:	-

## 84. SHRI KSHETHRA DHARMASTHALA RURAL DEVELOPMENT PROJECT (SKDRDP)

### 1. The Scheme at a Glance

Ownership Profile:	Private Trust
Starting Date:	2004
Risk Coverage:	Health care, accidental death, disability, assets
Target Group:	Small and marginal land holders
Rural/Urban:	Rural
Outreach:	Three districts in Karnataka
Total Number of Insured:	721,130
Potential Target:	800,000
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	Yes (Private)



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner – Agent
Type of Risk:	Single Risk / Risk Package	Risk Package
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Family
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Easy Paym. Mech.
Subsidy to the Scheme:	Direct / Indirect	No Subsidy

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	Low
Tie-up with Health Facilities:	Private / Public	Private
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Pre - Authorization
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Both

### 3. The Organization

Shree Kshetra Dharmasthala Rural development Project (SKDRDP), based in Dharamsthala, was established in 1982 By Dr. D. Veerendra Heggade. The programme has its base in the Shree Kshetra Dharmasthala, a famous Hindu religious shrine of South Asia. The programme is engaged in an intensive fight against poverty, ignorance, illiteracy, alcohol abuse, gender discrimination, and divisions based on caste,



creed and money power.

SKDRDP has the mission to adopt small, marginal and micro land holders as stakeholders and organize them in the informal sector to promote sustainable farming practices. In the process, SKDRDP is committed to economically empowering the stakeholders to be self reliant.

SKDRDP has the following objectives:

- Facilitate empowerment of the un-reached
- Unite rural folk and to mobilize the rural infrastructures for rapid development
- Utilize the natural resources and human resources within the villages for their own progress
- Introduce cost-effective, sustainable means for development of agriculture
- Encourage both agricultural and non-agricultural activities
- Blend morality, integrity, discipline and religion in the development process
- Facilitate participatory community and village development projects
- Provide easy access to micro-finance services

Some of SKDRDP's main activities are as follows:

- Infrastructure/community development
- Sustainable agriculture
- Self help Groups promotion and development

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Sampoorna Suraksha Yojana
Starting Date:	2004
Duration of Insurance Plan:	One year
Insurance Year:	April – March
Management Responsibility:	Shri Kshrethra Dharamshala Rural Development Project (SKDRDP)
Organization Structure:	Private Trust
Risk Coverage:	Health care, maternity protection, accidental death, disability, natural disaster, livestock
Registration:	No separate registration
Rural/Urban:	Rural
Outreach:	Three Districts in Karnataka: Udupi, Uttara Kanada and Dakshina
Target Group:	Poor rural women organized in Self Help Groups
Staff Working for the Scheme:	Scheme run at the local level by joint staff of ICICI Lombard and SKDRDP

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	Yes. Scheme restricted to the group of age: from 6 months to 70 year old
Insurance Unit:	Family
Number of Policyholders:	NA
Number of Insured:	721,130
Percentage of Women:	60%
Potential Target:	800,000
Penetration Rate:	90%

##### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007 – 2008	721,130	+ 78%

2006 – 2007	403,655	+ 106%
2005 – 2006	195,600	-

## 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Yes. Premium collected along with weekly savings from SHG members so that it doesnot strain the finance of the family
Schedule of Contributions:	Yearly
Membership Identification:	Membership card
Waiting Period:	NA
Changes in Contributions over Time:	No
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured																																												
<u>Health care (with insurer):</u> <ul style="list-style-type: none"><li>Hospitalization costs on family floater basis for sum insured of Rs. 5,000 per person per year, inclusive of room charges, professional fees and investigations</li><li>Pre-existing diseases and ayurvedic treatment covered</li></ul>	Premium varies according to family size: <table><thead><tr><th>No.</th><th>Prem.</th><th>To Insurer</th><th>To T.Fund</th></tr></thead><tbody><tr><td>1</td><td>190</td><td>100</td><td>90</td></tr><tr><td>2</td><td>305</td><td>175</td><td>130</td></tr><tr><td>3</td><td>420</td><td>260</td><td>160</td></tr><tr><td>4</td><td>535</td><td>340</td><td>195</td></tr><tr><td>5</td><td>650</td><td>425</td><td>225</td></tr><tr><td>6</td><td>765</td><td>510</td><td>255</td></tr><tr><td>7</td><td>880</td><td>610</td><td>270</td></tr><tr><td>8</td><td>995</td><td>705</td><td>290</td></tr><tr><td>9</td><td>1,110</td><td>800</td><td>310</td></tr><tr><td>10</td><td>1,225</td><td>895</td><td>330</td></tr></tbody></table>	No.	Prem.	To Insurer	To T.Fund	1	190	100	90	2	305	175	130	3	420	260	160	4	535	340	195	5	650	425	225	6	765	510	255	7	880	610	270	8	995	705	290	9	1,110	800	310	10	1,225	895	330	721,130
No.	Prem.	To Insurer	To T.Fund																																											
1	190	100	90																																											
2	305	175	130																																											
3	420	260	160																																											
4	535	340	195																																											
5	650	425	225																																											
6	765	510	255																																											
7	880	610	270																																											
8	995	705	290																																											
9	1,110	800	310																																											
10	1,225	895	330																																											
<u>Health care (from Trust Fund):</u> <ul style="list-style-type: none"><li>Rs. 50/day compensation for loss of earnings due to sickness up to 30 days</li></ul>																																														
<u>Other risks (from Trust Fund)</u>																																														
<u>Personal accident:</u> <ul style="list-style-type: none"><li>Rs. 5,000 for accidents</li><li>Rs. 25,000 in case of accidental death</li></ul>																																														
<u>Disability:</u> <ul style="list-style-type: none"><li>Rs. 12,500 in case of partial disability</li><li>Rs. 25,000 in case of total disability</li></ul>																																														
<u>Maternity protection:</u> <ul style="list-style-type: none"><li>Rs. 2,000 for normal delivery</li><li>Rs. 4,000 in case of caesarean section</li></ul>																																														
<u>Assets:</u> <ul style="list-style-type: none"><li>Rs. 1,000 compensation for natural disaster</li></ul>																																														

compensationaccidents		
o Rs. 1,000 for loss of milch		

#### Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2007 – 2008	721,130	NA
2006 – 2007	403,655	NA
2005 – 2006	195,600	15,600,000

#### Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2006	NA	NA
2005	NA	NA
2004	7,579	26,400,000

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Yes. Standard exclusion clauses applied by most private insurance companies: congenital external disease, laboratory charges, AIDS, cosmetic treatment, cost of spectacles and contact lenses, hearing aids, sterilization and infertility treatment...
Co-Payment:	No
Service Payment Modality:	Cashless with network hospitals and reimbursement in case of medical emergencies or use of public facilities
Tie-up with Health Facilities:	Yes – private
Contractual Arrangements with HPs:	Yes, formal agreements with private hospitals
Number of Associated HPs:	69 private facilities
Financial Advantages Provided by HPs:	Negotiated rates with network hospitals
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Limited (hospitalization costs only)
Level of Health Benefits:	Low
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Pending pre-authorization
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	2.2% in Year 1 – 1.8% in Year 2
Renewal Rate:	NA

## 8. Assistance to the Scheme

External Funding:	No
Origin of External Funding:	-
Direct Subsidy:	No
Indirect Subsidy:	No
External Technical Assistance:	Yes, through Centre for Insurance and Risk Management (CIRM) at the Institute for Financial Research Management (IFMR), Chennai
Nature of Technical Assistance:	Technical input, morbidity pattern analysis
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	Yes. ICICI Lombard General Insurance Company
Changes of Private Companies:	Yes. Partnered first with United Insurance Company (Public) then switched in Year 2 to ICICI
Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	No
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Limited insurance literacy among insured
Enrolment Modalities:	-
Service Delivery:	Absence of treatment protocols
Management:	Lack of efficient MIS, standardized and stringent gate keeping procedure
Financing:	High level of claims incidence in Year 1: 3.1%
Sustainability:	-

## 11. Development Perspectives

Enrolment:	-
Service Delivery:	Explore feasibility of standardized treatment protocols with network hospitals
	Explore coverage of high end non-communicable disease
Management:	-
Extension:	-
Replication:	-

## 12. Contact Details

Contact Persons:	Mr. K. V. Baht, Project Officer
Address:	Dharmashri Building, Bethngady Taluk, Dakshina Kannada Taluk
	Dharamsthala – 574 216
	Karnataka
Telephone Number:	(08256) 317215
Fax Number:	-
E.Mail:	<a href="mailto:ihmskdrdp@vasnet.co.in">ihmskdrdp@vasnet.co.in</a>
Website:	<a href="http://www.skdrdp.org">www.skdrdp.org</a>

## 85. SOCIETY FOR THE PROMOTION OF AREA RESOURCES

### 1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2000
Risk Coverage:	Health care, accidental death, disability, assets
Target Group:	Slum and pavement dwellers
Rural/Urban:	Urban
Outreach:	City of Mumbai, Maharashtra
Total Number of Insured:	1,000
Potential Target:	10,000
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	Yes (Public)



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner – Agent
Type of Risk:	Single Risk / Risk Package	Risk Package
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Individual
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Easy Payment mech.
Subsidy to the Scheme:	Direct / Indirect	Direct

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	Low
Tie-up with Health Facilities:	Private / Public	No Tie Up
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	No Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Reimbursement

### 3. The Organization

The Society for the Promotion of Area Resources (SPARC) initially started work amongst the slums in Mumbai in 1984 following a survey of 5,000 slum and pavement dwellers. Since then, its interventions have spread to some 14 cities in Maharashtra. The organization operates on the principles of participation, which includes making local governments responsible (and accountable) for service delivery to the poor. This approach also involves making the poor organize and fight for their rights rather than making them

dependent on service delivery.

SPARC has organized its women members into groups called “Mahila Milans” – a federation of women’s collectives. The Milans have been able to acquire land, housing and basic infrastructure services for its members by mobilizing members’ own savings, then negotiating land with local authorities and accessing additional finance through the Housing and Finance Development Corporation of India.

Under SPARC’s Crisis Credit Scheme, small amounts of Re. 1 to Rs. 5 are saved daily and given to collectors who in turn deposit the total amount at a central meeting place. Needy members can borrow from this fund without having to turn to formal banks. Repayments are also normally made promptly. A year after the savings scheme was initiated, the organizers started to give out loans for consumption purposes with a lending ceiling of Rs. 500.

SPARC is also an alliance member of the National Slum Dwellers Federation (NSDF), an organization working with poor urban settlers in 24 Indian cities. More than 60% of NSDF’s clients are female. The various activities developed by this apex organization include savings and credit schemes, consumer co-operatives, ration shops, housing co-operatives, liaison with police and municipal authorities, training and capacity building.

The alliance was quite successful in diversifying the sources of credit for its members. Today, it draws upon resources from the various government programmes like the Self-Employment Programme of the Urban Poor (SEPUP), Differential Rate of Interest (DRI) and the Rashtriya Mahila Kosk (RMK).

The insurance scheme initiated with a public insurance company in 1997 provides a comprehensive coverage package including health care, accidental death, disability and assets. In this model, the yearly contribution of the members is supplemented with interest accrued from the RMK loans made to its members. Out of this interest, a contribution is also made to the scheme. Thus, the contribution is not fully paid by the insured but also by individuals borrowing money from this fund.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Micro Health Insurance Scheme
Starting Date:	1997
Duration of Insurance Plan:	One year
Insurance Year:	April to March
Management Responsibility:	SPARC
Organization Structure:	NGO- as part of its regular on-going activities
Risk Coverage:	Health care, accidental death, disability, assets
Registration:	No separate registration
Rural/Urban:	Urban
Outreach:	City of Mumbai, Maharashtra
Target Group:	Slum and pavement dwellers and their families
Staff Working for the Scheme:	No full-time staff

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	NA
Insurance Unit:	Individual
Number of Policyholders:	1,000
Number of Insured:	1,000
Percentage of Women:	About 60%
Potential Target:	10,000
Penetration Rate:	10%

#### Evolution of Number of Insured

Year	Number of Insured	Change (%)
------	-------------------	------------

2006 – 2007	1,000	NA
2005 – 2006	NA	NA
2004 – 2005	NA	-

## 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Yes. Through SHG savings and loans
Schedule of Contributions:	Yearly
Membership Identification:	Membership card
Waiting Period:	One month
Changes in Contributions over Time:	No
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>Hospitalization costs up to Rs. 1,000 for major illnesses (Rs. 4,000 in case of cancer)</li> </ul>	Rs. 30 per person per year	1,000
<u>Accidental death:</u> <ul style="list-style-type: none"> <li>Rs. 25,000 for accidental death</li> </ul>		
<u>Disability:</u> <ul style="list-style-type: none"> <li>Rs. 25,000 in case of total permanent disability</li> <li>Rs. 12,500 in case of partial permanent disability</li> </ul>		
<u>Assets:</u> <ul style="list-style-type: none"> <li>Rs. 3000 as cover for loss of home, household goods and tools for self employment</li> </ul>		

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2006 – 2007	1,000	30,000
2005 – 2006	NA	NA
2004 – 2005	NA	NA

Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2006 – 2007	NA	NA
2005 – 2006	NA	NA
2004 – 2005	NA	NA

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Yes. Standard exclusion clauses applied by public insurance companies
Co-Payment:	No
Service Payment Modality:	Reimbursement
Tie-up with Health Facilities:	No
Contractual Arrangements with HPs:	-
Number of Associated HPs:	-
Financial Advantages Provided by HPs:	-
Non Financial Advantages Provided to Insured:	-
Scope of Health Benefits:	Limited (Hospitalization expenses only)
Level of Health Benefits:	Low
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	NA
Renewal Rate:	NA

## 8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Various Government Programmes such as the Rashtriya Mahila Kosh (RMK)
Direct Subsidy:	Yes. Co-contribution with interests accrued from the RMK loans made to its members. Whenever a member takes out a loan, he has to pay an interest. Out of this interest, the contribution is paid. Thus the contribution is not fully tied to individuals but is borne by all loanees
Indirect Subsidy:	No
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-
Use of Public Insurance Companies:	Yes. Oriental Insurance Company
Changes of Public Companies:	No
Special Advantages Provided by Insurance Companies:	No
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	-
Enrolment Modalities:	-
Service Delivery:	Low level of health benefits
Management:	Delays in claims processing and settlement
Financing:	-
Sustainability:	-

## 11. Development Perspectives

Enrolment:	-
Service Delivery:	-
Management:	-



Extension: -  
Replication: -

## 12. Contact Details

Contact Persons: -  
Address: Society for the Promotion of Area Resources  
PO Box 9289, meghraj Sethi Marg, Byculla  
Mumbai – 400 026  
Maharashtra  
Telephone Number: (022) 2309 6730 / 2621 2661  
Fax Number: (022) 2494 2115 / 2621 1658  
E.Mail: [sparc@vsnl.in](mailto:sparc@vsnl.in)  
Website: -

## 86. SOLAPUR COOPERATIVE FEDERATION

### 1. The Scheme at a Glance

Ownership Profile:	CBO
Starting Date:	2007
Risk Coverage:	Health care
Target Group:	Cooperative farmers and poor farmers
Rural/Urban:	Rural
Outreach:	One district in Maharashtra
Total Number of Insured:	170,000
Potential Target:	300,000
Micro-Finance Linkage:	No
Insurance Co. Linkage:	Yes (Private)



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner Agent
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Compulsory
Insured Unit:	Individual / Family	Individual
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Easy Paym. Mech.
Subsidy to the Scheme:	Direct / Indirect	No Subsidy

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	High
Tie-up with Health Facilities:	Private / Public	Private
Administration Responsibility:	TPA / No TPA	TPA
Additional Financial Benefit:	Discount / No Discount	Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Pre-authorization
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Cashless

### 3. The Organization

The Sahkar Maharishi Shankarao Mohite Patil Sakari Karkhana Sevak Kalyan Nidhi Sanstha groups together a broad range of people from cooperative societies, farmers societies and registered farmers of sugarmills in Maharashtra.

Committed to offer health protection to their members, the federation approached various insurance companies to trash out the possibility to design a tailor made health insurance product allowing this group to

avail, without any financial barrier, comprehensive hospitalization benefits up to an appropriate level as per the illness type and diagnosis. Reliance General Insurance Company decided to take up the challenge and appointed a Third Party Administrator (TPA) to take the full responsibility of designing and managing the new health insurance scheme.

The TPA – MDIndia Health Care Ltd choose to design a new model of health insurance that would allow the target group to access quality health care services in time of need at reasonable and predetermined costs.

Since it covered only surgical procedures that could become very expensive, the model had to avoid any wastage and get the best value for money. It also required strong partnership arrangements with various health providers combined with effective monitoring techniques and processes for all interventions covered under the scheme.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Solapur Cooperative Health Insurance Scheme
Starting Date:	January 2007
Duration of Insurance Plan:	One year
Insurance Year:	January – December
Management Responsibility:	Federation of cooperative societies
Organization Structure:	Community Based Organization (CBO)
Risk Coverage:	Health care (including maternity protection: since nowadays it is standard procedure to avoid any tears during deliveries, hence a surgical procedures is done known as episiotomy)
Registration:	Not registered separately
Rural/Urban:	Rural
Outreach:	One district in Maharashtra
Target Group:	Cooperative societies members, societies of farmers, registered farmers of sugar mills
Staff Working for the Scheme:	4

#### 5. Policyholders and Insured

Type of Enrolment:	By decision of the federation leaders, the scheme was made compulsory for all active members of the co-operative movement and registered farmers
Age Limitations:	Yes: for people below the age of 60
Insurance Unit:	Individual
Number of Policyholders:	170,000
Number of Insured:	170,000
Percentage of Women:	45%
Potential Target:	300,000
Penetration Rate:	56%

##### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2008	170,000	+ 68%
2007	101,134	-

#### 6. Contributions and Benefits

Entrance Fee:	None
Easy Payment Mechanisms:	Yes: Co-operative societies make the payment up front and collect the amount in easy and regular instalments from their members
Schedule of Contributions:	Yearly

Membership Identification:	Membership card with photo identification
Waiting Period:	Yes: 30 days from inception of cover, excluding cases of road traffic accident <ul style="list-style-type: none"> <li>o 6 months in case of claims arising from preexisting illnesses</li> <li>o 1 year for all chronic diseases</li> </ul>
Changes in Contributions over Time:	Not applicable (new scheme)
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>o Surgical interventions up to Rs. 100,000 (policy valid for only one claim per person per year)</li> </ul>	Rs. 160 per person per year	170,000

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2008	170,000	27,200,000
2007	101,134	16,181,440

Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2008	NA	NA
2007	NA	NA

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Everything other than surgical interventions list in the policy
Co-Payment:	No
Service Payment Modality:	Pure cashless
Tie-up with Health Facilities:	Yes - Private
Contractual Arrangements with HPs:	Yes
Number of Associated HPs:	25
Financial Advantages Provided by HPs:	Discounts and standardized rates applied on all interventions covered under the scheme
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Limited – surgical operations only
Level of Health Benefits:	High – up to Rs. 100,000 per intervention
Intervention of TPA:	Yes
Designation of TPA:	MDIndia Healthcare Services Pvt. Ltd.
Access to Health Services:	Pre-authorization required
Other Health Related Activities:	Database including classification of diseases and full cost breakdown developed by the TPA
Claim Ratio Rejection Rates:	NA
Renewal Rate:	NA

## 8. Assistance to the Scheme

External Funding:	No
Origin of External Funding:	-
Direct Subsidy:	No
Indirect Subsidy:	No
External Technical Assistance:	No

Nature of Technical Assistance:	-
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	Yes - Reliance General Insurance Company
Changes of Private Companies:	-
Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	No
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Limited benefits of the insurance plan
Enrolment Modalities:	-
Service Delivery:	-
Management:	-
Financing:	-
Sustainability:	-

## 11. Development Perspectives

Enrolment:	Increase plan benefits
Service Delivery:	Improve accreditation procedures and package rate standardization Track down the major illnesses affecting this particular segment of the population
Management:	-
Extension:	Plan to extend to other cooperative movements, to rickshaw associations, etc.
Replication:	Plans to replicate in other States

## 12. Contact Details

Contact Persons:	Mr. Anupam Gupta, Chief Operating Officer Mr. Praveen Yadav, Chief Administrative Officer Dr. Ketaki Washikar AGM Operations
Address:	MDIndia Healthcare Services MDIndia House, Near Kothrud Petrol Pump, Karve Statue Circle Kothrud, Pune – 411 038 Maharashtra
Telephone Number:	(20) 2729 2041 / 42 / 43 Mob: 93267 02258
Fax Number:	(20) 2729 2050
E.Mail:	<a href="mailto:agupta@mdindia.com">agupta@mdindia.com</a> <a href="mailto:pyadav@mdindia.com">pyadav@mdindia.com</a> <a href="mailto:kwashikar@mdindia.com">kwashikar@mdindia.com</a>
Website:	<a href="http://www.mdindia.com">www.mdindia.com</a>

## 87. STUDENTS HEALTH HOME (SHH)

### 1. The Scheme at a Glance

Ownership Profile:	Private Trust
Starting Date:	1952
Risk Coverage:	Health care
Target Group:	Students
Rural/Urban:	Both rural and urban
Outreach:	Entire State of West Bengal
Total Number of Insured:	1,587,000
Potential Target:	5,600,000
Micro-Finance Linkage:	No
Insurance Co. Linkage:	No



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	In – House
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary/automatic
Insured Unit:	Individual / Family	Individual
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Up Front
Subsidy to the Scheme:	Direct / Indirect	Both

#### Health

Scope of Health Benefits:	Limited / Broad	Broad
Level of Health Benefits:	Low / High	Medium
Tie-up with Health Facilities:	Private / Public	Private
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	Yes
Payment Modality:	Cashless / Reimbursement	Both

### 3. The Organization

Students Health Home (SHH) – a non-profit organization – is based on the philanthropic goals of a few socially concerned doctors. It has grown from humble origins in the 50's into a larger institution, housed in a six-storied building in Kolkata with its own dry store, 15 clinics run by 40 doctors as well as 28 regional centres. Its main objects are to render medical aid to the students through a wide network of hospitals and clinics and to impart on these students modern knowledge about the preventive and social aspects of medicines.

The initiators of the Home saw it as a multi-faceted institution which would not only provide health care services, but also develop in them the idea of civic and social responsibilities towards themselves as well as the community at large. In addition, the Home would make arrangements with educational authorities to ensure that sick and convalescent students could continue with their academics and appear for examinations. Medical, clinical and other diagnostic assistance would also be provided to the general public for a fee.

The health education, illness prevention and other related activities of the Home generated considerable publicity, which led members of the public to voluntarily contribute their time, energy and efforts to its development.

Despite its name, the Home was never a charitable institution; members receive medical benefits by paying for it. No government funds were solicited for the Home, which received support from other sources, including student organizations within the state as well as abroad. The state government offered financial assistance only several years after it began functioning.

Students have the right to select members of the governing body of the organization. General management of the Home is vested in a Working Committee and 80% members of the Committee are student members.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Students Health Home
Starting Date:	1952
Duration of Insurance Plan:	One year
Insurance Year:	April to march
Management Responsibility:	Students Health Home
Organization Structure:	Owned by SHH as well as by some community-based organizations
Risk Coverage:	Health care
Registration:	Not registered separately
Rural/Urban:	Both rural and urban
Outreach:	Covers all districts and wards in West Bengal
Target Group:	Poor students including a high proportion of students belonging to scheduled castes
Staff Working for the Scheme:	Students holding 80% of management committee seats. 267 honorarium holders and 1,165 volunteers

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary/automatic
Age Limitations:	Scheme restricted to students attending specific classes
Insurance Unit:	Individual
Number of Policyholders:	1,587,000
Number of Insured:	1,587,000
Percentage of Women:	About 40%
Potential Target:	5,600,000
Penetration Rate:	28%

##### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2006	1,587,000	NA
2005	NA	NA
2004	NA	-

## 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No
Schedule of Contributions:	Yearly
Membership Identification:	Student card
Waiting Period:	No
Changes in Contributions over Time:	No
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
<u>Health care:</u> Various services free of charge or at concessional rate: <ul style="list-style-type: none"> <li>Primary health care and out-door consultation</li> <li>Hospitalization</li> <li>Surgical interventions and treatment of accident cases</li> <li>X Ray, pathological tests</li> <li>Medicines</li> <li>Spectacles, etc.</li> </ul>	Rs. 12 per year per student + Rs. 10 each patient as a user fee	1,587,000

### Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2006	1,587,000	NA
2005	NA	NA
2004	NA	NA

### Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2006	NA	NA
2005	NA	NA
2004	NA	NA

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	No. Services provided also cover the treatment of HIV/AIDS
Co-Payment:	Yes. Rs. 2 per day during treatment
Service Payment Modality:	Cashless at own health facility, reimbursement in case of use of other facilities
Tie-up with Health Facilities:	The scheme uses its own hospital in Kolkata (70 beds) and also uses other private not for profit clinics
Contractual Arrangements with HPs:	Verbal agreements
Number of Associated HPs:	54
Financial Advantages Provided by HPs:	Discounts on some tariffs
Non Financial Advantages Provided to Insured:	Quality of care enhanced through negotiations with some health providers
Scope of Health Benefits:	Broad
Level of Health Benefits:	Medium
Intervention of TPA:	No
Designation of TPA:	-



Access to Health Services:	Free access
Other Health Related Activities:	Health education and illness prevention programmes
Claim Ratio Rejection Rates:	NA
Renewal Rate:	NA

## 8. Assistance to the Scheme

External Funding:	Yes.
Origin of External Funding:	From Government of West Bengal, from students' organization in india and abroad as well as from private donations
Direct Subsidy:	Yes. Benefit grants
Indirect Subsidy:	Yes. Infrastructure, equipments and administration costs
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-
Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	-
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Contribution defaults
Enrolment Modalities:	-
Service Delivery:	-
Management:	-
Financing:	Financing deficit
Sustainability:	-

## 11. Development Perspectives

Enrolment:	-
Service Delivery:	-
Management:	-
Extension:	-
Replication:	-

## 12. Contact Details

Contact Persons:	-
Address:	Students Health Home 144/2, A.J.C. Bose Road Kolkata – 700 014 West Bengal
Telephone Number:	(0) 2244 2866 / 2244 8738
Fax Number:	(0) 2246 7120
E.Mail:	<a href="mailto:Shh_cp@vsnl.net">Shh_cp@vsnl.net</a>
Website:	-

## 88. SYMBIOSIS CENTRE FOR HEALTH CARE (SCHC)

### 1. The Scheme at a Glance

Ownership Profile:	Educational Institution
Starting Date:	2000
Risk Coverage:	Health care, accidental death
Target Group:	Students
Rural/Urban:	Urban
Outreach:	Pune City, Maharashtra
Total Number of Insured:	30,000
Potential Target:	30,000
Micro-Finance Linkage:	No
Insurance Co. Linkage:	Yes (Public)



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner – Agent
Type of Risk:	Single Risk / Risk Package	Risk Package
Type of Enrolment:	Voluntary / Compulsory	Compulsory
Insured Unit:	Individual / Family	Individual
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Up Front
Subsidy to the Scheme:	Direct / Indirect	No Subsidy

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	Medium
Tie-up with Health Facilities:	Private / Public	Private
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	No Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Both
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Both

### 3. The Organization

Symbiosis is the premier educational institute of Pune with total student strength of over 34,000. This includes 2,500 students studying at Symbiosis School from lower KG to 10<sup>th</sup> Standard as well as about 1,000 students from foreign countries, particularly from the Middle East and Africa. Of the remaining 30,000 students, around one third is from other States in India.

In order to make a campus a home away from home, the Symbiosis Centre of Health Care (SCHC) was set

up in 1997 with the aim of providing first aid and medical services to the Indian students. The initial health centre was all on one floor and consisted of cabins staffed by medical officers. The whole aim of setting up a health centre was not only to provide curative treatment for illnesses but also concentrate on the preventive and promotive aspects of health.

In order to provide comprehensive medical cover to the students and finance in-patient treatments and medications, SCHC tied up in 2000 with National Insurance Company of India (NIC) to provide comprehensive medical cover to all students.

Very few educational institutions offer a comprehensive health insurance package for their students. Providing this service offers considerable advantages not only to the student but also to the institution, such as: It shows that the institution cares and so enhances its reputation, more students would register for their courses from distant towns as they would be less worried about their health and availability of health services, and it increases the retention rate of the students who fall ill.

Providing some outpatient service and regular health check ups to students through SCHC staff was considered as a prerequisite for obtaining a health insurance policy at such a low price.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Symbiosis School Students health Insurance Scheme
Starting Date:	2000
Duration of Insurance Plan:	One year
Insurance Year:	October to September
Management Responsibility:	Symbiosis Centre of Health Care (SCHC)
Organization Structure:	Private Trust providing health services to all students
Risk Coverage:	Health care, accidental death
Registration:	No separate registration
Rural/Urban:	Urban
Outreach:	City of Pune (with students coming from various parts of the country)
Target Group:	Indian students
Staff Working for the Scheme:	5 full-time medical officers who work in shifts round the clock

#### 5. Policyholders and Insured

Type of Enrolment:	Compulsory
Age Limitations:	Restricted to students above 10 <sup>th</sup> Standard
Insurance Unit:	Individual
Number of Policyholders:	30,000
Number of Insured:	30,000
Percentage of Women:	About 40%
Potential Target:	Same: 30,000
Penetration Rate:	100%

#### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007 – 2008	30,000	-

#### 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No
Schedule of Contributions:	Yearly
Membership Identification:	No
Waiting Period:	No
Changes in Contributions over Time:	No

Changes in Benefits over Time: No

Benefits	Contributions	Number of Insured
<u>Health care:</u> o Hospitalization costs up to Rs. 10,000  <u>Accidental death:</u> o Rs. 20,000 in case of death due to road or rail accident	Rs. 133 per student per year	30,000

Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2007 – 2008	30,000	3,990,000
2006 – 2007	30,000	3,990,000
2005 – 2006	30,000	3,990,000

Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2007 – 2008	NA	NA
2006 – 2007	NA	NA
2005 – 2006	NA	NA

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Standard exclusion clauses applied by public insurance companies
Co-Payment:	No
Service Payment Modality:	Cashless services if the student has been admitted on the advice of SCHC medical officer. Reimbursement in all other cases
Tie-up with Health Facilities:	No
Contractual Arrangements with HPs:	-
Number of Associated HPs:	-
Financial Advantages Provided by HPs:	-
Non Financial Advantages Provided to Insured:	-
Scope of Health Benefits:	Limited
Level of Health Benefits:	Medium
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	A mission in any hospital that has the necessary facilities for treatment of the student's ailment as recommended by the medical officer
Other Health Related Activities:	Free access in other towns (as could happen during vacation) Additional benefits provided by SCHC staff: o Daily outpatient service plus emergency check ups by medical officer on duty o Annual comprehensive health check up which includes blood and urine tests, physician, ENT, ophthalmological, and dental consultations o Specialist consultation as and when required
Claim Ratio Rejection Rates:	NA

Renewal Rate:	Not applicable
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## 8. Assistance to the Scheme

External Funding:	No
Origin of External Funding:	-
Direct Subsidy:	No
Indirect Subsidy:	No
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-
Use of Public Insurance Companies:	Yes. National Insurance Company of India
Changes of Public Companies:	No
Special Advantages Provided by Insurance Companies:	No
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	-
Enrolment Modalities:	-
Service Delivery:	Difficulty to develop a network of partner hospitals in Pune
Management:	-
Financing:	-
Sustainability:	Rapid increase of inpatient hospital admissions over the last few years that may result in higher premium to be paid

## 11. Development Perspectives

Enrolment:	-
Service Delivery:	-
Management:	-
Extension:	-
Replication:	-

## 12. Contact Details

Contact Persons:	Dr. V. Ranjan
Address:	Symbiosis Centre of Health Care Senapati Bapat Road Pune – 411 004 Maharashtra
Telephone Number:	-
Fax Number:	-
E.Mail:	-
Website:	-

## 89. SWAYAM KRISHI SANGAM (SKS) MICROFINANCE

### 1. The Scheme at a Glance

Ownership Profile:	MFI
Starting Date:	2007
Risk Coverage:	Health care, accidental death
Target Group:	SKS clients
Rural/Urban:	Rural
Outreach:	Andhra Pradesh + other States
Total Number of Insured:	472,000
Potential Target:	2,700,000
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	Yes (Private)



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner – Agent
Type of Risk:	Single Risk / Risk Package	Risk Package
Type of Enrolment:	Voluntary / Compulsory	Compulsory
Insured Unit:	Individual / Family	Both
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Easy payment Mech.
Subsidy to the Scheme:	Direct / Indirect	No Subsidy

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	Medium
Tie-up with Health Facilities:	Private / Public	Private
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free access
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Both

### 3. The Organization

Founded in 1998, Swayam Krishi Sangam (SKS) Micro-finance Limited is one of the fastest growing micro-finance organizations in the world, having provided over \$579 million in loans to close to 2,000,000 women clients in one of the poorest parts of India, the drought-prone Deccan region. In the last year alone, SKS micro-finance grew by nearly 300%, with a current portfolio of \$263 million and a 99% on-time repayment rate. SKS currently has 770 branches and over 6,800 employees in the states of Andhra Pradesh, Karnataka, Maharashtra, Orissa, Kerala, Chhattisgarh, Gujarat, Uttarakhand, Uttar Pradesh, Bihar,

Jharkhand, West Bengal, Rajasthan, Madhya Pradesh and Delhi.

In addition to rapid expansion, SKS leads the industry in technology development and innovation. It is one of the first MFIs to have a fully-automated management information system. SKS also has pioneered the use of Smart-Card technology at the village level and is currently working with VISA International on a pilot project to develop and deploy wireless POS devices that would automate field operations and significantly reduce transaction costs. Through this, and other innovative projects, SKS is aggressively looking for additional ways to empower the rural poor within India while remaining economically self-sufficient.

In 2006, SKS launched a first in-house pilot health insurance scheme aiming to cover about 30,000 women clients. After some months, SKS switched to partner with ICICI Lombard general insurance company to design and implement a broader compulsory scheme aiming to cover all its members.

In addition to partnering with ICICI Lombard for health insurance, SKS has partnered with Life Insurance Corporation of India in providing life/credit insurance to its members. SKS is currently building a robust distribution channel across rural India to explore possibilities of reaching quality retail goods, solar lamps, mobile handset which are aimed at making its members economically self-sufficient and getting access to a better lifestyle.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Swayam Shakti Health Insurance Scheme
Starting Date:	February 2007
Duration of Insurance Plan:	One year
Insurance Year:	Anytime on payment of premium
Management Responsibility:	SKS Micro Finance
Organization Structure:	NBFC
Risk Coverage:	Health care, maternity and accidental death
Registration:	Not registered separately
Rural/Urban:	Rural and semi-urban
Outreach:	State of Andhra Pradesh with extension already initiated in other States
Target Group:	Members and loanees of SKS
Staff Working for the Scheme:	No full-time staff

#### 5. Policyholders and Insured

Type of Enrolment:	Compulsory when taking a loan
Age Limitations:	No
Insurance Unit:	Individual and family
Number of Policyholders:	NA
Number of Insured:	472,000
Percentage of Women:	100%
Potential Target:	2,000,000
Penetration Rate:	23%

##### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2008 – 2009	472,000	+ 27%
2007 – 2008	371,000	-

#### 6. Contributions and Benefits

Entrance Fee:	Yes. Rs. 150 (one time service fee)
Easy Payment Mechanisms:	Yes. Trough advance payments of premium and small instalments spread over the year

Schedule of Contributions:	Yearly
Membership Identification:	Membership card
Waiting Period:	No, benefits start from day one of enrolment
Changes in Contributions over Time:	No
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>Hospitalization expenses up to Rs. 10,000 per person per year</li> <li>Hospitalization expenses up to Rs. 20,000 for a family of 2, 3 or 4</li> </ul> <u>Maternity protection:</u> <ul style="list-style-type: none"> <li>Rs. 2,500 in case of institutional delivery</li> </ul> <u>Accidental death:</u> <ul style="list-style-type: none"> <li>Rs. 10,000 in case of accidental death of member or spouse</li> </ul>	Rs. 250 for an individual per year Rs. 325 for a family of two Rs. 350 for a family of three Rs. 375 for a family of four (inclusive of service tax)	472,000

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2008 – 2009	NA	NA
2007 – 2008	NA	NA

Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2008 – 2009	NA	NA
2007 – 2008	2,777	NA

## 7. Health Related Information

Prior Health Check-Up:	Yes. Through intensive health camps
Exclusion Clauses:	Yes. Normal exclusions applied by most private insurance companies. However, pre-existing diseases are covered by the scheme
Co-Payment:	No
Service Payment Modality:	Cashless in network hospitals    Reimbursement when using other health facilities
	First year distribution:
	<ul style="list-style-type: none"> <li>Cashless: 1,667 cases</li> <li>Reimbursement: 1,110 cases</li> </ul>
Tie-up with Health Facilities:	Yes (private)
Contractual Arrangements with HPs:	Yes. Formal and informal agreements with network facilities
Number of Associated HPs:	41
Financial Advantages Provided by HPs:	Discounts
Non Financial Advantages Provided to Insured:	Quality of care, participation in health camps and health education/promotion programmes
Scope of Health Benefits:	Limited (hospitalization expenses only)



Level of Health Benefits:	Medium
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	Less than 7%
Renewal Rate:	NA

## 8. Assistance to the Scheme

External Funding:	No
Origin of External Funding:	-
Direct Subsidy:	No
Indirect Subsidy:	No
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	Member of micro-insurance working group. Core member of the Asia Micro-Insurance Network (AMIN)

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	Yes. ICICI Lombard General Insurance Company
Changes of Private Companies:	No
Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	No
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Weak perception of insurance mechanisms and benefits Need for preventive and promotive health measures in order to bring down morbidity and mortality
Enrolment Modalities:	-
Service Delivery:	Documents required for reimbursement need to be simplified
Management:	-
Financing:	Weak contributory capacity hence, need for a co-contribution mechanism in order to provide more benefits
Sustainability:	-

## 11. Development Perspectives

Enrolment:	Use MF lead members as lead generators for retail of insurance products
Service Delivery:	Introduction of OPD facilities for the clients through the network hospitals
Management:	Use of smart cards and other new technology such as SMS for claims intimation and processing
Extension:	Roll out health insurance in branches spread across 7 States and extend to full SKS member base (2,7 lives) by March 2010
Replication:	-

## 12. Contact Details

Contact Persons:	Mr. Chidambar Rao, Advisor, New Business Mr. K. Vinod
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Address:	301, Babukhan Estate, Basheerbagh Hyderabad – 500 001 Andhra Pradesh
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Website:	<a href="http://www.skscindia.com">www.skscindia.com</a>

## 90. TAMIL NADU AIDS INITIATIVE (TAI)

### 1. The Scheme at a Glance

Ownership Profile:	Public-Private Trust
Starting Date:	2007
Risk Coverage:	Health care
Target Group:	Transgendered & marginalized women
Rural/Urban:	Urban
Outreach:	One district in Tamil Nadu
Total Number of Insured:	1,100
Potential Target:	3,000
Micro-Finance Linkage:	No
Insurance Co. Linkage:	Yes (Private)



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner – Agent
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Individual
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Up front
Subsidy to the Scheme:	Direct / Indirect	No Subsidy

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	Low
Tie-up with Health Facilities:	Private / Public	Private
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Cashless

### 3. The Organization

Tamil Nadu AIDS Initiative is the structure set up by the State Government to encourage and coordinate all efforts against the spread of HIV/AIDS within the State. It has already been implementing an HIV/AIDS prevention programme in 14 districts. Over the last few years it succeeded to increase the number of testing centres which has gone from 280 to 760. As a result of all combined efforts, the number of people affected by this syndrome had been brought to less than 0.5 per cent of the population from 1.13 per cent in 2001

TAI also developed a multi-pronged strategy targeting the marginalized communities in order to empower themselves through better health. As an integral part of this strategy, TAI took the initiative to tie up with a private insurance company to propose a health insurance product to the benefit of marginalized people and transgendered allowing them to become part of the mainstream, and so shed their inferiority complex and lead a dignified life.

This brand new health micro-insurance scheme was to be tested first in one District of Tamil Nadu, targeting a total of some 3,000 potential members. The scheme was launched in June 2007 benefiting from the presence and full support of Minister of Finance, Government of India.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Health insurance scheme for marginalized people
Starting Date:	June 2007
Duration of Insurance Plan:	One year
Insurance Year:	July – June
Management Responsibility:	Tamil Nadu AIDS Initiative
Organization Structure:	Public-Private Trust
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Urban
Outreach:	Salem District in Tamil Nadu
Target Group:	Marginlized women and and transgendered people
Staff Working for the Scheme:	No full-time staff

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	No
Insurance Unit:	Individual
Number of Policyholders:	1,100
Number of Insured:	1,100
Percentage of Women:	65%
Potential Target:	3,000
Penetration Rate:	36%

##### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007 – 2008	1,100	-

#### 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No
Schedule of Contributions:	Yearly
Membership Identification:	Membership card
Waiting Period:	No
Changes in Contributions over Time:	Not applicable at such an early stage
Changes in Benefits over Time:	Not applicable

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>Hospitalization costs up to Rs. 5,000 per year</li> </ul>	Rs. 281 per adult per year Rs. 132 per child per year	1,100

Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2007 – 2008	1,100	295,000
Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2007 – 2008	NA	NA

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	No
Co-Payment:	No
Service Payment Modality:	Cashless
Tie-up with Health Facilities:	Yes - private
Contractual Arrangements with HPs:	Yes
Number of Associated HPs:	Network of private hospitals already partnering with the insurance company in the State
Financial Advantages Provided by HPs:	Yes. Discounts on some tariffs and fixed prices
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Limited
Level of Health Benefits:	Low
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	Broad HIV/AIDS prevention programme
Claim Ratio Rejection Rates:	Not applicable at this early stage
Renewal Rate:	Not applicable

## 8. Assistance to the Scheme

External Funding:	No
Origin of External Funding:	-
Direct Subsidy:	No
Indirect Subsidy:	No
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	Yes. ICICI Lombard General Insurance Company
Changes of Private Companies:	No
Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	No
Re-Insurance:	No

## 10. Problems and Constraints (Not Applicable at this Early Stage)

Plan Distribution:	-
Enrolment Modalities:	-
Service Delivery:	-
Management:	-
Financing:	-
Sustainability:	-

## 11. Development Perspectives (Not Applicable at this Early Stage)

Enrolment:	-
Service Delivery:	-
Management:	-
Extension:	-
Replication:	-

## 12. Contact Details

Contact Persons:	Mr. Sanjay Pande, Zonal Head, North, Government Solutions Group, ICICI Lombard Insurance Company Ms. Surbhi Chawla, Area Head, Government Solutions Group, ICICI Lombard Insurance Company Mr. Milan maheshwari, ICICI Lombard
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Website:	<a href="http://www.ICICIlombard.com">www.ICICIlombard.com</a>

## 91. TAMIL NADU HEALTH INSURANCE TRUST (TNHIT)

### 1. The Scheme at a Glance

Ownership Profile:	Public-Private Trust
Starting Date:	2009
Risk Coverage:	Health care
Target Group:	BPL families and welfare boards workers
Rural/Urban:	Rural and urban
Outreach:	One State of Tamil Nadu
Total Number of Insured:	1,500
Potential Target:	3,900,000
Micro-Finance Linkage:	No
Insurance Co. Linkage:	Yes (Private)



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner – Agent
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Automatic
Insured Unit:	Individual / Family	Family
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Up Front
Subsidy to the Scheme:	Direct / Indirect	Direct

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	High
Tie-up with Health Facilities:	Private / Public	Both
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Pre-Authorization
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Cashless

### 3. The Organization

The Rajiv Aarogyashri Community Health Insurance Scheme initiated by the State Government of Andhra Pradesh with the aim of increasing access of the marginalized rural population to advanced medical treatment that the State health system was unable to cater could already be seen today as a successful model of State Government sponsored health insurance scheme. As such, various other State Governments were willing to replicate this model while adapting it to their own context and priority needs. The Government of Tamil Nadu came to be the first to take all measures allowing this to become a reality.

Under the same public-private partnership arrangement, the Government of Tamil Nadu, in close collaboration with the same insurance company devised a new scheme targeting for the first time, not only the BPL families, but also all workers previously registered in the various welfare boards, earning less than Rs. 72,000 a year, with a yearly premium fully met by the Government.

Initiated in Coimbatore district, the new scheme is expected to soon bring the total number of insured to some 3.9 million.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Dr Kalaingar Health Scheme
Starting Date:	August 2009
Duration of Insurance Plan:	One year
Insurance Year:	September – August
Management Responsibility:	Public Department in collaboration with an insurance company
Organization Structure:	Public Private Partnership Trust
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Rural and urban
Outreach:	Coimbatore District off Tamil Nadu
Target Group:	Below Poverty Line population and workers registered in the various welfare boards (agriculture + other 26 welfare boards) earning less than Rs. 72,000 per year
Staff Working for the Scheme:	NA

#### 5. Policyholders and Insured

Type of Enrolment:	Automatic for the BPL population and welfare boards workers
Age Limitations:	No. The scheme is open to the whole family without any age bar
Insurance Unit:	Family of five
Number of Policyholders:	300 (initiation of the enrolment phase in Pollachy subdivision alone)
Number of Insured:	1,500
Percentage of Women:	About 50%
Potential Target:	3,900,000 (about 780,000 families)
Penetration Rate:	Not applicable at this early stage

#### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007 – 2008	3,500 (initial enrolment phase)	-

#### 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	The State pays the whole premium for each family
Schedule of Contributions:	Yearly
Membership Identification:	Membership card with photo identification given upon presentation of the BPL card
Waiting Period:	No
Changes in Contributions over Time:	Not applicable (starting phase)
Changes in Benefits over Time:	Not applicable

Benefits	Contributions	Number of Insured
Health care:	Rs. 200 per family per year	1,500 (starting phase)



<ul style="list-style-type: none"> <li>○ The insurance plan only covers listed critical illnesses and major surgeries (51 procedures) up to a sum insured of Rs. 100,000 per family per year on a floater basis. The scheme covers the following critical illnesses: <ul style="list-style-type: none"> <li>▪ Heart</li> <li>▪ Lungs</li> <li>▪ Liver</li> <li>▪ Pancreas</li> <li>▪ Cancer</li> <li>▪ Burns</li> <li>▪ Neuro-surgery</li> <li>▪ Paediatric congenital malformations</li> </ul> </li> <li>○ All diagnostic tests to be conducted as per standard protocols are free of cost</li> <li>○ Free transportation in case of referral from a health camp</li> </ul>		
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Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2009 – 2010	NA	NA
Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2009 – 2010	NA	NA

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	NA
Co-Payment:	No
Service Payment Modality:	Pure cashless
Tie-up with Health Facilities:	Yes. Both private and public
Contractual Arrangements with HPs:	Yes
Number of Associated HPs:	NA
Financial Advantages Provided by HPs:	Discounts on diagnostic tests and medical treatment
Non Financial Advantages Provided to Insured:	Free food provided to each patient till discharge, participation in health camps, dedicated reception desks, packages for end-to-end treatment and 24 hour toll free help line
Scope of Health Benefits:	Limited (critical illnesses and surgeries only)
Level of Health Benefits:	High
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Pre-authorization provided by the insurance company (including e-authorization)
Other Health Related Activities:	Organization of health camps in all intervention areas allowing people to be screened by medical officers – organization of village committees associating welfare workers to coordinate all activities

Claim Ratio Rejection Rates:	Nil
Renewal Rate:	Not applicable (automatic enrolment)

## 8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Government of Tamil Nadu
Direct Subsidy:	Yes. Premium fully paid by the Government
Indirect Subsidy:	Yes. Administration costs linked to the Trust functioning as well as promotion/communication costs
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	Yes: Star Health and Allied Insurance Company
Changes of Private Companies:	No
Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	Health insurance experience allowing for the introduction of new mechanisms: <ul style="list-style-type: none"> <li>o Stop loss: At 120% of premium paid</li> <li>o Profit-sharing: Insurance company to pay back 90% of profit if any after deduction 20% as administration costs</li> </ul>
Re-Insurance:	No

## 10. Problems and Constraints (Not Applicable at this Early Stage)

Plan Distribution:	-
Enrolment Modalities:	-
Service Delivery:	-
Management:	-
Financing:	-
Sustainability:	-

## 11. Development Perspectives (Not Applicable at this Early Stage)

Enrolment:	-
Service Delivery:	-
Management:	-
Extension:	-
Replication:	-

## 12. Contact Details

Contact Persons:	Mr. A.G. Gajapathy, Vice-President, Marketing
Address:	Star Health and Allied Insurance Company 1, New Tank Street, Valluvar Kottam High Road Nungambakhan, Chennai – 600 034 Tamil Nadu
Telephone Number:	(44) 2828 8800
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E.Mail:	-
Website:	<a href="http://www.starhealth.in">www.starhealth.in</a>

## 92. TRIBHUVANDAS FOUNDATION

### 1. The Scheme at a Glance

Ownership Profile:	Private Trust
Starting Date:	2001
Risk Coverage:	Health care
Target Group:	Dairy co-operative members
Rural/Urban:	Rural
Outreach:	2 Districts of Gujarat
Total Number of Insured:	83,000
Potential Target:	400,000
Micro-Finance Linkage:	No
Insurance Co. Linkage:	No



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	In – House
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Family
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Easy Payment Mech.
Subsidy to the Scheme:	Direct / Indirect	Both

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	Medium
Tie-up with Health Facilities:	Private / Public	Private
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Pre – Authorization
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Cashless

### 3. The Organization

Tribhuvanda Patel, the founder chairman of the AMUL Dairy Cooperative in Anan, Gujarat, established the Tribhuvandas Foundation (TF) in 1975. In 1980, the Foundation initiated activities with the aim of providing mother and child-care for the rural population in Kheda and Anand Districts. The Foundation now has four main objectives: i) maternal and child health care, ii) family viability, iii) day care centre and, iv) environmental sanitation.

Through its link with AMUL, TF organized its activities with the help of the Dary Cooperative Societies (DCS) located at the village level. Out of 900 villages, 683 are covered by TF. While the headquarters are in Anand, four TF sub.centres are located in Kapadvanj, Balasinor, Kheda and Tarapur. Each of the sub-centres can provide OPD services through their links with the Shri Krishna Hospital in Kamsarad, which is registered as a Trust. Specialists in medicines, TB, gynecology/obstetrics and pediatrics from the hospital visit the sub-centres and the headquarters regularly to provide services.

Membership is not confined only to milk producers. TF makes primary health care available for the whole community. In each village one part-time female health worker is employed. One female field worker is also available to cover 7 to 10 villages. She is expected to visit each village once every fortnight for monitoring and supervision work. In the villages, annual meetings are conducted during which the villagers can assess the performance delivered.

Over the years, TF expanded its activities not only to enhance health care services to its members, such as the production of Safe Delivery Kits, but also services that cater for the broader needs of the target population. Day care centres were established in order to allow women their daily activities. In addition, income-generating activities were also taken up such as patchwork, this included both the marketing and selling of the products.

In 2001, TF started to implement a new health insurance scheme that could supplement the OPD services already provided by the organization.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Sardar Patel Arogya Mandal (SPAM)
Starting Date:	2001
Duration of Insurance Plan:	One year
Insurance Year:	July to June
Management Responsibility:	Owned by the Foundation
Organization Structure:	Run by a charitable Trust in close collaboration with the AMUL dairy company
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Rural
Outreach:	Kheda and Anand Districts in Gujarat
Target Group:	Dairy co-operative members and their families
Staff Working for the Scheme:	NA

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	No
Insurance Unit:	Family of four
Number of Policyholders:	NA
Number of Insured:	83,000
Percentage of Women:	About 50%
Potential Target:	400,000
Penetration Rate:	20%

##### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2006 – 2007	83,000	NA
2005 – 2006	NA	NA
2004 – 2005	NA	-

#### 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Yes. The premium charged is 1,5 paisa deducted from each liter of milk deposited plus one Rupee per family. Each family should contribute at least 300 liters of milk per year with no allowance to sell to AMUL's competitors
Schedule of Contributions:	Weekly
Membership Identification:	Membership card
Waiting Period:	No
Changes in Contributions over Time:	No
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>Hospitalization costs up to Rs. 10,000 (with a Rs. 7,000 upper limit for some treatments)</li> </ul>	Min: Rs. 26 per family per year (depending on the quantity of milk collected)	83,000

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2005 – 2006	NA	NA
2004 – 2005	NA	NA
2003 – 2004	NA	NA

Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2005 – 2006	NA	NA
2004 – 2005	NA	NA
2003 – 2004	NA	NA

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Yes. Angiography, bypass surgery, all cancers, major orthopaedic operations (joint replacement), kidney transplant, AIDS and TB
Co-Payment:	No
Service Payment Modality:	Cashless
Tie-up with Health Facilities:	Yes. Private
Contractual Arrangements with HPs:	Yes. Through Memorandum of Understanding
Number of Associated HPs:	9
Financial Advantages Provided by HPs:	Yes. Some rate discounts have been provided
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Limited (Hospitalization expenses only)
Level of Health Benefits:	Medium
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Pre-authorization required. Members must go for treatment at the Tribhuvanday Foundation or any of its sub-centres for referral to hospital

Other Health Related Activities:	Primary health care provided by the Foundation is made available to the whole community Health education programmes and child care activities also developed by the Foundation
Claim Ratio Rejection Rates:	NA
Renewal Rate:	NA

## 8. Assistance to the Scheme

External Funding:	Yes.
Origin of External Funding:	AMUL Dairy Company
Direct Subsidy:	Yes. Medical costs in excess of premium collected are borne by AMUL
Indirect Subsidy:	Yes. Staff for collecting premium and processing claims
External Technical Assistance:	Yes. From National Dairy Development Board (NDDB) and the Institute for Rural Management Anand (IRMA)
Nature of Technical Assistance:	Management training and other capacity building inputs
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-
Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	-
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	-
Enrolment Modalities:	The scheme still excludes the poorest members who cannot deposit a minimum 300 litres of milk each year
Service Delivery:	-
Management:	Need for an effective Management Information System
Financing:	-
Sustainability:	Scheme still heavily subsidized by AMUL

## 11. Development Perspectives

Enrolment:	-
Service Delivery:	-
Management:	-
Extension:	-
Replication:	-

## 12. Contact Details

Contact Persons:	Mr.K.C. Shah
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Website:	-

## 93. UPLIFT INDIA ASSOCIATION (UIA)

### 1. The Scheme at a Glance

Ownership Profile:	CBO
Starting Date:	2003
Risk Coverage:	Health care
Target Group:	Slum dwellers and rural poor
Rural/Urban:	Urban and rural
Outreach:	Pune city and two districts in Maharashtra
Total Number of Insured:	36,000
Potential Target:	100,000
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	No



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	In – House
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Individual
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Easy Payment Mech.
Subsidy to the Scheme:	Direct / Indirect	Indirect

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	Medium
Tie-up with Health Facilities:	Private / Public	Private
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Pre - Authorization
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Reimbursement

### 3. The Organization

Uplift India Association member organizations have been running, with the support of Inter Aide, micro-finance activities since 2000 in the slums of Pune. Concerned by uplifting and strengthening the livelihoods of the poor through integrated services, the question of providing a solution for health protection became an important issue among the partners of the micro-credit services. Since hospitalization and serious health problems were leading to financial crisis in poor households, Uplift decided to work in that direction.

The Community Based Health Mutual Funds was initiated by Uplift India Association in response to the health care access needs of women members of self help groups in the slums of Pune in 2003. The concept was to create a health fund through mutual contributions and create a network of health care services that provide quality treatment at concessional rates.

Uplift Health helps organizations to set up with communities local health mutual funds. Building up on solidarity and ownership, the risk management is carried by the local community. In case one of the health funds does not have enough funds, the claims are settled by a supra committee regrouping representatives of the other health funds. An elaborate system of referrals and guidance towards the network services has been created to assist the members in accessing the services provided by the hospital network.

Gathering in 2005 more than 10,000 members, these mutual funds were able not only to ensure the financial stability of the overall scheme but also to negotiate tariffs and quality health care conditions for the urban poor.

To aid members for their daily health needs, the scheme also recently enlisted the support of multiple general practitioners applying reduced rates on their services. Uplift health interventions recently expanded to rural areas of Osmanabad and Solapur.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Community Based Mutual Health Fund
Starting Date:	June 2003
Duration of Insurance Plan:	One year
Insurance Year:	Not fixed. Subscription of the insurance plan may be made any time of the year
Management Responsibility:	Uplift
Organization Structure:	CBO federation
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Urban and rural
Outreach:	Pune (urban), Osmanabad and Solapur Districts (rural) – Maharashtra
Target Group:	Slum dwellers and poor population
Staff Working for the Scheme:	1

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	No
Insurance Unit:	Individual
Number of Policyholders:	NA
Number of Insured:	35,000
Percentage of Women:	About 50%
Potential Target:	100,000
Penetration Rate:	35%

##### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007 – 2008	35,000	+ 34%
2006 – 2007	26,125	+ 56%
2005 – 2006	16,648	+ 124%
2004 – 2005	7,406	+ 221%
2003 – 2004	2,302	-



## 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Yes. Through some loans provided by the SHGs supported by the partner organizations
Schedule of Contributions:	Yearly
Membership Identification:	Membership card
Waiting Period:	Yes. 15 days to one month depending on the treatment to be provided
Changes in Contributions over Time:	Yes. Premium increased from Rs 50 to Rs. 60 in Year IV
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
<u>Health care (urban):</u> <ul style="list-style-type: none"> <li>Hospitalization costs (including deliveries) up to Rs. 10,000 in private hospitals and 80% of hospital bills in public hospitals</li> <li>Compensation for wage loss for the breadwinner of Rs. 50 per day for a maximum of 15 days</li> </ul>	Rs. 60 per person per year	35,000 (urban + rural)
<u>Health care (rural):</u> <ul style="list-style-type: none"> <li>Hospitalization costs (including deliveries) up to Rs. 10,000 in private hospitals and 80% of hospital bills in public hospitals</li> <li>Compensation for wage loss for the breadwinner of Rs. 60 per day for a maximum of 15 days in a private hospital and Rs. 75 per day for a maximum of 60 days in a public hospital</li> </ul>	Rs. 100 per person per year	

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2007 – 2008	35,000	NA
2006 – 2007	26,125	NA
2005 – 2006	16,648	825,850
2004 – 2005	7,406	NA
2003 – 2004	2,302	NA

Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2007 – 2008	NA	NA
2006 – 2007	275	NA

2005 – 2006	169	NA
2004 – 2005	78	NA
2003 – 2004	35	NA

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Yes. Pre-existing diseases, addictions, self injury, epidemics and HIV/AIDS
Co-Payment:	In case of private hospitals in rural areas only
Service Payment Modality:	Reimbursement
Tie-up with Health Facilities:	Yes. With both public and private facilities
Contractual Arrangements with HPs:	Formal and informal agreements
Number of Associated HPs:	36 medical facilities (both private and public + parallel network of private physicians and pharmacies (about 50) also applying concessional tariffs for specific services not covered under the scheme;
Financial Advantages Provided by HPs:	Negotiated concessions ranging from 10 to 50%
Non Financial Advantages Provided to Insured:	Participation in regular health check up camps and health education/promotion campaigns
Scope of Health Benefits:	Limited (hospitalization costs only)
Level of Health Benefits:	Medium
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Pre authorization required
Other Health Related Activities:	OPD network services Referral and guidance services provided through local branches and field workers Medical advice provided to members through a 24X7 helpline; Claims are settled in democratic and transparent way by communities themselves Full management information system and appropriate software developed and shared with partner organizations
Claim Ratio Rejection Rates:	Not applicable
Renewal Rate:	NA

## 8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	French Ministry of Cooperation, Inter Aid,
Direct Subsidy:	No
Indirect Subsidy:	Yes. Expertise support, part of administration and documentation costs
External Technical Assistance:	Yes
Nature of Technical Assistance:	Intervention of ITB software professionals – Availability of Management software to be shared soon with other practitioners in India and abroad
Member of Network Organization:	Member of the Communities-Led Association for Social Security (CLASS)

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-
Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	-

Re-Insurance:	No
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## 10. Problems and Constraints

Plan Distribution:	Need to rely on increased and steady membership
Enrolment Modalities:	-
Service Delivery:	-
Management:	-
Financing:	Negotiate a regular co-contribution mechanism allowing to increase the benefit package and reduce out of pocket expenditures
Sustainability:	Reduce operation costs to achieve full operation sustainability

## 11. Development Perspectives

Enrolment:	Achieve enrolment goal of covering 100,000
Service Delivery:	Negotiate with health providers the introduction of cashless mechanisms
Management:	-
Extension:	.
Replication:	Replicate the model and help organisations to initiate and run health mutual funds

## 12. Contact Details

Contact Persons:	Mr. Kumar Shailabh, Administrator
Address:	Flat n° 14, Fourth Floor, Landmark Apartments, Sadu Vaswani Chowk, Pune Maharashtra
Telephone Number:	(0233) 2605 1013 Cell: 0-98232 06269
Fax Number:	-
E.Mail:	<a href="mailto:Krshailabh@gmail.com">Krshailabh@gmail.com</a>
Website:	<a href="http://www.upliftindia.org">www.upliftindia.org</a>

## 94. VAATSALYA HEALTHCARE

### 1. The Scheme at a Glance

Ownership Profile:	Health Provider
Starting Date:	2005
Risk Coverage:	Health care
Target Group:	Low income families, small businesses workers
Rural/Urban:	Rural and urban
Outreach:	9 Districts of Karnataka
Total Number of Insured:	26,125
Potential Target:	100,000
Micro-Finance Linkage:	No
Insurance Co. Linkage:	No



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	In – House
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Individual
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Up Front
Subsidy to the Scheme:	Direct / Indirect	No Subsidy

#### Health

Scope of Health Benefits:	Limited / Broad	Medium
Level of Health Benefits:	Low / High	Medium
Tie-up with Health Facilities:	Private / Public	Own Facilities
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	No Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Cashless

### 3. The Organization

Regrouping already several private hospitals operating in various States, Vaatsalya Healthcare intends to eliminate the gap in health inequity by creating India's first network of hospitals exclusively in semi-urban and rural areas and bringing urban healthcare facilities and services to non-urban areas. Vaatsalya's goal is to integrate efficient healthcare delivery practices with community based health plans and, ultimately, bring affordable, efficient and standardized medical services to semi-urban and rural India.

The primary beneficiaries of our model are low and middle class families that have a first need to basic healthcare services like mother and child care, elderly care, diabetes prevention services and rehabilitation, preventive health and health education. By creating such network, Vaatsalya provides healthcare services at an earlier stage when they can be prevented from going into complications and hence lower the economic burden on the family and society.

By creating the innovative Arogya health plan, Vaatsalya's intention is to bring community based health plans to lower the overall cost of healthcare in India. The long-term model is based on a concept very similar to health club plans in developed nations where members can pay a fixed low monthly fee to avail all service free or at a discounted price.

The health insurance plan that was designed covers both primary and secondary care, including surgeries and as such takes care of about 80% of common ailments.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Arogya Health Plan
Starting Date:	2005
Duration of Insurance Plan:	One year
Insurance Year:	Not fixed – all year round enrolment
Management Responsibility:	Vaatsalya Healthcare
Organization Structure:	Health Provider – Broad Hospital network
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Both
Outreach:	9 Districts in Karnataka
Target Group:	Low income groups of the population and small businesses employees
Staff Working for the Scheme:	No full-time staff. Insurance activities are part of the regular activities of the organization

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	No
Insurance Unit:	Individual
Number of Policyholders:	26,125
Number of Insured:	26,125
Percentage of Women:	About 50%
Potential Target:	100,000
Penetration Rate:	26%

##### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007 – 2008	26,125	NA
2006 – 2007	NA	NA
2005 – 2006	NA	-

#### 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No
Schedule of Contributions:	Monthly
Membership Identification:	Membership card with photo identification
Waiting Period:	No
Changes in Contributions over Time:	Not applicable

Changes in Benefits over Time:	Not applicable
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Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>o Cost free outpatient care services</li> <li>o Highly subsidized rates covering both hospitalization costs and surgical interventions</li> <li>o Medical hub covering bthe following specilties: gyneacology, paediatrics, physiotherapy complimented by laboratory tests and diagnostics, services</li> <li>o Organization of health camps, and regular health education programmes nd health checks</li> </ul>	Rs. 700 per person per year	

#### Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2007 – 2008	26,125	NA
2006 – 2007	NA	NA
2005 – 2006	NA	NA

#### Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2007 – 2008	NA	NA
2006 – 2007	NA	NA
2005 – 2006	NA	NA

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	No
Co-Payment:	No
Service Payment Modality:	Cashless
Tie-up with Health Facilities:	Own network of private hospitals
Contractual Arrangements with HPs:	No
Number of Associated HPs:	-
Financial Advantages Provided by HPs:	-
Non Financial Advantages Provided to Insured:	-
Scope of Health Benefits:	Medium (primary and secondary health care)
Level of Health Benefits:	Medium
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	Health camps, preventive care, health education programmes, regular chek-ups
Claim Ratio Rejection Rates:	Nil

Renewal Rate:	NA
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## 8. Assistance to the Scheme

External Funding:	No
Origin of External Funding:	-
Direct Subsidy:	No
Indirect Subsidy:	No
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-
Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	-
Re-Insurance:	-

## 10. Problems and Constraints

Plan Distribution:	-
Enrolment Modalities:	-
Service Delivery:	-
Management:	-
Financing:	-
Sustainability:	-

## 11. Development Perspectives

Enrolment:	-
Service Delivery:	-
Management:	-
Extension:	-
Replication:	-

## 12. Contact Details

Contact Persons:	-
Address:	Vaatsalaya Corporate Office Health Care N° 1, 5 <sup>th</sup> A Block Bangalore Karnataka
Telephone Number:	08411 04652
Fax Number:	-
E.Mail:	-
Website:	-

## 95. VILLAGE WELFARE SOCIETY (VWS)

### 1. The Scheme at a Glance

Ownership Profile:	MFI
Starting Date:	2005
Risk Coverage:	Health care
Target Group:	MFI clients
Rural/Urban:	Rural & urban
Outreach:	Five Districts in West Bengal
Total Number of Insured:	766,716
Potential Target:	1,500,000
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	Yes (Private)



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner Agent
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Both
Insured Unit:	Individual / Family	Family
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Easy Paym. Mech.
Subsidy to the Scheme:	Direct / Indirect	No Subsidy

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	Medium
Tie-up with Health Facilities:	Private / Public	No Tie Up
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	No Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Reimbursement

### 3. The Organization

Village Welfare Society (VWS) started off in 1978 as a relief and rescue effort for people affected by floods and a breached dam over the Damodar River in West Bengal. It was established as an NGO in 1982 with the mission to create meaningful opportunities for the distressed and deprived segments of society, the prime focus being poor women, so that they can attain empowerment and substantial social and economic development.



VWS initiated its micro-finance activities in 1995, and currently has 18 branches in five districts of West Bengal with over 62,000 borrowres. At the beginning of 2007, it already had outstanding loans of rs. 30 crore.

In 2003, VWS started providing life insurance covering both borrowers and spouses with LIC. In November 2005, it started a voluntary health insurance scheme with ICICI Lombard General Insurance Company. Eventually in 2006 the scheme was made compulsory for all borrowers. In 2007, VWS also started a pilot health insurance scheme with the idea of covering the entire population of Udayanarayanpur Block (population 55,000) over a three-year period. In year 1 of this pilot, it already succeeded to enrol 10,000.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	2 (1 health)
Name of the Scheme(s):	Village Pariwar Suraksha
Starting Date:	November 2005
Duration of Insurance Plan:	One year
Insurance Year:	December – November
Management Responsibility:	Village Welfare Society (VWS)
Organization Structure:	MFI
Risk Coverage:	Health care
Registration:	Not registered separately
Rural/Urban:	Rural, urban and semi-urban
Outreach:	Ted in Udaya 5 districts plus a pilot in Udayanarayanpur Block in West Bengal
Target Group:	Borrowers of VWS, mostly poor women
Staff Working for the Scheme:	9 + micro-finance staff lending hand

#### 5. Policyholders and Insured

Type of Enrolment:	Compulsory for borrowers – voluntary enrolment currently being tested in Udayanarayanpur Block
Age Limitations:	No – from 0 to 80 years
Insurance Unit:	Family
Number of Policyholders:	191,679
Number of Insured:	766,716
Percentage of Women:	About 50%
Potential Target:	About 1,500,000 for borrowers + 50,000 in Udayanarayanpur Block
Penetration Rate:	50%

##### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007	766,716	+ 447%
2006	140,000	+ 600%
2005	20,000	-

#### 6. Contributions and Benefits

Entrance Fee:	Rs. 10 per family of four
Easy Payment Mechanisms:	Quartely payment – soft loans
Schedule of Contributions:	Annual and quarterly
Membership Identification:	Same as for micro-finance activities
Waiting Period:	No
Changes in Contributions over Time:	Premium shifted from voluntary to compulsory in 2006
Changes in Benefits over Time:	Increase of cover from Rs. 5,000 to Rs. 10,000. Reduction in waiting period for maternity and no cooling period for other diseases

Benefits	Contributions	Number of Insured
<u>Health care</u> <ul style="list-style-type: none"> <li>○ Hospitalization costs up to Rs. 10,000 per year for all diseases. Sicknesses, maternity, surgery</li> <li>○ Fractures covered without hospitalization</li> <li>○ Access to any private or public facility</li> <li>○ Reimbursement of claims within 7 days</li> </ul>	Rs. 300 per year for a family of four	766,716

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2007	191,679	57,503,700
2006	35,000	10,500,000
2005	5,000	1,500,000

Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2007	1,795	1,175,484
2006	369	882,150
2005	NA	NA

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Pre-existing diseases, HIV/AIDS, vaccination and attempted suicide
Co-Payment:	No
Service Payment Modality:	Reimbursement
Tie-up with Health Facilities:	No
Contractual Arrangements with HPs:	-
Number of Associated HPs:	-
Financial Advantages Provided by HPs:	-
Non Financial Advantages Provided to Insured:	-
Scope of Health Benefits:	Limited – hospitalization cover only
Level of Health Benefits:	Medium – up to Rs. 10,000
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	Health check up by physician paid by VWS
Claim Ratio Rejection Rates:	NA
Renewal Rate:	100%

## 8. Assistance to the Scheme

External Funding:	No
Origin of External Funding:	-

Direct Subsidy:	No
Indirect Subsidy:	No
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	Sa-Dhan (Association of micro-Finance Institutions)

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	Yes – ICICI Lombard Insurance Company
Changes of Private Companies:	No
Use of Public Insurance Companies:	Yes – LIC for other life insurance policies
Changes of Public Companies:	No
Special Advantages Provided by Insurance Companies:	Sppeedy settlement of claims
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Poor understanding of health insurance benefits
Enrolment Modalities:	-
Service Delivery:	Poor health care services, fraudulent billing by some medical centres
Management:	-
Financing:	-
Sustainability:	-

## 11. Development Perspectives

Enrolment:	-
Service Delivery:	Design new appropriate products
Management:	MIS strengthening, improve claims settlement
Extension:	Extend to cover (on a voluntary basis) the whole population of Udaynarayanpur Block over a three-year period
Replication:	-

## 12. Contact Details

Contact Persons:	Mr. Ajit Kumar Maity, Founder & Secretar
Address:	Village Tower, F-15, Geetanjali Park 18/3 A, Kumud Ghosal Road, Ariadaha Kolkata – 700 057 West Bengal
Telephone Number:	(033) 2564 6545 / 2564 5786
Fax Number:	(033) 2544 3240
E.Mail:	<a href="mailto:ajitmaity@rediffmail.com">ajitmaity@rediffmail.com</a>
Website:	<a href="http://www.villagewelfare.com">www.villagewelfare.com</a>

## 96. VOLUNTARY HEALTH SERVICES (VHS)

### 1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	1961
Risk Coverage:	Health care
Target Group:	Poor villagers and urban dwellers
Rural/Urban:	Rural and urban
Outreach:	Selected wards in Chennai city in Tamil Nadu
Total Number of Insured:	14,050
Potential Target:	150,000
Micro-Finance Linkage:	No
Insurance Co. Linkage:	No



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	In – House
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Both
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Up Front
Subsidy to the Scheme:	Direct / Indirect	Both

#### Health

Scope of Health Benefits:	Limited / Broad	Broad
Level of Health Benefits:	Low / High	Low
Tie-up with Health Facilities:	Private / Public	Own Health Facility
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	Yes
Payment Modality:	Cashless / Reimbursement	Cashless

### 3. The Organization

An innovative approach to primary health care services was devised by Dr. K.S. Sanjavi in Chengalpattu district of Tamil Nadu. The concept governing health care was one of voluntary health services which laid emphasis on the principle of preventive rather than curative care and on the family as a unit for medical care and community participation. In pursuit of these objectives, Dr. Sanjavi founded a non-profit society known as Voluntary Health Services (VHS) which was registered in 1958. At its early stage, the health insurance plan conceived by Dr. Sanjavi targeted the residents of south Chennai.

VHS set up a comprehensive sophisticated referral hospital. This 400- plus bedded facility provides almost all specialized services. Both the Government of India and the Tamil Nadu state government provide financial support to VHS. The hospital has various departments for almost all the major disciplines in medicine and surgery, including laboratory, X-ray and other allied facilities for diagnostic data. An acute care centre, with adequate specialists and equipment is available. Physiotherapy facilities, 24-hour ambulance and mortuary van services are also available. VHS has a maternity-cum-family welfare centre and a de-addiction centre to treat alcoholics and drug addicts.

The concept of mini health care (MHC) centre is the nodal point of delivery of health care. Fourteen MHCs, each covering a population of 5,000 function under VHS to deliver health care to the door step of the rural community adjoining Chennai city.

VHS was the first Non .Governmental Organization to introduce the concept of prepayment. This was done by registering each family on payment of a nominal subscription graded on the basis on income. The idea of paying even a nominal prepayment when the family was apparently well is yet to appeal to the average Indian citizen. At this early stage, the common philosophy was more inclined to meet the contingency once it occurred. But in view of the changes in lifestyle and technological development in the field of medicine, making medical treatment very expensive, the concept of health insurance could be gradually introduced into the provision of health care.

The key to VHS approach to micro-insurance was the involvement of the community in planning, executing and financing of the MHC. The committees generated awareness about the MHC and encouraged enrolment of people as subscribers to the scheme and also as participating in decisions about the provision of physical infrastructure of the MHC.

Members are enrolled under various income groups on a nominal subscription fee and 25% of concession is given for all services excluding diet and drugs.

The insurance policy entitles the members to a wide range of benefits going far beyond the treatment of sickness including child care, immunization, nutrition, family welfare and control of communicable diseases.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Medical Aid Plan
Starting Date:	1961
Duration of Insurance Plan:	One year
Insurance Year:	Not fixed. Any time on payment of the premium
Management Responsibility:	Voluntary Health Services
Organization Structure:	NGO involved in various health activities
Risk Coverage:	Health care (Primary, secondary, tertiary), including maternity protection
Registration:	No separate registration
Rural/Urban:	Rural and urban
Outreach:	Covers 14 villages and selected wards in Chennai City in Tamil Nadu
Target Group:	Poor rural villagers and urban dwellers
Staff Working for the Scheme:	No full-time staff. Insurance activities are part of the regular on-going activities of the organization

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	No
Insurance Unit:	Individual and family
Number of Policyholders:	6,256
Number of Insured:	14,050
Percentage of Women:	About 50%

Potential Target:	150,000 (33,000 villagers + urban population)
Penetration Rate:	9%

#### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2004 – 2005	14,050	NA
2003 – 2004	NA	NA
2002 – 2003	NA	-

## 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No
Schedule of Contributions:	Yearly
Membership Identification:	Membership card
Waiting Period:	No
Changes in Contributions over Time:	Yes. Rates of subscription payable by each category were modified in 1990
Changes in Benefits over Time:	Yes. Some benefits were added over time and fees charged per item of service at hospital level are periodically revised using the same gliding scale

Benefits	Contributions	Number of Insured															
<u>Health care:</u> <ul style="list-style-type: none"> <li>Free out-patient consultation and annual check-up</li> <li>Small charge is made for specialist consultation</li> <li>All outpatients are charged for drugs that are provided to the lowest income group at a nominal charge</li> <li>Hospitalization services are charged per item of service</li> <li>Fees are levied for bed and medical attendance, operations, diagnostic investigations and other services</li> <li>Fee levels are graded according to income and membership</li> <li>Subsequent inpatient care, including food is free of charge for members of the lowest income group</li> </ul>	Premium varies according to monthly income and family size <table> <tr> <th>Income/month</th><th>Indiv.</th><th>Fam.</th></tr> <tr> <td>Rs 0 – 750</td><td>35</td><td>80</td></tr> <tr> <td>Rs. 751-2,500</td><td>70</td><td>120</td></tr> <tr> <td>Rs. 2,501-5,000</td><td>125</td><td>200</td></tr> <tr> <td>Over Rs. 5000</td><td>200</td><td>350</td></tr> </table>	Income/month	Indiv.	Fam.	Rs 0 – 750	35	80	Rs. 751-2,500	70	120	Rs. 2,501-5,000	125	200	Over Rs. 5000	200	350	14,050
Income/month	Indiv.	Fam.															
Rs 0 – 750	35	80															
Rs. 751-2,500	70	120															
Rs. 2,501-5,000	125	200															
Over Rs. 5000	200	350															

#### Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2004 – 2005	6,170 (4,200 individuals and 1,970	NA

	families)	
2003 – 2004	NA	NA
2002 – 2003	NA	NA
Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2006	NA	NA
2005	NA	NA
2004	NA	NA

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	No
Co-Payment:	Yes. Rs. 10 as a flat rate admission fee all patients at hospital level
Service Payment Modality:	Cashless services
Tie-up with Health Facilities:	Use of its own facility
Contractual Arrangements with HPs:	-
Number of Associated HPs:	-
Financial Advantages Provided by HPs:	Concessional rates on all services provided by the scheme
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Broad: outpatient and inpatient services, including maternity protection, psychiatric services, ambulance, dental health care services, de-addiction services and treatment, etc.
Level of Health Benefits:	Low
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	Various programme already developed by VHS such as child care, immunization, nutrition, family welfare and control of communicable diseases Additional services provided such as: Maintenance of family records, mother and child care, immunization, family welfare, control of communicable diseases, especially leprosy, tuberculosis, malaria, filarial and water borne diseases
Claim Ratio Rejection Rates:	NA
Renewal Rate:	NA. (Weak: In 1995, the scheme succeeded to enrol 124,000 people)

## 8. Assistance to the Scheme

External Funding:	Yes.
Origin of External Funding:	Various donors
Direct Subsidy:	Concessional rates provided on services rendered by the scheme
Indirect Subsidy:	Yes. Equipment grants and administration costs borne by VHS
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-

Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	-
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	High drop out rate
Enrolment Modalities:	Many patients join the scheme on admission
Service Delivery:	-
Management:	-
Financing:	-
Sustainability:	-

## 11. Development Perspectives

Enrolment:	-
Service Delivery:	-
Management:	-
Extension:	-
Replication:	-

## 12. Contact Details

Contact Persons:	Dr. Krishnamurthi, Project Director
Address:	Ms. Sandhya Voluntary Health Services Adyar Chennai – 600 113 Tamil Nadu
Telephone Number:	(044) 2254 1965 / 1048
Fax Number:	(044) 2254 2018
E.Mail:	<a href="mailto:apacvhs@sth.net">apacvhs@sth.net</a>
Website:	-



## 97. WELFARE SERVICE ERNAKULAM (WSE)

### 1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2001
Risk Coverage:	Health care, life
Target Group:	CBO members and marginal families
Rural/Urban:	Rural and urban
Outreach:	Four districts in Kerala
Total Number of Insured:	23,103
Potential Target:	40,000
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	Yes (Private)



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner – Agent
Type of Risk:	Single Risk / Risk Package	Risk Package
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Family
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Up Front
Subsidy to the Scheme:	Direct / Indirect	Indirect

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	Medium
Tie-up with Health Facilities:	Private / Public	No Tie Up
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	No Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Reimbursement

### 3. The Organization

Welfare Services Ernakulam (WSE) is an organization registered under the Charitable Societies Registration Act of 1955. WSE is the official organization for social development activities of the Archdiocese of Ernakulam. WSE envisions the formation of a just society based on human values. It has already gained 39 years of experience in the development sector especially in human and institution development activities at the community level. Thousands of poor and marginalized people could thus be brought to improved living conditions and self-reliance.

WSE carries its various activities through organizing the community, mobilizing people's participation, providing infrastructure development, encouraging through savings and credit sustainable income-generating activities and promoting new health protection and environment conservation initiatives.

In the wake of awareness programmes and participatory Rural Rapid Appraisals conducted in the extremely backward villages, over 58 rural credit unions and 1,300 self-help groups were promoted and evolved into the foundation stones of a wide social transformation process. The savings mobilized through these micro-finance organizations together with the additional amounts allocated through the bank linkage could already help some 20,000 poor rural people to start their small ventures aimed at increasing their income.

WSE has also been very active in providing some level of social protection for the most vulnerable groups. With the support of the Stitching Liliane Foundation, it has helped hundreds of handicapped to lead a meaningful self-supporting life, created a home for senior citizens left without anyone to take care of them and is providing with the support of Save A Family Plan (India) to some 3,000 needy families a regular support of Rs. 400 per month for income generation and education.

The organization has also gained a wide experience in the design and implementation of health development programmes with the support of many agencies. This includes awareness programmes of government and non-governmental funding agencies, Reproductive Child Health (RCH) project supported by DESH, AIDS awareness building programme supported by CHAI etc. A Mobile Medical Care unit has also been organized with the objective of providing health care services to the old citizens in a few backward villages with the support of Ministry of Social Justice and Empowerment.

WSE has a good proven track record of functioning and collaborating with Central, state, national and international agencies in multifarious levels and programmes and can rely on committed and competent technical and professional personnel for the same.

WSE initiated its health insurance programme for poor people in 2005 in collaboration with HDFC Chubb Insurance Company.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Sarhuya Suraksha
Starting Date:	2001
Duration of Insurance Plan:	Annual
Insurance Year:	November to October
Management Responsibility:	Welfare Service Ernakulam (WSE)
Organization Structure:	NGO
Risk Coverage:	Health care and life
Registration:	No separate registration
Rural/Urban:	Rural and urban
Outreach:	100,000 population spread over four districts: Allepy, Kottayam, Ernakulam and Thrissur in Kerala
Target Group:	Marginal families and members of community based organizations (CBOs)
Staff Working for the Scheme:	150 (including field workers – not exclusively working for the scheme)

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	No
Insurance Unit:	Family of four
Number of Policyholders:	5,900
Number of Insured:	23,103
Percentage of Women:	25% (roughly 50% including children)
Potential Target:	40,000

Penetration Rate:	57%
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#### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2005 – 2006	23,103	+ 15%
2004 – 2005	20,052	+ 120%
2003 – 2004	9,100	-

## 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No. Up front payment only
Schedule of Contributions:	Annual
Membership Identification:	Membership card
Waiting Period:	One month
Changes in Contributions over Time:	Yes
Changes in Benefits over Time:	Yes

Benefits	Contributions	Number of Insured
<u>Health care:</u> o Hospitalization costs (including deliveries) up to Rs. 10,000	Rs. 360 for a family of four	23,103

#### Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2005 – 2006	5,900	2,100,000
2004 – 2005	5,013	1,400,000
2003 – 2004	2,275	1,000,000

#### Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2005 – 2006	5,900	2,200,000
2004 – 2005	2,313	3,400,000
2003 – 2004	1,312	1,994,000

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Yes
Co-Payment:	No
Service Payment Modality:	Reimbursement
Tie-up with Health Facilities:	No
Contractual Arrangements with HPs:	-
Number of Associated HPs:	-
Financial Advantages Provided by HPs:	-
Non Financial Advantages Provided to Insured:	-
Scope of Health Benefits:	Limited – hospitalization cover only
Level of Health Benefits:	Medium – up to Rs. 10,000
Intervention of TPA:	No

Designation of TPA:	-
Access to Health Services:	Free access to private and public health facilities
Other Health Related Activities:	Broad health education programme, mobile medical care services
Claim Ratio Rejection Rates:	NA
Renewal Rate:	NA

## 8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Various donors
Direct Subsidy:	No
Indirect Subsidy:	Yes- Participation in overall administration costs
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	Yes – HDFC ERGO Insurance Company
Changes of Private Companies:	No
Use of Public Insurance Companies:	Yes – LIC for the other schemes
Changes of Public Companies:	Yes – shifted from United India to LIC
Special Advantages Provided by Insurance Companies:	No
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Poor understanding of the insurance concept and of the scheme being offered by WSE
Enrolment Modalities:	Rather steady family enrolment process through the CBO network, but some delays in receiving the premium
Service Delivery:	Incomplete documentation for claims settlement especially from public hospitals
Management:	Delays in reimbursement from insurance company
Financing:	Increase in premium over time hence, loss of interest to enrol and loss of client base
Sustainability:	High payouts resulting in new partnerships with insurance companies

## 11. Development Perspectives

Enrolment:	Develop education programmes on health insurance
Service Delivery:	Develop earlier reimbursement mechanisms
Management:	Better management and coordination between WES and insurance company to enhance claims processing and settlement
Extension:	-
Replication:	-

## 12. Contact Details

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## 98. WORKING WOMEN'S FORUM (WWF)

### 1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2001
Risk Coverage:	Health care
Target Group:	Poor women
Rural/Urban:	Rural and urban
Outreach:	Tamil Nadu + 2 States
Total Number of Insured:	10,473
Potential Target:	80,000
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	Yes (Private)



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner – Agent
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Individual
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Up Front
Subsidy to the Scheme:	Direct / Indirect	Indirect

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	Low
Tie-up with Health Facilities:	Private / Public	Both
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	No Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Reimbursement

### 3. The Organization

Initiated in 1978 with a membership of 800 women, the Workin Women's Forum (WWF) has become a mass movement of over 567,000 poor women workers engaged in 167 different occupations spread over 15 geographical regions in three southern Indian States: Tamil Nadu, Andhra Pradesh and Karnataka. All women members are organized into neighbourhood groups of 8 to 10 members.

WWF works with and empowers women beedi workers, lace makers, sex workers, fisherwomen, silk

weavers and slum dwellers through access to health facilities and legal justice, skills training, livelihood options and formation of credit groups. Be it the problem of unfair trade practices, better occupational safety measures, better wages according to stipulated legislative provisions and legal norms, child labour, child bondedness or exploitative working conditions, the Forum helps women fight for their rights and entitlements.

WWF initiated its micro-insurance scheme in 1986 for women workers operating in the informal economy. It currently promotes and distributes four micro-insurance products: two with LIC and two with Royal Sundaram General Insurance Company, one of which being a health insurance cover.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Shakti Security Shield
Starting Date:	2001
Duration of Insurance Plan:	One year
Insurance Year:	January – December
Management Responsibility:	Working Women's Forum (WWF)
Organization Structure:	NGO
Risk Coverage:	Health care, including maternity protection
Registration:	Not registered separately
Rural/Urban:	Rural and urban
Outreach:	12 villages, 3 towns in Tamil Nadu, Andhra Pradesh and Karnataka
Target Group:	Women members engaged in agriculture, animal husbandry, fishing, trade and craft
Staff Working for the Scheme:	17 for all the schemes

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	Yes. Details not available
Insurance Unit:	Individual
Number of Policyholders:	10,473
Number of Insured:	10,473
Percentage of Women:	100%
Potential Target:	80,000
Penetration Rate:	13%

##### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2006 – 2007	10,473	+ 842%
2005 – 2006	1,111	- 69%
2004 – 2005	3,649	-

#### 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No. Up front
Schedule of Contributions:	Yearly
Membership Identification:	Membership card
Waiting Period:	No
Changes in Contributions over Time:	Yes
Changes in Benefits over Time:	Yes

Benefits	Contributions	Number of Insured
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<u>Health care:</u> <ul style="list-style-type: none"> <li>○ Hospitalization expenses up to Rs. 7,000 per person per year, subject to the following sub-limits: <ul style="list-style-type: none"> <li>○ Gynae related: up to Rs. 3,000</li> <li>○ Maternity expenses up to Rs. 3,000</li> <li>○ Expenses for cataract: Rs. Up to 3,000</li> <li>○ Maximum amount payable by claim: Rs. 5,000</li> </ul> </li> </ul>	Up to 18 years: Rs. 65 per person per year 18 - 45 years: Rs. 125 46 - 60 years: Rs. 175 61 - 75 years: Rs. 210	10.473
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Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2006	10,473	495,659
2005	1,111	142,160
2004	3,649	NA

Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2006	3,755	NA
2005	21	65,804
2004	76	NA

## 7. Health Related Information

Prior Health Check-Up:	Yes
Exclusion Clauses:	Yes
Co-Payment:	No
Service Payment Modality:	Reimbursement
Tie-up with Health Facilities:	Yes – Private
Contractual Arrangements with HPs:	Yes
Number of Associated HPs:	NA
Financial Advantages Provided by HPs:	Easy acces and quality services
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Limited – hospitalization cover only
Level of Health Benefits:	Low – up to Rs. 5,000 per episode
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Fre access
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	NA
Renewal Rate:	Low

## 8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Various donors
Direct Subsidy:	No



Indirect Subsidy:	Yes. Administration costs
External Technical Assistance:	Yes
Nature of Technical Assistance:	Training and sensitization
Member of Network Organization:	Member of Asian Micro-Insurance Network (AMIN)

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	Yes – Royal Sundaram Insurance Company
Changes of Private Companies:	No
Use of Public Insurance Companies:	Yes – LIC for other products
Changes of Public Companies:	No
Special Advantages Provided by Insurance Companies:	Quick settlement of claims
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Weak awareness of insurance mechanisms
Enrolment Modalities:	-
Service Delivery:	-
Management:	Delays in claims processing and settlement
Financing:	-
Sustainability:	-

## 11. Development Perspectives

Enrolment:	Increase the coverage over the next years
Service Delivery:	Diversify areas of intervention
Management:	-
Extension:	-
Replication:	Working on replicating in other areas

## 12. Contact Details

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Website:	<a href="http://www.workingwomensforum">www.workingwomensforum</a>

## 99. YESHASVINI TRUST

### 1. The Scheme at a Glance

Ownership Profile:	Public-Private Trust
Starting Date:	2003
Risk Coverage:	Health care
Target Group:	Farmers, members of co-operative societies
Rural/Urban:	Rural
Oureach:	Whole state of Karnataka
Total Number of Insured:	3,047,000
Potential Target:	6,000,000
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	No



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	In – House
Type of Risk:	Single Risk / Risk Package	Single Risk
Type of Enrolment:	Voluntary / Compulsory	Voluntary/Automatic
Insured Unit:	Individual / Family	Individual
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Easy Payment Mech.
Subsidy to the Scheme:	Direct / Indirect	Direct

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	High
Tie-up with Health Facilities:	Private / Public	Both
Administration Responsibility:	TPA / No TPA	TPA
Additional Financial Benefit:	Discount / No Discount	Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Pre-Authorization
Co-Payment:	Yes / No	No
Service Payment Modality:	Cashless / Reimbursement	Cashless

### 3. The Organization

The Yeshasvini scheme was conceived in 2002 by Dr. Shetty, a well-known cardiac surgeon and a group of private physicians who wanted to demonstrate that it was possible to extend access to the most sophisticated health care services to the poor. The concept relied on a preliminary survey conducted among various public and private hospitals operating in Karnataka which revealed that occupancy rates remained everywhere as low as 35%. The problem of access was therefore not due to the lack of infrastructure or professional staff, but due to the impossibility for the poor to pay for the expected services.

To overcome this cash problem, a new insurance scheme aiming to cover the most expensive segment of the health expenditure structure (surgical interventions) was designed in close collaboration with the Government of Karnataka and the Department of co-operatives. A private Trust was set up, regrouping several prominent state and private individuals with the Principal Secretary of the Co-operative Department acting as chair of the Trust.

The scheme targeted the poor farmers organized into co-operative societies that could play an active role, together with the Department of co-operatives staff operating at the field level, in facilitating the premium collection mechanism.

The Trust succeeded to generate an interest among private health providers to contribute to an insurance mechanism targeting the poor which resulted in the setting up of a broad network of health facilities covering all districts. Each hospital willing to enrol in the network is compelled to apply fixed tariffs for each of the benefits covered by the insurance plan.

The Yeshasvini scheme covers some 1,600 surgeries which are made available on a cashless basis to the members. In addition, Out Patient Diagnosis (OPD) is provided at no cost and diagnostic tests are being offered at a discounted tariff.

The collaboration developed with the Government of Karnataka also proved effective in allowing to scheme to benefit from a yearly subsidy allocated to the payment of benefits (direct subsidy). However, this subsidy is still not directly linked to the number of participants and has to be re-negotiated each year.

In its first year of operation, the scheme could already become the largest one operating in India, covering some 1.6 million insured who could access the services provided by a wide hospital network covering all districts.

#### 4. The Micro-Insurance Scheme(s)

Number of Scheme(s):	1
Name of the Scheme:	Yeshasvini co-operative farmers health scheme
Starting Date:	May 2003
Duration of Insurance Plan:	1 Year
Insurance Year:	June 1 <sup>st</sup> – May 31 <sup>st</sup>
Management Responsibility:	Yeshasvini Trust (Representatives of Co-operative Department and private health providers)
Organization Structure:	Private Trust
Risk Coverage:	Health Care – surgical operations
Registration:	Separate entity - fully registered under the Trust Act
Rural/Urban:	Rural
Outreach:	State of Karnataka (all 26 districts)
Target Group:	Farmers, members of co-operative societies for at least 6 months (dairy co-operatives, savings and credit co-operatives, etc.)
Staff Working for the Scheme:	15

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary (Automatic enrolment in some co-operative societies)
Age Limitations:	No - Open to newborn up to 75 years
Insurance Unit:	Individual
Number of Policyholders:	3,047,000
Number of Insured:	3,047,000
Percentage of Women:	38% in Year V (41% in Year II)
Potential Target:	6,000,000 (Total membership of first group of targeted co-operatives – some 8,500,000 if extended to the whole rural co-operative movement)
Penetration Rate:	51%

Evolution of NO of Insured		
Year	No of Insured	Change (%)
2008 – 2009	3,047,000	+ 31%
2007 – 2008	2,318,778	+ 26%
2006 – 2007	1,854,000	+ 24%
2005 – 2006	1,473,576	- 27%
2004 – 2005	2,021,661	+ 26%
2003 – 2004	1,601,152	-

## 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Loans extended by co-operative societies (savings and credit co-operatives), up-front payment made by the society with repayment from regular transactions (dairy co-operatives), full premium payment by some societies out of their own resources
Schedule of Contributions:	Yearly
Membership Identification:	Individual membership card with photo identification proof
Waiting Period:	No
Changes in Contributions over Time:	Rs. 60 per person per year (Years I & II), Rs. 120 per person (Years III & IV), Rs. 130 per person (Year V)
Changes in Benefits over Time:	Added benefits in Year IV: Coverage of normal deliveries, post-natal care (Hospitalization stay) of premature babies, dog bites, snake bites burns and accidents while working with agricultural implements

Benefits	Contributions	NO of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>o Surgical procedures (1,600) up to Rs. 100,000 per episode (max twice a year: Rs. 200,000)</li> <li>o Full service package including treatment, stay and medicines</li> <li>o Free OPD services</li> <li>o Discounted prices on lab. Tests</li> <li>o Stabilization of defined Medical Emergencies requiring indoor treatment</li> <li>o Normal deliveries</li> <li>o Pediatric care during the first five days after birth.</li> </ul>	Rs 130 per person per year (15% discount in case of family of five enrolment)	3,047,000 (Year VI) (38% women and 6.5% children)

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2008 – 2009	3,047,000	396,110,000 (Subsidy element: NA)
2007 – 2008	2,318,778	277,516,000 (+ 200,000,000 subsidy)
2006 – 2007	1,854,000	215,400,000 (+198,500,000 subsidy)
2005 – 2006	1,473,576	162,900,000

		(+ 110,210,000 subsidy)
2004 – 2005	2,021,661	119,755,000 (+ 42,384,000 subsidy)
2003 – 2004	1,601,152	69,909,000 (+ 45,137,000 subsidy)

#### Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2008 – 2009	NA	NA
2007 – 2008	55,000*	NA
2006 – 2007	39,000*	380,777,000
2005 – 2006	18,929	256,252,000
2004 – 2005	14,963	180,221,000
2003 – 2004	9,008	105,482,000

\* Estimate till Year end

#### Evolution of Main Performance Indicators

	Year 1	Year 2	Year 3	Year 4	Year 5
Claim average	11,827	12,085	13,266	9,762	8,202
Claims cost	67	89	175	206	206
Claim incidence	0.56%	0.74%	1.32%	2.11%	2.57%

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Implants, transplants, joint replacement surgeries, dental surgery, cosmetic surgery, artificial limbs, road traffic accidents, HIV/AIDS
Co-Payment:	No
Service Payment Modality:	Cashless
Tie-up with Health Facilities:	Yes
Contractual Arrangements with HPs:	Formal letter of agreement with each network hospital
Number of Associated HPs:	352 health providers – 90% private (Year V)
Financial Advantages Provided by HPs:	Reduced tariffs applied on each intervention, free OPD services & discounts on laboratory tests; some network hospitals also provide discounts on medical stay
Non Financial Advantages Provided to Insured:	24/7 help line (TPA)
Scope of Health Benefits:	Help desk (Health providers)
Level of Health Benefits:	Limited to surgical interventions
Intervention of TPA:	High (Up to Rs. 200,000 per year)
Designation of TPA:	Yes
Access to Health Services:	Family Health Plan Limited (FHPL)
Other Health Related Activities:	Pre-authorization required (from TPA)
Claims Rejection Ratio:	No
Renewal Rate:	5-6%
	43% (Year III)

## 8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Government of Karnataka, co-operative societies, private health providers
Direct Subsidy:	Yes – all subsidies allocated to the payment of benefits

Indirect Subsidy:	No
External Technical Assistance:	No
Nature of Technical Assistance:	Not applicable
Member of Network Organization:	Core member of AMIN (Asia Micro-Insurance Network)

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-
Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages provided by Insurance Companies:	-
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Awareness still weak among the co-operative movement Need for broader intensive education campaign
Enrolment Modalities:	Low level of family enrolment High drop-out rate
Service Delivery:	Absence of treatment protocols Need to develop stricter accreditation standards Need to verify clients' satisfaction
Management:	Improvements to be brought in the data base and management information system
Financing:	High dependence on state subsidies
Sustainability:	Strong adverse selection phenomenon, especially among the first age bands (0 to 5 years) Unstable parameters and performance indicators

## 11. Development Perspectives

Plan Distribution:	Extend distribution to other co-operative sectors
Enrolment:	Set up higher enrolment targets and introduce an incentive mechanism for co-operative agents Encourage family enrolment through attractive tariffs and added benefits
Service Delivery:	Develop treatment protocols with health providers Intensify verification of clients' satisfaction
Management:	Review enrolment process and reporting mechanisms with Department of Co-operatives Establish new management function
Financing:	Obtain long-term commitment from State Government

## 12. Contact Details

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## 100. YOUTH FOR ACTION (YFA)

### 1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2005
Risk Coverage:	Health care, maternity, accidental death, disability
Target Group:	Poor rural population
Rural/Urban:	Rural
Outreach:	Specific areas of Andhra Pradesh
Total Number of Insured:	2,715
Potential Target:	5,000
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	Yes (Private)



### 2. Operational Mechanisms

#### General

Type of Scheme:	In House / Partner Agent	Partner – Agent
Type of Risk:	Single Risk / Risk Package	Risk Package
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Family
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Up Front
Subsidy to the Scheme:	Direct / Indirect	No Subsidy

#### Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	Medium
Tie-up with Health Facilities:	Private / Public	Private
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	Discount
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Reimbursement

### 3. The Organization

Youth For Action (YFA) is a not for profit organization based in Hyderabad which started in a humble way and in its period of existence of a little over a decade, established itself in the realms of natural resources management as well as effective organization of human resources and aspirations for collection problem addressal. YFA as an organization was inspired by the selfless work of Baba Amte, the first Indian to get the Gandhi Peace Award. During his visit to the state of Andhra Pradesh, he showed overwhelming concern for the degrading eco-system and its impact on the eroding livelihood patterns in the villages.



In a series of sharing sessions with a group of young men, who had already started organizing the people in an informal way to meet their food security needs, he first mooted the idea of an organized team to put in efforts at the grassroots level for searching for sustainable solutions to the problems. Thus YFA came into existence formally in the year 1986.

YFA's vision is to continuously focus on institutionalizing local governance, social justice and participatory collective action for sustainable development. Its mission is to strive to promote large numbers of community led opportunities, promoting the cause of gender equality and socio-economic development of women and women's farmers.

YFA aims at providing its services nationally through networking and exploring the new avenues and best innovative practices to produce enhanced yields, incomes, promoting prosperity and social justice.

Following contacts with several insurance companies, YFA initiated its insurance scheme for the rural poor in 2005 in collaboration with HDFC Chubb Insurance Company.

#### 4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Health Insurance Programme
Starting Date:	2005
Duration of Insurance Plan:	One year
Insurance Year:	April to March
Management Responsibility:	Youth for Action (YFA)
Organization Structure:	NGO
Risk Coverage:	Health care including maternity protection, accidental death, disability
Registration:	No separate registration
Rural/Urban:	Rural
Outreach:	One district of Andhra Pradesh
Target Group:	Poor population engaged in diversified products, animal husbandry, fishing, etc.
Staff Working for the Scheme:	1 full-time, 2 part-time

#### 5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	Yes. Details not available
Insurance Unit:	Family of four
Number of Policyholders:	751
Number of Insured:	2,715
Percentage of Women:	About 50%
Potential Target:	5,000
Penetration Rate:	60%

##### Evolution of Number of Insured

Year	Number of Insured	Change (%)
2006 – 2007	2,715	-

#### 6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No
Schedule of Contributions:	Annual
Membership Identification:	Membership card
Waiting Period:	One month for hospitalization – 9 months for maternity

Changes in Contributions over Time:	Contribution has increased
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> <li>○ Hospitalization expenses up to Rs. 10,000</li> <li>○ Up to Rs. 20,000 in case of critical illness</li> <li>○ Up to Rs. 7,500 for maternity benefits including pre and post natal care, caesarean section, uterus removal</li> </ul> <u>Accidental death:</u> <ul style="list-style-type: none"> <li>○ Rs. 25,000 in case of accidental death</li> </ul> <u>Disability:</u> <ul style="list-style-type: none"> <li>○ Rs. 20,000 in case of total permanent invalidity</li> <li>○ Rs. 10,000 in case of partial permanent disability</li> </ul>	Rs. 225 for a family of four per year	2,715

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2006 – 2007	751	90,750
Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2006 – 2007	NA	20,000

## 7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Standard exclusion clauses: pre-existing diseases, HIV/AIDS, drug or alcohol related illnesses
Co-Payment:	No
Service Payment Modality:	Reimbursement
Tie-up with Health Facilities:	With some health providers – private
Contractual Arrangements with HPs:	No formal contractual arrangement
Number of Associated HPs:	-
Financial Advantages Provided by HPs:	Discounts on some tariffs
Non Financial Advantages Provided to Insured:	Quality of service, waiting period for priority treatment under negotiation
Scope of Health Benefits:	Limited – hospitalization cover only
Level of Health Benefits:	Medium – Up to Rs. 10,000
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	NA
Renewal Rate:	Not applicable (new scheme)

## 8. Assistance to the Scheme

External Funding:	No
Origin of External Funding:	-
Direct Subsidy:	No
Indirect Subsidy:	No
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	No

## 9. Linkage with Insurance Companies

Use of Private Insurance Companies:	Yes – HDFC ERGO Insurance Company
Changes of Private Companies:	No
Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	No
Re-Insurance:	No

## 10. Problems and Constraints

Plan Distribution:	Low subscition rate
Enrolment Modalities:	Adverse selection – high drop-out rate
Service Delivery:	-
Management:	Huge delays in the claims settlement process
Financing:	-
Sustainability:	-

## 11. Development Perspectives

Enrolment:	-
Service Delivery:	-
Management:	Revise the shole scheme
Extension:	-
Replication:	-

## 12. Contact Details

Contact Persons:	Mr. E. Venkat Ramanayya, President
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