

4. NATIONAL REVIEW

LIST OF ORGANIZATIONS

Sl.	Organizations	Page
1.	Accord – Ashwini	
2.	Aga Khan Health Services (AKHS)	
3.	Andhra Pradesh State Police Trust	
4.	Antodaya	
5.	Aragonda Apollo Hospitals	
6.	Arogya Roksha Yojana Trust (ARY)	
7.	Arogyashree Yojana Trust	
8.	Arthik Samata Mandal (ASM)	
9.	Asha Kiran Society (AKS)	
10.	Association of Serva Sewa Farms (ASSEFA)	
11.	Awareness	
12.	Bharatiya Agro Industries Foundation (BAIF)	
13.	Bharatiya Samruddi Investments and Consultancy Services (BASIX)	
14.	Bihar Milk Cooperatives Federation (BMCF)	
15.	Bhartiya Integrated Social Welfare Agency (BISWA)	
16.	Buldana Urban Credit Cooperative Society (BUCCS)	
17.	Chaitanya	
18.	Charotar Arogya Mandal (CAM)	
19.	Community Aid & Sponsorship Programme (CASP)	
20.	Community Health Assistance Project (CHAP)	
21.	Centre for Overall Development (COD)	
22.	Centre for Youth and Social Development (CYSD)	
23.	Development of Humane Action (DHAN) Foundation	
24.	Emmanuel Hospital Association – Uttarakhand (EHA-U)	
25.	Emmanuel Hospital Association – Madhya Pradesh (EHA-MP)	
26.	Evangelical Social Action Forum (ESAF)	
27.	Freedom Foundation (FF)	
28.	Gandhi Smaraka Grama Seva Kendram Karadka (GSGSKK)	
29.	Grameen Kota (GK)	
30.	Gram Niyojan Kendra (GNK)	
31.	Gwalior Municipal Corporation Limited (GMC)	
32.	Healing Fields Foundation (HFF)	
33.	Health and Auto Learning Organization (HALO) Foundation	
34.	Indore Municipal Corporation Limited (IMC)	
35.	Kagad Kach Patra Kashtakari Panchayat (KKPKP)	
36.	Karnataka State Police Trust	
37.	Karuna Trust	
38.	Kas Foundation	
39.	Katsurba Hospital	
40.	Kodi Trust	
41.	League for Education and Development (LEAD)	
42.	Mahaseman Trust	
43.	Mahashakti Foundation	
44.	Mallur Health Cooperative	
45.	Mannadeshi Mahila Sahakari Bank (MMS)	
46.	Manipal Academy of Higher Education (MAHE)	
47.	Mayapur Trust/Sri Mayapur Vikas Sangha	
48.	Ministry of Health – Madhya Pradesh	
49.	Ministry of Labour and Employment – NSSS	
50.	Ministry of Labour and Employment – RSBY	
51.	Ministry of Social Justice and Empowerment	
52.	Ministry of Textiles – Handloom	
53.	Ministry of Textiles – Artisans	
54.	Mitra Christian Hospital Bissamcuttak	
55.	Modern Architects of Rural India (MARI)	
56.	Myrada	
57.	Naandi Foundation – Hyderabad	
58.	Naandi Foundation – Udaipur	
59.	Naandi Foundation – Jodhpur	
60.	New Life	
61.	Nidan	
62.	Organization for Awareness of Integrated Social Security (OASIS)	

63.	Organization for Development of People (ODP)	
64.	Palmyrah Workers Development Society (PWDS)	
65.	People's Rural Education Movement (PREM)	
66.	Pragathi Gramin Bank – Chitradurga Unit (PGBCU)	
67.	Pragati	
68.	Raigarh Ambikapur Health Association (RAHA)	
69.	Rajasthan Dairy Cooperative Federation (RDCF)	
70.	Rinchi Hospital Trust (RHT)	
71.	Rural Health & Social Advancement (RUHSA)	
72.	Sampoorna Kutumba Arogya Pathakam (SKAP)	
73.	Samskar	
74.	Seba Cooperative Health Society (SCHS)	
75.	Self-Employed Women's Association (SEWA)	
76.	Self Help Association for Development and Empowerment (SHADE)	
77.	Self Help Promotion for Health and Rural Development (SHEPHERD)	
78.	Self Help Groups Federation – Kerala	
79.	Self Help Groups Federation (1) – Tamil Nadu	
80.	Self Help Groups Federation (2) – Tamil Nadu	
81.	Sevashram	
82.	Seva Mandir	
83.	Shanti Dhan	
84.	Shree Kshetra Dharmasthala Rural Development Project (SKDRDP)	
85.	Society for the Promotion of Area Resources (SPARC)	
86.	Solapur Cooperative Federation	
87.	Students Health Home (SHH)	
88.	Symbiosis Centre for Health Care for Students (SCHCS)	
89.	Swayam Krishi Sangam (SKS)	
90.	Tamil Nadu AIDS Initiative (TAI)	
91.	Tamil Nadu Health Insurance Trust (TNHIT)	
92.	Tribhuvandas Foundation	
93.	Uplift Health	
94.	Vaatsalya Healthcare	
95.	Village Welfare Society (VWS)	
96.	Voluntary Health Services (VHS)	
97.	Welfare Service Ernakulam (WSE)	
98.	Working Women's Forum (WWF)	
99.	Yeshasvini Trust	
100.	Youth for Action (YFA)	

1. ACCORD

1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	1993
Risk Coverage:	Health care, including maternity protection
Target Group:	Tribal groups
Rural/Urban:	Rural
Outreach:	One district of Tamil Nadu
Total Number of Insured:	15,002
Potential Target:	25,000
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/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	Low
Tie-up with Health Facilities:	Private / Public	Own 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

Action for Community Organization, Rehabilitation and Development (ACCORD) was started in 1986 to work with tribal people in the town of Gudalur in Tamil Nadu. With a holistic approach for the development of this group – which includes education, community organization, economic development, health, housing and cultural development – the organization's overall strategy is to empower the tribals to the extent that ACCORD's role would gradually diminish as the community gains more control over process of change. The main emphasis is on participation, collective action and self help.

This holistic approach to development is fostered by the organizing of tribal people into small groups at the village level (sangams) with a federative body called the “Adivasi Munnetra Sangam” (AMS). This has developed into a federation of 167 village sangams. All development activities are implemented by the sangams.

One of the main programmes of AMS is to run a credit fund that allows members to contribute a rupee per week, with a matching share from ACCORD, so that in times of emergency and serious indebtedness, members can borrow from the credit fund. ACCORD has also set up “Ashwini” – a health welfare association, in order to better address the health protection needs of the members.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	ASHWINI health sheme (Association for Health Welfare in the Nilgiris)
Starting Date:	1993
Duration of Insurance Plan:	Annual
Insurance Year:	January – December
Management Responsibility:	ASHWINI / ACCORD
Organization Structure:	NGO
Risk Coverage:	Health care including maternity protection
Registration:	Not registered separately
Rural/Urban:	Rural
Outreach:	Covers all the Adivasi Mannetra Sangams (AMS – community based organization) villages of the Gudalur and Pandalur Taluks of Nilgiri district, Tamil Nadu
Target Group:	Tribal population
Staff Working for the Scheme:	One full-time person; about 50 staff of ASWINI, ACCORD and Vidyodaya working in the villages are engaged in premium collection only during the premium payment period

5. Policyholders and Insured

Type of Enrolment:	Voluntary for contributing members – automatic for those who cannot afford to pay the premium
Age Limitations:	None
Insurance Unit:	Individual
Number of Policyholders:	15,002
Number of Insured:	15,002
Percentage of Women:	52%
Potential Target:	25,000
Penetration Rate:	60%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007	15,002	+ 7%
2006	14,012	+ 5%
2005	13,345	+ 2%
2004	13,087	+ 7%
2003	12,226	-

6. Contributions and Benefits

Entrance Fee:	Annual membership fee of Rs. 10 per family to the AMS
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Easy Payment Mechanisms:	Up front
Schedule of Contributions:	Yearly
Membership Identification:	Insurance card given to each member
Waiting Period:	None
Changes in Contributions over Time:	Started with a premium of Rs 15 per person in 1993 being paid to the insurance company of which the members contributed Rs. 4. This gradually increased to Rs. 40 per person per year (member contribution Rs. 25) in 2005. In 2007 the premium to the insurance company is Rs. 45 while the member contribution was kept at the former level of Rs. 25
Changes in Benefits over Time:	From 1993-1998 the health claim limit was Rs. 1,500. Over the period 1998-2003, the health claim limit remained Rs. 1,500, but included the cost of the first three deliveries as well. The claim limit for delivery related admissions was Rs. 500 within the overall ceiling of Rs. 1,500. From 2004 the health claim limit was increased to Rs. 2,500, and delivery claim limit raised to Rs. 1,000. In 2005, referrals to higher level hospitals were included with a claim limit of Rs. 2,000 per episode with an overall ceiling of Rs. 30,000 per year

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> ○ Covers hospitalization costs up to Rs. 2,500 (including doctors' fees, bed charges, medicines – generic, lab. tests and surgical procedures) ○ Covers all delivery related admissions up to Rs. 1,000 within the overall ceiling of Rs. 2,500 ○ Covers referrals to other hospitals up to Rs. 2,000 per patient within an overall ceiling of Rs. 30,000 per year 	Rs. 45 per person per year paid to insurance company (the member contributes Rs. 25 per year)	15,002

Evolution of Contributions:

Year	Number of Contributions		Amount in Rs	
2007	7,299*	15,002°	150,000*	675,090°
2006	6,157*	14,012°	135,505*	560,480°
2005	5,058*	13,345°	119,870*	533,800°
2004	5,509*	13,087°	102,325*	392,610°
2003	4,268*	12,226°	93,896*	144,520°

* Number of contributing members and total amount of their contribution

°Total covered by insurance company & total amount paid to the insurance company

Evolution of Benefits Paid:

Year	Number of Benefits Paid		Amount in Rs	
2006	898*	667°	1,003,392*	604,513°
2005	838*	715°	837,282*	539,058°
2004	700*	601°	649,665*	367,702°

2003

726*

607°

630,266*

307,380°

* Total benefits paid

°Number of claims and amount reimbursed by the insurance company

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	No exclusion, except psychiatric illnesses
Co-Payment:	No co-payment for those enrolled under the ASHWINI scheme, small user fee for those not enrolled who by virtue of being members of AMS are also covered under the scheme
Service Payment Modality:	Easy payment mechanism – use of credit funds
Tie-up with Health Facilities:	Own health facility
Contractual Arrangements with HPs:	-
Number of Associated HPs:	-
Financial Advantages Provided by HPs:	No
Non Financial Advantages Provided to Insured:	Free primary and OPD care, subsidized food in case of hospitalization
Scope of Health Benefits:	Broad – IP and OP care
Level of Health Benefits:	Low – hospitalization costs up to Rs. 2,500
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	Comprehensive health programme of which the insurance programme is an integral part
Claim Ratio Rejection Rates:	About 10%
Renewal Rate:	About 90%

8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Shr Ratan Tata Trust, Mumbai
Direct Subsidy:	Yes, ASHWINI contributes about 50% of the premium – In addition, health care not covered under the policy with the company is provided by ASHWINI, thus subsidized too
Indirect Subsidy:	Yes – some administration costs supported by external donors
External Technical Assistance:	Yes - through interventions of various specialists and periodic reviews of consultants (Institute of Public Health)
Nature of Technical Assistance:	Design of insurance policy, innovative methods for collecting premium
Member of Network Organization:	Part of Community Health Insurance Network (CHIN) and e-group

9. Linkage with Insurance Companies

Use of Private Insurance Companies:	Yes – Royal Sundaram Alliance Insurance Company
Changes of Private Companies:	No
Use of Public Insurance Companies:	Yes – New India Assurance Company till 2003
Changes of Public Companies:	Shift from public to private insurer in 2003
Special Advantages Provided by Insurance Companies:	Extension of the coverage in order to include maternity protection, pre-existing diseases, etc.
Re-Insurance:	No

10. Problems and Constraints

Plan Distribution:	Literacy level among members is low, hence limited understanding of insurance mechanisms, utilization patterns and other financial details
Enrolment Modalities:	Variations in terms of Insurance renewals, percentage of insured members contributing to the premium remains low – between 30-35%
Service Delivery:	-
Management:	-
Financing:	The scheme is still heavily dependent on financial assistance
Sustainability:	Still a problem to achieve full operational sustainability

11. Development Perspectives

Enrolment:	Premium collection mechanism will be further decentralized, plans to develop unnovative ways to collect premium
Service Delivery:	-
Management:	Enhancing member ownership of scheme by sharing details of all operations with the community using graphs and simple reports
Extension:	-
Replication:	-

12. Contact Details

Contact Persons:	Dr. Shylaja Devi / Mr. Manoharan
Address:	ASHWINI – PO Box N°20, Gudalur, Nigiris District Tamil Nadu
Telephone Number:	(04262) 261645
Fax Number:	(04262) 261504
E.Mail:	ashwinigudalur@gmail.com durgamanoharan@gmail.com
Website:	www.aktivasi.net www.ashwini.org

2. AGA KHAN HEALTH SERVICES (AKHS)

1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	1995
Risk Coverage:	Health care
Target Group:	Rural dairy farmers and village communities
Rural/Urban:	Rural
Outreach:	One district in Gujarat
Total Number of Insured:	12,520
Potential Target:	45,000
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 Paym. Mech.
Subsidy to the Scheme:	Direct / Indirect	Both

Health

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

3. The Organization

Health services in the Sidhpur and Junagahd areas in the Patan district of Gujarat were primarily inadequate and of poor quality. A full-fledged hospital with diagnostic, curative and maternal care facilities in Sidhpur town, and primary health care facilities at the village level were the immediate needs of the population. It was in such a scenario that the Meloj and Methan dairy co-operatives in partnership with Aga Khan Health services (AKHS) initiated in 1995 a comprehensive health programme including two health insurance mechanisms, one targeting the whole community and the other the co-operative members.

Covering all communities belonging to 26 villages, the programme developed with AKHS support aims to establish a financially and organizationally sustainable health system capable of effectively addressing the priority needs of the population.

In the Sidhpur area, there are 11 health centres which on an average cater to around 4-5 villages. With fully equipped personnel and all facilities, Sidhpur town now also has a diagnostic centre that provides various testing services. Facilities are provided at user charges that are highly subsidized.

Under the first insurance scheme developed called “Co-operative health financing”, AKHS has entered into an agreement with dairy producers in Meloj and Methan villages (who are share-holders in the co-operatives) wherein a stipulated amount is deducted from the net profits. Net profits being distributed to the share holders in proportion to the quantity of milk brought by them, therefore, the contribution of each share holder is proportionate to his income.

Under the second scheme called “Community health fund”, people of the 26 villages who are not members of the dairy co-operatives are also eligible to avail similar health care services against the payment of a yearly premium.

Both schemes provide the same benefits ranging from outpatient consultation, immunization, free medical check-up and breast cancer screening with discounts being offered on diagnostic services, medicines and delivery.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	2
Name of the Scheme(s):	Cooperative Health Financing and Cooperative Health Fund
Starting Date:	1995
Duration of Insurance Plan:	One year
Insurance Year:	NA
Management Responsibility:	The Cooperative Health Financing scheme is undertaken in collaboration with the cooperative societies. AKHS manages the other scheme which targets members of communities who are not part of the cooperative movement
Organization Structure:	Part of the regular ongoing activities of AKHS
Risk Coverage:	Health care
Registration:	Not registered separately
Rural/Urban:	Rural
Outreach:	26 villages in Sidpur Taluka of Patan District, Gujarat
Target Group:	Rural dairy farmers and village communities
Staff Working for the Scheme:	NA

5. Policyholders and Insured

Type of Enrolment:	Voluntary for both schemes
Age Limitations:	No
Insurance Unit:	Family
Number of Policyholders:	Scheme 1: 567 Scheme 2: 1,937
Number of Insured:	Scheme 1: 2,835 Scheme 2: 9,685
Percentage of Women:	50%
Potential Target:	45,000
Penetration Rate:	27%

Evolution of Number of Insured

Year	Scheme 1	Scheme 2	Change (%)
	Number of Insured		

2006	2,835	9,685	-
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6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Yes – through support from some dairy cooperative societies
Schedule of Contributions:	Generally during harvest time
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"> ○ Waiver in registration fee and medical examination fee ○ Free outpatient consultation ○ Immunization and discounted drugs ○ 20% discount on diagnostic services ○ 20% discount on delivery (irrespective of whether the delivery occurs in a health facility or at home) ○ Free yearly medical check-up for people over 35 years ○ Free breast cancer screening 	A compulsory amount is deducted from the net profits – net profits are usually distributed to the share holder in proportion of the quantity of milk brought by them, therefore the contribution by each shareholder is proportional to his/her income	5,635

Scheme 2		
Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> ○ Waiver in registration fee and medical examination fee ○ Free outpatient consultation ○ Immunization and discounted drugs ○ 20% discount on diagnostic services ○ 20% discount on delivery (irrespective of whether the delivery occurs in a health facility or at home) ○ Free yearly medical check-up for people over 35 years ○ Free breast cancer screening 	Rs. 200 per family per year	9,185

Evolution of Contributions:	Scheme 1	Scheme 2
Year	Number of Contributions	Amount in Rs

2006	NA	NA	NA	NA
Evolution of Benefits Paid:				
	Scheme 1	Scheme 2		
Year	Number of Benefits Paid		Amount in Rs	
2006	NA	NA	NA	NA

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	No
Co-Payment:	No
Service Payment Modality:	Up front
Tie-up with Health Facilities:	Own health facilities
Contractual Arrangements with HPs:	-
Number of Associated HPs:	-
Financial Advantages Provided by HPs:	No
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Limited (hospitalization services not covered)
Level of Health Benefits:	Low
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	Immunization, annual check-up, free breast cancer screening
Claim Ratio Rejection Rates:	NA
Renewal Rate:	NA

8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Aga Khan Foundation
Direct Subsidy:	Yes. Subsidized health care through own health facilities
Indirect Subsidy:	Yes. Support to 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 understanding of health insurance principles and mechanisms
Enrolment Modalities:	Low renewal due to limited benefits
Service Delivery:	-
Management:	-
Financing:	-
Sustainability:	-

11. Development Perspectives

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

12. Contact Details

Contact Persons:	-
Address:	902, Karma Complex Ahmedabad Gujarat
Telephone Number:	(079) 2664 0850 / 2663 9276
Fax Number:	-
E.Mail:	Akhs_1@satyam.net.in , apopatiya@hotmail.com
Website:	-

3. ANDHRA PRADESH STATE POLICE TRUST

1. The Scheme at a Glance

Ownership Profile:	Public Department
Starting Date:	1999
Risk Coverage:	Health care
Target Group:	State Policemen
Rural/Urban:	Urban
Outreach:	Entire State of Andhra Pradesh
Total Number of Insured:	400,000
Potential Target:	Not applicable
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	Compulsory
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	Pre-Authorization
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Cashless

3. The Organization

The Government of Andhra Pradesh was willing to provide a better health protection to all members of the police force and their dependents. So far, these employees only received a monthly allowance aiming at covering their health needs. In view of the successful implementation of the Yeashasvini health scheme, the Government was keen to develop another self funding scheme in collaboration with the Third Party Administrator which was involved from the outset in the design and implementation of this innovative insurance plan.

Family Health Plan Limited (FHPL) is a Third Party Administrator (TPA) in the field of health insurance duly licensed by the Insurance and Regulatory Development Authority of India (IRDA). As a TPA, FHPL acted as a nodal agency between the Insurance Companies, Insured members and the hospital providers for rendering the right services, at right time, to the right person at right price.

With its ambitious goals and steady stream of innovative approaches, products and schemes, FHPL was committed to transform the healthcare delivery access in the country. The organization had already struck the right note by focusing on engancing mutual trust with network hospitals. With some 2,400 hospitals having adopted stringent standards across the country, FHPL had already become one of the largest TPAs, recording a spectacular growth in terms of number of lives covered, thus laying the foundation for the ultimate consolidation of healthcare delivery.

Based on its previous experience with Yeshasvini, FHPL also put the emphasis on the development of a self funded model that could better serve the health protection needs of this target group. Both parties thus agreed to initiate a partnership resulting in the setting up of a Trust taking over all management responsibilities of this new health insurance scheme.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Arogya Bhagya Yojana Scheme (ABY)
Starting Date:	January 1999
Duration of Insurance Plan:	One year
Insurance Year:	January – December
Management Responsibility:	Public Trust
Organization Structure:	Self-Funding Scheme: Public-Private Partnership between a public department and a TPA
Risk Coverage:	Health care
Registration:	Registered
Rural/Urban:	Both urban and rural
Outreach:	The entire State of Andhra Pradesh
Target Group:	All employees of the AP police force and their dependents
Staff Working for the Scheme:	NA

5. Policyholders and Insured

Type of Enrolment:	Compulsory (the scheme shifted from voluntary to compulsory enrolment after year 1)
Age Limitations:	No
Insurance Unit:	Family
Number of Policyholders:	85,000
Number of Insured:	400,000
Percentage of Women:	About 50%
Potential Target:	Total coverage target has been achieved
Penetration Rate:	100%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007 – 2008	400,000	-
2006 – 2007	400,000	-
2005 – 2006	400,000	-

6. Contributions and Benefits

Entrance Fee:	No
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Easy Payment Mechanisms:	No. Automatic deduction from paycheck
Schedule of Contributions:	Monthly
Membership Identification:	Membership card
Waiting Period:	6 months
Changes in Contributions over Time:	No
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
<u>Health care:</u>	Rs. 600 per family per year (Rs. 50 per month)	400,000
o Coverage for select expensive ailments requiring tertiary care		

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2007 – 2008	85,000	51,000,000
2006 – 2007	85,000	51,000,000
2005 – 2006	85,000	51,000,000

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:	Yes. Details not available
Co-Payment:	No
Service Payment Modality:	Cashless at network hospitals + reimbursement in case of emergencies
Tie-up with Health Facilities:	Yes. Private hospitals
Contractual Arrangements with HPs:	Yes – signed agreements
Number of Associated HPs:	NA. Extensive network of hospitals
Financial Advantages Provided by HPs:	Yes. Discounted rates
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Limited
Level of Health Benefits:	High
Intervention of TPA:	Yes
Designation of TPA:	Family Health Plan Limited (FHPL)
Access to Health Services:	Pre-authorization required
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	NA
Renewal Rate:	100%

8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Government of Andhra Pradesh
Direct Subsidy:	Yes. Transfer of health allowances paid by the Government to each member to the Trust Fund
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: -
Service Delivery: -
Management: -
Financing: -
Sustainability: -

11. Development Perspectives

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

12. Contact Details

Contact Persons: Mr. A.P.V. Reddy, Managing Director
Address: Family Health Plan Limited
Aditya JR Towers, 8-2-120/86/9 A & B
3rd and 4th Floor, Road NO 2, Banjara Hills
Hyderabad
Andhra Pradesh
Telephone Number: 040 – 2355 6464
Fax Number: 040 – 2355 6262
E.Mail: apvr@fhpl.net
Website: www.fhpl.org

4. ANTODAYA

1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2003
Risk Coverage:	Health care
Target Group:	Agriculture and informal sector workers
Rural/Urban:	Rural
Outreach:	One district in Orissa
Total Number of Insured:	1,138
Potential Target:	7,500
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	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	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

ANTODAYA was born out of a movement against land alienation of tribals of Thamul Rampur Block, Kalahandi District, Orissa in 1989. The movement led to restoration of lands of tribals and a realization that things could be changed if people were organized. Since then, other tribal issues such as rights of Tribal Women over selling of Non Timber Forest Produce (NTFP) became the base for strategies of the organization. The organization's main focus was to ensure food security for the most vulnerable tribal groups by consolidating their livelihood options in the area through natural resources management.

A right for food campaign was organized with the setting up of a local level women organization in 2002 with support from Action Aid. The organization thus addressed the needs of the target population by focusing on the issues of Land Rights, Natural Resources Management, food security, good governance and women's empowerment.

The target group of the organization also faced major health problems like malaria, lack of safe drinking water facilities, lack of immunization programmes, nutritional deficiency, diarrhoea etc. In 1996 the Health and Family Welfare Department handed over the management of a primary health center to the organization. Apart from this, 46 villages have been provided with safe drinking water sources with the support of Save the Children Fund, Action Aid and RWSS. Efforts have also been taken to raise awareness among the beneficiaries towards the threat of malaria and subsequent preventive steps to be taken. Health still remains one of the major concerns of the organization.

On 9th December 2003, ANTODAYA has initiated a health services fund for the vulnerable women and children of the target area, called Swasthyashree Yojana, where the members can avail cost of health expenses up to Rs. 2,000, by contributing yearly premiums. Initial seed money of matching fund of Rs. 260,000 was given to the scheme and this fund is being managed by the women's organization called "Banashree Mahila Sangathan".

4. The Micro-Insurance Scheme (s)

Number of Schemes:	3 (1 health)
Name of the Scheme(s):	Swathayashree Yojana
Starting Date:	December 2003
Duration of Insurance Plan:	One year
Insurance Year:	January to December
Management Responsibility:	Antodaya
Organization Structure:	NGO
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Rural
Outreach:	50 villages over 6 GP's in Thuamul Rampur Block, Kalahandi district in Orissa
Target Group:	Tribal groups and other people belonging to the Below Poverty Line population
Staff Working for the Scheme:	2 (both on a part-time basis)

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	No
Insurance Unit:	Individual
Number of Policyholders:	1,138
Number of Insured:	1,138
Percentage of Women:	60%
Potential Target:	7,500
Penetration Rate:	15%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007	1,138	+ 14%
2006	997	+ 85%
2005	537	+ 201%
2004	178	-

6. Health Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No- up front
Schedule of Contributions:	Yearly
Membership Identification:	Health 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"> o Reimbursement of all costs related to a health problem (in and out patient care) up to a limit of Rs. 2,000 per year on production of prescription and medicine bills o Travel expenses not covered 	0-14 years (M&F): Rs. 25/Year 15-50 years (F): Rs 50/Year 15-50 years (M): Rs. 75/Year Above 50 years (M&F): Rs. 100/year	1,138

Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2007	1,138	Rs. 24,290
2006	997	Rs. 43,100
2005	537	Rs. 14,200
2004	178	Rs. 9,915

Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2007	37	Rs. 7,376
2006	68	Rs. 20,438
2005	29	Rs. 6,551
2004	18	Rs. 1,604

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:	Broad (in-patient and out-patient)
Level of Health Benefits:	Low (up to Rs. 2,000 only)
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access

Other Health Related Activities:	Community health funds established in 22 villages to provide basic medicines
Claim Ratio Rejection Rates:	Nil
Renewal Rate:	NA

8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Action Aid India
Direct Subsidy:	No
Indirect Subsidy:	Rs. 226,000 from Action Aid as seed money in first year
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 benefits
Enrolment Modalities:	Limited contributory capacity and renewal problems
Service Delivery:	No capacity to exert a positive influence on health providers in order to provide quality services
Management:	Weak management information system
Financing:	-
Sustainability:	-

11. Development Perspectives

Enrolment:	-
Service Delivery:	-
Management:	Plan to equip and hand over the full management of the scheme to a Women's Group Federation
Extension:	-
Replication:	-

12. Contact Details

Contact Persons:	Mr. Dilip Kumar Das, Chairman
Address:	At7PO Kanguma, Via Thuamul Rampur – 766 037 Kalahandi district, Orissa Contact Office: Bahadur Baguicha Pada Bhawanipatna -766 001 Orissa
Telephone Number:	(06670) 232038 / 234012 Cell: 0 93370 70038
Fax Number:	(06670) 232038
E.Mail:	Dilip64@rediffmail.com , chairman@antodaya.org
Website:	www.Antodaya.org

5. ARAGONDA APOLLO HOSPITALS

1. The Scheme at a Glance

Ownership Profile:	Health Provider
Starting Date:	2006
Risk Coverage:	Health care
Target Group:	Poor village communities
Rural/Urban:	Rural and peri-urban
Outreach:	1 District of Andhra Pradesh
Total Number of Insured:	6,000
Potential Target:	50,000
Micro-Finance Linkage:	No
Insurance Co. Linkage:	Yes (Public)



Andhra Pradesh

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

3. The Organization

Driven by the vision of its chairman, Dr. Prathap C. Reddy, Apollo Hospitals has transformed the landscape of health care in India. The group owns and manages 41 hospitals in an around India, becoming the largest healthcare provider in Asia. With nursing and hospital management colleges, pharmacies, diagnostic clinics, medical transcription services, third-party administration and telemedicine, Apollo's leadership extends to all aspects of the healthcare spectrum.

To address the problem of inadequate health care for people in rural areas of India, Apollo Hospitals launched the Telemedicine Unit in Aragonda village in Chittoor District, Andhra Pradesh, bringing advanced, yet affordable health care to over 50,000 people.

The project presently offers the following services:

- Telemedicine services – referral services, second opinion, post-acute care, interpretation service and health education
- Physical infrastructure – clean water supply, sanitation, drainage, solid waste and better roads
- Preventive health care programmes – community service in partnership with the primary health care centres
- Health insurance – the Gram Panchayat propagates a scheme T Re. 1 per day for a family of five. Through an insurance cover extended by National Insurance Company (NIC) and Oriental Insurance Company (OIC), upto Rs. 15,000 in patient care is being covered. Apollo Hospitals bears any extra cost.

The Indian Space Research Organization (ISRO) has provided the satellite facilities and citadel. General Electric (GE) and Wipro have extended their support to the undertaking.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Kutumb Arogya Yojana
Starting Date:	April 2006
Duration of Insurance Plan:	One year
Insurance Year:	April to March
Management Responsibility:	Apollo Hospitals
Organization Structure:	Health Provider
Risk Coverage:	Health care
Registration:	Not separately registered
Rural/Urban:	Rural and peri-urban
Outreach:	Aragonda village, Chittoor District, Andhra Pradesh
Target Group:	Entire population of Aragonda village and surrounding hamlets
Staff Working for the Scheme:	No full-time staff

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	Yes: Applying to the old-age group
Insurance Unit:	Family of five
Number of Policyholders:	1,200
Number of Insured:	6,000
Percentage of Women:	About 50%
Potential Target:	50,000
Penetration Rate:	12%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2006 – 2007	6,000	-

6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No
Schedule of Contributions:	Yearly
Membership Identification:	Yes: membership card
Waiting Period:	No

Changes in Contributions over Time:	Not applicable (first year)
Changes in Benefits over Time:	Not applicable

Benefits	Contributions	Number of Insured
<u>Health care:</u> o Hospitalization costs up to Rs. 15,000 on a floater basis	Rs. 350 per family per year (half contributed by member, other half contributed by Apollo Hospitals)	6,000

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2006 – 2007	1,200	420,000

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

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Yes: Standard clauses applied by public insurance companies
Co-Payment:	No
Service Payment Modality:	Cashless
Tie-up with Health Facilities:	Uses its own health facility
Contractual Arrangements with HPs:	-
Number of Associated HPs:	-
Financial Advantages Provided by HPs:	No
Non Financial Advantages Provided to Insured:	Use of telemedicine and other state of the art services
Scope of Health Benefits:	Limited (hospitalization only)
Level of Health Benefits:	Medium
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	Health promotion campaigns
Claim Ratio Rejection Rates:	Not applicable
Renewal Rate:	Not applicable

8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Apollo Hospitals and Gram Panchayat
Direct Subsidy:	Yes: 50% premium contribution from Apollo Hospitals Re. 1 co-contribution by Gram Panchayat
Indirect Subsidy:	No
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	Apollo Hospitals Network

9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	-
Use of Public Insurance Companies:	Yes: Oriental Insurance Company (OIC)
Changes of Public Companies:	No

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

10. Problems and Constraints

Plan Distribution:	So far: slow enrolment process
Enrolment Modalities:	-
Service Delivery:	-
Management:	-
Financing:	-
Sustainability:	-

11. Development Perspectives

Enrolment:	To extend the scheme to the entire target population
Service Delivery:	-
Management:	-
Extension:	-
Replication:	-

12. Contact Details

Contact Persons:	Mr. V. Suresh
Address:	Aragonda Apollo Hospital, Aragonda Village, Tavanampalli Mandal, Chittoor District – 517 129 Andhra Pradesh
Telephone Number:	91-8573 283221/222 Mobile: 94417 76469
Fax Number:	91-85573 283223
E.Mail:	Suresh_v@apollohospitals.com
Website:	www.apollohospitals.com

6. AROGYA RAKSHA YOJANA TRUST (ARY)

1. The Scheme at a Glance

Ownership Profile:	Private Trust
Starting Date:	February 2005
Risk Coverage:	Health care
Target Group:	Below Poverty Line and low income groups
Rural/Urban:	Rural
Outreach:	One Block, Karnataka
Total Number of Insured:	150,000
Potential Target:	600,000
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	Both
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Both
Subsidy to the Scheme:	Direct / Indirect	Indirect

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	TPA
Additional Financial Benefit:	Discount / No Discount	Discounts
Access to Health Services:	Free Access / Pre-Authorization Required	Both
Co-Payment:	Yes / No	Both
Payment Modality:	Cashless / Reimbursement	Both

3. The Organization

The Arogya Raksha Yojana Trust is the vision of two eminent personalities namely Dr. Devi Prasad Shetty of Narayana Hrudalayala Hospital and Dr. Kiran Mazumdar-Shaw of Biocon Foundation. The Trust had the vision to provide an optimal healthcare to the poorest and establish equal opportunities for medical health care. The mission statement of the Trust reads as follows:

- Bring health care within the reach of people below the poverty line

- Provide access to good quality drugs at affordable price
- Raise awareness of good practices in basic hygiene and health
- Set up a reliable “always there” system that would network into rural pockets
- Establish a self-sustaining model at a group level operating cost
- Utilise enabling technologies to develop efficient health care management and information systems

The Trust relies on a network of 20 hospitals. In addition, Arogya Raksha clinics are being built in the remote areas of rural India where the transport connectivity is low. The clinics are built to facilitate the access of rural people who otherwise find difficult to go to network hospitals for minor ailments. The Trust is making an effort to have each clinic with facilities of put-patient, a pharmacy and diagnostic lab where basic investigations can be conducted.

Two such clinics are already operational in Huskur village and Kanakapura town. Each clinic attends 40-50 patients on an average per day. Four more clinics are soon to open, which will serve as an important first point of contact where villagers will be treated by the doctor. They will be guided to speciality hospitals when necessary.

The Arogya Raksha Yojana Trust is also involved in preventive health education. The Trust conducts programmes to educate the villagers on the importance of basic measures in their households that will go a long way to preventing illnesses. The primary focus on the programme is women and child health, reducing infant mortality, improving sanitation, etc. In year 2004, the Trust designed and implemented a health insurance scheme targeting the below poverty line people.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Arogya Raksha Yojana
Starting Date:	February 2005
Duration of Insurance Plan:	February – January
Insurance Year:	One year
Management Responsibility:	Arogya Raksha Yojana Trust
Organization Structure:	Charitable Trust
Risk Coverage:	Health care (including deliveries)
Registration:	Not registered separately
Rural/Urban:	Rural
Outreach:	264 villages in 32 Gram Panchayats in Anekal and Kanakapura Taluk in Karnataka
Target Group:	Below poverty line and low income population group
Staff Working for the Scheme:	2 part-time staff

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	Limited to people up to 75 years old
Insurance Unit:	Individual and Family
Number of Policyholders:	NA
Number of Insured:	150,000
Percentage of Women:	60%
Potential Target:	600,000
Penetration Rate:	25%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007 – 2008	150,000	+ 141%
2006 – 2007	62,000	+ 10%
2005 – 2006	56,411	-

6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Yes: through micro-credit activities, savings and special loans provided by NGOs partnering with the scheme
Schedule of Contributions:	Yearly
Membership Identification:	Yes: Membership card with photo identification
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"> o Free registration and out-patient consultation o Generic medicines at special rates through village health centres , hospital pharmacies and Biocare pharmacies o Diagnostic tests at fixed discounted rates at network hospitals and approved diagnostic centres o Hospitalization charges not leading to surgeries o Surgical treatment for over 1,600 types of surgeries: 100% cashless up to Rs. 100,000 per case (similar to benefits provided by the Yeshasvini scheme) 	Rs. 180 per year for an individual <u>Family scheme:</u> Rs. 360 per family of 2 Rs. 450 for family of 3 Rs. 480 per family of 4	150,000

Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2007 – 2008	NA	NA
2006 – 2007	NA	NA
2005 – 2006	NA	6,908,438

Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2007 – 2008	NA	NA
2006 – 2007	NA	NA
2005 – 2006	72	988,000

7. Health Related Information

Prior Health Check-Up:	No
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Exclusion Clauses:	On surgeries: Transplants, implants, joint replacements, burns, chemotherapy, cosmetic, skin grafting, dialysis Auto-immune diseases, vaccination, vitamins, tonics and sanitary items, I % D, spectacles, hearing aids, ambulance services, RTA, medico legal cases, artificial limbs... Medical consumables, oxygen and ventilator charges, other investigations for ICU
Co-Payment:	No. Except for surgeries: Rs. 650 per admission
Service Payment Modality:	Cashless
Tie-up with Health Facilities:	Yes (private)
Contractual Arrangements with HPs:	Yes: formal agreements with all hospitals already partnering with the Yeshasvini scheme
Number of Associated HPs:	20
Financial Advantages Provided by HPs:	Free OPD consultation, discount on medicines, fixed rates for diagnostics
Non Financial Advantages Provided to Insured:	Use of customized village health centres. Quality of health care. Use of telehealth technology, special registration counters set up under the Yeshasvini scheme
Scope of Health Benefits:	Broad (primary, secondary health care, including surgeries)
Level of Health Benefits:	High
Intervention of TPA:	Yes
Designation of TPA:	TTK Healthcare Services
Access to Health Services:	Free access / pre-authorization for surgeries
Other Health Related Activities:	Health promotion campaigns
Claim Ratio Rejection Rates:	NA
Renewal Rate:	NA

8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Yeshasvini Trust and Biocon Pharmaceutical Company
Direct Subsidy:	No
Indirect Subsidy:	Yes: medicines at rock-bottom prices provided by BIOCON. Building of village health centres (3) supported by the Yeshasvini Trust and administration costs
External Technical Assistance:	Yeshasvini Trust and Biocon
Nature of Technical Assistance:	Scheme design and negotiations with health provider and partner organizations, support to management and monitoring, promotional activities and documentation provided to other States willing to replicate the insurance model
Member of Network Organization:	Yeshasvini's hospital network Permanent 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 understanding of health insurance mechanisms
Enrolment Modalities:	Increased costs for members resulting from interest charged on loans provided by some partner organizations

Service Delivery:	Some hospitals dropped out of the scheme due to high discount rates applied on some surgeries
Management:	Need for an effective Management Information System as well as reporting mechanisms
Financing:	-
Sustainability:	-

11. Development Perspectives

Enrolment:	To reach the entire population of the intervention area and become a replicable health insurance model
Service Delivery:	-
Management:	Develop the network of organizations partnering with the scheme at the grassroots level
Extension:	-
Replication:	Negotiations already under way with some State Governments

12. Contact Details

Contact Persons:	Mrs. Rani Desai, Manager
Address:	Biocon Foundation, Biocon Limited Corporate Office, 20 th KM Hosur Road, Electronic City Bangalore – 560 100 Karnataka
Telephone Number:	080 – 2808 2175
Fax Number:	080 – 2783 2623
E.Mail:	Rani.desai@biocon.com
Website:	www.biocom.com/arogyarakshayojana

7. AROGYASHREE YOJANA TRUST (AYT)

1. The Scheme at a Glance

Ownership Profile:	Public-Private Trust
Starting Date:	2007
Risk Coverage:	Health care
Target Group:	BPL families
Rural/Urban:	Rural and urban
Outreach:	Entire State of Andhra Pradesh
Total Number of Insured:	36,700,000
Potential Target:	70,000,000
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	Both

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 was 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 to. The Government decided to target the Below Poverty Line (BPL) population and began a pilot scheme covering the three most backward districts of Anantpur, Mahaboob Nagar and Srikakula in April 2007. In December 2007, it was extended to another five districts: East Godavari, West Godavari, Nalgonda, Ranga reddy and Chittoor. In April 2008, the scheme

further extended to five other districts, bringing the total number of insured persons to more than 36 million.

To implement the scheme the Government of Andhra Pradesh set up the Aarogyashri Health Care Trust under the chairmanship of the Chief Minister of the State. With technical assistance from specialists in the fields of insurance and health, a tailor made scheme was devised and a competitive bidding process was prepared by the Trust. As a result, a partnership was entered into with Star Health and Allied Insurance Company, the first stand-alone health insurance company operating in the country.

The Aarogyashri scheme can be seen as a broad Public Private Partnership between the Trust, the insurance company, the service providers, the district administration of the State and the federations of Self Help Groups who appoint health workers also known as Arogya Mitras.

The role of the Aarogyashri Health Care Trust is to assist the beneficiaries, to supervise the insurance company and coordinate with Medical and Health Department, District Administration, Rural Development Department, as well as with all local organizations partnering in the implementation of the scheme.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Aarogyashri Community Health Insurance Scheme
Starting Date:	March 31, 2007
Duration of Insurance Plan:	One year
Insurance Year:	April – March
Management Responsibility:	Aarogyashri Trust
Organization Structure:	Public Private Partnership Trust
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Rural and urban
Outreach:	Final target is to cover all Districts in Andhra Pradesh
Target Group:	Below Poverty Line population
Staff Working for the Scheme:	NA

5. Policyholders and Insured

Type of Enrolment:	Automatic for the BPL population – Voluntary for the APL population
Age Limitations:	No. The scheme is open to the whole family without any age bar
Insurance Unit:	Whole family (including household head's parents)
Number of Policyholders:	10,616,000 families (end of Phase III)
Number of Insured:	36,700,000
Percentage of Women:	About 50%
Potential Target:	All BPL families of the State: Total of 70 million
Penetration Rate:	52%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007 – 2008	36,700,000	-

6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	The State pays the whole premium for each BPL family
Schedule of Contributions:	Yearly
Membership Identification:	White health card issued to all BPL ration card holders
Waiting Period:	No

Changes in Contributions over Time:	Yes. The premium was first set at Rs. 300 per family per year. It registered a slight decline when negotiating with the insurance company and now stands at Rs. 249 per family (plus service tax)
Changes in Benefits over Time:	Yes. In early 2008, the Trust decided to extend the coverage to all cases of poly-trauma and cochlear implant surgery for children below 6 years, and to provide follow-up medicines to the beneficiaries undergoing surgeries under the scheme

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> ○ The insurance plan only covers listed critical illnesses and major surgeries (270 surgical procedures) up to a sum insured of Rs. 150,000 per family per year on a floater basis. ○ The scheme covers the following critical illnesses: <ul style="list-style-type: none"> ▪ Heart ▪ Lungs ▪ Liver ▪ Pancreas ▪ Cancer ▪ Burns ▪ Neuro-surgery ▪ Paediatric congenital malformations ○ Additional amount of Rs. 50,000 is available as a buffer for excess expenses on an individual case basis ○ All diagnostic tests to be conducted as per standard protocols are free of cost ○ Free transportation in case of referral from a health camp 	Rs. 249 per family per year (Plus service tax)	36,700,000

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2007 – 2008	10,616,000	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:	No. The scheme also covers pre-existing diseases
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:	68

All hospitals (whether private or public) associated with the scheme should comply with the following minimum criteria:

<ul style="list-style-type: none"> ■ Minimum of 50 in-patient medical beds ■ Fully equipped and engaged in providing medical and surgical facilities along with diagnostic facilities i.e. Pathological test and X-ray, E.C.G... ■ Fully equipped operation theatre ■ Fully qualified doctors should be physically in charge round the clock 	<ul style="list-style-type: none"> ■ Maintaining complete record as required on day to day basis and be able to provide necessary records of the insured patient to the insurer or his representative ■ Using ICD and OPQS codes for Drugs, Diagnosis, Surgical procedures, etc. ■ Having sufficient experience
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Hospitals should be in a position to provide the following additional benefits to insured: Free OPD consultations, substantial discounts on diagnostic tests and medical treatment and minimum of 10-12 free health camps.

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
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 Andhra Pradesh
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"> ○ Stop loss: At 120% of premium paid ○ Profit-sharing: Insurance company to pay back 90% of profit if any after deduction 20% as administration costs
Re-Insurance:	No

10. Problems and Constraints

Plan Distribution:	-
Enrolment Modalities:	-
Service Delivery:	Need to strengthen the medical audit capacities and to report on all interventions covered under the scheme
Management:	-
Financing:	Need to ensure a long-term commitment of the State
Sustainability:	Possible changes in the contractual arrangements taken with a private insurance company

11. Development Perspectives

Enrolment:	Achieve total coverage of BPL population
Service Delivery:	Device a mechanism allowing for a systematic appraisal of the quality of services provided under the scheme
Management:	-
Extension:	-
Replication:	Scheme already replicated in one district of Tamil Nadu in partnership with Star Health and Allied Insurance Company. According to some newspapers, the scheme should also soon be replicated in Southern Karnataka

12. Contact Details

Contact Persons:	Shri. Babu A, I.A.S., Chief Executive Officer Dr. S.P. Goswamy, national Consultant, Health Insurance
Address:	Aarogyashri Health Care Trust, 3 rd Floor, municipal Complex, Sultan Bazar, Koti Hyderabad – 500 001 Andhra Pradesh
Telephone Number:	(040) 2465 2540 / 2478 (011) 98183 12179
Fax Number:	-
E.Mail:	ceo@aarogyasri.org , drspgoswamy@yahoo.com
Website:	www.aarogyasri.org

8. ARTHIK SAMATA MANDAL (ASM)

1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2004
Risk Coverage:	Health care
Target Group:	Agricultural and informal economy workers
Rural/Urban:	Rural
Outreach:	Two districts in Andhra Pradesh
Total Number of Insured:	39,012
Potential Target:	75,000
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	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	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

Arthik Samata Mandal (ASM) is a non profit, non sectarian secular organization registered under the Societies Registration Act in 1978. It was set up in response to the needs of the poor and the challenges of natural calamities. Its works encompasses health, education, community development, disaster preparedness and preservation and protection of the environment. ASM's experience in Child Centred Community Development approach has brought in the partnership with PLAN international (India), a child sponsoring funding agency.

The partnership started in 1996 with the Tribal Development Initiative, based at Suryapet and Chivemla of Nalgonda District of Andhra Pradesh, to address the concerns of Lambada tribes and other Scheduled Castes and Scheduled Tribe Communities. ASM-PLAN, Suryapet now covers 99 villages/hamlets consisting of 6,500 children and 16,500 families in the drought prone areas of Nalgonda District.

As the necessity of reaching out to wider communities increased, in 1999, ASM-PLAN's partnership graduated to newer socio-economic concerns of weavers, fisher folk and SC & ST communities in the disaster prone areas of Krishna District, Andhra Pradesh. At present, it is working in 59 villages, covering 2,500 children and 5,000 families.

Among its various interventions, PLAN supported the setting up of health insurance services, thus supporting a wider diversity of financial services provided by community based organizations. In 2004, ASM-PLAN decided to extend its health activities by promoting community managed micro health insurance schemes.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	2
Name of the Scheme(s):	Scheme 1: Antodaya Health Promotion Scheme, Nalgonda Scheme 2: Community Managed Health Insurance Scheme, Krishna
Starting Date:	January 2004
Duration of Insurance Plan:	One year
Insurance Year:	January – December
Management Responsibility:	Arthik Samata Mandal (ASM)
Organization Structure:	NGO, in collaboration with CBOs
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Rural
Outreach:	100 villages in Nalgonda District, 60 villages in Krishna District
Target Group:	Tribals in nalgonda, SC & ST, weavers, fisherfolk in disaster prone areas of Krishna District
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:	39,012 (Scheme 1: 31,627, scheme 2: 7,385)
Number of Insured:	39,012
Percentage of Women:	About 60%
Potential Target:	75,000
Penetration Rate:	52%

Evolution of Number of Insured

Year	Scheme 1	Scheme 2	Scheme 1	Scheme 2
	Number of Insured		Change (%)	
2007	31,627	NA	+ 56%	NA
2006	20,327	7,385	+ 15%	- 8%
2005	17,636	8,573	+ 124%	-
2004	7,865	8,561	-	-

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

Scheme 1

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> ○ Cover of up to Rs. 250 for primary health care services provided at health posts and health clinics ○ All types of tests (HIV, VDRL, Blood, Urine, HB, etc) and provision of antibiotics at COPD level up to Rs. 750 ○ Emergency hospitalization and referral treatment of up to Rs. 1,000 	Rs. 25 per person per year	31,627

Scheme 2

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> ○ First aid and medicines at village health post ○ Hospitalization costs up to Rs. 2,000 in one time or up to maximum 3 times a year 	Rs. 30 per person per year	7,385

Evolution of Contributions:

Year	Scheme 1	Scheme 2	Amount in Rs	
	Number of Contributions			
2007	31,627	NA	790,675	NA
2006	20,327	7,385	508,175	221,550
2005	17,636	8,573	440,900	257,190
2004	7,865	8,561	196,625	256,830

Evolution of Benefits Paid:

Year	Scheme 1	Scheme 2	Amount in Rs	
	Number of Benefits Paid			
2007	NA	NA	NA	NA
2006	11,708	1,398	1,538,307	1,342,810
2005	5,324	NA	1,111,730	NA
2004	3,778	NA	443,571	NA

7. Health Related Information

Prior Health Check-Up:	No
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Exclusion Clauses:	Yes: RMP treated cases not considered, chronic diseases not covered – Referrals to be routed through Village Health Committees only
Co-Payment:	Yes: Re. 1 to be paid in case of consultation at primary health care level
Service Payment Modality:	Reimbursement
Tie-up with Health Facilities:	Yes (Private and public)
Contractual Arrangements with HPs:	No
Number of Associated HPs:	NA
Financial Advantages Provided by HPs:	No
Non Financial Advantages Provided to Insured:	Scheme 1: PHC's area hospitals involved in health promotion, panel of doctors provide regular support Scheme 2: Two hospitals at time provide free health camps and services
Scope of Health Benefits:	Broad (primary and secondary health care, together with the provision of medicines)
Level of Health Benefits:	Low
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	Awareness, ANC, immunization
Claim Ratio Rejection Rates:	Scheme 1: 5-7% Scheme 2: 1.7%
Renewal Rate:	Scheme 1: NA Scheme 2: 85%

8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	PLAN International has been directly supporting both schemes
Direct Subsidy:	Yes: Contribution by PLAN to pay the services billed under the insurance plan
Indirect Subsidy:	Yes: Administration costs borne by PLAN as well as training and promotion programmes – support to Health Team, health committees and CBOs involved in the scheme
External Technical Assistance:	Yes: by PLAN
Nature of Technical Assistance:	Sensitization and awareness, training, study tours, case studies and regular documentation
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 health insurance, small membership
Enrolment Modalities:	-
Service Delivery:	-
Management:	Limited management capacity, lack of Management Information System (MIS) and monitoring tools
Financing:	-
Sustainability:	Currently runs on a high financial assistance

11. Development Perspectives

Enrolment:	Target set to cover 50,000 people in 2010-11
Service Delivery:	-
Management:	Improve participation of CBOs in the running of the scheme
Extension:	-
Replication:	-

12. Contact Details

Scheme 1:	
Contact Persons:	Mr. Hari Subramanyam, Project Director
Address:	Gandhi Vidyalayam, Janagaon Road, Suryapet, Nalgonda District – 508 213, Andhra Pradesh
Telephone Number:	08684 – 253878
Fax Number:	08684 – 253706
E.Mail:	Vijayawada.pu@plan-international.org
Website:	www.arthiksamata.com

Scheme 2:	
Contact Persons:	Mr. Satyanarayana, Project Director
Address:	Nasthik Kendram, Benz Circle, Vijaywada, Andhra Pradesh
Telephone Number:	0866 – 2476264
Fax Number:	0866 – 2493830
E.Mail:	Krisha.pu@plan-international.org
Website:	-

9. ASHA KIRAN SOCIETY (AKS)

1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2001
Risk Coverage:	Health care
Target Group:	BPL households and Bonda Tribe members
Rural/Urban:	Rural
Outreach:	Two Districts in Orissa
Total Number of Insured:	5,500
Potential Target:	37,700
Micro-Finance Linkage:	No
Insurance Co. Linkage:	No



Orissal

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	Both

Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	Low
Tie-up with Health Facilities:	Private / Public	Own 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	Cashless

3. The Organization

The Asha Kiran Society is a non-profit organization registered in 1991 under the Societies Act operating in the Koraipur district of Orissa. The society was started with the vision to work towards holistic development in this needy part of the state. Besides a secondary level hospital, some of the activities of the society are: primary health care, child care centres, education and nutrition, agriculture and animal husbandry and mother tongue literacy programmes.

In 1995, the organization initiated a primary health care programme in around 220 villages (including hamlets) of Lamtaput block with trained village health workers and supervisors. The Society has since trained 170 female Community Health Workers in the different villages and 16 Community Development Organizers to supervise the work of the health workers and provide health education through appropriate media. The Community Health Workers identify and treat basic ailments common to the area and initiate development in the villages of their residence.

140 health and development committees have been formed and 95 of these are functional. Each committee consists of 6 members (3 female and 3 male). These committees are enabled to deal with village level development issues. Besides these there are also 80 self-help groups which are actively involved in micro-finance activities for the development of the villages.

A 40-bedded secondary level hospital, located in the Society's premises has facilities for treatment of out-patients and in-patients. There are facilities for clinical pathology laboratory, obstetric, surgical, medical, ophthalmologic and dental care. The hospital has also an ultrasound and X-ray machine. On average, some 1,500 out-patients are attended to each month.

While developing health and holistic development work in Koraput district, AKS felt the need to introduce a new solidarity-based financial mechanism. In 2001, a prepaid health care scheme was launched to enable people to access timely medical care without constraints of not having ready cash in hand. In 2003, this scheme was extended to cover the Bonda tribe which already benefited since 2002 from a health and development programme supported by InterAid India.

The Bondas are scheduled as a Primitive Tribes Group and live an inaccessible hill tract in the adjacent district of Malkangari. They have a total population of about 5,500 which was fast dwindling due to high infant mortality and high death rate due to their inaccessibility to any medical services. This unique experience proved that even the Bondas with a largely cashless economy were willing to contribute to their health care in cash or in kind and that they were gradually able to comprehend and participate in a pre-payment plan.

From an initial membership of 60 households, the scheme has now grown to include more than 950 households, with a fast increasing participation of the Bonda population. Out of a stagnating population, both adults and children increasingly came to enrol in the scheme bringing the total number of insured to 5,500 in 2008.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	2
Name of the Scheme(s):	Scheme 1: Asha Kiran Prepaid Health Care scheme – Lmtaput Block Scheme 2: Asha Kiran Prepaid Health Care scheme for Bond
Starting Date:	Scheme 1: 2001 Scheme 2: 2003
Duration of Insurance Plan:	Annual
Insurance Year:	April to March
Management Responsibility:	Asha Kiran Society
Organization Structure:	NGO which is also a health provider (secondary level hospital)
Risk Coverage:	Health care Scheme 1: Hospitalization Scheme 2: Hospitalization + Primary health care
Registration:	Not separately registered
Rural/Urban:	Rural
Outreach:	220 villages in Lamtaput Block of Koraput district and 32 Bonda villages in Malkangari district
Target Group:	Tribal and BPL population
Staff Working for the Scheme:	No full time dedicate staff as it is part of other activities of 4 staff in Lamtaput and 3 staff in the Bonda villages

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	No
Insurance Unit:	Family
Number of Policyholders:	900
Number of Insured:	5,500
Percentage of Women:	About 55%
Potential Target:	37,700
Penetration Rate:	15%

Evolution of Number of Insured

Year	Scheme 1	Scheme 2	Change (%)
	Number of Insured		
2008 – 2009	4,600	900	+ 38%
2007 – 2008	3,138	831	+ 71 %
2006 – 2007	1,476	845	+ 40 %
2005 – 2006	926	728	+ 20 %
2004 – 2005	770	605	-

6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No
Schedule of Contributions:	Annual
Membership Identification:	Card with HCS number, year and names of family members
Waiting Period:	None
Changes in Contributions over Time:	Scheme 1: The previous rate of Rs 50 per adult and Rs 25 perchild was changed in 2007 to Rs 40 for all Scheme 2: In case of the Bonda tribe it started with Rs 20 per adult and Rs 10 perchild. Today it is Rs 30 for all
Changes in Benefits over Time:	Benefcits have remained the same. There has been an evolution in the percentage of co-payment for treatment. From 25% for medical cass and 50% for deliveries and surgical cases, co-payment has now been sttled at 40% fot all cases

Scheme 1

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> Treatment of medical, surgical cases and deliveries at Asha Kiran Secondary level hospital with a 40% co-payment 	Rs 40 per person per year	4,600

Scheme 2

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> Primary health care services at community level, through community health worker, mobile clinics and peripheral clinics within the Bonda 	Rs 30 per person per year	900

community		
o Treatment of medical, surgical cases and deliveries at Asha Kiran secondary level hospital with a 40% co-payment		

Evolution of Contributions:

Year	Scheme 1	Scheme 2	Amount in Rs	
	Number of Contributions			
2008 – 2009	4,600	900	NA	NA
2007 – 2008	3,138	831	109,830	24,750
2006 – 2007	1,476	845	51,465	23,435
2005 – 2006	926	728	38,945	20,330
2004 – 2005	770	605	37,675	10,985

Evolution of Benefits Paid:

Year	Scheme 1	Scheme 2	Amount in Rs	
	Number of Benefits Paid			
2008 – 2009	NA	NA	NA	NA
2007 – 2008	NA	NA	NA	NA
2006 – 2007	1,336	42 (hospit.) 1,942 (PHC)	217,353	22,725 (Sec.) 27,808 (PHC)
2005 – 2006	869	22 (hospit.) 1.890 (PHC)	144,285	39,327 (Sec.) 29,652 (PHC)
2004 – 2005	NA	NA	NA	NA

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Facilities limited to those available at the Asha Kiran Hospital
Co-Payment:	40 % for both schemes
Service Payment Modality:	Cashless
Tie-up with Health Facilities:	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
Level of Health Benefits:	Low
Intervention of TPA:	None
Designation of TPA:	-
Access to Health Services:	Free access, Bonda hills most cases to secondary hospital are referred by the peripheral clinics
Other Health Related Activities:	Mobile clinics, peripheral clinics, primary health networks consisting of community health volunteers
Claim Ratio Rejection Rates:	0 %
Renewal Rate:	Not tracked

8. Assistance to the Scheme

External Funding:	Yes
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Origin of External Funding:	Scheme 1: Asha Kiran hospital subsidises treatment cost Scheme 2: Action Aid India for the Bondas
Direct Subsidy:	Yes: Co-payment mechanism in both schemes, and till 2008 overdraft on the corpus collected borne by Asha Kiran Hospital
Indirect Subsidy:	Yes: Cost of staff and medicines at peripheral hospital in Bonda Hills borne by ActionAid
External Technical Assistance:	Yes
Nature of Technical Assistance:	Training sessions organized by IPHM, attended in Bangalore
Member of Network Organization:	Associate of Emmanuel Hospital Association (EHA), a network of rural mission hospitals in Northern India

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 insurance awareness
Enrolment Modalities:	Lack of contributory capacity among target groups
Service Delivery:	-
Management:	Need to develop a customized management information system
Financing:	-
Sustainability:	-

11. Development Perspectives

Enrolment:	Plan to increase enrolment through a better community participation in the scheme
Service Delivery:	-
Management:	-
Extension:	Need to enhance benefits and ensure financial sustainability by linking up with other similar schemes within Orissa
Replication:	-

12. Contact Details

Contact Persons:	Dr. Ravi Ninan, Director Mr. Prabhudutt Nayak, Programme Manager, Community Services Unit
Address:	Asha Kiran Society, Lamtaput, Koraput Distric, Orissa
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Fax Number:	-
E.Mail:	Ashakiran.orissa@gmail.com
Website:	-

10. ASSOCIATION OF SERVA SEWA FARMERS (ASSEFA)

1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	1998
Risk Coverage:	Health care
Target Group:	Poorest sections of the population
Rural/Urban:	Rural
Outreach:	Selected Blocks in Tamil Nadu
Total Number of Insured:	4,000
Potential Target:	50,000
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	Up Front
Subsidy to the Scheme:	Direct / Indirect	Both

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	Cashless

3. The Organization

The Association for Serva Sewa Farmers (ASSEFA) is an NGO based in Chennai. Founded in 1969, the organization encourages the formation of people's associations and is running various development programmes through them. Its present interventions spread over the States of Tamil Nadu, Andhra Pradesh, Bihar, Maharashtra, Rajasthan, Karnataka and Madhya Pradesh.

The organization is running in Tamil Nadu a comprehensive health programme for preventive and curative

health services, including referral services for poor families at different centers managed by a cluster level committee having representation from the villages.

ASSEFA initiated its in-house health insurance programme with the aim to create a community-based model that would enable poor people, and especially poor women to cross social and economic barriers, and thereby facilitate their full development into empowered citizens.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Health Care Scheme
Starting Date:	1998
Duration of Insurance Plan:	One year
Insurance Year:	April to March
Management Responsibility:	ASSEFA
Organization Structure:	NGO dealing with various development programmes
Risk Coverage:	Health care
Registration:	No separate registration – part of the regular on-going activities of the organization
Rural/Urban:	Rural
Outreach:	Selected Blocks and wards in Tamil Nadu
Target Group:	People belonging to the poorest sections of society
Staff Working for the Scheme:	No full-time staff

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	No
Insurance Unit:	Family of five
Number of Policyholders:	800
Number of Insured:	4,000
Percentage of Women:	About 50%
Potential Target:	50,000
Penetration Rate:	40%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2006 – 2007	4,000	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> o Free OPD services from the centres run by ASSEFA's staff	Rs. 50 per family per year	20,000

<ul style="list-style-type: none"> o Medicines at subsidized prices o Referral services to hospitals in Madurai where free beds, meals and nursing care are provided 		
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Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2006 – 2007	800	40,000
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:	No
Co-Payment:	No
Service Payment Modality:	Cashless
Tie-up with Health Facilities:	Yes. With Madurai Hospital
Contractual Arrangements with HPs:	No formal agreement
Number of Associated HPs:	1
Financial Advantages Provided by HPs:	No
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Limited (OPD services and medicines)
Level of Health Benefits:	Low
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	Health education programmes
Claim Ratio Rejection Rates:	NA
Renewal Rate:	NA

8. Assistance to the Scheme

External Funding:	Yes.
Origin of External Funding:	ASSEFA
Direct Subsidy:	Yes. Subsidized medicines and financial support in case of referral
Indirect Subsidy:	Yes. Administration costs borne by ASSEFA
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:	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 mechanisms
Enrolment Modalities:	Drop out rate after one year enrolment
Service Delivery:	-
Management:	-
Financing:	Operational deficit
Sustainability:	-

11. Development Perspectives

Enrolment:	Develop a broad promotion programme aiming at increasing membership
Service Delivery:	-
Management:	Need to encourage income generation activities to be taken up by each cluster committee in order to support expenses in the health care scheme
Extension:	-
Replication:	-

12. Contact Details

Contact Persons:	ASSEFA
Address:	279, Awai Hhanmugam Road, Royapettah Chennai – 600 014 Tamil Nadu
Telephone Number:	(044) 2824 0026 / 2827 5843
Fax Number:	(044) 2427 5763
E.Mail:	assefa@md2.vsnl.net.in
Website:	-

11. AWARENESS

1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2006
Risk Coverage:	Health care, accidental death, disability
Target Group:	Under-privileged groups
Rural/Urban:	Rural
Outreach:	State of Orissa
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	Risk package
Type of Enrolment:	Voluntary / Compulsory	Compulsory
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	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

Awareness is a Non Government Organization that was set up in Bhubaneswar, Orissa in 1986 with the objective of addressing social and economic issues affecting the poor. Its mission is to promote independent, conscious mass organization with its own organic leadership and to provide financial services to 80% people who do not have access to the formal financial sector.

Starting its micro-finance activities in few places of Orissa during 1998, Awareness India has now spread its

activities to all 30 Districts, 314 Blocks and 6,234 Gram Panchayats and over 49,000 villages. Also, its interventions have also extended to four neighbouring States – Andhra Pradesh, West Bengal, Chhattisgarh and Jharkhand.

Micro-finance activities include savings, credit and insurance. Under its micro-insurance component, the organization promotes two products – a health insurance policy which is made compulsory for all its members taking a loan of more than Rs. 5,000 and a social security policy covering the life of the member.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Swasthya Bima Yojana
Starting Date:	June 2006
Duration of Insurance Plan:	Annual
Insurance Year:	Starting with the loan period
Management Responsibility:	Awareness
Organization Structure:	NGO providing micro-finance services
Risk Coverage:	Health care, accidental death and disability compensation
Registration:	Not separately registered
Rural/Urban:	Rural
Outreach:	Orissa State with activities being currently extended to four neighbouring states
Target Group:	Underprivileged groups
Staff Working for the Scheme:	No full time staff, insurance is an integral part of micro-finance activities

5. Policyholders and Insured

Type of Enrolment:	Mandatory for those taking a loan above Rs. 5,000
Age Limitations:	No
Insurance Unit:	Family of four
Number of Policyholders:	25,000
Number of Insured:	100,000
Percentage of Women:	About 50%
Potential Target:	200,000 (when fully extended to other states)
Penetration Rate:	50%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007 – 2008	100,000	+ 8.6%
2006 – 2007	92,000	-

6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No
Schedule of Contributions:	When taking a loan
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 Family floater of Rs. 10,000 per family covering	Rs. 300 per family of four per year	100,000

<p>hospitalization expenses, including deliveries</p> <p><u>Accidental death:</u></p> <ul style="list-style-type: none"> Accidental death benefit of Rs. 10,000 for member and spouse <p><u>Disability:</u></p> <ul style="list-style-type: none"> Disability compensation of Rs. 10,000 for member 		
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Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2007 – 2008	25,000	7,500,000
2006 – 2007	23,000	6,900,000

Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2007 – 2008	NA	NA
2006 – 2007	163 (cashless) 85 (reimbursement) : 55 cases cleared and 30 pending further information)	NA

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Standard exclusion clauses. Plus a list of 8 conditions as first year exclusion maternity is not covered for first six months
Co-Payment:	No
Service Payment Modality:	Cashless and Reimbursement
Tie-up with Health Facilities:	Yes – Private
Contractual Arrangements with HPs:	No formal contracts
Number of Associated HPs:	NA
Financial Advantages Provided by HPs:	No
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Limited (hospitalization only)
Level of Health Benefits:	Medium (up to Rs. 10,000)
Intervention of TPA:	Yes
Designation of TPA:	NA
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:	-
Indirect Subsidy:	-
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

Plan Distribution: Limited understanding of insurance principles and mechanisms amongst policyholders
Enrolment Modalities: -
Service Delivery: Absence of formal agreements with health care providers to ensure quality health care services at lower rates
Management: Some reimbursement claims were delayed due to shortage of information or other relevant documents
Financing: -
Sustainability: -

11. Development Perspectives

Enrolment: To achieve 100% enrolment increase in about 2-3 years
Service Delivery: -
Management: -
Extension: Already on-going in four other States
Replication: -

12. Contact Details

Contact Persons: Mr. Kailash Mishra, Founding President
Address: Awareness India, 131 Rajarani Nagar, Bhubaneswar, 751014, Orissa
Telephone Number: 91-674-2436232
Fax Number: 91-647-2436230
E.Mail: Awareness.orissa@rediffmail.com
Website: www.awarenessindia.com

12. BAIF DEVELOPMENT RESEARCH FOUNDATION (BAIF)

1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2002
Risk Coverage:	Health care
Target Group:	SHG members
Rural/Urban:	Rural
Outreach:	One District in Maharashtra
Total Number of Insured:	2,812
Potential Target:	10,000
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	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	Yes
Payment Modality:	Cashless / Reimbursement	Reimbursement

3. The Organization

Bharatiya Agro Industries Foundation (BAIF) was founded in Urulikanchan near Pune, Maharashtra, in 1967 and was later renamed as BAIF Development Research Foundation. As a rural development organization, BAIF targets poor families and has a multi-disciplinary programme which focuses on providing sustainable livelihoods, health, literacy, clean environment, using degraded resources like land, water, livestock and vegetation. BAIF's operational area is spread over 12,000 villages in Maharashtra, Karnataka, Gujarat, Rajasthan, Uttar Pradesh, Madhya Pradesh, Andhra Pradesh and Uttaranchal states.

The organization's major programmes, which are implemented through various associate organizations, are centered around livestock development, water resources development and tree based farming.

BAIF has initiated some pilot approaches on improving reproductive and child health extension services with the involvement of community organizations, thereby resulting in their empowerment. In collaboration with the German technical Cooperation (GTZ) and Government of Maharashtra, the project is being implemented with 85 self-help groups from 19 villages around Urilikanchan with a population of 26,386. These SHGs have all established close linkages with the extension workers of health services operating at the village level.

BAIF uses these SHGs as a platform for training, capacity building and the flow of information on health and hygiene. Special attention is paid to reproductive health. Most of BAIF clients are poor agricultural workers, either on their own piece of land or on daily/weekly wages basis.

The organization has prepared 8 training modules covering participatory rural appraisals, formation of SHGs, record keeping and monitoring of SHGs, raising kitchen gardens, establishing primary treatment centres, adolescent education and care during pregnancy and lactation period. Training programmes for SHGs and community based organizations have been organized.

BAIF also started in 2002 self-managed health and life insurance schemes for the benefit of SHG members, especially in relation to expenditures incurred in reproductive health care. The provision of health insurance services benefits from the support provided by primary treatment centres that have been established in all villages.

BAIF negotiated with various insurance companies a benefit package tailored to the needs of the women in the SHGs. Some time later BAIF decided to switch back to the in-house model again.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Hospitalization scheme
Starting Date:	2002
Duration of Insurance Plan:	Annual
Insurance Year:	December – November
Management Responsibility:	BAIF
Organization Structure:	NGO
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Rural
Outreach:	Two blocks of Pune District, Maharashtra
Target Group:	Selg Help Group members of BAIF – agriculture and animal husbandry based
Staff Working for the Scheme:	No full-time staff, 22 volunteers contributing to the development of the insurance programme

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	None
Insurance Unit:	Individual
Number of Policyholders:	2,812
Number of Insured:	2,812
Percentage of Women:	99%
Potential Target:	10,000
Penetration Rate:	28%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
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2007	2,812	+ 69%
2006	1,664	+ 184%
2005	585	- 32%
2004	870	-

6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No
Schedule of Contributions:	Yearly
Membership Identification:	No
Waiting Period:	One month in the first year of joining the scheme
Changes in Contributions over Time:	For the initial year GTZ paid the administration cost of Rs 25 which is included in the premium
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
Health care:	Rs 150 per person per year	2,812
o Hospitalization costs up to Rs. 5,000	<u>Break up</u> Hospitalization: Rs. 82	
o Free health check up and up to Rs 300 no claims bonus	H. Check up: Rs. 30 No Claims bonus: Rs. 13 Administration: Rs. 25	

Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2007	2,812	367,555
2006	1,664	217,500
2005	585	146,250
2004	870	416,000

Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2007	68	237,540
2006	47	198,700
2005	16	51,284
2004	NA	NA

7. Health Related Information

Prior Health Check-Up:	Yearly health check up in primary treatment centres
Exclusion Clauses:	Pre-existing diseases if reported or traceable
Co-Payment:	Yes, any cost that exceeds the ceiling
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 costs only)
Level of Health Benefits:	Low
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	Yes: health education programmes
Claim Ratio Rejection Rates:	2.25% (2005-05)
Renewal Rate:	85%

8. Assistance to the Scheme

External Funding:	Yes, initially
Origin of External Funding:	GTZ
Direct Subsidy:	Yes. Co-payment from GTZ
Indirect Subsidy:	Yes. From GTZ in 2002-2003 towards administration costs
External Technical Assistance:	From GTZ regional office
Nature of Technical Assistance:	Data collection and analysis
Member of Network Organization:	Member of Communities Led Association for Social Security (CLASS)

9. Linkage with Insurance Companies

Use of Private Insurance Companies:	No
Changes of Private Companies:	No
Use of Public Insurance Companies:	No
Changes of Public Companies:	Yes: first year was in house, next two years, the scheme tied up with United India. In 2004-05, it reverted back to in house
Special Advantages Provided by Insurance Companies:	-
Re-Insurance:	No

10. Problems and Constraints

Plan Distribution:	Lack of sufficient promotional material
Enrolment Modalities:	Insurance still perceived as a non-priority by most people
Service Delivery:	-
Management:	-
Financing:	-
Sustainability:	-

11. Development Perspectives

Enrolment:	-
Service Delivery:	-
Management:	Participated in CHAT exercise and plan to review the whole scheme after 5 years of functioning
Extension:	Planned in three stages: all SHG members, all their family members and then population of entire village
Replication:	BAIF Karnataka plans to start a similar scheme in their area

12. Contact Details

Contact Persons:	S. B. Khadilkar
Address:	Uruli Kanchan District Pune – 412202 Maharashtra
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Fax Number:	91(0)20 – 2692 6347

E.Mail: crs@pn2.vsnl.net.in
Website: www.baif.com

13. BASIX

1. The Scheme at a Glance

Ownership Profile:	MFI
Starting Date:	2005
Risk Coverage:	Health care and accidental death
Target Group:	Poor households
Rural/Urban:	Rural and urban
Outreach:	49 districts over 8 States
Total Number of Insured:	525,000
Potential Target:	2,000,000
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	Borrower + Spouse
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	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

Bharathya Samruddi Investments and Consultancy Services (BASIX) is a community based micro-finance institution that was set up in 1996 to promote sustainable livelihoods for poor marginalised sections (especially rural poor and women) through the provision of financial services and technical assistance in an integrated manner. BASIX aims to yield a competitive rate of return to its investors so as to be able to access mainstream capital markets and human resources.

BASIX most commonly lends to the rural poor – the landless and women to promote self employment. However, not all the poor want to be self employed. Thus BASIX also lends to commercial farmers and non farm enterprises, which generate much needed wage employment for the rural poor. Thus BASIX address customer segments in different sectors – agriculture and allied sectors as well as non farm sectors.

BASIX operates in over 34,000 villages across 49 districts in the States of Andhra Pradesh, Karnataka, Tamil Nadu, Maharashtra, Orissa, Jharkhand, Madhya Pradesh and Rajasthan.

As part of its mission to deliver comprehensive financial services to rural customers, BASIX began to deliver insurance services in 2001. BASIX has actively partnered with multiple insurance companies to design the most appropriate products. Present partners include Royal Sundaram for health care and livestock, ICICI Lombard for weather insurance and AVIVA for life insurance.

BASIX health insurance product was launched in May 2005 for its credit customers. In March 2006 it was extended to cover all SHG members.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Gramin Arogya Raksha
Starting Date:	May 2005
Duration of Insurance Plan:	Term of loan
Insurance Year:	Flexible (linked to loans)
Management Responsibility:	BASIX
Organization Structure:	MFI – Non Banking Financial Company (NBFC)
Risk Coverage:	Health care and accidental death
Registration:	No separate registration
Rural/Urban:	Rural, urban and semi-urban
Outreach:	The borrowers of BASIX in several states
Target Group:	Poor households
Staff Working for the Scheme:	3

5. Policyholders and Insured

Type of Enrolment:	Compulsory
Age Limitations:	No
Insurance Unit:	Borrower and spouse
Number of Policyholders:	525,000
Number of Insured:	525,000 (plus spouses – data not available)
Percentage of Women:	About 50%
Potential Target:	2,000,000
Penetration Rate:	26%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007 – 2008	525,000	+ 39%
2006 – 2007	376,000	+ 223%
2005 – 2006	116,235	-

6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Yes
Schedule of Contributions:	Monthly
Membership Identification:	No
Waiting Period:	3 months for critical illness claims, psychological disorders, maternity benefits

Changes in Contributions over Time: No
 Changes in Benefits over Time: Yes: In year two, spouses were also covered by the scheme

Benefits	Contributions	Number of Insured
<u>Health care:</u> ○ Critical illness: Rs 10,000/year ○ Hospital cash: Rs. 300/day – up to a limit of Rs. 1,500 per year (including maternity protection) <u>Accidental death:</u> ○ Rs. 25,000 in case of accidental death of the member	Rs. 135 per couple per year	525,000 (plus spouses)

Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2007 – 2008	525,000	Rs. 70,875,000
2006 – 2007	376,000	Rs. 50,760,000
2005 – 2006	116,235	Rs. 15,807,960

Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2007 – 2008	NA	NA
2006 – 2007	3,235	Rs. 4,416,850
2005 – 2006	200	Rs. 281,700

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Yes: pre-existing conditions, treatment arising from childbirth or pregnancy related illness, defects, sterility, venereal disease, intentional self injury and industrial disaster
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
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:	About 11%
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 – Royal Sundaram Alliance 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:	-
Enrolment Modalities:	-
Service Delivery:	-
Management:	Delays in claims processing and settlement due to lack of documentary evidence
Financing:	-
Sustainability:	-

11. Development Perspectives

Enrolment:	-
Service Delivery:	-
Management:	Develop more efficient claims settlement process
Extension:	Geographic spread of same product
Replication:	-

12. Contact Details

Contact Persons:	P.S. Gunaranjan, Manager insurance Business P. Srikhant, Assistant Manager – health insurance
Address:	5-1-664/665/679, 3 rd Floor, Surabhi Arcade, Troop Bazar, Bank Street, Koti, Hyderabad – 500 001, Andhra Pradesh
Telephone Number:	040 – 3051 2500/ 2501
Fax Number:	040 – 3051 2502
E.Mail:	basixinfo@basixindia.com
Website:	www.basixindia.com

14. BIHAR MILK COOPERATIVES FEDERATION

1. The Scheme at a Glance

Ownership Profile:	Cooperative movement
Starting Date:	2004
Risk Coverage:	Health care, accidental death, disability, special grants
Target Group:	Dairy farmers
Rural/Urban:	Rural
Outreach:	State of Bihar
Total Number of Insured:	55,000
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	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	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

As part of the huge dairy cooperative movement in India, the Bihar Milk cooperative movement was the first to be willing to tie up with an insurance company in order to provide a customized product answering the particular requirements of its members.

Regrouping some 100,000 members across the State, the organization was able, while negotiating with

various private insurance companies, to contribute to the design of a new risk package which included innovative additional benefits such as an education grant for children in case of accidental death of the household head, as well as a girl child wedding benefit.

The final partnership arrangement concluded with HDFC Ergo General Insurance Company could already be replicated in other parts of the country with the full support of various organizations also involved in the promotion of health insurance schemes for the poor.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Parivar Suraksha Bima
Starting Date:	2004
Duration of Insurance Plan:	Yearly
Insurance Year:	April – March
Management Responsibility:	Bihar Federation of Milk Cooperatives
Organization Structure:	Cooperative Movement
Risk Coverage:	Health care – including maternity benefits, accidental death, disability, education grant, girl child wedding benefit
Registration:	Part of the regular on-going activities of the Federation, no separate registration
Rural/Urban:	Rural
Outreach:	State of Bihar
Target Group:	Milk cooperative societies' members
Staff Working for the Scheme:	No full-time staff

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	No
Insurance Unit:	Family of four
Number of Policyholders:	NA
Number of Insured:	55,000
Percentage of Women:	About 50%
Potential Target:	100,000
Penetration Rate:	55%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2006	55,000	+ 57%
2005	35,000	-

6. Contributions and Benefits

Entrance Fee:	Rs. 10 for issuing a membership card
Easy Payment Mechanisms:	Yes: some co-operative societies make an up-front payment of the premium or provide a loan to their members
Schedule of Contributions:	Yearly
Membership Identification:	Yes: membership card
Waiting Period:	Yes: 9 months to avail health benefits
Changes in Contributions over Time:	No
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
<u>Health care:</u> o Hospitalization expenses up	Rs. 363 (based on the idea of Re. 1 per day)	55,000

to Rs. 7,000

- o Maternity protection: only if expenses are incurred in hospital/nursing home as in-patient and only for the first two children

Accidental death:

- o Accident benefits to members (primary insured person) shall be minimum of Rs. 25,000 and maximum of Rs. 100,000

Disability:

In case of permanent disability:

- o 100% of sum insured for total loss of two limbs or two eyes
- o 50% of sum insured for loss of one limb or an eye

Education grant:

- o On accidental death or permanent disablement of the member, the policy shall pay compensation of Rs. 5,000 per dependant child below 21 years (maximum two children) towards their education grant

Dependant girl child wedding benefit:

- o On accidental death or permanent disablement of the member, the policy shall pay compensation of Rs. 5,000 for marriage of only one dependant girl below the age of 21 years

Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2006	NA	NA
2005	NA	NA

Evolution of Benefits Paid:

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

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Yes: Standard exclusion clauses applied by most 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:	No
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Limited (Hospitalization expenses only), maternity protection included
Level of Health Benefits:	Low (up to Rs. 7,000)
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:	Yes: some co-operative societies pay part of/whole premium out of their yearly benefits
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
Changes of Private Companies:	No
Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	Additional benefits such as education grants and girl child marriage benefits were added as a result of the negotiations developed with the Cooperative Federation
Re-Insurance:	No

10. Problems and Constraints

Plan Distribution:	Limited understanding of insurance principles and mechanisms amongst members
Enrolment Modalities:	Difficulty in convincing some co-operative societies to join the scheme
Service Delivery:	-
Management:	Delays in claims processing due to lack of documents or information
Financing:	-
Sustainability:	-

11. Development Perspectives

Enrolment:	Switch to a compulsory mechanism
Service Delivery:	Tie up with some health providers and agree on a standard tariff
Management:	-
Extension:	Cover all co-operatives societies
Replication:	Already under discussion with similar federations in other states

12. Contact Details

Contact Persons:	-
Address:	HDFC Ergo General Insurance Company 6 th Floor, Leela Business Park, Andheri Furla Road Andheri (East) Mumbai – 400 059 Maharashtra
Telephone Number:	(022) 6638 3600
Fax Number:	-
E.Mail:	-
Website:	www.hdfcchubbindia.com

15. BHARTIYA INTEGRATED SOCIAL WELFARE AGENCY (BISWA)

1. The Scheme at a Glance

Ownership Profile:	MFI (NBFC)
Starting Date:	2005
Risk Coverage:	Health care and accidental death
Target Group:	Poor households
Rural/Urban:	Rural and urban
Outreach:	All districts of Orissa
Total Number of Insured:	183,180
Potential Target:	1,000,000
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	Family
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	Medium
Tie-up with Health Facilities:	Private / Public	Private
Administration Responsibility:	TPA / No TPA	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

Bharathi Integrated Social Welfare Agency (BISWA) was founded by eminent social worker and professional banker Sri Khirod Chandra Malick, who set it up as a non-political, non-profit making voluntary development organization and registered under Societies Registration Act in 1994.

With a vision of “just and equitable society with greater emphasis on spirituality, compassion and peace on earth”, BISWA’s mission is “to make a real and lasting social, financial, psychological and spiritual impact on individuals, help build strong cohesive communities and generate substantial employment opportunities by increasing availability of a wider range of services”. While trying to create new avenues for alternative livelihood for the poor, it also strives to ensure social justice for the disabled and socio-economic rehabilitation of the leprosy cured persons.

At present, BISWA is active in 30 districts of Orissa and 16 districts of Chhattisgarh as well as in 10 other Indian States such as Bihar, Rajasthan, Uttarkhand, Madhya Pradesh, Maharashtra, Uttar Pradesh, Nagaland, West Bengal, Jharkhand and New Delhi. They also work as the Nodal Agency of Rastriya Mahila Kosh for the State of Chhattisgarh.

Its main activities are the promotion of Self Help Groups (SHGs) federations, extending micro-finance, encouraging micro-enterprise mainly for poor women with a special focus on the disabled, women in difficulty or in old age. BISWA is also involved in broad water, sanitation, education and health programmes.

At an apex level, BISWA established itself as a Non Banking Financial Company to cater to the financial needs of the poor.

Under the social security programme, BISWA envisages to cover all active customers under its life/health and asset insurance schemes. BISWA is the corporate agent of Life Insurance Corporation (LIC) of India and is also associated with ICICI Lombard, TATA AIG and Oriental Insurance Company.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Micro Health Insurance Scheme
Starting Date:	September 2005
Duration of Insurance Plan:	Yearly
Insurance Year:	January – December
Management Responsibility:	BISWA
Organization Structure:	MFI - Non Banking Financial Company (NBFC)
Risk Coverage:	Health care, accidental death
Registration:	No separate registration
Rural/Urban:	Rural/urban and semi-urban
Outreach:	22 districts in Orissa
Target Group:	Poor households
Staff Working for the Scheme:	25 full-time staff. The other staff of the company (total of 431) also contribute to the development of the insurance scheme

5. Policyholders and Insured

Type of Enrolment:	The scheme started as a voluntary one, and is now compulsory (linked to loans)
Age Limitations:	No
Insurance Unit:	Family of four
Number of Policyholders:	183,180
Number of Insured:	183,180
Percentage of Women:	98%
Potential Target:	1,000,000 by 31.3.2011
Penetration Rate:	18%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2008	183,180	+ 207%
2007	59,499	+ 1000%
2006	5,391	-

6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Yes: The organization may make an up-front payment of the premium with monthly deductions or provide a special social security loan
Schedule of Contributions:	Yearly or monthly contributions (out of savings)
Membership Identification:	Yes: Family membership card with photo identification
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"> o Maximum sum insured for hospitalization: Rs. 15,000 o Life threatening pre-existing diseases also covered o Maternity covered with no waiting period with some sub limits o Ayurvedic and alternate medicine treatment covered o Cataract treatment will be payable up to Rs. 2,500 	Rs. 325 for a family of 4 members	183,180
<u>Accidental death:</u> <ul style="list-style-type: none"> o Rs. 10,000 paid in case of accidental death 		

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2007	183,180	59,533,500
2006	59,499	NA
2005	5,391	1,845,350

Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2007	48	342,672
2006	NA	NA
2005	NA	NA

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Standard exclusion clauses applied by most insurance companies
Co-Payment:	No
Service Payment Modality:	Cashless hospitalization at network hospitals as well as reimbursement expenses incurred at other health facilities

Tie-up with Health Facilities:	Yes
Contractual Arrangements with HPs:	Informal agreement through letters
Number of Associated HPs:	6 – Private
Financial Advantages Provided by HPs:	Yes: Some apply lesser charges
Non Financial Advantages Provided to Insured:	Contribution to health awareness campaigns, health camps and health research work
Scope of Health Benefits:	Limited (hospitalization only)
Level of Health Benefits:	Medium (up to Rs. 15,000)
Intervention of TPA:	Yes
Designation of TPA:	NA
Access to Health Services:	Pre-authorization required in some network facilities - Free access in most health facilities
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	About 10%
Renewal Rate:	Close to 80% - according to some BISWA officials

8. Assistance to the Scheme

External Funding:	No
Origin of External Funding:	-
Direct Subsidy:	No
Indirect Subsidy:	Yes: Health programmes costs borne by the organization
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	Linked to the CARE-CASHE and the NABARD-SHG programme

9. Linkage with Insurance Companies

Use of Private Insurance Companies:	Yes: ICICI Lombard General Insurance Company
Changes of Private Companies:	Not yet, but BISWA is willing to switch to another insurance company due to high premium and lack of any support service/ grant/technical support
Use of Public Insurance Companies:	Negotiations under way with Oriental Insurance Company to reshape the whole scheme planned this time without a TPA
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	No
Re-Insurance:	No

10. Problems and Constraints

Plan Distribution:	Weak understanding of insurance mechanisms – Need of more IEC and awareness materials
Enrolment Modalities:	-
Service Delivery:	Need to tie up with more health providers
Management:	Staff lacks training on insurance
Financing:	Lack of sufficient revolving fund to provide loan for insurance
Sustainability:	Initial support in shape of grant needed

11. Development Perspectives

Enrolment:	-
Service Delivery:	-
Management:	-
Extension:	Extension already on-going in the state of Chhattisgarh
Replication:	Possible replication in other States

12. Contact Details

Contact Persons:	Mr. Khirod Chandra Mallick, Chairman
Address:	At-Danipali P.O, Budharaja, District Sambalpur, 768 004, Orissa
Telephone Number:	(91-663) 2533597
	Mob. 89610 16663
Fax Number:	(91-663) 2533597
E.Mail:	Kc_malick@yahoo.com
	B_wa@rediffmail.com
Website:	www.biswa.org

16. BULDANA URBAN CREDIT COOPERATIVE SOCIETY (BUCCS)

1. The Scheme at a Glance

Ownership Profile:	Cooperative Society
Starting Date:	2002
Risk Coverage:	Health care, accidental death
Target Group:	Cooperative members
Rural/Urban:	Rural and urban
Outreach:	One District in Maharashtra
Total Number of Insured:	60,000
Potential Target:	200,000
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	Both
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	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

Buldana Urban Cooperative Credit Society (BUCCS) was formed as a public trust in 1986 and is one of the largest cooperatives in Maharashtra State. It has more than 200,000 members and deposits of more than Rs. 561 crore. It functions from 135 branches, many of which are in rural areas of the State. Since its inception, it has been implementing various social projects for its members.

Based on the concept of mutuality, its primary objective was the eradication of high cost private lending businesses operative in rural areas. Apart from meeting small and urgent needs of farmers and small business enterprises, BUCCS also provides loans for small irrigation projects, and extends its lending capacities to small shopkeepers operating in temporary facilities.

In partnership with United India Insurance Company, BUCCS has been implementing a health insurance schemes since 2002.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Universal Health Insurance Scheme
Starting Date:	February 2002
Duration of Insurance Plan:	One year
Insurance Year:	January to December
Management Responsibility:	BUCCS
Organization Structure:	Cooperative society
Risk Coverage:	Health care and accidental death
Registration:	No separate registration
Rural/Urban:	Rural and peri-urban
Outreach:	Buldana district, Maharashtra
Target Group:	Co-operative society members
Staff Working for the Scheme:	No full-time staff dedicated to insurance activities

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	No
Insurance Unit:	Depending on the size of the family: Individuals, families of five or families of 7
Number of Policyholders:	15,000
Number of Insured:	60,000
Percentage of Women:	About 50%
Potential Target:	200,000
Penetration Rate:	30%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007	60,000	NA
2006	NA	NA
2005	NA	-

6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Yes: Through up-front payment made by the society repaid over time or through specific loan
Schedule of Contributions:	Yearly
Membership Identification:	Yes: special health card
Waiting Period:	No
Changes in Contributions over Time:	No
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
Health care:	Rs. 365 per person per year	60,000

<ul style="list-style-type: none"> ○ Hospitalization cover up to Rs. 30,000 ○ Loss of wages due to sickness: Rs. 50 per day for more than 3 days and less than 15 days (Max of Rs. 750) <p><u>Accidental death:</u></p> <ul style="list-style-type: none"> ○ Death cover for household head: Rs. 25,000 	<p>Rs. 548 per family of five Rs 730 per family of 7</p>	
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Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2007	15,000	NA
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:	Standard clauses applied by most 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 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:	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:	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 Insurance Company
Changes of Public Companies:	No
Special Advantages Provided by Insurance Companies:	No
Re-Insurance:	No

10. Problems and Constraints

Plan Distribution:	Weak understanding of insurance mechanisms
Enrolment Modalities:	-
Service Delivery:	Absence of interest of health providers to partner with the organization
Management:	-
Financing:	Absence of support from national social security structures
Sustainability:	-

11. Development Perspectives

Enrolment:	-
Service Delivery:	-
Management:	-
Extension:	Need for more advocacy work with government structures and social security systems
Replication:	-

12. Contact Details

Contact Persons:	Mr. Hahendra Deshpande Dr. Kishore Kela
Address:	Jalgaon, Jamod, District Buldana, Maharashtra
Telephone Number:	91-7266-221518 Mob: 93700 81674 / 94221 18818
Fax Number:	-
E.Mail:	narendrades@gmail.com
Website:	-

17. CHAITANYA

1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	1995
Risk Coverage:	Health care, accidental death and disability
Target Group:	Tribal women regrouped in SHGs
Rural/Urban:	Rural
Outreach:	One district in Maharashtra
Total Number of Insured:	7,520
Potential Target:	13,000
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	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	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

Since its inception in 1993, Chaitanya has provided a strong platform in Maharashtra for addressing social issues of rural women as well as promoting their financial independence. Promoting the SHG methodology, Chaitanya considers the organization of women's groups as an effective medium to bring about qualitative changes in their lives.

Chaitanya is working in three predominantly tribal regions of Pune district. The organization has spread over

more than 200 villages through its wide network of SHGs. Initially starting with fourteen SHGs in Khed Taluka, Chaitanya supports today 830 SHGs in three blocks with more than 13,100 women members.

Chaitanya' principal activity is building capacities of SHGs at various levels. Realizing the need to consolidate the growing power of SHGs, Chaitanya facilitated the formation of Grameen Mahila Swayamsiddha Sangh (GMSS), the first federation of SHGs in Maharashtra. GMSS today functions as an independent entity and provides guidance in building up participatory and self-reliant women's organizations to the federations in Amegaon and junnar blocks.

With SHGs at the core of development process, Chaitanya works very closely with the government in three important sectors that are: women and child health, water and sanitation and livelihood promotion with special focus on agriculture. Chaitanya conducts various training programmes on issues and subjects like entrepreneurship development, SHG formation, health, hygiene, legal aid and awareness, village water and sanitation committees and clusters and federations.

Chaitanya, by making various financial services available, has been a catalyst in bringing the rural women out of the vicious cycle of poverty. Chaitanya has helped reduce their vulnerability by providing them the much-needed social security services and a platform from which they can address their financial and social needs. Chaitanya initiated its micro-insurance activities in 1995, managing at present three different schemes, including one covering dealing with the health needs of the poorest groups.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Health Insurance Scheme
Starting Date:	1995
Duration of Insurance Plan:	Yearly
Insurance Year:	NA
Management Responsibility:	Chaitanya
Organization Structure:	NGO
Risk Coverage:	Health care, accidental death and disability
Registration:	No separate registration
Rural/Urban:	Rural
Outreach:	Three Taluks of Pune district in Maharashtra
Target Group:	Poor women regrouped in Self Help Groups
Staff Working for the Scheme:	No full-time staff

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	No
Insurance Unit:	Depending on the size of the family, single, couple and family with one child
Number of Policyholders:	NA
Number of Insured:	7,520
Percentage of Women:	90%
Potential Target:	13,000
Penetration Rate:	57%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007	7,520	NA
2006	NA	NA
2005	NA	-

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 cover up to Rs. 5,000 <u>Accidental death:</u> o Rs. 15,000 in case of accidental death of household head <u>Disability:</u> o Rs. 5,000 for loss of a limb	Rs. 100 for a individual Rs. 125 for a couple Rs. 150 for a couple with one child	7,520

Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2007	NA	NA
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:	Standard clauses applied by all 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 only)
Level of Health Benefits:	Low (up to Rs. 5,000)
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	Health promotion programmes with a special focus on child health
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 network but close synergy with OXFAM, Community Aid Abroad, Australia

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:	Need of promotional materials in vernacular language
Enrolment Modalities:	-
Service Delivery:	-
Management:	Need for staff training on health insurance
Financing:	-
Sustainability:	-

11. Development Perspectives

Enrolment:	Development of promotional materials
Service Delivery:	Tie up with health providers applying subsidized rates
Management:	Look for a partner organization willing to develop appropriate training programmes
Extension:	-
Replication:	-

12. Contact Details

Contact Persons:	Mr. Kalpana Pant
Address:	Moti Chowk, Rajgurunagar, Taluka Khed Pune – 410505 Maharashtra
Telephone Number:	02135-223176
Fax Number:	-
E.Mail:	Chaitanya_pune@yahoo.co.in
Website:	-

18. CHAROTAR AROGYA MANDAL (CAM)

1. The Scheme at a Glance

Ownership Profile:	Health provider
Starting Date:	2003
Risk Coverage:	Health care
Target Group:	Low and middle income families
Rural/Urban:	Rural and peri-urban
Outreach:	Anand and nearby districts of Gujarat
Total Number of Insured:	43,000
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
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	Own 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

Set up by the late Dr. H.M. Patel, the Charotar Arogya Mandal seeks to provide the best medical care and facilities for medical education to the people of Charutar. Founded in 1972, the Mandal has created the H.M. Patel Centre for Medical care and Education at its 100-acre campus in Karamsad. The Centre includes five institutions of excellence.

The Mandal pursues its mission by operating the Shree Krishna Hospital. Established in 1981 with 136 beds,

the Hospital has grown to 500 beds, the largest and best-equipped health care facility between Vadodara and Ahmedabad.

Willing to bring health care closer to the community, the Hospital actively collaborates with Asia largest maternal and infant care NGO, the Tribhuvandas Foundation. It also carries out several extension projects that take health services to the villages scattered around Charotar.

Since 2003, the Hospital offers a health insurance scheme to low and middle income people living in Anand and nearby districts.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Krupa scheme
Starting Date:	2003
Duration of Insurance Plan:	Yearly
Insurance Year:	Any time
Management Responsibility:	Charotar Arogya Mandal
Organization Structure:	Health provider
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Rural/peri-urban
Outreach:	Anand and neighbouring districts in Gujarat
Target Group:	Low and middle income families
Staff Working for the Scheme:	No full-time staff. Hospital staff may have to contribute to the development of the insurance scheme

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	No
Insurance Unit:	Individual
Number of Policyholders:	43,000
Number of Insured:	43,000
Percentage of Women:	About 50%
Potential Target:	100,000
Penetration Rate:	43%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007	43,000	NA
2006	NA	NA
2005	NA	-

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
Health care:	Range from Rs. 90 per person	43,000

<ul style="list-style-type: none"> o Different schemes with hospitalization cover ranging from Rs. 5,000 to Rs. 100,000 (including maternity protection) o Includes OPD consultations (medicines and diagnostics excluded) o Maternity coverage 	per year (lowest cover) to Rs. 2,325 per person per year	
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Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2007	43,000	NA
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:	Some exclusions (further information not available)
Co-Payment:	No
Service Payment Modality:	Cashless
Tie-up with Health Facilities:	Use of its own health facility (Sri Krishna Hospital)
Contractual Arrangements with HPs:	-
Number of Associated HPs:	-
Financial Advantages Provided by HPs:	-
Non Financial Advantages Provided to Insured:	-
Scope of Health Benefits:	Medium (inclusion of OPD services)
Level of Health Benefits:	Low (as regards the lowest premium level) but may range from low to high level
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	Health education programme
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:	Yes: Health promotion campaigns, health insurance promotion activities amongst communities, staff overall support
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:	Lack of willingness to contribute to a health insurance scheme
Enrolment Modalities:	-
Service Delivery:	-
Management:	Need for more staff training on health insurance
Financing:	Weak capacity to contribute to a health insurance scheme
Sustainability:	-

11. Development Perspectives

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

12. Contact Details

Contact Persons:	Mr. Pragnesh Gor
Address:	Charotar Aarogya Mandal Hospital Karamsad Hospital, Vallabh Vidhyanagar Anand Gujarat
Telephone Number:	02692-222130
Fax Number:	-
E.Mail:	-
Website:	-

19. COMMUNITY AID AND SPONSORSHIP PROGRAMME (CASP)

1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2000
Risk Coverage:	Health care
Target Group:	Poorest segments of the population
Rural/Urban:	Rural
Outreach:	One District in Maharashtra
Total Number of Insured:	25,000
Potential Target:	40,000
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	Compulsory
Insured Unit:	Individual / Family	Family
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Both
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	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	Reimbursement

3. The Organization

Community Aid & Sponsorship Programme (CASP) was established as an independent national non governmental organization on 2 October 1976 to enable all children to grow in a society which respects people's rights and dignity and helps people to realize their full potential. As the years went by, CASP realized that its child welfare programme needed to be supplemented by strengthening family development programmes.

With a new focus on total social development of the people, CASP development activities have grown to include aspects of health, nutrition, education, income generation, rural banking, women participation and age care.

CASP initiated its micro-insurance programme in 2000, which is closely linked with its ongoing broad micro-finance programme.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Medi-claim policy
Starting Date:	2000
Duration of Insurance Plan:	One year
Insurance Year:	April to March
Management Responsibility:	CASP – part of the regular ongoing activities of the organization
Organization Structure:	NGO supporting community based organizations involved in micro-finance activities
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Rural
Outreach:	67 villages in Pune District in Maharashtra
Target Group:	People belonging to the poorest sections of the population, mostly agricultural workers
Staff Working for the Scheme:	No full-time staff

5. Policyholders and Insured

Type of Enrolment:	Compulsory
Age Limitations:	None
Insurance Unit:	Family of five
Number of Policyholders:	5,000
Number of Insured:	25,000
Percentage of Women:	About 50%
Potential Target:	40,000
Penetration Rate:	62%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2006 – 2007	25,000	NA
2005 – 2006	NA	NA
2004 – 2005	NA	-

6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Yes. Soft loans covering premium payment provided under the regular micro-finance programme
Schedule of Contributions:	Yearly
Membership Identification:	No
Waiting Period:	No
Changes in Contributions over Time:	Yes. Premium increased over the years
Changes in Benefits over Time:	Yes. Benefits have been reduced to hospitalization expenses (domiciliary expenses were reimbursed for the first two years)

Benefits	Contributions	Number of Insured
Health care:	Rs. 400 per family	25,000

o Hospitalization costs up to Rs. 30,000		
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Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2006 – 2007	5,000	2,000,000
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:	No
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:	Discounts provided by some private health providers
Non Financial Advantages Provided to Insured:	Quality of service also improved following negotiations with some health providers
Scope of Health Benefits:	Limited (hospitalization 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:	Health sensitization and awareness programmes
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. From PLAN International – India
Nature of Technical Assistance:	Training and 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:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	-
Re-Insurance:	No

10. Problems and Constraints

Plan Distribution:	Weak understanding of health insurance
Enrolment Modalities:	Contribution defaults
Service Delivery:	-
Management:	Need for staff training
Financing:	-
Sustainability:	-

11. Development Perspectives

Enrolment:	Develop sensitization material in order to ensure increased and steady membership
Service Delivery:	-
Management:	-
Extension:	-
Replication:	-

12. Contact Details

Contact Persons:	-
Address:	Community Aid & Sponsorship Programme CASP Bhavan, Survey N0 132/2, Plot N0 3, Pashan-Baner Link Road Pune – 411 021 Maharashtra
Telephone Number:	020 – 5862844 / 5862848
Fax Number:	020 – 5862836
E.Mail:	casbindia@vsnl.com
Website:	www.caspindia.org

20. COMMUNITY HEALTH ASSISTANCE PROJECT (CHAP)

1. The Scheme at a Glance

Ownership Profile:	CBO
Starting Date:	2001
Risk Coverage:	Health care
Target Group:	Poor communities
Rural/Urban:	Rural
Outreach:	One district of Tamil Nadu
Total Number of Insured:	4,300
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	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	Yes
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	Yes
Payment Modality:	Cashless / Reimbursement	Cashless

3. The Organization

The Community Health Assistance Project (CHAP) works in the hilly villages of Talavadi Block of Erode district in Tamil Nadu. It is supported by MYRADA, who set up about 200 Self Help Groups (SHGs) in the area. These groups have gradually organized themselves into 10 federations. The federations have further got together to form a Committee consisting of two representatives of each federation.

The health insurance scheme initiated for the members is managed by this committee.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	CHAP health insurance scheme
Starting Date:	2001
Duration of Insurance Plan:	One year
Insurance Year:	April to March
Management Responsibility:	CHAP Committee (20 representatives)
Organization Structure:	Community Based Organization (CBO) - SHG federation
Risk Coverage:	Health care
Registration:	Informal organization
Rural/Urban:	Rural
Outreach:	Different villages of Talavadi Block, Erode District, Tamil Nadu
Target Group:	Poor population of hill villages organized in some 200 self help groups
Staff Working for the Scheme:	No staff – all tasks undertaken on a volunteer basis

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	No
Insurance Unit:	Family of five
Number of Policyholders:	857
Number of Insured:	4,300
Percentage of Women:	About 50%
Potential Target:	15,000 (about 3,000 families enrolled in SHGs)
Penetration Rate:	28%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2005 – 2006	4,300	+ 4%
2004 – 2005	4,100	+ 2%
2003 – 2004	About 4,000	-

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>	Rs. 250 per year for a family of five	4,300
o Access to subsidized health care up to Rs. 3,000 at selected charitable hospitals	Rs. 50 extra for each additional member	

Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2005 – 2006	857	214,250
2004 – 2005	814	203,500

2003 – 2004	800	200,000
Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2005 – 2006	NA	NA*
2004 – 2005	NA	NA*
2003 – 2004	NA	NA*

* Surplus declared to be generated each year

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	No
Co-Payment:	Yes: Bill amount exceeding the insurance cover has to be paid by the member
Service Payment Modality:	Cashless
Tie-up with Health Facilities:	Yes – Private
Contractual Arrangements with HPs:	Informal agreement
Number of Associated HPs:	3
Financial Advantages Provided by HPs:	Subsidized health care (discounts range from 10 to 20% or Rs. 100 waived from the bill amount)
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:	No rejection
Renewal Rate:	69% in 2005-06

8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	MYRADA (NGO)
Direct Subsidy:	No
Indirect Subsidy:	Yes: some administration costs borne by the NGO
External Technical Assistance:	Yes
Nature of Technical Assistance:	Training: management of the scheme
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 health insurance
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Enrolment Modalities:	Difficulty in enrolling new members located in remote parts of the countryside
Service Delivery:	-
Management:	Need for more training for the CHAP Committee – need to enhance telephone connectivity
Financing:	-
Sustainability:	-

11. Development Perspectives

Enrolment:	Develop IEC programmes on health insurance
Service Delivery:	Involve charitable hospitals in the promotion campaigns
Management:	-
Extension:	-
Replication:	-

12. Contact Details

Contact Persons:	Ms. Vidya Ramachandran
Address:	MYRADA, N°2, Service Road, Domlur Layout Bangalore 560 071 Karnataka
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Fax Number:	080-2535 0982
E.Mail:	myrada@eth.net
Website:	-

21. CENTRE FOR OVERALL DEVELOPMENT (COD)

1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2004
Risk Coverage:	Health care, accidental death
Target Group:	BPL households
Rural/Urban:	Rural/semi urban
Outreach:	Two districts in Kerala
Total Number of Insured:	3,067
Potential Target:	20,000
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	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	No
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

Centre for Overall Development (COD), Thamarassery, is a registered charitable society for integrated development of the rural poor operating in Kozhikode and Malappuram districts of Kerala.

COD works for the promotion of total development in its physical, social, mental, spiritual and environmental dimensions. Its vision is social transformation by creating a just world based on a value system, i.e. peace, equality and brotherhood and its mission is to enable people to work themselves out of poverty. COD

focuses on the poor and marginalized sections of the population, especially women and children, marginal farmers and the disabled.

COD believes this can be done by achieving through communities' active participation in development interventions, which can lead to collective action for total development. Through a process of animation and capacity building, the communities are enabled to analyze the socio-economic, cultural and principal factors that affect their health and development. This education process should help them to organize themselves locally to devise strategies to bring about social justice leading to better living conditions.

COD has been actively involved in the following development areas:

- Human and institutional development: Awareness programmes, training, skills development, vocational training, research and documentation of success of the development activities
- Micro-finance and credit: Promotion of Self help Groups, savings and thrift activities, internal credits, micro-insurance and strengthening of SHG federations
- Health and sanitation: Construction of sanitary latrines, health education, AIDS prevention awareness programmes, medical insurance, promotion of herbal medicines, low cost housing and promotion of kitchen and herbal gardens
- Tribal development programmes: Education programmes, skills training, housing programmes and initiation of income generation programmes
- Community rehabilitation of disabled people: Identification of disabled people in the villages, integration of disabled people in community based organizations, local schools, leadership training and facilitation process to family and society to integrate disabled people in their daily lives

4. The Micro-Insurance Scheme (s)

Number of Schemes:	3 (1 health)
Name of the Scheme(s):	Gramin Suraksha
Starting Date:	November 2004
Duration of Insurance Plan:	One year
Insurance Year:	November to October
Management Responsibility:	Centre for Overall Development (COD)
Organization Structure:	NGO
Risk Coverage:	Health care and accidental death
Registration:	No separate registration
Rural/Urban:	Rural and semi urban
Outreach:	Two districts of Kerala
Target Group:	Below Poverty Line Population
Staff Working for the Scheme:	1 full time, 13 part-time, 20 volunteers

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	Yes – limited to persons less than 65 years old
Insurance Unit:	Family of four
Number of Policyholders:	830
Number of Insured:	3,067
Percentage of Women:	80%
Potential Target:	20,000
Penetration Rate:	15%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007	3,067	+ 25%
2006	2,453	+ 60%
2005	1,533	-
2004	NA	-

6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No
Schedule of Contributions:	Yearly
Membership Identification:	Card with photo identification
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> ○ Hospitalization expenses up to Rs. 5,000 for four members of the family – including delivery <u>Accidental death:</u> ○ Rs. 25,000 in case of accidental death of spouse	Rs. 275 for family of four per year	3.067

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2007	830	228,250
2006	640	178,420
2005	NA	NA
2004	NA	NA

Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2007	NA	NA
2006	175	274,860
2005	NA	NA
2004	NA	NA

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Pre-existing diseases
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:	No
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 access
Other Health Related Activities:	Health education programmes
Claim Ratio Rejection Rates:	3%
Renewal Rate:	82%

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

10. Problems and Constraints

Plan Distribution:	Poor understanding of insurance principles and mechanisms
Enrolment Modalities:	-
Service Delivery:	-
Management:	Delays in claims processing and settlement
Financing:	-
Sustainability:	-

11. Development Perspectives

Enrolment:	-
Service Delivery:	Change in product design
Management:	Improvements in claims processing
Extension:	-
Replication:	-

12. Contact Details

Contact Persons:	Fr. Joseph Mathew, Director Ms. Bennie Augustine, Project Director
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Website:	www.codtmsy.org

22. CENTRE FOR YOUTH AND SOCIAL DEVELOPMENT (CYSD)

1. The Scheme at a Glance

Ownership Profile:	CBO
Starting Date:	2005
Risk Coverage:	Health care
Target Group:	Poor households
Rural/Urban:	Rural
Outreach:	Two districts of Orissa
Total Number of Insured:	28,000
Potential Target:	40,000
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	Easy Paym. 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	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	Yes
Payment Modality:	Cashless / Reimbursement	Reimbursement

3. The Organization

Center for Youth and Social development (CYSD) is a twenty four years old not-for-profit development organization working to improve the lives of tribal, rural and urban poor in Orissa. The organization is helping communities identify and initiate development initiatives, providing training and other capacity-building support to pro-poor organizations and individuals and carrying out research and advocacy in favour of the poor. At present, CYSD reaches out to 102,000 poor families and over 250 grassroots NGOs and 900 people's organizations spread across 1,360 villages and seven slums in nine districts of the state.

CYSD envisions a society where the communities have overcome the constraints of poverty and vulnerability and realized their self-determined development choices through sustainable initiatives for fulfilling their aspirations with dignity. CYSD's mission is to excel as an "enabling institution" for the development of the deprived. It aims to enhance the capacities of the intermediary and people's organizations, for ensuring sustainability.

Working at the community level, CYSD is involved in a wide range of interventions which typically include trying to strengthen community-based organizations (CBOs), increase citizen's participation in local self-governance, enhance food security through livelihood promotion and sustainable agriculture, horticulture and community grain banks, promote micro-credit through self-help groups, support income generation programmes and entrepreneurship development and help people secure basic entitlements such as education, health and drinking water.

Influencing development policies in favour of the poor and marginalized communities constitutes a major undertaking of the Centre. To this end, it carries out research on policy issues that affect the poor and used the findings to persuade different actors as the state, NGOs, academia, media and other civic groups to demand appropriate policy changes.

CYSD is also very active in networking at the state, national and global levels. It is already part of several global alliances including Social Watch, Transparency International and CIVICUS, working to strengthen citizenry and civil society across the world.

The organization initiated its health micro-insurance programme in 2005 which already provides primary and secondary health care protection to 15,000 people, mainly women regrouped in the various SHGs.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Sahabagi Swasthya Suraksha Yojana (Participatory Health Protection Programme)
Starting Date:	2005
Duration of Insurance Plan:	Annual
Insurance Year:	January – December
Management Responsibility:	Federation of Self Help Groups
Organization Structure:	Community Based Organization
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Rural
Outreach:	Two districts of Orissa
Target Group:	Cooperative members of farmer societies, sugar mills
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:	7,000
Number of Insured:	28,000
Percentage of Women:	50%
Potential Target:	40,000
Penetration Rate:	70%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007	28,000	+ 56%

2006	17,924	+ 1%
2005	17,780	-

6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Premium loaned from SHG and paid back by members
Schedule of Contributions:	Annual
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> <ul style="list-style-type: none"> o Primary health care coverage at village level through a network of professionally managed health posts o Secondary health coverage at any registered nursing home, government hospital: reimbursement of medical costs, transportation, doctors fees etc. up to Rs. 2000 per patient and Rs. 5,000 per family 	Rs. 280 per family of four per year (currently, the member pays Rs. 112, co-contribution of Rs. 168 from PLAN)	28,000

Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2007	7,000	1,960,000
2006	4,481	1,254,680
2005	4,445	1,244,600

Evolution of Benefits Paid:

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

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	No
Co-Payment:	Yes – Rs. 5 per visit to health post (primary level)
Service Payment Modality:	Reimbursement
Tie-up with Health Facilities:	No
Contractual Arrangements with HPs:	No
Number of Associated HPs:	NA
Financial Advantages Provided by HPs:	No

Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Broad – out-patient and in-patient health care services
Level of Health Benefits:	Low – up to Rs. 2,000
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:	Yes – Seed money decreasing progressively by 20% each year over five years
Origin of External Funding:	PLAN international (India)
Direct Subsidy:	Yes – co-contribution to premium from PLAN
Indirect Subsidy:	Yes – some administration costs borne by PLAN
External Technical Assistance:	Yes – From PLAN
Nature of Technical Assistance:	Technical advise and capacity building programmes
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:	Weak understanding of insurance principles and mechanisms
Enrolment Modalities:	-
Service Delivery:	-
Management:	Delays in claims processing and settlement
Financing:	Limited contributory capacity
Sustainability:	Difficult without a long standing co-contribution arrangement

11. Development Perspectives

Enrolment:	Increase effort to enrol more members
Service Delivery:	-
Management:	-
Extension:	Negotiate co-contribution arrangement with the State Government
Replication:	-

12. Contact Details

Contact Persons:	Mr. Sundar, Project Director
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Fax Number: 91(0)6796 – 220574
E.Mail: planbbsr@sancharnet.in
Website: -

23. DEVELOPMENT OF HUMANE ACTION (DHAN)

1. The Scheme at a Glance

Ownership Profile:	CBO
Starting Date:	2000
Risk Coverage:	Health care
Target Group:	SHG members
Rural/Urban:	Rural
Outreach:	One district of Tamil Nadu
Total Number of Insured:	15,725
Potential Target:	22,000
Micro-Finance Linkage:	Yes
Insurance Co. Linkage:	No



Tamil Nadu

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/EPM
Subsidy to the Scheme:	Direct / Indirect	Indirect

Health

Scope of Health Benefits:	Limited / Broad	Broad
Level of Health Benefits:	Low / High	Medium
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	Yes
Payment Modality:	Cashless / Reimbursement	Reimbursement

3. The Organization

The Development of Humane Action (DHAN) Foundation was founded in October 1987 and incorporated under the Indian Trust Act (1882) in January 1998. It stands as a spin-off organization from Professional Assistance for Development Agency (PRADAN) operating at the national level. The Trust has been promoted with the objective of bringing highly motivated and educated young women and men to the development sector. They would work on bringing out new innovations to eradicate poverty in vast areas of

the country.

The organization operates in the three southern states of Andhra Pradesh, Tamil Nadu and Karnataka as well as in the Union Territory of Pondicherry. It covers so far some 263,000 families spread over 20 districts and approximately 5,000 villages.

DHAN Foundation believes that poverty and resource degradation are best addressed through the process of promotion of democratically managed people's organizations. Placement of high quality professionals at the field level and working with the mainstream sectors like banks and government agencies are the core guiding principles of the organization since it believes that the poor have a legitimate right over the resources available in such sectors.

DHAN is continuously on the lookout for new innovations in development which can impact the lives of the poor in a sustainable manner. Some of these initiatives which provide new opportunities and challenges, such as the Dhan Academy and Information Technology for the poor have already moved from the pilot stage to the next development and extension stage.

As a major field intervention, the Kalanjiam Community Banking Programme (KCBP) creates sound financial institutions managed by women to link up with financial institutions. The programme evolved as an alternative banking system managed by the poor themselves. People's organizations at three levels – hamlet self-help groups (SHGs), cluster development associations at the level of a group of villages and federations of SHGs at the block level – have been promoted by the programme. Of the 20 federations being operated, 16 are rural, three are urban and one is semi-urban.

Community managed insurance programmes are already implemented in 61 locations by federations, either self managed or through collaboration with both public and private insurance companies and cover a wide range of products.

Health insurance is being offered by one self run federation i.e., Kadamailaikundu federation. This federation has proved to be able to manage itself successfully due to its well designed scheme which includes specific features such as the ownership of one hospital, widespread community health support through local village health workers and an efficient monitoring system. This federation already demonstrated having the potential to evolve towards a mutual insurance programme model, fully owned and managed by the community.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Community Health Scheme of Kadamalai Kalaji Vattara Sangham
Starting Date:	April 2000
Duration of Insurance Plan:	Annual
Insurance Year:	April – March
Management Responsibility:	Federation of SHGs
Organization Structure:	Community Based Organization (CBO)
Risk Coverage:	Health care
Registration:	Not registered separately
Rural/Urban:	Rural
Outreach:	Kadamalai-Myladumparai Block, Theni District, Tamil Nadu
Target Group:	SHG women members and their families
Staff Working for the Scheme:	No staff assigned specifically to the scheme

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	Some: members up to 55 years only entitled to secondary health care. Those above that age only get the Kalanjiam hospital benefits
Insurance Unit:	Individuals/family of five
Number of Policyholders:	3,026

Number of Insured:	15,725
Percentage of Women:	56%
Potential Target:	22,000
Penetration Rate:	71%

Evolution of Number of Insured

Year	Number of Insured		Change (%)
2007 – 2008	3,200 families	15,725	+ 26%
2006 – 2007	3,026 families	12,407	- 3%
2005 – 2006	3,176 families	12,845	+ 12%
2004 – 2005	2,876 families	11,495	-

6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Yes: Through special loans and savings products
Schedule of Contributions:	Yearly
Membership Identification:	Membership card
Waiting Period:	No
Changes in Contributions over Time:	Yes: premium has been increased over the last few years
Changes in Benefits over Time:	Yes: additional benefits

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> ○ 75% of hospitalization costs (including deliveries) subject of maximum of Rs. 10,000 per family ○ Primary health care at community hospital ○ Secondary health care at 9 referral hospitals ○ Wage loss compensation of Rs. 75 per day for a maximum of 15 days if hospitalized in a Government hospital 	Rs. 250 per family per year Rs. 200 if coverage is for an individual member	15,725

Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2007 – 2008	3,200	NA
2006 – 2007	3,026	756,500
2005 – 2006	3,176	635,200
2004 – 2005	2,876	431,400

Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2007 – 2008	NA	NA
2006 – 2007	NA	NA
2005 – 2006	3,969	266,097

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	No
Co-Payment:	Yes: 25% of hospitalization bills as well as PHC costs
Service Payment Modality:	Reimbursement
Tie-up with Health Facilities:	Yes: with both private and public health facilities. The scheme has its own hospital that takes care of primary health at federation level and one 24 hour hospital at district HQ providing secondary health care
Contractual Arrangements with HPs:	Yes: formal agreements with private health facilities for secondary level care
Number of Associated HPs:	9
Financial Advantages Provided by HPs:	Discounts applied by some network hospitals
Non Financial Advantages Provided to Insured:	Mobile clinic services at village level
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 programme, support provided by village health workers
Claim Ratio Rejection Rates:	Nil
Renewal Rate:	Almost 100%

8. Assistance to the Scheme

External Funding:	No
Origin of External Funding:	-
Direct Subsidy:	No
Indirect Subsidy:	Enrolment and claims administration costs covered my micro-finance activities
External Technical Assistance:	Yes, by DHAN Foundation
Nature of Technical Assistance:	Various training programmes provided by DHAN Foundation as well as by Eureka Re (Netherlands)
Member of Network Organization:	Core member of the 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:	Yes: through Eureka Re

10. Problems and Constraints

Plan Distribution:	-
Enrolment Modalities:	Although steady, the total membership is still insufficient
Service Delivery:	-
Management:	-
Financing:	-
Sustainability:	-

11. Development Perspectives

Enrolment:	Increase enrolment through effective promotional campaigns – extend coverage to all federation members
Service Delivery:	-
Management:	Develop an active partnership with Government health care system
Extension:	-
Replication:	-

12. Contact Details

Contact Persons:	Mr. Balasubramanian, Programme Leader
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Website:	www.dhan.org

24. EMMANUEL HOSPITAL ASSOCIATION (EHA) – UTTARAKHAND

1. The Scheme at a Glance

Ownership Profile:	Health Provider
Starting Date:	2005
Risk Coverage:	Health care, including maternity protection
Target Group:	Poor rural communities
Rural/Urban:	Rural
Outreach:	One district of Uttarakhand
Total Number of Insured:	552
Potential Target:	3,000
Micro-Finance Linkage:	No
Insurance Co. Linkage:	Yes



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	Both

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	In-House Discounts
Access to Health Services:	Free Access / Pre-Authorization Required	Free Access
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Cashless

3. The Organization

Emmanuel Hospital Association (EHA) was founded in 1970 as an indigenous Christian health and development agency serving the population of Northern India. Its primary focus is the poorest segments of the population operating mostly in rural areas. EHA's founding 13 hospitals have since grown to a network of 19 hospitals and 24 community health centres with a cumulative bed strength of 1,240, spread over the

states of Assam, Bihar, Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Manipur, Orissa, Uttarancha and Uttar Pradesh.

With a catchment population of nearly seven million, EHA provided in 2004-2005 health services to some 565,000 persons, treated 65,189 as in-patients and performed 16,600 surgical interventions. In addition, EHA is also involved in a wide range of development programmes.

The organization is committed to the transformation of communities with programmes that invest in the health and well being of everyone, irrespective of cast, creed or race. It aims to focus on the development and empowerment of women and the health and nurture of under five.

In the 19902, EHA sharpened its vision for growth by implementing innovative programmes in areas such as HIV/AIDS, slum rehabilitation, community dentistry, reproductive and child health and functional literacy. The underlying aim is that these programmes should be sustainable and build capacity in local communities to bring about changes in the quality of life with decreasing dependence on outside resources.

Teaching and training in income generation skills and co-operative banking schemes allows villagers to resolve problems in their own way, giving them hope for the future. The long-term result is a community with increased capacity to deal with the challenges it faces and able to enjoy sustainability in its own development.

The poorest of the poor rarely access health care facilities even at charitable institutions therefore EHA is committed to provide promotive and preventive health programmes. A core activity is training local village women in areas from basic health and hygiene to ante-natal care of pregnant women which can transform a whole community. Added to this are non-medical interventions in health. Wherever literacy programmes are in place one of the first effects is a fall in the infant mortality rate.

Being committed to set up a pilot health micro-insurance scheme in its network, EHA engaged contacts with several insurance companies and organized in 2004 a preliminary workshop aiming at learning from experiences in this field. The following year, and in collaboration with HDFC Chubb Insurance Company, EHA could devise a new insurance product covering a package of risks. Launched in Uttarakhand by the Herbertpur Christian Hospital and targeting the rural poor and marginalized communities under their community health initiatives, the scheme covered the following risks: health care, accidental death, disability, education grant and girl child wedding benefit.

The scheme runn nearly two years and was stopped due to many reasons. The scheme was thoroughly reviewed, feedback was sought from the communities and lessons drawn from this experience have been used to re designi the scheme. Enrolment in the new scheme in Chatterpur which now covers only health care and maternity protection is currently underway and the lessons from this new experience will be used to extend the scheme to the other hospitals of the network.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Family Health Scheme
Starting Date:	2005
Duration of Insurance Plan:	One year
Insurance Year:	March 1 st – February 28 th
Management Responsibility:	Herbertpur Christian Hospital
Organization Structure:	Health Provider
Risk Coverage:	Health care including maternity protection
Registration:	Not registered separately
Rural/Urban:	Rural
Outreach:	One district in Uttarakhand
Target Group:	Rural poor and marginalized communities
Staff Working for the Scheme:	9

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	Yes. Restricted to the age group : 5 to 60 years
Insurance Unit:	Individual
Number of Policyholders:	552
Number of Insured:	552
Percentage of Women:	60%
Potential Target:	3,000
Penetration Rate:	18%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2006 – 2007	552	-

6. Contributions and Benefits

Entrance Fee:	No
Age Limitations:	Yes – from 3 months to 60 years
Easy Payment Mechanisms:	No
Schedule of Contributions:	Yearly
Membership Identification:	Membership card
Waiting Period:	Yes – 30 days (nine months for maternity benefits)
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"> o Hospitalization expenses (at least 48 years) up to Rs. 7,000 per person per year – with a limitation to Rs. 5,000 per incident, including the following: <ul style="list-style-type: none"> o Expenses of cataract up to Rs. 3,000 o Simple delivery up to Rs. 1,500 o Complicated delivery up to Rs. 3,000 	Premium varies according to age: Per person/per year 91 days – 21 years: Rs. 110 22 years - 45years: Rs. 185 46 years – 60 years: Rs. 245	552

Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2006 – 2007	552	86,775

Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2006 – 2007	5	27,930

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Pre-existing diseases, self abortion, immunization, injuries or disability due to alcohol/drug consumption, sexually transmitted diseases, HIV/AIDS

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:	Not applicable
Financial Advantages Provided by HPs:	OPD services were highly subsidized – Total of rs. 36,000 worth of claims
Non Financial Advantages Provided to Insured:	Health education programmes developed at the village level
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:	School health programme, RCH programme
Claim Ratio Rejection Rates:	8%
Renewal Rate:	Not applicable

8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Herbertpur Hospital
Direct Subsidy:	Yes – some cost-free treatment for ultra-poor
Indirect Subsidy:	Yes – some assistance to the scheme is provided by the hospital staff
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	Core member of the Asian Micro-Insurance Network (AMIN)

9. Linkage with Insurance Companies

Use of Private Insurance Companies:	Yes – HDFC ERGO General Insurance Company
Changes of Private Companies:	Yes – terminated a first partnership in 2006, still exploring other options
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:	Promotional work was not sufficient
Enrolment Modalities:	-
Service Delivery:	Ensuring quality health care and continuity of peripheral health services
Management:	-
Financing:	High administration costs
Sustainability:	High claims incidence and claims cost ratio – adverse selection

11. Development Perspectives

Enrolment:	Plan to develop more promotional work, establish linkages with SHGs and their apex organizations
Service Delivery:	Plan to orient hospital staff toward the scheme, development of standard treatment protocols (STPs) and drug lists
Management:	-
Extension:	Extend to more villages through partnership with other NGOs
Replication:	-

12. Contact Details

Contact Persons:	Dr. Anil Cherian, Director, Community Health and Development
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Fax Number:	(11) 3088 2019
E.Mail:	anilcherian@eha-health.org
Website:	

25. EMMANUEL HOSPITAL ASSOCIATION (EHA) – MADHYA PRADESH

1. The Scheme at a Glance

Ownership Profile:	Health Provider
Starting Date:	2005
Risk Coverage:	Health care
Target Group:	Poor rural communities
Rural/Urban:	Rural
Outreach:	One district of Madhya Pradesh
Total Number of Insured:	1,056
Potential Target:	3,000
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	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	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	Yes
Payment Modality:	Cashless / Reimbursement	Cashless

3. The Organization

Emmanuel Hospital Association (EHA) was founded in 1970 as an indigenous Christian health and development agency serving the population of Northern India. Its primary focus is the poorest segments of the population operating mostly in rural areas. EHA's founding 13 hospitals have since grown to a network of 19 hospitals and 24 community health centres with a cumulative bed strength of 1,240, spread over the

states of Assam, Bihar, Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Manipur, Orissa, Uttarancha and Uttar Pradesh.

With a catchment population of nearly seven million, EHA provided in 2004-2005 health services to some 565,000 persons, treated 65,189 as in-patients and performed 16,600 surgical interventions. In addition, EHA is also involved in a wide range of development programmes.

The organization is committed to the transformation of communities with programmes that invest in the health and well being of everyone, irrespective of cast, creed or race. It aims to focus on the development and empowerment of women and the health and nurture of under five.

In the 19902, EHA sharpened its vision for growth by implementing innovative programmes in areas such as HIV/AIDS, slum rehabilitation, community dentistry, reproductive and child health and functional literacy. The underlying aim is that these programmes should be sustainable and build capacity in local communities to bring about changes in the quality of life with decreasing dependence on outside resources.

Teaching and training in income generation skills and co-operative banking schemes allows villagers to resolve problems in their own way, giving them hope for the future. The long-term result is a community with increased capacity to deal with the challenges it faces and able to enjoy sustainability in its own development.

The poorest of the poor rarely access health care facilities even at charitable institutions therefore EHA is committed to provide promotive and preventive health programmes. A core activity is training local village women in areas from basic health and hygiene to ante-natal care of pregnant women which can transform a whole community. Added to this are non-medical interventions in health. Wherever literacy programmes are in place one of the first effects is a fall in the infant mortality rate.

Being committed to set up a pilot health micro-insurance scheme in its network, EHA engaged contacts with several insurance companies and organized in 2004 a preliminary workshop aiming at learning from experiences in this field. The following year, and in collaboration with HDFC Chubb Insurance Company, EHA could devise a new insurance product covering a package of risks. Launched in Madhya Pradesh by the Chattarpur Hospital and targeting the rural poor and marginalized communities under their community health initiatives, the scheme covered the following risks: health care, accidental death, disability, education grant and girl child wedding benefit.

The scheme runn nearly two years and was stopped due to many reasons. The scheme was thoroughly reviewed, feedback was sought from the communities and lessons drawn from this experience have been used to re designi the scheme. Enrolment in the new scheme in Chattarpur which now provides a comprehensive health coverage is currently underway and the lessons from this new experience will be used to extend the scheme to the other hospitals of the network.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Chattarpur Health Scheme
Starting Date:	2005
Duration of Insurance Plan:	One year
Insurance Year:	October 1 st – September 30 th
Management Responsibility:	Chattarpur Christian Hospital
Organization Structure:	Health Provider
Risk Coverage:	Health care
Registration:	Not registred separately
Rural/Urban:	Rural
Outreach:	One district in Madhya Pradesh
Target Group:	Rural poor and marginalized segments of the community
Staff Working for the Scheme:	9

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	Yes. Restricted to the age group: 5 to 60 years
Insurance Unit:	Family of five
Number of Policyholders:	About 312 families
Number of Insured:	1,560
Percentage of Women:	55%
Potential Target:	5,000
Penetration Rate:	31%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2006 – 2007	1,560	+ 47%
2005 – 2006	1,056	-

6. Contributions and Benefits

Entrance Fee:	None
Easy Payment Mechanisms:	No
Schedule of Contributions:	Yearly
Membership Identification:	Membership card
Waiting Period:	Yes – 15 days
Changes in Contributions over Time:	Premium first set at Rs. 500 was raised to Rs. 510 in year 06-07
Changes in Benefits over Time:	Yes

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> ○ Primary health care through tele medicine enters and a network of trained health workers, weekly nurse managed clinics ○ OPD and IP at Christian Chattarpur Hospital including surgical and maternity services ○ Co-payment of 25% on drugs and 50% on all other services ○ Free telephonic consultation ○ Free ambulance services in case of emergencies 	Premium of Rs. 510 per year for a family of five or less For any additional member, an additional premium of Rs. 100 is charged	1,560

Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2006 – 2007	312	336,463
2005 – 2006	211	213,680

Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2006 – 2007	521	309,366
2005 – 2006	620	272,733

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Pre-existing diseases, eye and dental, vaccines and immunization, HIV/AIDS, self abortion
Co-Payment:	Yes – 25 % on drugs and 50% on all other services
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:	Co-payments waived for those below poverty line – total subsidies estimated to be about Rs. 200,000
Non Financial Advantages Provided to Insured:	Montly health camps – health education services at village level
Scope of Health Benefits:	Broad
Level of Health Benefits:	Low – importance of co-payment arrangements
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	School health programme – RCH programme
Claim Ratio Rejection Rates:	Nil so far
Renewal Rate:	35%

8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	External grants
Direct Subsidy:	Yes – direct contribution
Indirect Subsidy:	Yes – some additional services and technical advice provided by the hospital staff
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	Core 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:	Limited understanding of insurance principles and mechanisms
Enrolment Modalities:	-
Service Delivery:	-
Management:	-
Financing:	High administration costs
Sustainability:	High claim rate and adverse selection

11. Development Perspectives

Enrolment:	Plan to develop more promotional work, establish linkages with SHGs and their apex organizations
Service Delivery:	-

Management:	-
Extension:	Extend to more villages through partnership with other NGOs
Replication:	-

12. Contact Details

Contact Persons:	Dr. Anil Cherian, Director, Community Health and Development
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Website:	

26. EVANGELICAL SOCIAL ACTION FORUM (ESAF)

1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2006
Risk Coverage:	Health care, accidental death, disability
Target Group:	BPL population
Rural/Urban:	Rural
Outreach:	Nine districts of Kerala + Tamil Nadu
Total Number of Insured:	67,550
Potential Target:	250,000
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	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	Pre-authorization
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Reimbursement

3. The Organization

Evangelical Social Action Forum (ESAF), a social development organization, was established in 1992 by a group of development professionals in Kerala and registered under the Societies Act of 1995 with its headquarters in Trichur. What started as a small career guidance programme has since grown to be a leading micro-finance institution in India. Today ESAF operates in four States (Kerala, Tamil Nadu, Chhattisgarh and Maharashtra) and 18 districts through 75 branches spread across India.

With a vision of a just and fair society, ESAF's mission is "to empower the poor and marginalized especially women, children and youth by providing access to financial, marketing, health, natural resources and technological support to explore the fullest human potential and create opportunities for sustenance, development and holistic transformation."

ESAF carries out a wide range of activities through multi disciplinary approach focusing on the following programmes: micro-enterprise development, sustainable health, human resources development and advocacy and networking.

ESAF started its micro-enterprise development programme in the year 1995 with a socio-economic survey in three villages of Trichur district. The results demanded some economical assistance to these villages and thus the micro-credit/enterprise started in 1995 as a pilot project with 25 members in three groups. The year 1996 saw the successful completion of this experience with 100% repayment from the members. Today ESAF's Micro Enterprise Development (MED) programme provides a broad package of financial and business development services to socially and economically challenged women and men, enabling them to operate their own productive economic activities. These include credit, savings and micro-insurance through the MED and capacity building, production and marketing support through its Business Development Programme (BDP).

Under its insurance activities, ESAF has been offering life and accident insurance products since 2002 and also a package scheme through the Health Plus product since 2006.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	ESAF Health Plus Scheme
Starting Date:	2006
Duration of Insurance Plan:	One year
Insurance Year:	April – March
Management Responsibility:	Evangelical Social Action Forum (ESAF)
Organization Structure:	Micro-Finance Institution
Risk Coverage:	Health care including maternity protection, accidental death, life, disability, education grant and girl child wedding benefit
Registration:	No separate registration
Rural/Urban:	Rural
Outreach:	9 districts in Kerala and 4 districts in Tamil Nadu
Target Group:	Below Poverty Line population engaged in agriculture, fishing and micro-enterprise
Staff Working for the Scheme:	4

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	Yes – from 91 days to 60 years
Insurance Unit:	Family of five
Number of Policyholders:	13,510
Number of Insured:	67,550
Percentage of Women:	About 50%
Potential Target:	250,000
Penetration Rate:	27%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007 – 2008	NA	-
2006 – 2007	67,550	-

6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No
Schedule of Contributions:	Yearly one time payment
Membership Identification:	Membership card
Waiting Period:	Yes – 2 months
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"> ○ Hospitalization expenses up to Rs. 10,000 including maternity protection <u>Accidental death:</u> <ul style="list-style-type: none"> ○ Rs, 25,000 in case of accidental death of prime insured or spouse <u>Disability:</u> <ul style="list-style-type: none"> ○ Rs. 25,000 in case of total permanent disability ○ Rs. 12,500 in case of partial disability <u>Education grant:</u> <ul style="list-style-type: none"> ○ Child education benefit: Rs. 5,000 for two children below 21 years in case of accident only <u>Girl child wedding benefit:</u> <ul style="list-style-type: none"> ○ Girl child marriage: Rs. 5,000 for one child below 21 years in case of accidental death of prime insured <u>Life:</u> <ul style="list-style-type: none"> ○ Rs. 10,000 in case of natural death 	Rs. 395 per family per year <u>Premium distribution:</u> Rs. 300 for hospitalization and personal accident Rs. 30 for administration expenses The premium also includes the additional coverage provided under the other scheme (one single package): Rs. 25 for natural death Rs. 40 for charity and funeral expenses	67,550

Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2007 – 2008	NA	NA
2006 – 2007	13,510	5,336,450

Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2007 – 2008	738	938,473

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Pre-existing diseases, HIV/AIDS, venereal diseases
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:	No
Non Financial Advantages Provided to Insured:	No
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:	Pending a pre-authorization
Other Health Related Activities:	Health education
Claim Ratio Rejection Rates:	2%
Renewal Rate:	25%

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 SBI Life Insurance Company for the life component
Changes of Private Companies:	No
Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	Yes – after a long negotiation with HDFC ERGO, maternity protection was included in the cover. Not covered in any of their other insurance plans
Re-Insurance:	No
No	

10. Problems and Constraints

Plan Distribution:	-
Enrolment Modalities:	-
Service Delivery:	Limited health benefits
Management:	Delays in claims processing and settlement – weak Management Information System
Financing:	Limited contributory capacity
Sustainability:	High drop out rate

11. Development Perspectives

Enrolment:	Plan to further develop product design and pricing
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Service Delivery:	-
Management:	Explore more efficient claim processing and MIS
Extension:	-
Replication:	Plan to replicate in other districts of Kerala and Tamil Nadu

12. Contact Details

Contact Persons:	Mr. K. Paul Thomas, Executive Director Mr. Baby Mu, Manager – Insurance
Address:	ESAF Centre, Post Box N° 12, 2 nd Floor, Hepzibah Complex Mannuthy, Thichur – 680 651 Kerala
Telephone Number:	487-2373813 / 3291311
Fax Number:	487-2373813
E.Mail:	esaf@sancharnet.in
Website:	www.esafindia.org

27. FREEDOM FOUNDATION

1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2006
Risk Coverage:	Health care
Target Group:	Persons living with HIV
Rural/Urban:	Urban
Outreach:	City of Bangalore, Karnataka
Total Number of Insured:	80
Potential Target:	158 (pilot)
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	Both

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	Cashless

3. The Organization

Freedom Foundation has been a pioneer of HIV & Substance Abuse interventions in India, especially in the area of comprehensive care and support. It started the first comprehensive community based care and support centre in Bangalore. Today its interventions spread over the four States of Karnataka, Andhra Pradesh, Tamil Nadu and Goa and it is considered the largest community based organization in the substance Abuse/HIV-AIDS sector in India.

Its components of comprehensive care are:

- Medical care
- Access to HAART (Highly Active Anti-Retro Viral Treatment)
- Palliative care, counselling
- Awareness, prevention, care and support and community education
- Prevention of parent to child transmission of HIV
- Address treatment issues of chemical dependency
- Care for children affected with HIV
- Advocacy and legal work
- Networking
- Home based care

Freedom Foundation has over 500 patients accessing HAART across its various centres. Of these, 25 children and 7 adults are being provided with free HAART medication from the organization. A very rough estimate would say that at least 10% of the PLHA's accessing treatment at the care and support unit require HAART but cannot afford it. Most if not all would prefer to take the medication within the institution.

Considering a majority of the patients are men, they would also require financial assistance for a few months, and once their condition stabilizes they would be able to sustain their own medication. HAART being essential in the treatment of PLHAs, Freedom Foundation looked at various mechanisms that could be used to reduce the financial burden to the patients. In 2007, it initiated a pilot health insurance scheme which was built upon the solidarity among PLHAs.

The primary objective of the pilot scheme was to cover th cost of ARV's, OI management and periodic testing including CD4 counts, thereby enhancing access to treatment in Karnataka.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Pilot Health Insurance Scheme
Starting Date:	June 2006
Duration of Insurance Plan:	One year
Insurance Year:	July – June
Management Responsibility:	Freedom Foundation
Organization Structure:	NGO
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Urban
Outreach:	City of Bangalore in Karnataka
Target Group:	People living with HIV/AIDS
Staff Working for the Scheme:	No full-time staff. Part of the regular on-going activities of the organization which may rely on following full-time staff: 1 doctor, 2 psychological counsellors. 4 social workers, 1 administrator

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	No
Insurance Unit:	Individual
Number of Policyholders:	80
Number of Insured:	80
Percentage of Women:	About 40%
Potential Target:	158 (pilot phase)
Penetration Rate:	50%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007 – 2008	80	-

2006 – 2007

80

-

6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No
Schedule of Contributions:	Quarterly
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"> o Out-patient consultation o Diagnosis and treatment of OI o Investigations including CD4 testing o OI and ART medicines o Referrals for specialized care o Hospital admission 	Contributions vary according to income categories: Very poor: Rs. 0 per person per year Poor: Rs. 2,724 per person per year Middle and above: Rs. 6,810 per person per year Wealthy: Rs. 12,258 per person per year	80

Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2007 – 2008	80	NA
2006 – 2007	80	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 (all members already registered as PLHA)
Exclusion Clauses:	No
Co-Payment:	No
Service Payment Modality:	Cashless
Tie-up with Health Facilities:	Yes. OP private clinics involved in FF programme
Contractual Arrangements with HPs:	Yes
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:	Low
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	Psychological and social support:

Claim Ratio Rejection Rates:	0%
Renewal Rate:	100%

8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	UNDP and various donors
Direct Subsidy:	Yes. Co-contribution covering the full availability of ARVs
Indirect Subsidy:	Yes. Administrative costs borne by cooperation programme supported by UNDP
External Technical Assistance:	Yes.
Nature of Technical Assistance:	Support provided by full time medical officer. Technical advice by UNDP support team
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:	Limited contributory capacity
Service Delivery:	-
Management:	Need to develop a management and reporting system
Financing:	Need for long-term support from various donors
Sustainability:	-

11. Development Perspectives

Enrolment:	Reach full target population
Service Delivery:	-
Management:	Review all treatment activities and financial records
Extension:	-
Replication:	-

12. Contact Details

Contact Persons:	Mr. Ashok Rau, President Mr. V. J. Albuquerque, Manager
Address:	180 Hennur Cross Bangalore – 560 043 Karnataka
Telephone Number:	544 0134 / 35
Fax Number:	544 910
E.Mail:	Freedom_ho@airtelbroadband.in freedom@bgl.vsnl.net.in
Website:	-

28. GANDHI SMARAKA GRAMA SEVA KENDRAM KARADKA (GSGSKK)

1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2002
Risk Coverage:	Health care
Target Group:	Poor women members of Self-Help Groups
Rural/Urban:	Rural
Outreach:	Two districts in Kerala
Total Number of Insured:	2,840
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	Easy Paym. Mech.
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	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

Gandhi Smaraka Grama Seva Kendram Karadka is an NGO registered under the Charitable Societies Act of 1860 engaged in integrated rural development activities in Kerala. The main objective of the organization is to propagate the constructive programmes of Mahatma Gandhi and strive for a new social order and a classless and casteless society by non violent means based on Gandhian principles.

The major focus areas of the organization are strengthening of community-based organizations, sustainable agriculture, natural resource management, protection of environment, health, sanitation and education.

The health solidarity programme called Swashraya Arogya Samrakshana Nidhi was initiated in September 2002 among the members of the Self-Help Groups who take the full responsibility to organize and manage the scheme. A health committee regrouping one representative of each SHG federation determines the premium amount and examines the claims. A scrutiny committee sits every month to monitor the process, examine the membership applications and sanction the claims based on the recommendations of the health committee.

Other than providing financial help in time of need, the scheme also aims to create awareness among the members and the public at large on infectious diseases and other health problems, to abandon unhealthy practices, to avoid exploitation in medical treatment and to encourage leadership at the village level to develop health care activities.

In order to achieve these goals, the organization coordinates with the government and other non governmental organizations working in the health field to influence in the elaboration of appropriate health policies.

The organization plans to gradually extend the scheme to all SHG units sponsored by other NGOs and government agencies operating in the same area.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Shwashraya Arogya Samrakshana Nidhi
Starting Date:	2002
Duration of Insurance Plan:	Annual
Insurance Year:	April to March
Management Responsibility:	Gandhi Smaraka Grama Seva Kendram Karadka (GSGSK)
Organization Structure:	NGO
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Rural
Outreach:	Covers 22 villages in four blocks of Kasaragod district in Kerala
Target Group:	Poor informal economy workers
Staff Working for the Scheme:	1 staff, 22 volunteers

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	No
Insurance Unit:	Individual
Number of Policyholders:	2,840
Number of Insured:	2,840
Percentage of Women:	90%
Potential Target:	25,000
Penetration Rate:	11%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2006 – 2007	2,840	- 9%
2005 – 2006	3,120	- 12%
2004 – 2005	3,567	-

6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Yes – members of SHGs pay Rs 2 per month
Schedule of Contributions:	Monthly
Membership Identification:	Payment slip
Waiting Period:	3 months
Changes in Contributions over Time:	No
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
<u>Health care:</u>	Rs 24 per person per year	2,840
o Hospitalization expenses up to Rs. 2,000 or half of the medical expenses, whichever is less		

Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2006 – 2007	2,840	68,160
2005 – 2006	3,120	74,880
2004 – 2005	3,567	85,608
2003 – 2004	NA	82,875
2002 – 2003	3,453	82,872

Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2006 – 2007	NA	68,000
2005 – 2006	NA	74,000
2004 – 2005	NA	86,000
2003 – 2004	NA	80,170
2002 – 2003	NA	81,000

Claims Details – Over a first two-year period: 2002 - 2004: Total of 348 claims settled

Accidents	82	Heart related	22
Bone related	74	Nerve related	16
Stomach related	48	Brain related	15
General diseases	42	Others	17
Uterus related	32	total	348

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:	Limited – hospitalization cover only
Level of Health Benefits:	Low – up to Rs. 2000
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	Awareness camps, regular medical check up
Claim Ratio Rejection Rates:	8%
Renewal Rate:	NA

8. Assistance to the Scheme

External Funding:	Yes – for conducting preliminary health survey
Origin of External Funding:	PLAN international (India)
Direct Subsidy:	No
Indirect Subsidy:	Yes. 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:	-
Enrolment Modalities:	Limited number of members, limited capacity to pay the insurance premium, no family coverage
Service Delivery:	Low reimbursement rate under the scheme as compared to high cost of treatment
Management:	No permanent staff, large geographical area to cover and lack of potential and competent staff
Financing:	Lack of external financial support
Sustainability:	Liability to include chronic disease

11. Development Perspectives

Enrolment:	Increase to 5,000. entire group of SHG members
Service Delivery:	-
Management:	Dtrengthening the SHGs by providing orientation, skills and management training. Create a separate infrastructure for insurance management
Extension:	Establish new partnerships to streamline the programme
Replication:	-

12. Contact Details

Contact Persons:	Mr. Krishnan, Secretary
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Address:

Karadka PO, Kasargod District
Muliar – 671 542
Kerala
4994 260080

Telephone Number:

Fax Number:

E.Mail:

Gsgsk_karadkar@rediffmail.com

Website:

29. GRAMEEN KOOKA

1. The Scheme at a Glance

Ownership Profile:	MFI
Starting Date:	2007
Risk Coverage:	Health care, life, accidental death, disability, housing
Target Group:	MFI clients
Rural/Urban:	Rural and urban
Outreach:	13 districts in Karnataka
Total Number of Insured:	175,119
Potential Target:	300,000
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	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	TPA
Additional Financial Benefit:	Discount / No Discount	No 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

Grameen Koota was visualized in 1997 based on the book "Give us Credit" by Alex Counts, which gave an account of the impact of micro-credit on the lives of the poor in Bangladesh and the United States. Highly inspirational stories of large numbers of individuals rising above the poverty line through the use of micro-credit inspired the trustees of the T. Muniswamappa Trust to replicate a similar programme for the benefit of the poor of Avalahalli in Karnataka and its surrounding villages. Thus Grameen Koota was born and started its operations on 30th May 1999 with the help of seed capital from Grameen Trust, Bangladesh.

The vision of Grameen Koota is to impact poverty by bringing all mainstream financial and capacity building services to poor households in a sustainable manner. Its mission is to help poor women in both rural areas and urban slums through micro-credit, to work themselves and thereby their families out of poverty. To do this, the organization must deliver needs based financial services in a cost-effective manner and need to become fully sustainable. Grameen Koota now aims to reach out to 10% of Karnataka's poor households by 2012.

Grameen Koota presently operates in 1,574 villages spread over 13 districts of Karnataka with a client base of 125,000 women members. It provides three types of loan products: income generation loans, supplementary loans and emergency loans. In addition, it provides inputs to its members in the form of socio-economic development workshops with the help of specialists in the fields of health, nutrition, sanitation, family planning, AIDS awareness, marketing, enterprise development and adult literacy. The members who have purchased cattle through Grameen Koota's income generation loans are also offered a cattle insurance. At the event of death of the cattle, the member can claim insurance by paying a small contribution. The value of the cattle is decided after the post mortem report of a veterinarian.

Since May 2007, Grameen Koota launched its micro insurance plan in collaboration with ICICI Lombard General Insurance Company and a Third Party Administrator (SKDRDP) in an attempt to protect its members from the unforeseen expenses associated with medical emergencies. Grameen Koota feels that this programme will help the members to avail the best medical services at very reasonable rates. Under the latest IRDA regulations, ICICI Lombard also tied up with a Life Insurance Company to extend the cover to life insurance.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Sampoorna Suraksha Yojana
Starting Date:	May 2007
Duration of Insurance Plan:	One year
Insurance Year:	May to April
Management Responsibility:	Grameen Koota
Organization Structure:	MFI
Risk Coverage:	Health care, life, accidental death, disability, housing
Registration:	Not separately registered
Rural/Urban:	Rural and urban
Outreach:	13 districts of Karnataka: Tumkur, Chitradurga, Hassan, Mandya, Davangere, Haveri, Belgaum, Dharwar, Bangalore, South Bangalore, Rural Mysore, Chikkamagaluru, Shivamogga
Target Group:	Poor women
Staff Working for the Scheme:	No full-time staff. The whole staff (380 branch and 4 HQ) contribute to the development of the insurance scheme

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	NA
Insurance Unit:	Individual
Number of Policyholders:	175,119
Number of Insured:	175,119
Percentage of Women:	100%
Potential Target:	300,000
Penetration Rate:	58%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007 – 2008	175,119	-

6. Contributions and Benefits

Entrance Fee:	None
Easy Payment Mechanisms:	Yes: premium payment may be spread over the full insurance year
Schedule of Contributions:	Weekly payments
Membership Identification:	Membership card
Waiting Period:	No
Changes in Contributions over Time:	No
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
<p><u>Health care:</u></p> <ul style="list-style-type: none"> ○ Hospitalization cover (including deliveries) up to Rs. 5,000 per person per year ○ Includes pre-existing diseases and ayurvedic treatment ○ Medical allowance in case she is not allowed to attend for work, for maximum 30 days amounting to to Rs. 50 per day <p><u>Life:</u></p> <ul style="list-style-type: none"> ○ Rs. 5,000 in case of natural death <p><u>Accidental death:</u></p> <ul style="list-style-type: none"> ○ Rs. 25,000 in case of accidental death <p><u>Disability:</u></p> <ul style="list-style-type: none"> ○ Rs. 5,000 in case of permanent partial disability ○ Rs. 25,000 in case of permanent total disability <p><u>Housing:</u></p> <ul style="list-style-type: none"> ○ Maximum of Rs. 1000 in case of damage due to natural calamity 	<p>Rs. 200 for MFI member per year</p> <p>Rs. 125 for each other person of the family</p>	<p>175,119</p>

Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2007 – 2008	175,119	35,357,425

Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2007 – 2008	5,273	13,075,646

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Some exclusion clauses although the scheme extends its cover to pre-existing diseases
Co-Payment:	No
Service Payment Modality:	Cashless services at network hospitals and reimbursement when treated at Government hospitals
Tie-up with Health Facilities:	Yes: network of private hospitals
Contractual Arrangements with HPs:	Yes
Number of Associated HPs:	69
Financial Advantages Provided by HPs:	No
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Limited (hospitalization only)
Level of Health Benefits:	Low
Intervention of TPA:	Yes
Designation of TPA:	SKDRDP
Access to Health Services:	Pre-authorization required when using the hospital network
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:	Through the TPA and the Centre for Financial Management and Research (CFMR)
Nature of Technical Assistance:	Various training programmes targeting the staff contributing to insurance activities
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

Plan Distribution:	Challenge to enroll so many people in such a short period
Enrolment Modalities:	-
Service Delivery:	-
Management:	-
Financing:	-
Sustainability:	-

11. Development Perspectives

Enrolment:	Enroll all MFI members and their families
Service Delivery:	-

Management: -
Extension: -
Replication: -

12. Contact Details

Contact Persons:	Mr. Suresh K. Krishna, Managing Director
Address:	JP Nagar, 9 th Phase, Anjanapura Post, Avalahali, Off Kanakapura Road, Near Khoday's Glass Factory Bangalore – 560 062 Karnataka
Telephone Number:	80-2843 6237
Fax Number:	80-2843 6577
E.Mail:	suresh@grameenkoota.org
Website:	www.grameenkoota.org

30. GRAM NIYOJAN KENDRA (GNK)

1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2004
Risk Coverage:	Health care
Target Group:	Poor households
Rural/Urban:	Rural
Outreach:	One district in Uttar Pradesh
Total Number of Insured:	2,396
Potential Target:	45,000
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	Up Front
Subsidy to the Scheme:	Direct / Indirect	Both

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	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 organizing group of Gram Niyojan Kendra (GNK) already existed in a somewhat dormant form, providing some assistance to local development groups in the design of programmes and training activities under the auspices of the Gandhi Peace Foundation, New Delhi. In the course of their activities, members of the team realized an urgent need of an organization to operate as a supporting and guiding agency for helping the groups, especially the smaller ones operating at the village level. This led to the inception of Gram Niyojan Kendra in 1976, duly registered in 1977.

GNK's areas of expertise are research, planning, training, monitoring and evaluation, organization of development actions, networking/advocacy and promoting united action. The organization's main target group includes children, youth, women, staff members of voluntary organizations and members of rural communities. GNK's vision is to facilitate a local development process based on equality and social justice by strengthening voluntary action. Its main objective is to strengthen local organizations by help planning their development programmes, training their workers and in evaluating performances. Other objectives include organization of action programmes for development of women and other marginalized sections of the society, additionally organizing seminars, conferences and acting as a clearing house for information

Besides training staff members of voluntary organizations, some other primary areas of focus of the organization include the following: to empower women to plan and manage their livelihood programme and to emerge as equal partners in the families and to control/prevent sexual and other exploitation of women/girls - prostitution and trafficking – by providing education, new livelihood opportunities and formation of self/group action. It also strives to provide and share a better understanding of the prostitution phenomenon in its different dimensions as well as the various problems faced by children of prostitutes.

Working through networks/collaborative groups forms an essential approach of planning and organization of GNK's programme. It organizes various programmes in collaboration with various resource and specialized agencies and voluntary organizations working in the Northern part of the country at grass root level.

To this day, the organization has already developed functional relationships with about 1,000 grass roots groups working in Bihar, West Bengal, Jharkhand, Rajasthan, Uttarkhand and Uttar Pradesh.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Health Micro Insurance
Starting Date:	June 2004
Duration of Insurance Plan:	Annual
Insurance Year:	July to June
Management Responsibility:	Gram Niyojan Kendra (GNK)
Organization Structure:	ONG
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Rural
Outreach:	75 communities of Ratanpur and Lakshmipur Block of Maharajaganj district in Uttar Pradesh
Target Group:	Poor population within a specified geographical area
Staff Working for the Scheme:	One full-time volunteer with assistance from part-time volunteers

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	No
Insurance Unit:	Family
Number of Policyholders:	530 of five
Number of Insured:	2,396
Percentage of Women:	47%
Potential Target:	7,500 families, about 45,000 persons
Penetration Rate:	6%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2006 – 2007	2,396	- 18%
2005 – 2006	2,920	-

2004 – 2005

NA

-

6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No: up front payment
Schedule of Contributions:	Yearly
Membership Identification:	Membership card
Waiting Period:	1 month
Changes in Contributions over Time:	No
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
<u>Health care:</u> ○ Up to Rs. 500 for consultations, medicines, laboratory exams, X-ray, ultra sound and any additional expense related to transportation	Rs. 100 per family of five per year Plus co-contribution from PLAN Presently: Rs. 60 per family	2,396

Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2006 – 2007	530	84,400
2005 – 2006	439	79,020
2004 – 2005	397	79,400

Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2006 – 2007	NA	NA
2005 – 2006	30	12,750
2004 – 2005	39	10,050

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	No
Co-Payment:	No
Service Payment Modality:	Reimbursement
Tie-up with Health Facilities:	Yes: private and charitable hospitals as well as some Government facilities
Contractual Arrangements with HPs:	Yes: signed contracts
Number of Associated HPs:	8
Financial Advantages Provided by HPs:	30 % discount
Non Financial Advantages Provided to Insured:	Quality of service, reduced waiting period, priority treatment
Scope of Health Benefits:	Limited – Primary care cover only
Level of Health Benefits:	Low – up to Rs. 5,000
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	4%

Renewal Rate: 63%

8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	PLAN International (India)
Direct Subsidy:	Yes – through a five-year co-contribution mechanism set up by PLAN
Indirect Subsidy:	Yes – support to 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:	Small membership, lack of motivation for larger participation
Enrolment Modalities:	-
Service Delivery:	-
Management:	-
Financing:	Contributions by members will have to increase as matching grant from PLAN will decrease at the rate of 20% per year over a five-year period
Sustainability:	CBOs to be prepared to manage the scheme on their own at end of fifth year

11. Development Perspectives

Enrolment:	At present, only 16 communities are associated to the scheme, this should be extended to 75 communities
Service Delivery:	-
Management:	Management by CBOs facilitated by GNK
Extension:	To extend to 100 communities of Maharajanj Block under another programme implemented by GNK
Replication:	-

12. Contact Details

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Website:	-

31. GWALIOR MUNICIPAL CORPORATION (GMC)

1. The Scheme at a Glance

Ownership Profile:	Municipal Corporation
Starting Date:	2007
Risk Coverage:	Health care
Target Group:	Senior citizens
Rural/Urban:	Urban
Outreach:	City of Gwalior
Total Number of Insured:	2,800
Potential Target:	25,000
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/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	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	Pre-Authorization
Co-Payment:	Yes / No	Yes
Payment Modality:	Cashless / Reimbursement	Cashless

3. The Organization

In early 2007, in order to provide some health protection to its senior citizens who constitute a very vulnerable group both financially and emotionally, the Municipality of Gwalior (Gwalior Municipal Corporation - GMC) approached several insurance companies to discuss the possibility to design a tailor-made health insurance product allowing this group to avail, without any financial barrier, comprehensive hospitalization coverage up to an appropriate maximum level.

At that point of time, the Municipality of Gwalior saw its choice limited to two products both offered by public insurance companies, with the following main features:

	Varishta Medclaim for Senior Citizens	Health Insurance Scheme for Senior Citizens
Insurance Company	National Insurance Co. (Public)	New India Assurance Co. (Public)
Partner Organization	Government of India	Municipal Corporation of Indore (IMC)
Target group	People belonging to the age group 60-80 years	People belonging to the age group 60-80 years
Risks Covered	Hospitalization expenses Critical illness	Hospitalization Expenses
Scope of intervention	National	Municipality of Indore
Number of Insured	?	49,000
Premium	Hospitalization expenses: 60-65 years: Rs 4,180 66-70 years: Rs 5,196 71-75 years: Rs 5,568 76-80 years: Rs 6,890 Critical illness: 60-65 years: Rs 2,007 66-70 years: Rs 2,130 71-75 years: Rs 2,200 76-80 years: Rs 2,288	Rs 475
Service tax	To be paid separately by Gol	Included in above
Administration costs	All costs included in above	All costs included in the above
Premium for new entrants	10 % added to above premium	Same as above
Health benefits description	Hospitalization expenses: Up to Rs 100,000 Critical illness: Up to Rs, 200,000	Hospitalization expenses: Up to Rs 20,000
Co-payment	10 %	Flat amount: Rs 500
Health service payment	Cashless or reimbursement	Pure cashless
Reimbursement modality	Within 7 days	Within 7 days
Other benefits:	No	No

As the first fully Indian owned insurance company operating in India, New India Assurance Company (NIAC) had already taken up this challenge and had appointed a Third Party Administrator – MDIndia Healthcare Services (P) Ltd, to help design and manage a first health insurance scheme aiming Indore senior citizens belonging to the age group of 60-80 years.

As one of the very first fully licensed TPAs (No 005) under the regulations set by the Insurance and Regulatory Authority (IRDA), MDIndia was keen to develop a very first model of health insurance that could cater for the needs of this particular target group considered to be more likely to meet far higher health expenditure costs. MDIndia undertook surveys among all private health providers spread over the city aiming to develop a first data base on available services and service delivery costs.

Seeking to avoid any wastage and to get the best value for money, MDIndia organized a network of hospitals willing to enter into innovative contracting and implementation arrangements aiming both at ensuring quality health care services and at keeping all treatment costs at a low level.

Initiated in early 2003, the scheme succeeded to gradually increase its membership up to some 49,000 members in Year III. It also proved to be highly efficient having achieved over a three-year period significant progress in terms of performance indicators.

Based on such achievements, the Municipality of Gwalior opted for a full partnership agreement with both New India Assurance Company and MDIndia Healthcare.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Pandit Din Dayal Upadhyay Varishta Jan Swasthya Bima (Senior Citizen health Insurance Scheme)
Starting Date:	April 1 st , 2007
Duration of Insurance Plan:	1 Year
Insurance Year:	April 1 st – March 31 st
Management Responsibility:	TPA – MDIndia Healthcare Services (P) Ltd.
Organization Structure:	Replication of the first pilot scheme designed and implemented by the TPA in Indore
Risk Coverage:	Health Care (Secondary care)
Registration:	Product offered by New India Assurance Company (NIAC)
Rural/Urban:	Urban
Outreach:	Residents of Municipality of Gwalior, Madhya Pradesh
Target Group:	Senior citizens from the age group of 60 to 80 years
Staff Working for the Scheme:	2 (MDIndia Gwalior Branch office)

5. Policyholders and Insured

Type of Enrolment:	Voluntary/automatic
Age limitations:	Yes – The scheme is restricted to senior citizens only
Insurance Unit:	Individual
Number of Policyholders:	2,800
Number of Insured:	2,800
Percentage of Women:	50%
Potential Target:	25,000
Penetration Rate:	11%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007 – 2008	2,800	-

6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Up-front full premium payment by Gwalior Municipal Corporation (Fully subsidized premium)
Schedule of Contributions:	Yearly
Membership Identification:	Individual membership card with photo identification proof provided to each member
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"> o Any kind of hospitalization expenses up to Rs. 20,000 (includes pre-existing illnesses) o Package inclusive of room charge, doctor fees, anaesthetist and assistant fees, operation theatre charges, consumables and drugs 	Rs 475 per person per year	2,800

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2007 – 2008	2,800	1,330,000

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:	HIV related illnesses
Co-Payment:	Yes - Rs 500 when availing the health care services (paid to IMC to facilitate next year premium payment)
Service Payment Modality:	Cashless
Tie-up with Health Facilities:	Network of private health providers
Contractual Arrangements with HPs:	Memorandum of Understanding signed with each health provider
Number of Associated HPs:	4
Financial Advantages Provided by HPs:	Classification of diseases into minor, major and supra major categories with standard tariffs applied for each category – Discounts on services covered under the scheme
Non Financial Advantages Provided to Insured:	24X7 toll free helpline (TPA) – Intervention of MDIndia staff at hospital level to discuss each case and review treatment and costs
Scope of Health Benefits:	Limited – Hospitalization costs only
Level of Health Benefits:	Medium – Hospitalization expenses up to Rs 20,000 (full package of services)
Intervention of TPA:	Yes
Designation of TPA:	MDIndia Healthcare Services (P) Ltd.
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:	Yes
Origin of External Funding:	Municipal Corporation
Direct Subsidy:	Full premium value paid by Gwalior Municipal Corporation
Indirect Subsidy:	No
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	National network set up by MDIndia (2,200 health providers spread over 200 cities)

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 (NIAC)
Changes of Public Companies:	No
Special Advantages Provided by Insurance Companies:	Full responsibility given to TPA to design and manage the scheme – Advance fund provided by insurance company to TPA allowing for a speedy settlement of claims
Re-Insurance:	No

10. Problems and Constraints

Plan Distribution:	Weak promotion through network of public offices – limited involvement of civil society organizations
Enrolment Modalities:	Slow enrolment process
Service Delivery:	Hospital network to be broadened - Inappropriate accreditation standards
Management:	-
Financing:	-
Sustainability:	-

11. Development Perspectives

Enrolment:	Increase plan benefits through negotiation with insurance company
Coverage:	Design with Gwalior Municipal Corporation a separate set of benefits for former insured (80 years-old and more)
Service Delivery:	Adopt standard rates for common ailments Introduce post-treatment forms to allow for verification of clients' satisfaction
Management:	Develop on-line pre-authorization and claim submission
Replication:	Spread information on IMC achievements and replicate scheme in other Municipalities in Madhya Pradesh and 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
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Website:	www.mdindia.com

32. HEALING FIELDS FOUNDATION (HFF)

1. The Scheme at a Glance

Ownership Profile:	Private Trust
Starting Date:	2004
Risk Coverage:	Health care, accidental death, disability
Target Group:	BPL and APL families
Rural/Urban:	Urban and rural
Outreach:	Andhra Pradesh + 4 States
Total Number of Insured:	25,252
Potential Target:	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	Risk Package
Type of Enrolment:	Voluntary / Compulsory	Voluntary
Insured Unit:	Individual / Family	Family
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	Medium
Tie-up with Health Facilities:	Private / Public	Private
Administration Responsibility:	TPA / No TPA	No TPA
Additional Financial Benefit:	Discount / No Discount	Discounts
Access to Health Services:	Free Access / Pre-Authorization Required	Pre-authorization
Co-Payment:	Yes / No	Yes
Payment Modality:	Cashless / Reimbursement	Cashless

3. The Organization

Healing Fields Foundation (HFF) is a not-for-profit organization with a mission to make health care affordable and accessible to all people in India, particularly the poor, underprivileged and marginalized population. The main objective of the Foundation can be summarized as “reduce household expenditure on health care particularly hospitalization expenses and to create a viable model for all stakeholders.”

The Foundation works with other Micro-Finance Institutions, NGOs, the private and the government sectors

to extend their policy to rural India effectively, meaning that the Foundation also supports organizations and people involved in the development of the health care fabric of India with Health Management expertise. In this context, the Foundation has been actively involved in conducting reproductive surveys on women, organizing health camps for them, generating awareness, and conducting workshops, seminars and training on health.

The comparative advantage of the Foundation can be found in its extensive knowledge of health care management and administration to improve effectiveness in the system, optimize utilization of resources to improve efficiency and quality of health care, especially for the poor.

The Foundation has linked with HDFC ERGO General Insurance Company for their first insurance product providing a benefit package including health care. In 2005, the Foundation also started to collaborate with Metlife General Insurance Company for the distribution of a new life insurance plan.

In its first year of operation, the policy only covered health care, accidental death and disability, but from the second year, the policy also added life insurance for a reasonable added premium. The insurance plan proposed by HFF is now being distributed through partner organizations in the four States of Andhra Pradesh, Karnataka, Jharkhand and Kerala.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Pariwar Suraksha Bima
Starting Date:	2005
Duration of Insurance Plan:	Annual
Insurance Year:	Enrolment can happen any time of the year
Management Responsibility:	Healing Fields Foundation
Organization Structure:	Private Trust
Risk Coverage:	Health care, accidental death, disability, education grant and gild child wedding benefit
Registration:	Separate entity
Rural/Urban:	Urban and rural
Outreach:	Andhra Pradesh, Karnataka, Jharkhand, Kerala
Target Group:	BPL and APL families
Staff Working for the Scheme:	36

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	Yes - From 90 days to 65 years
Insurance Unit:	Family of five
Number of Policyholders:	5,709 families
Number of Insured:	25,252
Percentage of Women:	About 40%
Potential Target:	500,000
Penetration Rate:	-

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007	25,252	+ 82%
2006	13,860	- 3%
2005	14,397	-

6. Contributions and Benefits

Entrance Fee:	Rs 10 – Rs 50
Easy Payment Mechanisms:	Yes – with some NGO partners

Schedule of Contributions:	Yearly
Membership Identification:	Family membership card with photo ID
Waiting Period:	No
Changes in Contributions over Time:	Change in fee in order to encourage high community participation: Rs. 50 if number enrolling is less than 1,000. Rs. 10 if number is above 2,000
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> o Hospitalization costs up to Rs. 20,000 for a family of five: <ul style="list-style-type: none"> o Includes pregnancy cover o Coverage for listed illnesses only (DRG Lists) o 25% co-payment o Wage loss compensation for a max. of 15 days at Rs. 100 per day, starting on day 3 o Post-hospitalization medicines to the tune of Rs. 300 at the time of discharge o Transportation for tribal groups upto Rs. 300 	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)	25,252
<u>Accidental death:</u> <ul style="list-style-type: none"> o Rs. 25,000 in case of accidental death of insured or spouse 		
<u>Disability:</u> <ul style="list-style-type: none"> o Rs. 25,000 on total disability o Rs. 12,500 on partial disability 		
<u>Education grant:</u> <ul style="list-style-type: none"> o On death of primary insured, additional amount of Rs. 5,000 to each surviving child (max 3) towards education 		
<u>Girl Child Wedding Benefit:</u> <ul style="list-style-type: none"> 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
2007	5,709 families	1,918,224

2006	3,152 families	1,059,072
2005	3,272 families	1,099,000
Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2007	365	424,841
2006	359	454,273
2005	125	124,780

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Cover for listed illnesses only (DRG lists – urban: , rural:) – HIV excluded
Co-Payment:	Yes, 25% of hospitalization costs
Service Payment Modality:	Cashless
Tie-up with Health Facilities:	Yes – Private
Contractual Arrangements with HPs:	Formal
Number of Associated HPs:	44 health facilities (private) + nurse manned dispensaries <ul style="list-style-type: none"> o Broad network of hospitals applying pre-negotiated rates; o Hospitalization process co-ordinated by a Healing Fields facilitator and monitored by Medical Management team
Financial Advantages Provided by HPs:	Reduced tariffs applied on list of interventions covered
Non Financial Advantages Provided to Insured:	Help desk
Scope of Health Benefits:	Limited -
Level of Health Benefits:	Medium – max: Rs. 15,000 (with co-payment)
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Pre-authorization required
Other Health Related Activities:	Health education, prevention and promotion programmes <ul style="list-style-type: none"> o Holistic approach which packages the health insurance with preventive, promotion and health education programmes o Additional benefits targeting children that makes the scheme more attractive to families o Well-defined process to prepare and engage interventions in a new area o Robust MIS which helps in analyzing the claim data for product and programme innovations o Speedy in-house claims settlement (15 days) o Second opinion provided by in-house doctor o Regular linkages with health programmes developed by public providers o 3rd day and 10th day feedback collected from the patient to ensure drug compliance and assess the quality of services delivered and usefulness of facilitator
Claim Ratio Rejection Rates:	N.A
Renewal Rate:	15% on average

8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	USAID
Direct Subsidy:	No
Indirect Subsidy:	Yes – Allocated to administration and promotion costs
External Technical Assistance:	No
Nature of Technical Assistance:	-

Member of Network Organization: Core member of AMIN (Asia Micro-Insurance Network)

9. Linkage with Insurance Companies

Use of Private Insurance Companies:	Yes – HDFC ERGO General Insurance Company (Private)
Change of Private Companies:	No
Use of Public Insurance Companies:	No
Change of Public Companies:	-
Special Advantages Provided by Insurance Companies:	-
Re-Insurance:	No

10. Problems and Constraints

Plan Distribution:	Lack of insurance awareness
Enrolment Modalities:	Limited technical capacity of partner NGOS High drop-out rates
Service Delivery:	-
Management:	-
Financing:	Need to tie up with government programmes relying on a co-contribution mechanism
Sustainability:	Need to reduce administration costs

11. Development Perspectives

Enrolment:	Develop insurance education Rely on larger/stronger network of NGO partners Set higher enrolment targets Achieve a stable coverage of about 500,000 lives Shift from voluntary to mandatory enrolment mechanisms
Service Delivery:	Develop protocols with health providers Intensify verification of client satisfaction
Management:	-
Extension:	Extend programme to Uttar Pradesh, Orissa and Rajasthan
Replication:	Develop partnership with some State Government programmes based on a co-contribution mechanism

12. Contact Details

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33. HEALTH AND AUTO LEARNING ORGANIZATION (HALO) FOUNDATION

1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2004
Risk Coverage:	Health care
Target Group:	Poor households
Rural/Urban:	Rural
Outreach:	One district in Maharashtra
Total Number of Insured:	3,424
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	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	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

The idea of HALO – Health and Auto Learning Organization was conceived by Dr. Shashikant Ahankari back in the 80's originally to create a forum for medical students as well as practicing doctors to come together and share their common concerns and discuss emerging health issues. In the first years, students of medical colleges and new entrants to the medical practice heavily dominated HALO philosophy. As a loose,

unstructured forum of medical fraternity first set in Aurangabad, it took on various activities – health education camps in remote villages, various surveys related to basic health and one-day clinic activities.

HALO sharpened its vision and commitment to serve the needs of the poor over the years. A strong need was felt to reach the un-reached and for taking health to the last person – the most impoverished and needy. Activities in the field intensified in order to bring doctors face to face with the reality. The spirit was very high and HALO was soon able to create a vast network of committed medical practitioners all over Maharashtra.

HALO medical foundation was registered as public charitable trust in 1992. The attempt was to provide legal form and structure to the spirit which was alive within the hearts of these volunteers. The foundation objectives were to take health to the grassroots, to minimize the sufferings of those who are forced to face the worst effects of poverty, to change the lives of people through health related interventions and to change the way health was perceived and health services delivered to the poor.

The activities of HALO continued under the HMF trust umbrella. The focus was health of rural poor with emphasis on empowering people rather than making them dependent on services. Thus the activities centered on educating masses and raising health awareness with an approach of putting the last person first. At the grassroots level, HMF HALO Medical Foundation HMF organized the work of village animators and activists who would drive the process of change and move the health activities forward.

In 1993, due to an earthquake in Latur, nearly 10,000 people lost their lives and several thousands lost their home or were severely injured. There was an urgent need for HMF to get involved and to provide immediate relief to the victims. In the later phase of rehabilitation, the foundation took responsibility of training village level women health workers to take care of the villagers. Special training was designed to equip these women with the necessary technical knowledge and capacities. These, in turn, could be used at a later stage to expand the reach of the various health activities supported by the Foundation.

To this day, HMF is working in 64 villages of Osmanabad district. In 2004, and to further develop its health support activities, the organization contacted several insurance companies and tied up with a public company, United India general Insurance Company, to provide health insurance coverage to its target groups.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Family Health Insurance Scheme
Starting Date:	2004
Duration of Insurance Plan:	One year
Insurance Year:	April to March
Management Responsibility:	HALO Medical Foundation
Organization Structure:	NGO
Risk Coverage:	Health care
Registration:	Not separately registered
Rural/Urban:	Rural
Outreach:	60 villages over two Blocks of Osmanabad District, Maharashtra
Target Group:	Poor population in a remote area whose occupation is mainly in agriculture diversified products and animal husbandry
Staff Working for the Scheme:	No full-time staff

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	Yes: scheme restricted to those below 55 years
Insurance Unit:	Family of five
Number of Policyholders:	861
Number of Insured:	3,424
Percentage of Women:	About 55%
Potential Target:	Over 10,000
Penetration Rate:	34%

Evolution of Number of Insured		
Year	Number of Insured	Change (%)
2006 – 2007	3,424	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> ○ Hospitalization costs up to Rs. 5,000 for indoor patients, including deliveries for two first children	Rs 345 per family per year	3,424

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2006 - 2007	861	297,045
2005 – 2006	NA	NA
2004 – 2005	891	205,821

Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2007	NA	NA
2006	NA	NA
2005	NA	269,850

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Chronic illnesses such as diabetes, cancer, AIDs, etc...
Co-Payment:	No
Service Payment Modality:	Reimbursement
Tie-up with Health Facilities:	Yes: with some private health facilities
Contractual Arrangements with HPs:	No
Number of Associated HPs:	NA
Financial Advantages Provided by HPs:	Discounts applied by some health facilities
Non Financial Advantages Provided to Insured:	Quality of services offered has been improved in some facilities
Scope of Health Benefits:	Limited (hospitalization only)
Level of Health Benefits:	Low
Intervention of TPA:	No

Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	Health education campaigns
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:	Yes: health education programmes and administrative costs borne by 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:	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:	Low membership
Enrolment Modalities:	-
Service Delivery:	-
Management:	Delays in claims processing
Financing:	-
Sustainability:	-

11. Development Perspectives

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

12. Contact Details

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34. INDORE MUNICIPAL CORPORATION (IMC)

1. The Scheme at a Glance

Ownership Profile:	Municipal Corporation
Starting Date:	2003
Risk Coverage:	Health care
Target Group:	Senior citizens (60-80 year-old)
Rural/Urban:	Urban
Outreach:	City of Indore
Total Number of Insured:	49,000
Potential Target:	110,000
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/automatic
Insured Unit:	Individual / Family	Individual
Prem. Payment Mechanism:	Up Front / Easy Payment Mechanism	Up Front
Subsidy to the Scheme:	Direct / Indirect	Direct 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	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

With a population of 1.8 million, Indore is the largest city of the state of Madhya Pradesh. At the present rate of 4.5% per year, the rapid population growth has already stretched the facilities in public health facilities to the limits therefore leading policy makers to explore new partnership avenues to deliver quality health care services.

In order to provide some health protection to its senior citizens who constitute a very vulnerable group both

financially and emotionally, the Municipality of Indore (Indore Municipal Corporation - IMC) approached several insurance companies to discuss the possibility to design a tailor-made health insurance product allowing this group to avail, without any financial barrier, comprehensive hospitalization coverage up to an appropriate maximum level.

As the first fully Indian owned insurance company operating in India, New India Assurance Company (NIAC) took up the challenge and appointed a Third Party Administrator – MDIndia Healthcare Services (P) Ltd, to help design and manage a new health insurance scheme aiming Indore senior citizens belonging to the age group of 60-80 years.

As one of the very first fully licensed TPAs (No 005) under the regulations set by the Insurance and Regulatory Authority (IRDA), MDIndia was keen to develop a very first model of health insurance that could cater for the needs of this particular target group considered to be more likely to meet far higher health expenditure costs. MDIndia undertook surveys among all private health providers spread over the city aiming to develop a first data base on available services and service delivery costs.

Seeking to avoid any wastage and to get the best value for money, MDIndia organized a network of hospitals willing to enter into innovative contracting and implementation arrangements aiming both at ensuring quality health care services and at keeping all treatment costs at a low level.

Initiated in early 2003, the scheme succeeded to gradually increase its membership up to some 49,000 members in Year III. It also proved to be highly efficient having achieved over a three-year period significant progress in terms of performance indicators.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Pandit Din Dayal Upadhyay Varishta Jan Swasthya Bima (Senior Citizen health Insurance Scheme)
Starting Date:	April 1 st , 2003
Duration of Insurance Plan:	1 Year
Insurance Year:	April 1 st – March 31 st
Management Responsibility:	TPA – MDIndia Healthcare Services (P) Ltd.
Organization Structure:	New pilot scheme designed by the TPA
Risk Coverage:	Health Care (Secondary care)
Registration:	Product offered by New India Insurance Company (NIIC)
Rural/Urban:	Urban
Outreach:	Residents of Municipality of Indore, Madhya Pradesh
Target Group:	Senior citizens from the age group of 60 to 80 years
Staff Working for the Scheme:	4 (MDIndia Indore Branch office)

5. Policyholders and Insured

Type of Enrolment:	Voluntary/automatic
Age limitations:	Yes – The scheme is restricted to senior citizens only
Insurance Unit:	Individual
Number of Policyholders:	49,000
Number of Insured:	49,000
Percentage of Women:	55%
Potential Target:	110,000
Penetration Rate:	45%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2006 – 2007	49,000	-
2005 – 2006	49,419	+ 79%
2004 – 2005	27,543	+ 125%

2003 – 2004

12,222

-

6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Up-front full premium payment by Indore Municipal Corporation (Fully subsidized premium)
Schedule of Contributions:	Yearly
Membership Identification:	Individual membership card with photo identification proof provided to each member
Waiting Period:	No
Changes in Contributions over Time:	The premium declined over the years: From Rs 625 in Year I, to Rs 500 in Year II and Rs 475 in Year III and IV
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
Health care: <ul style="list-style-type: none"> o Any kind of hospitalization expenses up to Rs. 20,000 (includes pre-existing illnesses) o Package inclusive of room charge, doctor fees, anaesthetist and assistant fees, operation theatre charges, consumables and drugs 	Rs 475 per person per year	49,000

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2006 – 2007	49,000	23,275,000
2005 – 2006	49,419	23,474,025
2004 – 2005	27,543	13,771,500
2003 – 2004	12,222	7,638,750

Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2005 – 2006	NA	NA
2005 – 2006	1,974	10,711,944
2004 – 2005	1,440	10,463,551
2003 – 2004	576	6,645,108

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	HIV related illnesses
Co-Payment:	Yes - Rs 500 when availing the health care services (paid to IMC to facilitate next year premium payment)
Service Payment Modality:	Cashless
Tie-up with Health Facilities:	Network of private health providers
Contractual Arrangements with HPs:	Memorandum of Understanding signed with each health provider
Number of Associated HPs:	14

Financial Advantages Provided by HPs:	Classification of diseases into minor, major and supra major categories with standard tariffs applied for each category – Discounts on services covered under the scheme
Non Financial Advantages Provided to Insured:	24X7 toll free helpline (TPA) – Intervention of MDIndia staff at hospital level to discuss each case and review treatment and costs
Scope of Health Benefits:	Limited – Hospitalization costs only
Level of Health Benefits:	Medium – Hospitalization expenses up to Rs 20,000 (full package of services)
Intervention of TPA:	Yes
Designation of TPA:	MDIndia Healthcare Services (P) Ltd.
Access to Health Services:	Pre-authorization required
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	9%
Renewal Rate:	95% (Year III)

8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Municipal Corporation
Direct Subsidy:	Full premium value paid by Indore Municipal Corporation
Indirect Subsidy:	No
External Technical Assistance:	No
Nature of Technical Assistance:	-
Member of Network Organization:	National network set up by MDIndia (2,200 health providers spread over 200 cities)

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 (NIAC)
Changes of Public Companies:	No
Special Advantages Provided by Insurance Companies:	Full responsibility given to TPA to design and manage the scheme – Advance fund provided by insurance company to TPA allowing for a speedy settlement of claims
Re-Insurance:	No

10. Problems and Constraints

Plan Distribution:	Weak promotion through network of public offices – limited involvement of civil society organizations
Enrolment Modalities:	Slow enrolment process
Service Delivery:	Hospital network to be broadened - Inappropriate accreditation standards
Management:	Gaps in database – Shortcomings in coordination and operational efficiency
Financing:	-
Sustainability:	New exclusion problem resulting from former insured having crossed the age limit

11. Development Perspectives

Enrolment:	Increase plan benefits through negotiation with insurance company
Coverage:	Design with Indore Municipal Corporation a separate set of benefits for former insured (80 years-old and more)

Service Delivery:	Adopt standard rates for common ailments Introduce post-treatment forms to allow for verification of clients' satisfaction
Management:	Develop on-line pre-authorization and claim submission
Replication:	Spread information on IMC achievements and replicate scheme in other Municipalities in Madhya Pradesh and 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:	agupta@mdindia.com pyadav@mdindia.com kwashikar@mdindia.com
Website:	www.mdindia.com

35. KAGAD KACH PATRA KASHTAKARI PANCHAYAT (KKPKP)

1. The Scheme at a Glance

Ownership Profile:	Trade Union
Starting Date:	2003
Risk Coverage:	Health care
Target Group:	Waste-pickers, itinerant buyers
Rural/Urban:	Urban
Outreach:	City of Pune in Maharashtra
Total Number of Insured:	5,411
Potential Target:	6,000
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	Compulsory
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	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

In 1989, the department of Adult and Continuing Education of the SNFT Women's University in Pune started working with waste picking children. In addition to attending classes, these children continued collecting garbage. In course of time, their mothers (who were also waste-pickers) came forward with a demand for the access to segregated garbage so that less time would be required for scrap collection. Initially, the department began supporting about 50 women. The idea was to organize a movement whereby the women would surround the garbage dumps, thereby preventing any outsiders from entering them.

Slowly, the department encouraged these women to take up other issues affecting them. They began taking them around to different slums to talk to other women waste-pickers. As more scrap-pickers joined them, they registered themselves as a trade union in 1993 to ensure that the government and society recognized waste picking as meaningful job.

The union is an independent body that runs solely on its own membership fee of Rs. 25 per year. It has 5,300 members, mostly women, all of whom being waste-pickers and scrap-collectors. The scrap store, a union activity, was established in 1998 to ensure better returns for waste-pickers who are often cheated by scrap traders.

The union began a credit co-operative in 1997 to make reasonably priced loans available for members who were otherwise paying "malwaris" or moneylenders an exorbitant rate of interest. After saving a sum of Rs. 50 every month for six months, members are allowed to borrow three times the total amount of their savings at 12% interest per annum plus an additional 12% contribution to a social security fund. Loans are taken for children's education, medical purposes, marriages and emergencies. Today, members can avail of loans up to Rs. 30,000. A gold loan scheme at the same rates has been operational since 2002.

In 1996, the Pune and Pimpri Chinchwad municipal corporations officially recognized the association and endorsed the photo identity cards of the members. The central government aided scheme for Pre-matric Scholarships to children of those working in unclean occupations became applicable to waste-pickers in 2000. The union argued that waste-picking was an unclean occupation. The union has also actively campaigned against child labour in this occupation leading to a significant decline.

From the year 2002, the Pune Municipal occupation became the first municipality in the country to pay the annual medical insurance premium of all registered waste-pickers. The association argued that waste-pickers bore all the health costs while the city benefited from the waste-pickers informal contribution to solid waste management and recycling.

The union is now engaged in integrating waste-pickers into the door-to-door collection of source segregated garbage (as mandated by the Municipal Solid Waste Handling Rules, 2002) in partnership with the Pune Municipal Corporation. About 800 waste-pickers have been integrated till date. This improves the working conditions of waste-pickers. The association has also become a member of the SWACHI Alliance of waste-pickers in India which was set up in March 2005.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Jan Arogya
Starting Date:	2003
Duration of Insurance Plan:	One year
Insurance Year:	January – December
Management Responsibility:	KKPKP
Organization Structure:	Trade Union
Risk Coverage:	Health care
Registration:	Not registered separately
Rural/Urban:	Urban
Outreach:	Select wards in Pune and Pimpri-Chinchwad in Maharashtra
Target Group:	Rag-pickers, scrap-collectors and itinerant buyers
Staff Working for the Scheme:	One salaried staff (part-time)

5. Policyholders and Insured

Type of Enrolment:	Compulsory
Age Limitations:	Yes: Open to members from age group 18 to 70 years
Insurance Unit:	Individual
Number of Policyholders:	5,411
Number of Insured:	5,411
Percentage of Women:	70%

Potential Target:	6,000
Penetration Rate:	90%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007	5,411	+ 14%
2006	4,725	+ 12%
2005	4,207	+ 25%
2004	3,348	- 10%
2003	3,707	-

6. Contributions and Benefits

Entrance Fee:	Yes: Rs. 25 as membership to the Trade Union
Easy Payment Mechanisms:	No
Schedule of Contributions:	Yearly
Membership Identification:	Identity cards endorsed by Pune Municipal Corporation (PMC)
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. 5,000	18 - 45 years: Rs. 70 46 – 55 years: Rs. 100 56 – 65 years: Rs. 120 66 – 70 years: Rs. 140	5,411

Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2007	5,411	405,520
2006	4,725	363,720
2005	4,207	330,680
2004	3,348	254,210
2003	3,707	292,140

Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2007	NA	NA
2006	125	274,362
2005	101	309,365
2004	93	271,995
2003	39	89,953

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Standard exclusions applied by most insurance companies

Co-Payment:	No
Service Payment Modality:	Reimbursement
Tie-up with Health Facilities:	Yes – Private
Contractual Arrangements with HPs:	Informal understanding with doctors
Number of Associated HPs:	About 150 (all registered hospitals in Pune)
Financial Advantages Provided by HPs:	In few cases: free treatment or subsidized care. In most cases, hospitals may even charge higher rates to the organization.
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Limited (hospitalization 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:	2003: 25%, 2004: 8.6%, 2005: 9.9%, 2006: 5.5%
Renewal Rate:	NA

8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Pune Municipal Corporation
Direct Subsidy:	Yes: PMC is paying the full premium amount
Indirect Subsidy:	No
External Technical Assistance:	Yes: From Centre for Insurance and Risk Management (CIRM)
Nature of Technical Assistance:	Case study and technical advise
Member of Network Organization:	-

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:	Weak understanding of insurance mechanisms
Enrolment Modalities:	-
Service Delivery:	Absence of MOUs with health providers. Huge disparity in the kind of care provided as well as rates charged
Management:	Rise in claim rejection and number of claims still pending payment
Financing:	Insufficient amount (Rs. 25 per person) received by the insurance company to cover both plan distribution and administration costs
Sustainability:	-

11. Development Perspectives

Enrolment:	Initiate a broad literacy programme to bring about more insurance awareness
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Service Delivery:	Limit the number of network hospitals for better efficiency and accountability Negotiate rates with remaining hospitals as well as advocate for standardization of treatment protocols and costs Introduce preventive and promotive health in order to better control communicable disease
Management:	Shift from reimbursement to cashless model Encourage and enhance community participation in the management of the scheme Reduce time lag in claim settlement (ranging from 3 to 6 months)
Extension:	-
Replication:	Look for possible replication in other cities that could be promoted in collaboration with the trade union

12. Contact Details

Contact Persons:	Ms. Laxmi Narayan
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Telephone Number:	(020) 2643 0764
Fax Number:	(020) 2645 7307
E.Mail:	Chikkis@vsnl.com Kkpkp1993@vsnl.net
Website:	-

36. KARNATAKA STATE POLICE TRUST

1. The Scheme at a Glance

Ownership Profile:	Public Department
Starting Date:	2001
Risk Coverage:	Health care
Target Group:	State Policemen
Rural/Urban:	Urban and rural
Outreach:	All State of Karnataka
Total Number of Insured:	350,000
Potential Target:	Not applicable
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	Compulsory
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	Pre-Authorization
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Cashless

3. The Organization

The Government of Karnataka was willing to provide a better health protection to all members of the police force and their dependents. So far, these employees only received a monthly allowance aiming at covering their health needs. In view of the successful implementation of the Yeashasvini health scheme, the Government was keen to develop another self funding scheme in collaboration with the Third Party Administrator which was involved from the outset in the design and implementation of this innovative insurance plan.

Family Health Plan Limited (FHPL) is a Third Party Administrator (TPA) in the field of health insurance duly licensed by the Insurance and Regulatory Development Authority of India (IRDA). As a TPA, FHPL acted as a nodal agency between the Insurance Companies, Insured members and the hospital providers for rendering the right services, at right time, to the right person at right price.

With its ambitious goals and steady stream of innovative approaches, products and schemes, FHPL was committed to transform the healthcare delivery access in the country. The organization had already struck the right note by focusing on engancing mutual trust with network hospitals. With some 2,400 hospitals having adopted stringent standards across the country, FHPL had already become one of the largest TPAs, recording a spectacular growth in terms of number of lives covered, thus laying the foundation for the ultimate consolidation of healthcare delivery.

Based on its previous experience with Yeshasvini, FHPL also put the emphasis on the development of a self funded model that could better serve the health protection needs of this target group. Both parties thus agreed to initiate a partnership resulting in the setting up of a Trust taking over all management responsibilities of this new health insurance scheme.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Arogya Bhagya Yojana Scheme (ABY)
Starting Date:	March 2001
Duration of Insurance Plan:	One year
Insurance Year:	March – February
Management Responsibility:	Public Trust
Organization Structure:	Self-Funding Scheme: Public-Private Partnership between a public department and a TPA
Risk Coverage:	Health care
Registration:	Registered
Rural/Urban:	Both urban and rural
Outreach:	The entire State of Karnataka
Target Group:	All employees of the AP police force and their dependents
Staff Working for the Scheme:	NA

5. Policyholders and Insured

Type of Enrolment:	Compulsory (the scheme shifted from voluntary to compulsory enrolment after year 1)
Age Limitations:	No
Insurance Unit:	Family
Number of Policyholders:	75,000
Number of Insured:	350,000
Percentage of Women:	About 50%
Potential Target:	Total coverage target has been achieved
Penetration Rate:	100%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007 – 2008	350,000	-
2006 – 2007	350,000	-
2005 – 2006	350,000	-

6. Contributions and Benefits

Entrance Fee:	No
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Easy Payment Mechanisms:	No. Automatic deduction from paycheck
Schedule of Contributions:	Monthly
Membership Identification:	Membership card
Waiting Period:	6 months
Changes in Contributions over Time:	No
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
<u>Health care:</u>	Rs. 480 per family per year (Rs. 40 per month)	400,000
o Coverage for select expensive ailments requiring tertiary care		

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2007 – 2008	75,000	36,000,000
2006 – 2007	75,000	36,000,000
2005 – 2006	75,000	36,000,000

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:	Yes. Details not available
Co-Payment:	No
Service Payment Modality:	Cashless at network hospitals + reimbursement in case of emergencies
Tie-up with Health Facilities:	Yes. Private hospitals
Contractual Arrangements with HPs:	Yes – signed agreements
Number of Associated HPs:	NA. Extensive network of hospitals
Financial Advantages Provided by HPs:	Yes. Discounted rates
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Limited
Level of Health Benefits:	High
Intervention of TPA:	Yes
Designation of TPA:	Family Health Plan Limited (FHPL)
Access to Health Services:	Pre-authorization required
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	NA
Renewal Rate:	100%

8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Government of Karnataka
Direct Subsidy:	Yes. Transfer of health allowances paid by the Government to each member to the Trust Fund
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: -
Service Delivery: -
Management: -
Financing: -
Sustainability: -

11. Development Perspectives

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

12. Contact Details

Contact Persons: Mr. A.P.V. Reddy, Managing Director
Address: Family Health Plan Limited
Aditya JR Towers, 8-2-120/86/9 A & B
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Hyderabad
Andhra Pradesh
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Fax Number: 040 – 2355 6262
E.Mail: apvr@fhpl.net
Website: www.fhpl.org

37. KARUNA TRUST (KT)

1. The Scheme at a Glance

Ownership Profile:	Private Trust
Starting Date:	2002
Risk Coverage:	Health care
Target Group:	BPL, SC/ST population
Rural/Urban:	Rural
Outreach:	One district in Karnataka
Total Number of Insured:	46,574
Potential Target:	150,000
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	Public
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 Karuna Trust health insurance model was jointly conceived in 2002 by Karuna Trust and UNDP. It emerged out of the need to pilot a replicable and sustainable model of community-based scheme addressing the particular protection health protection needs of poor and excluded communities. There was a need to demonstrate that the model could work with the existing public health care system. In Karnataka and since 2002, the Government had already upgraded the health infrastructure at the Taluka and District level. However, the utilization remained the same for various reasons. The scheme was designed to make full use

of the strength of the public health system and supplement the existing public health institutions.

A survey conducted among 400 households just before the scheme revealed that health expenditure was largely unplanned and in several cases, it was pushing people into indebtedness and poverty. A lot of the money spent on health care even in Government hospitals/PHCs came from people's pockets. Further, wage loss prevented early access to health care, and rural poor were often found delaying medical attention till they were bedridden or unable to work. This further increased medical costs. Also, awareness and trust in health insurance was low, coupled with people's misgivings towards "complicated" schemes, which they could not comprehend.

Under these circumstances Karuna Trust wanted to design a scheme that was simple and able to address the loss of wages, facilitate earlier access to care and reduce out-of-pocket expenditure. Partnering with the public hospitals and a public insurance company was the key to this, as the scheme had a strong pro-poor bias.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Community Health Insurance
Starting Date:	September 2002
Duration of Insurance Plan:	Annual
Insurance Year:	September – August
Management Responsibility:	Karuna Trust
Organization Structure:	Trust
Risk Coverage:	Health care
Registration:	Not separately registered
Rural/Urban:	Rural
Outreach:	25 Primary Health Care Centre Areas in 24 districts in Karnataka
Target Group:	Rural poor, SC and ST communities
Staff Working for the Scheme:	No full-time staff

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	No. No exclusion of any age group, including infants, children and the elderly
Insurance Unit:	Individual
Number of Policyholders:	46,574
Number of Insured:	46,574
Percentage of Women:	About 60%
Potential Target:	150,000
Penetration Rate:	30%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2006 – 2007	46,574	+ 58%
2005 – 2006	29,570	- 77%
2004 – 2005	131,422	+ 29%
2003 – 2004	93,212	- 20%
2002 – 2003	117,520	-

6. Contributions and Benefits

Entrance Fee:	No
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Easy Payment Mechanisms:	Yes: through micro-credit and loans
Schedule of Contributions:	Yearly
Membership Identification:	Membership card
Waiting Period:	No
Changes in Contributions over Time:	Yes: Started with Rs. 30 per person per year, it was reduced to Rs 22 in Year 4
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> o Hospitalization expenses (including deliveries) up to Rs. 2,500, under the form of maximum of 25 days of hospitalization at Rs. 100 per day with: <ul style="list-style-type: none"> o Rs. 50 per day for wage loss compensation o Rs. 50 per day (given to hospital) towards providing better services in whatever form: consumables, external purchase of drugs, ambulance services... 	Rs. 22 per person per year	46,574

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2006 – 2007	46,574	1,024,628
2005 – 2006	29,570	650,540
2004 – 2005	131,422	3,942,660
2003 – 2004	93,212	NA
2002 – 2003	117,520	NA

Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2006 – 2007	NA	101,640
2005 – 2006	NA	90,060
2004 – 2005	NA	72,420
2003 – 2004	NA	NA
2002 – 2003	NA	NA

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	No. The scheme is all-inclusive since it also covers people living with HIV/AIDS
Co-Payment:	No
Service Payment Modality:	Cashless

Tie-up with Health Facilities:	Yes – Public
Contractual Arrangements with HPs:	Informal agreements
Number of Associated HPs:	25 (public facilities)
Financial Advantages Provided by HPs:	No
Non Financial Advantages Provided to Insured:	Revolving fund established at each hospital to settle claims immediately. Health education/promotion programmes
Scope of Health Benefits:	Limited (hospitalization only)
Level of Health Benefits:	Low
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	Health awareness activities, micro-credit to finance out-patient care through SHGs, referral cases to public hospitals
Claim Ratio Rejection Rates:	Nil
Renewal Rate:	NA

8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	UNDP
Direct Subsidy:	Yes: premium fully borne by UNDP in Year 1 in collaboration with the State Government Revolving fund set up by UNDP to provide loans related to health expenditures
Indirect Subsidy:	Administrative costs of the scheme as well as technical support services covered by UNDP
External Technical Assistance:	Yes
Nature of Technical Assistance:	Training, technical advise,
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: National Insurance Company
Changes of Public Companies:	No
Special Advantages Provided by Insurance Companies:	Changes brought to the original insurance plan: no exclusion, no age limitations...
Re-Insurance:	No

10. Problems and Constraints

Plan Distribution:	Reduce the adverse selection phenomenon (single enrolment in the family; families enrolling only the elderly)
Enrolment Modalities:	-
Service Delivery:	Address the need for covering out-of-pocket expenditures resulting from out-patient care
Management:	Need for a separate management system for the insurance programme. Develop a systematic way to track all performance indicators including renewal rates
Financing:	Reduce the rising level of claims ratio observed over the last few years (110% in year 4)
Sustainability:	-

11. Development Perspectives

Enrolment:	Increase membership to 150,000
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Service Delivery:	Ensure greater integration of preventive health care and health promotion into the health insurance scheme. Mainstream health insurance within the public health system
Management:	Development of an effective MIS
Extension:	-
Replication:	Provide technical support to state governments and other community-based insurance partners willing to replicate this model

12. Contact Details

Contact Persons:	Dr. H. Sudarshan, Director
Address:	Dr. Sylvia Selvaraj, Health Coordinator N°686, 16 th Main, 4 th "T" Block Jayanagar Bangalore – 560 041 Karnataka
Telephone Number:	(080) 2244 7612
Fax Number:	-
E.Mail:	ktrust@vsnl.net
Website:	www.karunatrust.org

38. KAS FOUNDATION

1. The Scheme at a Glance

Ownership Profile:	MFI
Starting Date:	2007
Risk Coverage:	Health care
Target Group:	Low income women
Rural/Urban:	Rural and urban
Outreach:	Orissa + 4 States
Total Number of Insured:	28,876
Potential Target:	600,000
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	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	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

Registered as a Community Development financial Institution (CDFI), under section 25, Companies Act, 1956 not for profit, KAS Foundation is a new micro-finance institution which began in 2003 and has already grown manifold within a short period of time. KAS is working towards its goal to lead poor to prosperity. Established in Orissa, it has already extended its interventions in the following other States: Chhattisgarh, West Bengal, Maharashtra and Madhya Pradesh. At present, 602,000 poor households have benefited from its programme.

As an active member of a new generation of MFIs, KAS provides flexi repayment schedules for micro-credit activities, is in Business Correspondent Mode with ICICI Bank and develops a Micro Systematic Investment Plan to provide savings and investment services to its clients.

Insurance services against various types of shocks are being provided through partnerships developed with leading general insurance companies such as ICICI Lombard and Reliance.

As a first foray into health insurance, KAS provided a cover for critical illnesses only but this scheme has been discontinued. It currently provides both life insurance and health insurance to its clients

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Health Insurance Scheme
Starting Date:	March 2007
Duration of Insurance Plan:	Yearly
Insurance Year:	March to February
Management Responsibility:	KAS
Organization Structure:	Micro-Finance Institution (MFI)
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Rural, semi-urban and urban
Outreach:	State of Orissa (with on-going extension to Chhattisgarh, Maharashtra, West Bengal and Madhya Pradesh)
Target Group:	Women, low income families and micro-entrepreneurs
Staff Working for the Scheme:	NA

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	Some limitations applying to the highest age groups
Insurance Unit:	Family of four
Number of Policyholders:	28,876
Number of Insured:	115,504
Percentage of Women:	50%
Potential Target:	600,000
Penetration Rate:	19%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007 – 2008	115,504	-

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> o Hospitalization costs up to Rs.	Rs. 325 per family per year	115,504

10,000		
Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2007 – 2008	28,876	9,384,700
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 exclusions applied by most insurance companies
Co-Payment:	No
Service Payment Modality:	Casless at network hospitals, reimbursement when going to another health facility
Tie-up with Health Facilities:	Yes – Private
Contractual Arrangements with HPs:	Formal agreements with hospitals belonging to the network already developed by the TPA
Number of Associated HPs:	62 (in Orissa alone)
Financial Advantages Provided by HPs:	Discounts applied to most services covered by the scheme
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Limited (hospitalization only)
Level of Health Benefits:	Medium
Intervention of TPA:	Yes
Designation of TPA:	TTK Healthcare Services
Access to Health Services:	Free access
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	Not applicable (Year 1)
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: Reliance General Insurance Company
Changes of Private Companies:	Yes: Started with ICICI Lombard for critical illness only. Changed to hospitalization cover the next year with same company. The following year switched to Reliance
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:	-
Enrolment Modalities:	-
Service Delivery:	-
Management:	Need for staff training on health insurance
Financing:	-
Sustainability:	-

11. Development Perspectives

Enrolment:	To cover all KAS clients over the next three years
Service Delivery:	-
Management:	-
Extension:	Achieve the on-going extension of activities in four other states
Replication:	To become the role model CDFI in India, also for the provision of insurance services to the poor

12. Contact Details

Contact Persons:	Mr. Sudhakar, Manager
Address:	Bhubaneswar
Telephone Number:	(0674) 2547340
Fax Number:	-
E.Mail:	Kas_insurance@rediffmail.com Kasfoundation.puri@gmail.com m_balayarsingh@yahoo.co.in Kathiresansundaram@rediffmail.com
Website:	

39. KATSURBA HOSPITAL

1. The Scheme at a Glance

Ownership Profile:	Health provider
Starting Date:	1978
Risk Coverage:	Health care
Target Group:	Farmers, poor labourers
Rural/Urban:	Rural
Outreach:	One district in Maharashtra
Total Number of Insured:	9,628
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	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	Medium
Level of Health Benefits:	Low / High	Low
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	Yes
Payment Modality:	Cashless / Reimbursement	Cashless

3. The Organization

Established in 1972, the Katsurba Hospital in Warda district of Maharashtra is a 500 bedded voluntary institution attached to a medical college. A private Trust – Katsurba Health Society – runs the hospital and the college. The Trust shares 25% of the total expenditure while the remaining part comes from the state and central government.

The health insurance scheme is being carried out by the hospital forms an integral part of the overall

provision of health care services in the catchment area. The hospital provides both in-door and doorstep medical care to the villages in the vicinity. A village is adopted only if 75% or more people agree upon having such a system in the village. Moreover, each village should have women's self-help groups, participate in the sanitation programme initiated by a Foundation, set up khadi spinning work and be involved in organic farming.

The contribution to the insurance scheme is made in kind in the form of grain such as Jowar-Sorgam at the harvest time. This is because payment in this form is easier for the villagers. The grain collected forms the village fund which is utilized to support the health insurance programme. A distinctive feature of the scheme is that the contribution is collected as per the capacity to pay principle.

The collection is made by Village Health Workers (VHW) at a prescribed site and on a pre-determined day. Those who fail to enrol themselves on the stipulated day are not eligible to avail of health insurance facilities for that year. Community health workers are the main providers of preventive and symptomatic drug treatment. They work with the help of the visiting health team members. They also make the referrals to the hospital. The doctor in charge has the role of supervision, coordination of village meetings and education.

Villagers discuss among themselves, the performance of the health services and what is required to be done. In case of drop in the membership, they review the situation and take the necessary corrective actions. They have become aware of the services they get since they pay for it. Since the health team has gained credibility over the years their advice is often sought by the villagers in other development issues, such as irrigation and dairy activities.

Being people oriented and based on principle of capacity to pay, the health insurance scheme has proved to be very successful in exploring an alternative mechanism of health financing. It has also succeeded to keep a stable membership currently standing at some 14,000.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Jowar Arogya Yojana (Sorghum Health Scheme)
Starting Date:	1978
Duration of Insurance Plan:	1 Year
Insurance Year:	April to March
Management Responsibility:	Katsurba Health Society – Private Trust
Organization Structure:	Health provider. Insurance was made part of regular ongoing activities of the Mahatma Gandhi Institute of Medical Sciences, Wardha
Risk Coverage:	Health care
Registration:	Not registered separately
Rural/Urban:	Rural
Outreach:	Covers now 40 villages in the Wardha district of Maharashtra
Target Group:	People belonging to the poorest segments of the population
Staff Working for the Scheme:	2

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	No
Insurance Unit:	Family of five
Number of Policyholders:	NA
Number of Insured:	9,628
Percentage of Women:	About 50%
Potential Target:	25,000
Penetration Rate:	28%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
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2003 – 2004	9,628	- 33%
2002 – 2003	14,390	-

6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No. The premium must be paid up front. However, it can be paid either in cash or in kind (measure of sorghum)
Schedule of Contributions:	Yearly
Membership Identification:	Membership card and yearly list of members having paid their premium
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"> o Primary health care: provided by the VHWs at the village level, together with drugs o Indoor treatment services at the hospital level at subsidized rates o Free indoor treatment for unexpected illness o Subsidized referral cases also supported through whatever balance remaining in the village fund 	<p>The scheme apply an income rated system of contribution:</p> <p>The lowest income group (landless labourers) pay 4 payalis measures of sorghum (2,5 kgs) per family per year (About Rs. 10)</p> <p>Families with more than five members contribute 2 payalis per additional member</p> <p>Landowners contribute an additional 2 payalis per acre of land</p> <p>Those having additional sources of income would contribute 2 payalis more</p>	9,628

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2003 – 2004	NA	NA
2002 – 2003	NA	NA

Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2003 – 2004	NA	NA
2004 – 2005	NA	NA

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	No
Co-Payment:	Yes: the insured is required to bear 50% of the hospital expenses for elective admissions. Also the patient has to meet the cost of referrals as well as purchase medicines that are not available at the hospital pharmacy
Service Payment Modality:	Cashless

Tie-up with Health Facilities:	The scheme uses its own facility
Contractual Arrangements with HPs:	-
Number of Associated HPs:	-
Financial Advantages Provided by HPs:	Subsidized charges applied by the hospital to the members (non-members can also avail the same services but at full charge) : <ul style="list-style-type: none"> o 75% subsidy for anticipated episodes like normal pregnancy, cataract, hernia, etc. o 50% subsidy for outpatient health services o Free primary health care with the aid of the village drug kits also funded from the village savings accounts set up in collaboration with the hospital
Non Financial Advantages Provided to Insured:	Health education and promotion programmes provided in the select villages by the hospital through other community development projects
Scope of Health Benefits:	Medium (primary health care, drugs and secondary health care)
Level of Health Benefits:	Low
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	Cost of drug kits, VHW's remuneration and costs of village level meetings are also covered by the insurance contributions
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:	Drop in membership and weak renewal rate
Enrolment Modalities:	Political disparities in villages
Service Delivery:	The patients have to incur all the additional charges like that of medicines prescribed from outside, besides indirect cost like transportation, food, loss of wages and cost of accompanying relatives
Management:	-
Financing:	-
Sustainability:	-

11. Development Perspectives

Enrolment:	-
Service Delivery:	-
Management:	Develop management, monitoring and reporting capacities at the hospital level
Extension:	-
Replication:	-

12. Contact Details

Contact Persons:	Dr. Ulhas Jajoo, Professor of Medicine, Mahatma Gandhi Institute of Medical Sciences Mrs. Neeta S. Rao, Fellow, Community Health Cell, Bangalore Warda, Maharashtra
Address:	
Telephone Number:	-
Fax Number:	-
E.Mail:	-
Website:	www.chin.org

40. KODI TRUST

1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2008
Risk Coverage:	Health care
Target Group:	Poor rural communities
Rural/Urban:	Rural
Outreach:	Selected wards in Andhra Pradesh
Total Number of Insured:	3,000
Potential Target:	10,500 (pilot phase)
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	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	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

Kodi Trust is a Non-Governmental Organization involved in various development activities in Kanyakumari District in Tamil Nadu which includes a high proportion of coastal fisher population as well as as a good network of health care providers. The Trust has health as one of its focus areas and has earned a considerable goodwill in the community. It has promoted about 750 Self Help Groups and is directly working with 4,000 families extending micro savings and credit services.

Given the recognized needs of the local population, Kodi Trust was willing to extend its financial activities to health insurance and so entered into an agreement with CARE India.

CARE India, as part of its Tsunami Response Programme, is implementing a new micro-insurance programme entitled “Insure Lives and Livelihoods” with the support of Allianz, Germany. The programme aims at increasing the availability of a wide range of micro-insurance products and services which will help the poor in rural and coastal areas to better manage risks related to their lives and livelihoods. This programme is expected to have two levels of impact: i) usher in changes in the lives and livelihoods of individual households, and ii) bring about structural changes in the working environment of the micro-insurance sector as a whole.

The need for protection against health risks through micro-insurance products/services had been aptly pronounced in the recent demand assessment study conducted by CARE India in the proposed intervention area.

In close collaboration with Kodi Trust, the final proposed model that was introduced was a blend of mutual as well as that of the partner-agent model. This approach was to take advantage of both the models, wherein the community managed self-fund would take care of premium collection, underwriting of policies, identifying and establishing collaboration with referral hospitals, setting up appropriate systems of claim management, etc. while the mainstream insurance company- Bajaj Allianz – would complement with the required technical support and claims settlement at the higher end of the claims spectrum, as a top-up cover.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Health Micro-insurance Scheme
Starting Date:	February 2008
Duration of Insurance Plan:	One year
Insurance Year:	February to January
Management Responsibility:	Kodi Trust
Organization Structure:	NGO, in collaboration with a mutual organization
Risk Coverage:	Health care (secondary and tertiary), including maternity protection (normal deliveries)
Registration:	No separate registration
Rural/Urban:	Rural
Outreach:	Villages in one ward/district in Tamil Nadu
Target Group:	Poor communities in tsunami affected areas
Staff Working for the Scheme:	No full-time staff. Part of the regular on-going activities of the organization

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	Yes. Applying both: To household head: 18 – 70 years To other members of the family: 90 days to 70 years
Insurance Unit:	Individual, couple, and family of four
Number of Policyholders:	1,000
Number of Insured:	3,000
Percentage of Women:	About 50%
Potential Target:	10,000
Penetration Rate:	30%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2008 - 2009	3,000	-

6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Yes
Schedule of Contributions:	Yearly
Membership Identification:	Yes. Membership card with photo identification
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"> o Minor hospitalization including single day or day care procedures up to Rs. 1,000 o Diseases where hospitalization is for medical ailments only up to Rs. 2,500 (Max: 2 cases per year) o Surgeries/procedures/ailments which involve use of general anaesthesia up to Rs. 5,000 (Max: 2 cases per year) 	Rs. 200/individ/year Rs. 300/couple/year Rs. 392/family of four/year	4,000

Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2008 – 2009	3,000	NA

Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2008 – 2009	NA	NA

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Yes. Pre-existing diseases, cancer & malignance, end stage renal diseases, alcoholism, drug abuse, AIDS, congenital external conditions, dental surgery, sterilization
Co-Payment:	Yes. 20% of the claim
Service Payment Modality:	Cashless at network hospital, reimbursement when using 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:	Rate discounts
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Limited (secondary and tertiary)
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
Renewal Rate:	Not applicable

8. Assistance to the Scheme

External Funding:	Yes.
Origin of External Funding:	Pilot project grant from Allianz Insurance Company (Germany)
Direct Subsidy:	No
Indirect Subsidy:	No
External Technical Assistance:	Yes. From CARE
Nature of Technical Assistance:	Preliminary studies, support to the design of the pilot scheme
Member of Network Organization:	No

9. Linkage with Insurance Companies

Use of Private Insurance Companies:	Yes. Bajaj Alliance																
Changes of Private Companies:	No																
Use of Public Insurance Companies:	No																
Changes of Public Companies:	-																
Special Advantages Provided by Insurance Companies:	<ul style="list-style-type: none">o Participation in the design of the pilot projecto Development of a broad database on family, occupation, income and morbidity patternso Support to the organization and functioning of the local mutual committeeo Premium distribution mechanism as follows:																
	<table><thead><tr><th>Family size</th><th>Contribution</th><th>Self Fund</th><th>Ins. Company</th></tr></thead><tbody><tr><td>Single</td><td>200</td><td>128</td><td>72</td></tr><tr><td>Couple</td><td>300</td><td>191</td><td>109</td></tr><tr><td>Family of four</td><td>392</td><td>250</td><td>142</td></tr></tbody></table>	Family size	Contribution	Self Fund	Ins. Company	Single	200	128	72	Couple	300	191	109	Family of four	392	250	142
Family size	Contribution	Self Fund	Ins. Company														
Single	200	128	72														
Couple	300	191	109														
Family of four	392	250	142														
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. R. Devaprakash
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Telephone Number:	
Fax Number:	
E.Mail:	devaprakash@careindiatn.org
Website:	

41. LEAGUE FOR EDUCATION AND DEVELOPMENT (LEAD)

1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	1998
Risk Coverage:	Health care, life
Target Group:	Poor rural women
Rural/Urban:	Rural
Outreach:	14 districts in Tamil Nadu and 2 other States
Total Number of Insured:	21,100
Potential Target:	81,000
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	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	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

League for Education and Development (LEAD) started in 1987 primarily to promote women's empowerment in selected districts of Tamil Nadu. It currently operates in the four districts of Karur, Pezmbalur, Dindigul and Tiruchirapalli. LEAD's focus is on the marginalized groups such as the dalits and bonded (and also liberated) workers. Its various programmes include the promotion of savings and credit activities, infrastructure development, environment protection and education and hygiene. To support its interventions, LEAD interacts with various micro-finance networks as well with different NGOs across the country.

As with many other organizations working on micro-finance, LEAD has formed self-help groups (sangams) within the different communities it works with. After a period of six months in which these groups meet regularly and indulge in savings and lending activities, most of these groups become eligible for linkage with different commercial banks and state institutions like Rashtriya Manila Kosh.

Apart from savings and credit activities these groups also implement various needs-based programmes such as the provision of insurance products to their members.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Social Security Scheme
Starting Date:	1998
Duration of Insurance Plan:	One year
Insurance Year:	April to March - Enrolment any time throughout the year
Management Responsibility:	League for Education and Development (LEAD)
Organization Structure:	NGO
Risk Coverage:	Health care, life
Registration:	Not registered separately
Rural/Urban:	Rural
Outreach:	14 districts in Tamil Nadu, Karnataka and Pondicherry
Target Group:	Rural women
Staff Working for the Scheme:	No full-time staff - Part of the portfolio of 32 branch managers and 1 head

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	No
Insurance Unit:	Individual
Number of Policyholders:	10,550
Number of Insured:	21,100
Percentage of Women:	100%
Potential Target:	81,000
Penetration Rate:	25%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2006 – 2007	21,100	+ 140%
2005 – 2006	8,334	-

6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No – Up front
Schedule of Contributions:	Yearly
Membership Identification:	Member identification card
Waiting Period:	One month
Changes in Contributions over Time:	Yes – increased from Rs. 30 per year to Rs. 50 per year in 2006-07
Changes in Benefits over Time:	Yes – medical claims and life insurance claims increased by Rs. 500 each in 2006-07

Benefits	Contributions	Number of Insured
Health care:	Rs. 50 per member per year	21,100

<ul style="list-style-type: none"> ○ Hospitalization expenses up to Rs. 1,500 per year <p><u>Life:</u></p> <ul style="list-style-type: none"> ○ Rs. 3,500 in the event of death of member ○ Rs. 1.500 for death of spouse 		
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Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2006 – 2007	10,550	527,500
2005 – 2006	4,167	125,010
2004 – 2005	NA	NA

Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2006 – 2007	16	30,500
2005 – 2006	26	37,000
2004 – 2005	18	25,500

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:	Limited – Hospitalization cover only
Level of Health Benefits:	Low – up to Rs. 1,500
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	Community health programme
Claim Ratio Rejection Rates:	NA
Renewal Rate:	Low

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 – but discussions with Birla Sun Insurance Company under way
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:	Very low insurance cover – lack of understanding of insurance advantages
Enrolment Modalities:	-
Service Delivery:	Claims for seasonal diseases not covered
Management:	High staff turnover – low managerial capacity of staff
Financing:	-
Sustainability:	-

11. Development Perspectives

Enrolment:	Target all 6.750 SHGs
Service Delivery:	Partner with Government health services – offer a wider range of benefits
Management:	Immediate claims settlement – develop a full fledged health micro-insurance programme
Extension:	-
Replication:	-

12. Contact Details

Contact Persons:	Mr. Radha Natarajan, Executive Director Mr. Anuraj, Health Resource Manager
Address:	N°8/40, 1 st Street Trichirapalli – 620 006 Tamil Nadu
Telephone Number:	(0431) 2432803
Fax Number:	(0431) 2432521
E.Mail:	Radha_lead@hotmail.com Radha_lead@rediffmail.com
Website:	

42. MAHASEMAM TRUST

1. The Scheme at a Glance

Ownership Profile:	Private Trust
Starting Date:	2006
Risk Coverage:	Health care
Target Group:	BPL women
Rural/Urban:	Rural and urban
Outreach:	One district in Tamil Nadu
Total Number of Insured:	30,498
Potential Target:	206,325
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	Automatic
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	Private
Administration Responsibility:	TPA / No TPA	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

Mahasemam is a micro-finance organization registered under the Indian Trust Act 1882. The organization was registered at Nilakottai, Dindigul, on July 12, 1999. The main aim for establishing Mahasemam was to help eradicate poverty and improve the social status and self esteem of poor women. The spirit of the organization is aptly captured and signified by the Tamil word “SEMAM” which means well-being.

Mahasemam Trust’s vision is to bring two million families out of poverty by 2015 with its mission being “to

provide innovative and sustainable financial services in order to empower poor women to eradicate poverty, thus enabling a better quality of life for them and their families.”

Mahasemam Trust first applied the Self Help Group Methodology in its interventions. However, inspired by the success of this model in Bangladesh, it gradually reengineered its operations along the lines of the Grameen Bank Model. Today Mahasemam not only apply the grameen Bank approach, but it has further effected necessary adjustments making it more apt to the Indian conditions. This progressive approach is ably reflected in its loan recovery rate which stands at 99.1%. Under this model, 5 members constitute a group, and 8 such groups come together to form a centre. Thus in each centre there are 40 women members. A field Development Officer is responsible for coordinating and guiding the activities of 12-15 centres. The branch consists of 40-50 such centres, which in turn is headed by a branch manager.

Mahasemam Trust offers its members loans for income generation, small businesses and as well as for children’s education. It also runs other livelihood generation programmes. It has tied with Bajaj Allianz Insurance Company to offer a death compensation cover to its members and with ICICI Lombard general Insurance Company to provide health insurance cover.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Health Insurance Scheme
Starting Date:	November 2006
Duration of Insurance Plan:	Annual
Insurance Year:	November 1 st – October 31 st
Management Responsibility:	Mahasemam Trust
Organization Structure:	Trust working as a MFI
Risk Coverage:	Health care including maternity protection
Registration:	Not registered separately
Rural/Urban:	Rural and urban
Outreach:	Madurai district of Tamil Nadu
Target Group:	Women from Below Poverty Line groups who are members of Mahsemam Trust
Staff Working for the Scheme:	3

5. Policyholders and Insured

Type of Enrolment:	Automatic
Age Limitations:	Standard exclusions clauses applied by most insurance companies
Insurance Unit:	Individual
Number of Policyholders:	30,498
Number of Insured:	30,498
Percentage of Women:	100%
Potential Target:	206,325
Penetration Rate:	15%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2006 – 2007	30,498	-

6. Contributions and Benefits

Entrance Fee:	None
Easy Payment Mechanisms:	Yes. The MFI makes an up front payment to cover the premium due by the members
Schedule of Contributions:	Annual
Membership Identification:	Member identification card
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"> o Hospitalization expenses up to Rs. 5,000 per person per year, including: <ul style="list-style-type: none"> o Day care procedures o Life threatening pre-existing diseases o Single delivery up to Rs. 1,500 o Complicated deliveries with caesarean sections up to Rs. 4,000 (only for institutional deliveries) 	Rs. 125 per person per year	30,498

Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2006 – 2007	30,498	3,812,250

Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2006 – 2007 (till Oct.ober 2007)	346	1,557,000

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Drug and alcohol induced illnesses, HIV/AIDS, dental treatment, cosmetic surgery, sterilization and fertility related procedures, vaccination, sexually transmitted diseases, suicide, cataract, stones, ulcers, hernia, arthritis, sinusitis, tonsillitis, dilation and curettage
Co-Payment:	No
Service Payment Modality:	Cashless at network hospitals
Tie-up with Health Facilities:	Yes - Private
Contractual Arrangements with HPs:	Yes
Number of Associated HPs:	3
Financial Advantages Provided by HPs:	Discounts on medical care services
Non Financial Advantages Provided to Insured:	Yes – training and skills development, scholarship to children, legal aid, festival fifts (common to all members)
Scope of Health Benefits:	Limited – hospitalization costs only
Level of Health Benefits:	Low – up to Rs. 5,000
Intervention of TPA:	Yes
Designation of TPA:	TTK Healthcare Services Pvt. Ltd.
Access to Health Services:	Free access
Other Health Related Activities:	Health camps every Saturday and Sunday, education on best practices on health and hygiene and preventive medicine
Claim Ratio	0%
Rejection Rates:	100%
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:	No

9. Linkage with Insurance Companies

Use of Private Insurance Companies:	Yes – ICICI Lombard general Insurance Company (Bajaj Alliance for the other scheme – life insurance)
Changes of Private Companies:	No
Use of Public Insurance Companies:	No
Changes of Public Companies:	-
Special Advantages Provided by Insurance Companies:	Cashless access to health services at network hospitals
Re-Insurance:	No

10. Problems and Constraints

Plan Distribution:	Weak understanding of insurance principles and mechanisms
Enrolment Modalities:	-
Service Delivery:	Quality of health care provided by some hospitals – wrong attitude of staff
Management:	-
Financing:	Limited capacity of members to pay high premium asked by insurance company
Sustainability:	No financial support from Government or other institution – for the implementation and the support to the health insurance scheme

11. Development Perspectives

Enrolment:	Cover also family members
Service Delivery:	-
Management:	-
Extension:	Extend the cover to all members
Replication:	-

12. Contact Details

Contact Persons:	Dr. N. Sethuraman, Chairman Mr. P. Dhandapani, Executive Director
Address:	1 & 2 Lake Area, Melur Road Madurai – 625 107 Tamil Nadu
Telephone Number:	(0425) 4210600 / 4210601
Fax Number:	(0425) 2583569
E.Mail:	edsemam@yahoo.co.in
Website:	www.mahasemam.org

43. MAHASHAKTI FOUNDATION

1. The Scheme at a Glance

Ownership Profile:	MFI
Starting Date:	2005
Risk Coverage:	Health care, accidental death, disability, maternity
Target Group:	Poor women
Rural/Urban:	Rural and semi urban
Outreach:	Four districts in Orissa
Total Number of Insured:	6,000
Potential Target:	15,000
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	TPA
Additional Financial Benefit:	Discount / No Discount	Some Discounts
Access to Health Services:	Free Access / Pre-Authorization Required	Both
Co-Payment:	Yes / No	No
Payment Modality:	Cashless / Reimbursement	Both

3. The Organization

Mahashakti Foundation has been working for the poorest and the marginalized people focusing on SC/ST and women since its inception in Kalahandi, Orissa. Starting with grain savings and credit, since 2000 it has focused on micro-finance activities as a means of moving people out of poverty. It would also provide the poor women an option for credit, which is non-existing at the moment besides addressing a number of other social issues. It is hoped that through this process of savings, the poor women will attain self-efficiency, self-respect, sustainability and security at large.

Mahashakti Foundation visualizes an egalitarian society of social justice, economic independence, empowerment and peace. Its mission is to empower the poor and neglected groups especially the women and the children in order to bring them into the mainstream of the society through strengthening their community based organizations. At the same time, a strong emphasis is set on client owned and professionally managed sustainable interventions.

The Foundation entered into a partnership with the CARE-CASHE project in order to further strengthen and develop its planned micro-finance activities. This partnership was successfully implemented over the last five years.

In building community based organizations for managing micro-finance affairs, cluster level organizations were formed at the local level. By taking 4 to 5 clusters, a cooperative was formed. As an apex level micro-finance institution, Mahashakti Foundation monitors and coordinate all activities developed by these cooperatives.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Health Insurance Scheme
Starting Date:	December 2005
Duration of Insurance Plan:	One year
Insurance Year:	NA
Management Responsibility:	Mahashakti
Organization Structure:	Micro Finance Institution
Risk Coverage:	Health care – including maternity protection, accidental death, disability
Registration:	Not registered separately
Rural/Urban:	Rural and semi urban
Outreach:	Kalahandi, Rayagada, Kandhamal and Bolangir districts of Orissa
Target Group:	Predominantly women members of the MFI and their families
Staff Working for the Scheme:	2

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	No – from 0 to 80 years
Insurance Unit:	Family of four (parents + two eldest children)
Number of Policyholders:	1,500
Number of Insured:	6,000
Percentage of Women:	About 60%
Potential Target:	15,000
Penetration Rate:	40%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007	6,000	-
2006	NA	-

6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No – up front payment
Schedule of Contributions:	Yearly
Membership Identification:	Health card with photo identification
Waiting Period:	6 months for maternity protection

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"> o Hospitalization expenses up to Rs. 10,000 for a family of four on a floater basis, including the following: <ul style="list-style-type: none"> o Day care procedures o Maternity for first two live births with the following sub-limits: Up to Rs. 1,500 for simple delivery o Up to Rs. 3,000 for C.section <u>Accidental death:</u> <ul style="list-style-type: none"> o Rs. 10,000 in case of accidental death <u>Disability:</u> <ul style="list-style-type: none"> o Rs. 10,000 in case of total permanent disability 	Rs. 325 for a family of four per year	6,000

Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2007	1,500	487,500
2006	NA	NA

Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2007	NA	NA
2006	2	NA

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Standard 1 st year exclusions – pre-existing diseases, pre and post hospitalization costs, HIV/AIDS, cosmetic surgery, dental treatment, influence of liquor and drugs, vaccination
Co-Payment:	No
Service Payment Modality:	Cashless with network hospitals – reimbursement for others
Tie-up with Health Facilities:	Yes – Private
Contractual Arrangements with HPs:	Yes
Number of Associated HPs:	NA
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:	Medium – up to Rs. 10,000
Intervention of TPA:	Yes

Designation of TPA:	TTK Healthcare Services Pvt. Ltd.
Access to Health Services:	Pre-authorization through TPA – free access if non-empanelled hospitals
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	High (details not provided)
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 - ICICI Lombard Insurance Company (Birla Sun Insurance Company for one life insurance scheme)
Changes of Private Companies:	No
Use of Public Insurance Companies:	Yes – Life Insurance Corporation (LIC) of India for the other life insurance scheme
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:	Many terms and conditions for processing claims, difficult for rural persons to understand No cashless services as promised
Management:	High claim rejection rate
Financing:	-
Sustainability:	-

11. Development Perspectives

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

12. Contact Details

Contact Persons:	Mr. Jugal Kishore Pattanayak, Managing Director
Address:	Sanchaya Shakti Bhawan, Madampur Rampur Kalahandi – 766 102 Orissa
Telephone Number:	(06676) 250507
Fax Number:	(06676) 250607
E.Mail:	mfoundation@rediffmail.com
Website:	www.mahashaktimfi.com

44. MALLUR HEALTH COOPERATIVE

1. The Scheme at a Glance

Ownership Profile:	CBO
Starting Date:	1973
Risk Coverage:	Health care
Target Group:	Cooperative members
Rural/Urban:	Rural
Outreach:	One District of Karnataka
Total Number of Insured:	350
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	Up Front
Subsidy to the Scheme:	Direct / Indirect	Both

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	Yes
Payment Modality:	Cashless / Reimbursement	Reduced User Fee

3. The Organization

The Mallur health programme was established in 1973 by the local dairy co-operative operating in Karnataka, initially to provide health care services to its 7,000 strong membership. However, the health centres now serve a catchment area of around 20,000 drawn from six surrounding villages. Health activities were originally financed from an earmarked tax on each liter of milk produced. At present, health activities are financed from overall profits generated by the co-operative while all health activities are planned and managed by a separate committee.

At the start of the health programme, the dairy co-operative approached the community medicine department of St. Johns Medical College for technical support. This support continues today. A faculty member of the college sits on the management committee. Almost all the support by the college has been in-kind, mostly in the form of clinical inputs. The project site has been used by the medical college for training students. All newly qualified doctors are required to fulfil a three-year bond of rural service. Since Mallur is one of the designated rural sites, the programme is able to hire doctors at below the market rate.

Health services were initially provided from a rented building in the village. Costs were shared on a declining basis between the Bangalore dairy (which purchased the milk from the Mallur co-operative) and individual milk vendors, members of the co-operative. In its fourth year, the Mallur dairy co-operative withdrew from the Bangalore dairy, choosing instead to sell milk at a higher price to the private sector. Around this time, the health service financing method also shifted towards a full payment out of the surplus generated on the sales. Approximately five percent of profits were given to the health co-operative. Over the years a considerable surplus was accumulated in this way. In addition to health services, the dairy co-operative began to fund and provide other social services such as primary education and mahila mandals (women's self-help groups). The dairy co-operative also helped establish sericulture as an additional income-generating activity.

In 1985, separate committees were established to manage individual economic and social activities, namely for health, education and sericulture. A parent body called Gram Bhivruddhi Sangha was formed to oversee the individual projects. This is a registered non-profit organization with the status of society. The society gave the health committee funds to build its own health centre on land donated by the government. Seed capital was also provided to start a revolving drug fund. An endowment was given to the health committee to meet other operational expenses. Financing and management of the health care and insurance activities thus became independent of the parent body.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Mallur Health Scheme
Starting Date:	1985
Duration of Insurance Plan:	One year
Insurance Year:	April to March
Management Responsibility:	Mallur Dairy co-operative
Organization Structure:	Part of the regulat ongoing activities of the parent body – the Gram Bhivuruddi Sangha
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Rural
Outreach:	Mallur and surrounding six villages in Sidlaghatta Taluk, Kolar District, Karnataka
Target Group:	Rural dairy farmers and poor village communities
Staff Working for the Scheme:	2

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	No
Insurance Unit:	Individual
Number of Policyholders:	350
Number of Insured:	350
Percentage of Women:	About 30%
Potential Target:	10,000
Penetration Rate:	3%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
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2003 – 2004	350	NA
2002 – 2003	NA	NA
2001 – 2002	NA	-

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:	Yes: Increased user fee over the years. In 2003-2004, a fixed contribution (Rs. 100 per year) was also added to the user fee system
Changes in Benefits over Time:	Reduced benefits over time due to a shortage of medical staff

Benefits	Contributions	Number of Insured
<u>Health care:</u> <ul style="list-style-type: none"> o All services provided under a reduced user fee system: <ul style="list-style-type: none"> o Primary health care services o Acces to some medicines o In-patient care o Referral services to St Johns Hospital 	Rs. 100 per person per year + user fee (Example: Rs. 2 for a consultation)	350

Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2003 – 2004	350	35,000
2002 – 2003	NA	NA
2001 – 2002	NA	NA

Evolution of Benefits Paid:		
Year	Number of Benefits Paid	Amount in Rs
2003 – 2004	NA	NA
2002 – 2003	NA	NA
2001 – 2002	NA	NA

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	No
Co-Payment:	Yes: A system of user fee for each item of services rendered is applied
Service Payment Modality:	User fee system
Tie-up with Health Facilities:	Yes, with St. Johns Medical College
Contractual Arrangements with HPs:	Yes
Number of Associated HPs:	1
Financial Advantages Provided by HPs:	Discounts on specified services

Non Financial Advantages Provided to Insured:	Specialized medical camps held on eye care, gynecology, etc. by St. Johns on a regular basis. Technical support by doctors bond to a rural service period
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 promotion programmes
Claim Ratio Rejection Rates:	NA
Renewal Rate:	NA

8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Mallur Dairy Cooperative
Direct Subsidy:	Yes. Annual contribution paid out of the co-operative society profits. Additional subsidies paid to under-privileged groups by St. Johns: Scheduled Castes and Scheduled Tribes members pay only Re. 1 for a consultation and fees are waived for those unable to pay
Indirect Subsidy:	Interests of an initial endowment fund are used to finance the salaries of the health center's staff Some administrative work done by the co-operative society
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:	Number of drop-outs (Number of insured was about 10,000 some years ago)
Enrolment Modalities:	-
Service Delivery:	Absence of doctors and medicines
Management:	Inefficient management system
Financing:	Amount collected through contributions falls short to cover costs Decline in bank interest rates on the initial endowment has resulted in reduced income which cannot match the staff cost
Sustainability:	Depleted finances of the co-operative and the ever increasing demand for doctors and their salaries are coming in the way of centre being put back on track

11. Development Perspectives

Enrolment:	Encourage members and non-members in the actchment area to use the services provided by the scheme
Service Delivery:	Develop an active partnership with the public health system
Management:	-
Extension:	-

Replication: -

12. Contact Details

Contact Persons:	Mr. Narayanaswamy, President
Address:	Grama Abhivruddhi Sahakari Sangha, C/0 Mallur Milk Cooperative Sangha, Post Mallur, Sidlaghatta Taluk Kolar district – 562 102 Karnataka
Telephone Number:	(08158) 2512222
Fax Number:	-
E.Mail:	-
Website:	-

45. MANNDESHI MAHILA SAHAKARI BANK

1. The Scheme at a Glance

Ownership Profile:	Co-operative movement
Starting Date:	2007
Risk Coverage:	Health care, accidental death, disability + others
Target Group:	Co-operative members
Rural/Urban:	Rural
Outreach:	One District in Maharashtra
Total Number of Insured:	600
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	Both
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	Yes
Payment Modality:	Cashless / Reimbursement	Both

3. The Organization

Registered under the Cooperative Act, Manndeshi Mahila Sahakari Bank is a cooperative society developing micro-finance activities to the benefit of its members. Established in a poor rural community, and mostly regrouping people involved in agriculture, animal husbandry and informal micro-enterprise, it soon came to realize that other development activities needed to be added to its conventional financial services.

The organization started to be involved in income generation activities, as well as in the development of

sanitation, education and health education programmes.

In order to better respond to the particular health protection needs of its members, it also decided in 2007 to tie up with a private insurance company to initiate a health insurance scheme that could at the same time take care of a wide range of additional risks.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Health Insurance Scheme
Starting Date:	May 2007
Duration of Insurance Plan:	One year
Insurance Year:	May to April
Management Responsibility:	Cooperative society
Organization Structure:	CBO
Risk Coverage:	Health care including maternity protection, accidental death, disability, education grant, girl wedding benefit
Registration:	No separate registration
Rural/Urban:	Rural
Outreach:	1 district of Maharashtra
Target Group:	Poor women and BPL population
Staff Working for the Scheme:	No full-time staff working for the insurance scheme. Part of the regular on-going activities of the organization

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	Yes. Details not available
Insurance Unit:	Family of five
Number of Policyholders:	120
Number of Insured:	600
Percentage of Women:	About 60%
Potential Target:	5,000
Penetration Rate:	12%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007 – 2008	600	-

6. Contributions and Benefits

Entrance Fee:	Yes. Rs. 10
Easy Payment Mechanisms:	Yes. Through SHG savings and loans
Schedule of Contributions:	Yearly
Membership Identification:	Membership card with photo identification
Waiting Period:	No
Changes in Contributions over Time:	No
Changes in Benefits over Time:	No

Benefits	Contributions	Number of Insured
Health care:	Rs. 336 for a family of five	300
o Hospitalization costs up to Rs. 20,000 for a family of five	(Rs. 235 for insurer – Rs. 164 for health care + Rs. 35 for	
o Includes pregnancy cover		

<ul style="list-style-type: none"> ○ Coverage for listed illnesses only (DRG Lists) ○ 25% co-payment ○ Wage loss compensation for a max. of 15 days at Rs. 100 per day, starting on day 3 ○ Post-hospitalization medicines to the tune of Rs. 300 at the time of discharge ○ Transportation for tribal groups upto Rs. 300 <p><u>Accidental death:</u></p> <ul style="list-style-type: none"> ○ Rs. 25,000 in case of accidental death of insured or spouse <p><u>Disability:</u></p> <ul style="list-style-type: none"> ○ Rs. 25,000 on total disability ○ Rs. 12,500 on partial disability <p><u>Education grant:</u></p> <ul style="list-style-type: none"> ○ On death of primary insured, additional amount of Rs. 5,000 to each surviving child (max 3) towards education <p><u>Girl child wedding benefit:</u></p> <ul style="list-style-type: none"> ○ On death of primary insured, additional amount of Rs. 5,000 to surviving girl (max 3) towards marriage 	<p>accident + Rs. 36 service tax - and Rs 101 for HHF administration costs)</p>	
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Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2007 – 2008	120	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:	Regular exclusion clauses
Co-Payment:	Yes. 25% of hospital costs
Service Payment Modality:	Cashless in network hospitals, reimbursement in case of use of other health facilities
Tie-up with Health Facilities:	Yes

Contractual Arrangements with HPs:	Informal
Number of Associated HPs:	NA
Financial Advantages Provided by HPs:	-
Non Financial Advantages Provided to Insured:	-
Scope of Health Benefits:	Limited (retricted list of illnesses covered)
Level of Health Benefits:	Low
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Pre-authorization required for network hospitals – free access with other health providers
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	Not applicable
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:	Member of Mannvikas Samajik Sanstha and Manndeshi Bachat Gat Federation

9. Linkage with Insurance Companies

Use of Private Insurance Companies:	Yes: Royal Sundaram 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:	-
Enrolment Modalities:	-
Service Delivery:	-
Management:	-
Financing:	Not getting commissions in time
Sustainability:	-

11. Development Perspectives

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

12. Contact Details

Contact Persons:	Ms. Rekha S. Kulkarni, Chief Executive Officer Ms. Vanita J. Shinde, Computer Officer
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Address:

Manndeshi Mahila Sahakari Bank Ltd
At Post Mhaswad, Tal. Mann,
District Satara – 415 509
Maharashtra

Telephone Number:

2373 – 270141

Fax Number:

2373 – 270788

E.Mail:

chetnasinha@gmail.com

Website:

www.manndeshi.org

46. MANIPAL ACADEMY OF HIGHER EDUCATION (MAHE)

1. The Scheme at a Glance

Ownership Profile:	Health provider
Starting Date:	2005
Risk Coverage:	Health care, accidental death, disability
Target Group:	BPL families and poor social groups
Rural/Urban:	Rural and urban
Outreach:	Two districts in Karnataka
Total Number of Insured:	138,000
Potential Target:	200,000
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	Risk Package
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	Direct

Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	High
Tie-up with Health Facilities:	Private / Public	Own H.Facility/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

Manipal Academy of Higher Education (MAHE) was established in 1953 as a private educational and medical enterprise on a piece of barren land in Manipal, Karnataka, by the late Dr. T.M.A. Pai, a physician, educationist, banker and philanthropist.

MAHE's mission is "global leadership in human development and excellence in education and health care." This original model combining education and health has since been replicated in India and abroad and today

MAHE runs a range of higher educational institutes. Over the years, MAHE health facilities network with 11 hospitals and 7,000 beds has become one of the largest health care systems in India.

Through its social responsibility initiatives, MAHE launched two health insurance schemes. These are the Manipal Arogya Card (MAC) – a discount card offered to the public in the Kasturba Medical College (KMC) health system, and the Manipal Arogya Suraksha (MAS) – a health insurance scheme offered to specific clusters.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	2
Name of the Scheme(s):	Scheme 1: Manipal Arogya Suraksha (MAS) Scheme 2: Manipal Arogya Card (MAC)
Starting Date:	Both schemes launched in April 2005
Duration of Insurance Plan:	Annual
Insurance Year:	June – May
Management Responsibility:	Manipal Academy of Higher Education (MAHE)
Organization Structure:	Private Trust
Risk Coverage:	Scheme 1: Health care (including deliveries), accidental death and disability Scheme 2: Health care (including deliveries)
Registration:	No separate registration
Rural/Urban:	Rural and urban
Outreach:	Udupi and Dakshina kannada Districts of Karnataka and also some parts of Kerala
Target Group:	Groups/communities targeted through an outreach programme and supported by a co-contribution mechanism. BPL families and poor social groups in both formal and informal economy
Staff Working for the Scheme:	Volunteers in addition to 15 half-time salaried staff

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	Yes. Eligible for individuals from the age of 91 days to 75 years
Insurance Unit:	Individual and family
Number of Policyholders:	NA. Group insurance covering 31 clusters so far
Number of Insured:	Scheme 1: 100,000 Scheme 2: 38,000
Percentage of Women:	40%
Potential Target:	200,000
Penetration Rate:	69%

Evolution of Number of Insured

Year	Scheme 1	Scheme 2	Change (%)	
	Number of Insured			
2007 – 2008	100,000	38,000	+ 25%	NA
2006 – 2007	80,100	NA	- 1%	NA
2005 – 2006	81,000	NA	-	-

6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No
Schedule of Contributions:	Yearly
Membership Identification:	Membership card
Waiting Period:	Yes: 15 to 30 days
Changes in Contributions over Time:	No

Changes in Benefits over Time: No

Benefits	Contributions	Number of Insured
Scheme 1:		
<p><u>Health care:</u></p> <ul style="list-style-type: none"> ○ Hospitalization cover on a floater basis up to Rs. 30,000 ○ Pre-and post-hospitalization covered ○ Ayurvedic treatment covered ○ Maternity benefits covered for APL with sub-limits of Rs. 3,500 (normal delivery) and Rs. 7,000 (C section) ○ Maternity benefits covered for BPL with sub-limits of Rs. 3,000 (normal delivery) and Rs. 5,000 (C section) ○ Sub-limits for particular procedures ○ Refferal and reimbursement in case of emergencies <p><u>Accidental death:</u></p> <ul style="list-style-type: none"> ○ Rs. 30,000 in case of accidental death of household head <p><u>Disability:</u></p> <ul style="list-style-type: none"> ○ Rs. 30,000 in case of permanent total disability of household head resulting from accident 	<p>Rs. 20 per person per year Rs. 20 to Rs. 70 per family (depending on the size of the family)</p> <p>+ Co-contribution provided by associations/agencies supporting the targeted groups (According to a cost-sharing mechanism)</p> <p>Example: for BPL cluster: 50% Private Trust and 50% MAHE</p>	<p>100,000</p>
Scheme 2:		
<p><u>Health care:</u></p> <p>In-patient care:</p> <ul style="list-style-type: none"> ○ Free general ward bed charge ○ Free operation charges ○ 40% discount on surgeon and anaesthetist fees ○ Up to 25% discount on CT scan, MRI, ultrasound ○ 20% on lab and X-ray <p>Out-patient care:</p> <ul style="list-style-type: none"> ○ Free consultation ○ 25% discount on laboratory and X-ray ○ 25% on CT scan, MRI, 	<p>Rs. 200 for individual card Rs. 450 for family card (card holder, spouse, children below 21 years)</p> <p>Rs. 100 added on card for each parent of family card holder</p>	<p>38,000</p>

ultrasound		
o Rs. 50 discount on dialysis		

Evolution of Contributions:

Year	Scheme 1	Scheme 2	Amount in Rs	
	Number of Contributions			
2007 – 2008	NA	NA	NA	NA
2006 – 2007	NA	NA	NA	NA
2005 – 2006	NA	NA	NA	NA

Evolution of Benefits Paid:

Year	Scheme 1	Scheme 2	Amount in Rs	
	Number of Benefits Paid			
2007 – 2008	NA	NA	NA	NA
2006 – 2007	NA	NA	316,410	NA
2005 – 2006	NA	NA	952,213	NA

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Yes: Standard exclusion clauses applied by most insurance companies. However, pre-existing diseases are covered by the scheme
Co-Payment:	No
Service Payment Modality:	Cashless
Tie-up with Health Facilities:	Uses its own network hospitals of Manipal Group plus some other private health facilities
Contractual Arrangements with HPs:	Informal agreements
Number of Associated HPs:	7 health facilities – Rural Maternity and Children Homes (private)
Financial Advantages Provided by HPs:	Limited discounts provided by some associated health care facilities
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Limited
Level of Health Benefits:	High (up to Rs. 30,000)
Intervention of TPA:	Yes
Designation of TPA:	TTK Healthcare Services
Access to Health Services:	Pre-authorization required
Other Health Related Activities:	Health education
Claim Ratio Rejection Rates:	About 5%
Renewal Rate:	About 98%

8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	MAHE and private grants
Direct Subsidy:	Yes
Indirect Subsidy:	No
External Technical Assistance:	MAHE staff
Nature of Technical Assistance:	Sensitization and awareness campaigns
Member of Network Organization:	Manipal Health Group

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:	Small membership.
Enrolment Modalities:	Difficulty in reaching the target population. Communication problems with remote areas
Service Delivery:	-
Management:	More training on health insurance is a prerequisite
Financing:	-
Sustainability:	-

11. Development Perspectives

Enrolment:	Enroll the entire target population and ensure a steady membership over time
Service Delivery:	-
Management:	Develop active partnership with organizations proposing efficient training programmes.
Extension:	-
Replication:	Develop an insurance model that could be replicated in collaboration with other State Governments

12. Contact Details

Contact Persons:	Mr. Vinod Bhat, Registrar
Address:	Manipal Academy of Higher Education, Manipal Karnataka
Telephone Number:	0820 – 2571300
Fax Number:	0820 – 2570062
E.Mail:	Reg.mahe@manipal.edu Vinod.bhat@manipal.edu
Website:	www.manila.edu

47. MAYAPUR TRUST/SRI MAYAPUR VIKAS SANGHA

1. The Scheme at a Glance

Ownership Profile:	NGO
Starting Date:	2003
Risk Coverage:	Health care
Target Group:	Poor rural villagers
Rural/Urban:	Rural
Outreach:	One District of West Bengal
Total Number of Insured:	1,000
Potential Target:	20,000
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	Both
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 Mayapur Trust, based in the UK, attempts to demonstrate a dynamic partnership between India's traditional village-based/"spiritually oriented" culture and the world's modern/scientific advancements, especially those in the areas of medicine, appropriate technology, etc. Its primary partner organization in India is Sri Mayapur Vikas Sangha (SMVS). All the Trust's projects at this time are implemented through this partnership. The Mayapur Trust operates in areas of healthcare, education, social upliftment, poverty alleviation and other appropriate development areas in a manner that is conducive to sustainable and holistic

development in the Mayapur area of West Bengal.

In cooperation with the Gram Panchayats, SMVS is floating a village health care insurance scheme to cover expensive health care needs in each village. The scheme was modelled after the successful programme conducted by Sewagram in Maharashtra.

SMVS's aim, through its micro-insurance programme, is to bring affordable quality health care within the reach of the average villager through innovative community financing, backed by the SHG methodology, and insurance methods.

Community participation in financing their health needs through joint efforts enables villagers to take advantage of government health insurance programmes without complicated bureaucracy and also avoids "insurance abuse".

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Community Health Care Financing Project
Starting Date:	April 2003
Duration of Insurance Plan:	One year
Insurance Year:	April – March
Management Responsibility:	SMVS
Organization Structure:	NGO involved in various development activities including micro-finance activities through SHGs
Risk Coverage:	Health care
Registration:	No separate registration
Rural/Urban:	Rural
Outreach:	Covers Mayapur area in Nodia District in West Bengal
Target Group:	Poor rural villagers
Staff Working for the Scheme:	No full-time staff assigned to insurance activities – part of the regular activities developed by the organization

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	Yes: scheme limited to the age group: 6 months to 55 years of age
Insurance Unit:	Individual
Number of Policyholders:	409
Number of Insured:	1,000
Percentage of Women:	About 50%
Potential Target:	20,000
Penetration Rate:	5%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2006 – 2007	1,000	NA
2005 – 2006	NA	NA
2004 – 2005	NA	NA

6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Yes: Through some specific loans provided by the SHGs
Schedule of Contributions:	Years
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> <ul style="list-style-type: none"> o Hospitalization costs up to Rs. 5,000 (including domiciliary hospitalization) o Pre-hospitalization up to 30 days and pos-hospitalization up to 60 days 	Rs. 70 per person per year (up to 45 years) Rs. 100 per person per year (46-55 years) Rs. 50 per dependant child	1,000

Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2006 – 2007	409	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:	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 only)
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 health workers in each covered village
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: Oriental Insurance Company (OIC)
Changes of Public Companies:	No
Special Advantages Provided by Insurance Companies:	No
Re-Insurance:	No

10. Problems and Constraints

Plan Distribution:	Low contributory capacity of targeted population
Enrolment Modalities:	-
Service Delivery:	Need to develop standard agreements with private health providers
Management:	Weakness in overall management capacity. Delays in claims processing and disbursement
Financing:	-
Sustainability:	-

11. Development Perspectives

Enrolment:	Develop awareness and education materials
Service Delivery:	-
Management:	Develop health insurance training for staff
Extension:	-
Replication:	-

12. Contact Details

Contact Persons:	-
Address:	P.O Sri Mayapur, Nodia District West Bengal
Telephone Number:	-
Fax Number:	-
E.Mail:	-
Website:	www.mayapurtrust.org

48. MINISTRY OF HEALTH – MADHYA PRADESH

1. The Scheme at a Glance

Ownership Profile:	Public Department
Starting Date:	2006
Risk Coverage:	Health care (maternity), accidental death
Target Group:	BPL women
Rural/Urban:	Rural and urban
Outreach:	Entire State of Madhya Pradesh
Total Number of Insured:	5,490,000
Potential Target:	5,490,000
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	No
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	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	Cashless

3. The Organization

To this day, basic health indicators still stand very low as compared to many other developing countries in Asia and a wide gap remains to be bridged in order to provide an appropriate level of health protection, including maternity protection, to the most disadvantaged segments of the population. Although recognized as a major priority, maternity protection remains in short supply in India, reflecting the huge social security divide between the formal and informal sectors.

Under the National Rural Health Mission (NRHM), the Government of India launched a 100% centrally sponsored scheme viz. Janani Suraksha Yojana (JSY) with effect from April 12, 2005. The main objectives of JSY are to reduce maternal and neo natal mortality by promoting institutional delivery for making available medical care during pregnancy, delivery and post delivery period. The scheme aims to promote institutional deliveries among pregnant women living below the poverty line in all the states and union territories (UTs) of the country emphasising on the low performing states (LPS) through referral, transport and escort services. Provision of cash assistance with delivery and post delivery care for women to have better outcomes of pregnancy and childbirth is the hallmark of JSY.

The Government of Andhra Pradesh wanted to supplement the benefits provided under the Janani Surakshi Scheme to BPL women, which also had some limitations of number of children and age. To this end, it choose to launch in collaboration with a public insurance company an additional scheme that would allow the BPL women to meet all costs linked to institutional delivery.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Vjayaraje Janani Kalyan Bima Yojana
Starting Date:	May 2006
Duration of Insurance Plan:	One year
Insurance Year:	June – May
Management Responsibility:	Ministry of Health and Family Welfare
Organization Structure:	Public Department in collaboration with a public insurance company
Risk Coverage:	Maternity protection, accidental death
Registration:	No separate registration
Rural/Urban:	Rural and urban
Outreach:	Entire State of Andhra Pradesh
Target Group:	All pregnant women belonging to BPL families at Government and accredited private health insitutions
Staff Working for the Scheme:	NA

5. Policyholders and Insured

Type of Enrolment:	Voluntary – Automatic (all BPL women are invited to participate in the scheme)
Age Limitations:	No
Insurance Unit:	Individual
Number of Policyholders:	5,490,000. Total number of BPL families in Madha Pradesh
Number of Insured:	5,490,000 Premium paid in oder to cover all BPL families (at time of delivery, beneficiaries have to produce the necessary identity papers in order to be covered by the scheme)
Percentage of Women:	100%
Potential Target:	Same figure
Penetration Rate:	100%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2007 – 2008	5,490,000	-
2006 – 2007	5,490,000	-

6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	Yes. Premium fully paid by the Central G
Schedule of Contributions:	Yearly

Membership Identification:	Identification of BPL families based on the list provided by the urban / rural development department of Government of Madhya Pradesh
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 Cash assistance of Rs. 1,000 at the time of delivery <u>Accidental death:</u> o Death claim of Rs. 50,000 to the family in case of death due to maternal causes	Rs. 11 per BPL women per year	5,490,000

Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2007 – 2008	5,490,000	59,300,000
2006 – 2007	5,490,000	59,300,000

Evolution of Benefits Paid (maternity claims only):

Year	Number of Benefits Paid	Amount in Rs
2007 – 2008	NA	NA
2006 – 2007	107,361	NA

Monthly Distribution of Claims - Year 1

Month	Number of Claims	Accumulated Number of Claims
June	918	918
July	5,273	6,191
August	8,972	15,163
September	6,420	21,583
October	6,815	28,398
November	11,330	39,728
December	16,925	56,653
January	11,064	67,717
February	11,074	78,791
March	9,076	87,867
April	11,754	99,621
May	4,990	104,611
June	2,750	107,361

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	No
Co-Payment:	No
Service Payment Modality:	Cashless. Payment of cash assistance is done by the Medical Officer at the time of discharge

Tie-up with Health Facilities:	Yes. Both public institutions and accredited private health facilities
Contractual Arrangements with HPs:	Yes.
Number of Associated HPs:	NA
Financial Advantages Provided by HPs:	No
Non Financial Advantages Provided to Insured:	No
Scope of Health Benefits:	Limited (maternity protection)
Level of Health Benefits:	Low: Rs. 1000 per delivery
Intervention of TPA:	No
Designation of TPA:	-
Access to Health Services:	Free access
Other Health Related Activities:	No
Claim Ratio Rejection Rates:	Nil
Renewal Rate:	Not applicable

8. Assistance to the Scheme

External Funding:	Yes
Origin of External Funding:	Government of Madhya Pradesh – Government of India
Direct Subsidy:	Yes. Full premium paid by the Government of Andhra Pradesh (Rs. 1000) This supplements the Rs. 700 already paid by Government of India under the Janani Suraksha Yojana scheme
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:	Accredited private institutions receive reimbursement from the insurance company directly Death claims are sent to the insurance company, payment is done directly to the claimant after due verification
Re-Insurance:	No

10. Problems and Constraints

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

11. Development Perspectives

Enrolment:	-
Service Delivery:	Increase the benefit level in the coming years
Management:	-
Extension:	-
Replication:	-

12. Contact Details

Contact Persons:	-
Address:	Ministry of Health and Family Welfare Bhopal Madhya Pradesh
Telephone Number:	-
Fax Number:	-
E.Mail:	-
Website:	-

49. MINISTRY OF LABOUR AND EMPLOYMENT – NSSS

1. The Scheme at a Glance

Ownership Profile:	Public Department
Starting Date:	2004
Risk Coverage:	Health care, accidental death, life, old-age pension
Target Group:	Low income inorganized sector workers
Rural/Urban:	Rural and urban
Outreach:	All India
Total Number of Insured:	3,500
Potential Target:	100,000
Micro-Finance Linkage:	No
Insurance Co. Linkage:	No



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	Direct

Health

Scope of Health Benefits:	Limited / Broad	Limited
Level of Health Benefits:	Low / High	High
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

In 2004, the Ministry of Labour and Employment (MoLE), Government of India, launched the National Social Security Scheme as a pilot project prior to the passing of the legislation pertaining to the same. Providing a benefit package to the benefit of the unorganized sector workers, the scheme was to be introduced in 50 selected districts and operated for a period of five years. The benefit package included a health insurance component.

The Ministry of Labour and Employment choose to partner with the Employee Provident Fund Organization (EPFO) to run the scheme.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	National Social Security Scheme for Unorganized Sector Workers
Starting Date:	February 2004
Duration of Insurance Plan:	One year
Insurance Year:	April to March
Management Responsibility:	Employee Provident Fund Organization
Organization Structure:	Social Security Organization dealing with old-age pension
Risk Coverage:	Health care, accidental death, natural death, old-age pension
Registration:	No separate registration
Rural/Urban:	Rural and urban
Outreach:	50 selected districts across India
Target Group:	Both wage employed and self-employed workers operating in the unorganized sector earning less than Rs. 6,500 a month
Staff Working for the Scheme:	No full-time staff

5. Policyholders and Insured

Type of Enrolment:	Voluntary
Age Limitations:	Yes. Workers in the age group of 36 – 50 years are eligible to become members only for a period of five year from the date of launching the scheme. Thereafter, only the workers between the ages of 18 and 35 at the date of joining the scheme are eligible. On attaining the age of 60, all subscribers cease to be members of the scheme
Insurance Unit:	Individual
Number of Policyholders:	3,500
Number of Insured:	3,500
Percentage of Women:	25%
Potential Target:	100,000
Penetration Rate:	3%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2005 – 2006	3,500	- 65%
2004 – 2005	10,000	-

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
<u>Health care:</u> ○ Hospitalization costs up to Rs. 30,000	Rates according to age groups: Rs. 1,800 per person per year (if in the age group of 18 to 35)	3,500

<ul style="list-style-type: none"> ○ Compensation of Rs. 50 per day up to 15 days during the treatment <p><u>Natural death:</u></p> <ul style="list-style-type: none"> ○ Rs. 50,000 in case of natural death <p><u>Accidental death:</u></p> <ul style="list-style-type: none"> ○ Rs. 25,000 in case of accidental death <p><u>Old-age pension:</u></p> <ul style="list-style-type: none"> ○ Rs. 500 per month 	<p>years) Rs. 2,400 per person per year (36 years onwards)</p> <p>Co-contribution mechanism: Workers: Rs. 50 per month (if in the age group: 18 to 35 years) Rs. 100 per month (36 years onwards)</p> <p>The employers wherever identifiable, for workers in both categories, have to contribute Rs. 100 per month (if no employer, this additional amount is to be paid by the worker)</p> <p>. In addition, the central Government would contribute 1.16 per cent of the monthly wages of enrolled workers</p>	
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Evolution of Contributions:		
Year	Number of Contributions	Amount in Rs
2005 – 2006	3,500	NA
2004 – 2005	10,000	NA

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

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Yes. Details not available
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 only)
Level of Health Benefits:	High (up to Rs. 30,000)
Intervention of TPA:	No TPA
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:	Government of India and Employers
Direct Subsidy:	Yes: Co-contribution of 1.16 % of the workers' wages + premium cost-sharing mechanism with employers
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:	No
Re-Insurance:	No

10. Problems and Constraints

Plan Distribution:	Very weak enrolment
Enrolment Modalities:	High premium level in case there is no employer
Service Delivery:	Absence of data related to the scheme implementation
Management:	-
Financing:	-
Sustainability:	-

11. Development Perspectives

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

12. Contact Details

Contact Persons:	-
Address:	Employee Provident Fund Organization
Telephone Number:	-
Fax Number:	-
E.Mail:	-
Website:	-

50. MINISTRY OF LABOUR AND EMPLOYMENT - RSBY

1. The Scheme at a Glance

Ownership Profile:	Public Department
Starting Date:	2008
Risk Coverage:	Health care
Target Group:	Below Poverty Line population
Rural/Urban:	Rural and urban
Outreach:	All India
Total Number of Insured:	33,997,270
Potential Target:	300,000,000
Micro-Finance Linkage:	No
Insurance Co. Linkage:	Yes (Public & 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	Private
Administration Responsibility:	TPA / No TPA	Both
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	Cashless

3. The Organization

The new Government which was formed after the general elections in April/May 2004 adopted major policy orientations in order to enhance sustainable development in India. Referring to the welfare of weaker sections of the society it strongly stated a commitment to ensure, through social security, health insurance and other schemes the welfare and well-being of all workers, particularly in the unorganized sector who now constitutes 94% of the labour force. To follow up this commitment, the Government established a National Commission to examine the major problems facing the enterprises operating in the informal economy.

In August 2005, the National Commission published an ambitious plan (The Unorganized Sector Workers Social Security Draft Bill) aiming to provide a minimum level of social protection benefits, including health insurance, to some 300 million informal economy workers. This proposal could be viewed as paving the way towards a nation-wide social security system based on the national solidarity principle.

In October 2007, the Ministry of Labour and Employment (MoLE) released the Guidelines pertaining to the implementation of the new health insurance scheme called Rashtriya Swasthya Bima Yojana (RSBY), targeting in the first phase the Below Poverty Line workers and their families – about 300 million people. Since then, the Ministry of Labour and Employment has actively encouraged the various State Governments to implement this scheme planned to reach its full target population over a five-year period. On January 25th, 2008 the Ministry of Labour and Employment organized a technical workshop aiming to review the organization details and implementation situation of the scheme with the State Government officials, insurance companies and other stakeholders. Responding positively, 21 State Governments already confirmed their commitment to be part of this Central Government sponsored initiative.

The sheer magnitude of this unique health insurance initiative clearly exposed the proposed scheme to huge new implementation challenges. Having already adopted quite innovative features – such as the generalization of a smart card – the scheme is poised to deal with unprecedented operational issues. Central to the Ministry of Labour and Employment’s strategy to address the implementation challenges is the building of efficient partnership arrangements with all concerned actors, and especially with various intermediary organizations that could ensure the interface with the target group

The Ministry of Labour and Employment would supervise the whole implementation process of the scheme in the various States through a clearly defined institution capable of organizing the health insurance programme (nodal agency). This could be an autonomous body, a State Government department, a cooperative society or even an NGO. This organization should have the technical skills to understand the concept of health insurance, should be able to design a programme that is technically sound, should have skills to be able to discuss with the community and should have the administrative capacity to organize the programme

The sheer magnitude of this unique health insurance initiative clearly exposed the proposed scheme to huge new implementation challenges. Having already adopted quite innovative features – such as the generalization of a smart card – the scheme is poised to deal with unprecedented operational issues. Central to the Ministry of Labour and Employment’s strategy to address the implementation challenges is the building of efficient partnership arrangements with all concerned actors, and especially with various intermediary organizations that could ensure the interface with the target group

Although “universal” by definition, the RSBY scheme allows for some flexibility in the way each State will choose to implement it. As such, the State Governments may choose to tie up with various intermediary organizations and are expected to come up with further improvement and innovations to the scheme. At the same time, the selected insurance companies, using a model already tested in many other health insurance plans, could also choose to rely heavily on social aggregators found active at the field level.

Delhi was the first to advertise in December 2007 a tender aiming at selecting an insurance company in order to implement the scheme in 9 districts. It was soon followed in early 2008 by the State Governments of Haryana, Gujarat, Uttarakhand, Gujarat, Bihar, Kerala and West Bengal. The RSBY scheme became fully operational in the first States in April 2008.

4. The Micro-Insurance Scheme (s)

Number of Schemes:	1
Name of the Scheme(s):	Rashtriya Swasthya Bima Yojana (RSBY)
Starting Date:	April 2008
Duration of Insurance Plan:	One year
Insurance Year:	Not fixed
Management Responsibility:	Ministry of Labour and Employment through Nodal Agencies set up at State level
Organization Structure:	Public Department (MoLE/MH&FW/MRD, ESIC...

Risk Coverage:	Health care
Registration:	Not registered separately
Rural/Urban:	Rural and urban
Outreach:	All States willing to participate in the implementation of the scheme
Target Group:	Entire Below Poverty Line population
Staff Working for the Scheme:	NA

5. Policyholders and Insured

Type of Enrolment:	Automatic (All BPL families)
Age Limitations:	None
Insurance Unit:	Family of five
Number of Policyholders:	6,799,454 so far
Number of Insured:	33,997,270
Percentage of Women:	About 50%
Potential Target:	300,000,000 (6 million BPL families X 5) to nbe covered over a five-year period
Penetration Rate:	As compared to Year 1 target: 39% As compared to overall target: 11%

Evolution of Number of Insured

Year	Number of Insured	Change (%)
2008 – 2009	33,997,270	-

State-Wise Distribution of Insured

Current Partner States	No of Districts Targeted in Year 1	No of BPL Families to be covered in year 1	No of BPL Families Covered in year 1	No of Insured after 1 year
1. Assam	1	121,726	4,393	21,965
2. Bihar	6	1,845,667	888,273	4,441,365
3. Chhattisgarh	5	793,922	201,064	1,005,320
4. Delhi	9	458,600	41,990	209,950
5. Goa	2	6,953	3,505	17,525
6. Gujarat	10	1,129,434	679,198	3,395,990
7. Haryana	20	1,225,670	702,672	3,513,360
8. Himachal Pradesh	2	97,295	80,242	401,210
9. Jharkhand	5	1,266,429	388,360	1,941,800
10. Karnataka	6	NA	NA	NA
11. Kerala	14	2,687,869	1,175,162	5,875,810
12. Maharashtra	13	2,165,482	796,304	3,981,520
13. Nagaland	3	50,185	39,282	196,410
14. Orissa	2	344,954	24,374	121,870
15. Punjab	6	351,431	131,434	657,170
16. Rajasthan	4	NA	120,123	600,615
17. Tamil Nadu	2	454,736	146,632	733,160
18. Tripura	NA	NA	NA	NA
19. Uttarakhand	2	117,940	53,940	269,700
20. Uttar Pradesh	24	3,573,987	1,013,527	5,067,635
21. West Bengal	2	630,659	308,979	1,544,895
Total	138	17,322,941	6,799,454	33,997,270

6. Contributions and Benefits

Entrance Fee:	No
Easy Payment Mechanisms:	No
Schedule of Contributions:	Yearly
Membership Identification:	Yes.
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"> ○ Hospitalization and surgical services on a day care basis (subject to sublimits) up to a floater basis of Rs. 30,000 per family per year ○ Pre-existing diseases covered ○ Transportation allowance (Rs. 100 per trip) up to a maximum of Rs. 1,000 per year ○ Pre and post hospitalization expenses on medicines and diagnostic tests up to 1 day prior to hospitalization and up to five days from the date of discharge from the hospital 	About Rs. 600 per family per year + service Tax (75% + ST paid by the Central Government, 25% paid by the State Government) + Rs. 30 per family paid by the household head	33.997,270

Evolution of Contributions:

Year	Number of Contributions	Amount in Rs
2008 – 2009	6,799,454	NA

Evolution of Benefits Paid:

Year	Number of Benefits Paid	Amount in Rs
2008 – 2009	NA	NA

7. Health Related Information

Prior Health Check-Up:	No
Exclusion Clauses:	Yes. Conditions that do not require hospitalization, sexually transmitted diseases, HIV/AIDS, congenital external diseases, drug and alcohol induced illness, sterilization and fertility related procedures, vaccination, war, nuclear invasion, simple and complicated deliveries (already covered by another scheme sponsored by the Central Government), domiciliary treatment
Co-Payment:	No
Service Payment Modality:	Pure cashless
Tie-up with Health Facilities:	Yes (both private and public)
Contractual Arrangements with HPs:	Yes. Formal agreements
Number of Associated HPs:	Over 2000. Varies according to size of network hospitals set up in each State by the insurance company or TPA: See Table below
Financial Advantages Provided by HPs:	Yes. Discounted prices on fixed tariffs

Non Financial Advantages Provided to Insured:	Smart cards allowing for speeding up pre-authorization and claims settlement processes, 24 H toll free help line, special reception desks
Scope of Health Benefits:	Limited (hospitalization only)
Level of Health Benefits:	High (up to Rs. 30,000)
Intervention of TPA:	In some States
Designation of TPA:	NA for all States
Access to Health Services:	Pre-authorization required for network hospitales
Other Health Related Activities:	Health camps, health promotion campaigns
Claim Ratio Rejection Rates:	Not applicable (first year of operation)
Renewal Rate:	Not applicable

State-Wise Intervention of Health Providers and Nodal Agencies

Current Partner States	Starting Date	No of Private HPs	No of Public HPs	Nodal Agency
1. Assam	Oct. 2009	0	5	NA
2. Bihar	Aug 2008	68	14	Labour & E.
3. Chhattisgarh	June 2009	8	98	Health & FW.
4. Delhi	March 2008	85	0	Labour & E.
5. Goa	Feb. 2009	0	0	Labour & E.
6. Gujarat	Aug. 2008	196	87	Health & FW.
7. Haryana	March 2008	188	22	ESI
8. Himachal Pradesh	Oct. 2008	8	14	SWJ Society
9. Jharkhand	Oct. 2008	48	0	Labour & E.
10. Karnataka	NA	NA	NA	Labour & E.
11. Kerala	Oct. 2008	157	132	Labour & E.
12. Maharashtra	Oct. 2008	178	1	Labour & E.
13. Nagaland	Feb. 2009	5	0	Labour & E.
14. Orissa	Sept. 2009	0	0	Labour & E.
15. Punjab	July 2008	152	87	Health & FW.
16. Rajasthan	May 2008	NA	NA	Health & FW.
17. Tamil Nadu	Sept. 2008	32	0	Labour & E.
18. Tripura	NA	NA	NA	NA
19. Uttarakhand	Dec. 2008	19	0	Labour & E.
20. Uttar Pradesh	Oct. 2008	338	96	Rural Develpt.
21. West Bengal	Dec. 2008	33	0	ESI
Total	-	1,515	556	-

8. Assistance to the Scheme

External Funding:	Yes.
Origin of External Funding:	Both Central and and State Government
Direct Subsidy:	Yes. Under a cost-sharing mechanism: 75% of premium paid by the Central Government and 25% paid by the State Government Examples of premium level: <ul style="list-style-type: none"> o Delhi: Rs. 590 + ST o Haryana: Rs. 585 + ST o Rajasthan: Rs. 573 + ST o Gujarat: Rs. 600 + ST o Bihar: Rs. 584,27 (Including ST)
Indirect Subsidy:	Yes. Administration costs to be borne by the State Governments
External Technical Assistance:	No

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

9. Linkage with Insurance Companies

Use of Private Insurance Companies: Yes. Various private companies
Changes of Private Companies: Not applicable in first year
Use of Public Insurance Companies: Yes. Various public companies
Changes of Public Companies: Not applicable in first year
Special Advantages Provided by Insurance Companies: No
Re-Insurance: No

10. Problems and Constraints

Plan Distribution: The interaction with the target groups and issuance of the smart card requires much more time than originally planned. It also seems likely that most tender documents will not live up to the expectations in terms of partnership arrangements to be concluded with intermediary organizations, as laid down in the Guidelines

Enrolment Modalities: Owing to standard Government procedures, all tenders cover only a one-year period. It is quite a challenge for any insurance company to organize its whole network and set up efficient operational mechanisms at all levels over such a short period

Service Delivery: -

Management: The appropriate monitoring processes and tools pertaining to all activities of the scheme still need to be set in place

Financing: -

Sustainability: -

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

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

12. Contact Details

Contact Persons:
Address:
Telephone Number:
Fax Number:
E.Mail:
Website: www.rsby.in