

MICRO HEALTH INSURANCE (Product design)

Policyholder	Policyholder must be between the age of 18 - 65 years of age at the time of taking out or renewal of the policy. Under family policy, husband or wife of the family shall be considered as a policholder
Insured	Policyholder shall be considered as an Insured under single policy. Under family policy, all members are considered as insured(s). Age of the insured must be between 1- 65 years.
Cover for	Health of the insured(s)
Coverage and premium	Premiums and limits under the plan applies to each insured. Family members included shall pay additional premium.
Period of insurance	Yearly renewable. Insurance company guarantees to renew the policy at the option of the policyholder provided all premiums are paid up-to-date.

Plan		Comprehensive	Select	Standard
Maximum limits		1,000,000	500,000	300,000
In-patient treatment Daily cash benefit (prior authorization by the Insurer)	Public hospital	20,000 MNT per day, up to 200,000 each admission	15,000 MNT per day, up to 150,000 each admission	Not covered
	Private hospital	15,000 MNT per day, up to 150,000 each admission	10,000 MNT per day, up to 100,000 each admission	Not covered
Out-patient treatment Specialist fee and prescribed drugs Tests and scans (not required prior authorization by the Insurer)	Public hospital	40,000 MNT per treatment 50,000 MNT for test and scans	Not covered	20,000 MNT per treatment 30,000 MNT for test and scans
	Private hospital	30,000 MNT per treatment 30,000 MNT for test and scans	Not covered	15,000 MNT per treatment 20,000 MNT for test and scans
Extra benefit				
Transportation cost		50,000 MNT	Not covered	Not covered
Exclusions:		Following in-patient treatment at private hospital: <ol style="list-style-type: none"> 1. Traditional medicine and treatment 2. Rehabilitation 3. Palliative /stabilistion/ treatment 		

General exclusions:

1. self-inflicted injuries or attempted suicide, alcohol or drug abuse are excluded.
2. birth defects and congenital disorders
3. cosmetic surgery, organ transplant
4. Dental treatment, eye-glasses/contact lens, cosmetic surgery, hair-loss treatment are excluded.
5. Convalescence, care-home, spas, hydros, rehabilitation costs
6. In-patient treatment not authorized by the insurer
7. Tertiary healthcare such as nuclear medicine, by-pass surgery, cancer treatment, neurosurgery, organ transplant, dialysis, lithotripsy,
8. HIV/AIDs/STD