

**Group Mediclaim Policy for Employees of
Pharmaceuticals & Medical Devices Bureau of India
(PMBI)**

Pharmaceuticals & Medical Devices Bureau of India (PMBI)

(Set up under Department of Pharmaceuticals, Government of India)

B-500, Tower-B, 5th Floor, World Trade Center, Nauroji Nagar, New Delhi -110029

Inviting bids for Group Mediclaim Policy for PMBI Employees

Pharmaceuticals & Medical Devices Bureau of India (PMBI) is the implementing agency for Pradhan Mantri Bhartiya Janaushadhi Pariyojana of Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers, Government of India. PMBI invites bids from IRDA accredited Insurance Companies for Group Mediclaim Policy for its employees and their dependents.

S. No.	Name of work	Last Date & Time to Submit Bids on GeM Portal
01	Group Mediclaim Policy for Employees and their dependents	As per GeM

Interested bidders may download the tender with all terms & conditions from PMBI's website (<https://www.pmbi.co.in/tenderDetails.aspx>) The tender shall be filed through GeM portal only. Last date for filing the tender as per GeM .

CEO, PMBI

Pharmaceuticals & Medical Devices Bureau of India (PMBI)

(Set up under Department of Pharmaceuticals, Government of India)

B-500, Tower-B, 5th Floor, World Trade Center, Nauroji Nagar, New Delhi -110029

A. Technical Bid

Name of Company	
Registration of Company	
Pan no. of Company	
GST no. of Company	
Claim Settlement Ratio <i>(Bidders having Claim Settlement Ratio less than 90% will be disqualified)</i>	
List of Minimum 03 Government organizations, where services have been provided for Group Mediclaim Policy for minimum 250 employees in last three financial years. <i>Note: (Bidder organization must have provided services to 3 Government Companies. One such tender in each last three financial years)</i>	
Non-Blacklisting Certificate Bidder organization must attach non blacklisting from any government organization / body certificate on their letter head	
Attach the list of number of Super Specialty Hospitals Empaneled	
Letter of Acceptance and Declaration of all terms should be attached with the Technical Bid. Acceptance and Declaration to be given on ₹100/- non-judicial stamp paper duly attested by Notary Public. <i>(Format attached vide Annexure – A)</i>	

Signature and Stamp of Organization

B. Financial Bid

Total Yearly Premium for Group Medclaim Policy for covering lives	
Total Yearly Premium Including GST	

(as per GeM)

Signature and Stamp of Organization

GENERAL TERMS AND CONDITIONS OF GROUP MEDICLAIM POLICY

1. PMBI requires Group Mediclaim Policy for 175 employees and their 506 dependents (Total lives to be covered – 681). All ages person will be covered in the policy:

Note :

Basic Coverage (For employees below Deputy General Manager) = Rs. 5,00,000.00

Basic Coverage (For employees Deputy General Manager and above) = Rs. 10,00,000.00

- a. In 10 Lacs Coverage – 4 Employees and 09 dependents (Total 13 lives)
 - b. In 05 Lacs Coverage - 171 Employees and 497 dependents (Total 668 lives)
 - c. Policy will have to be issued on family floater basis.
 - d. Insurance cover will be applicable to Employees and their dependents
 - e. Maximum age for dependent children will be 30 years and Female child can be covered until she gets married.
2. The policy shall pay for hospitalization expenses for medical/surgical treatment at any Nursing Home/Hospital in INDIA.
 3. All pre - existing and other diseases will be covered under the policy from the day one.
 4. No waiting period will be there for any surgery/any operations. No hidden clause should be there.
 5. All mode of surgery/ operations shall be covered.
 6. Sublimit for Cataract upto Rs. 30,000/- per eye or actual (Whichever is less).
 7. New Born dependent baby will be covered from day one subject to declaration.
 8. Maternity benefits *Normal* Rs. 40,000/- & *Caesarean* Rs. 50,000/- and 9 months waiting period is waived off.
 9. Baby care from day one within family floater subject to declaration by employee.
 10. Room, Boarding and Nursing Expenses as provided in the Hospital/ Nursing Home subject to following limits.
 - a. *Room Rent- 2% of Sum Insured*

- b. ICU Rent – 4% of Sum Insured*
- c. All pre-existing diseases will be covered; no hidden clause should be there in this regard. Everything covered including consumables.*
- d. All surgeries will be covered in the policy.*

11. Pre & Post Hospitalisation limits: Pre Hospitalisation - 30 days and Post Hospitalisation – 60 days.

12. After inception of the policy, midterm inclusion of any new member or dependents of the primary insured including spouse, new born child shall be allowed. New Joinee / Member and their dependent will be added on pro-rata basis from the date of joining.

Note : Employee may add their dependents at any time during the policy.

Dependents include any one or more of the family members as mentioned below:

- i. Legally wedded spouse.*
- ii. Dependent Children (i.e. natural or legally adopted) upto age of 30 years. Female child can be covered until she gets married. Financially dependent divorced and widowed daughters, are also eligible for coverage under the policy, irrespective of age.*
- iii. Parents / Parents-in-law (either of them).*
- iv. Unmarried siblings, if financially dependent on the Insured.*

13. Cashless Facilities should be there. In case non availability of cashless facility, hospital bills must be paid/reimbursed within 15 days of bill submission date.

14. There shall be no capping & co-pay clause.

15. SMS/Whatsup/E-mail by the insured will be considered regarding intimation of claim.

16. No Broker will be involved by the Company.

17. The bids submitted by other means like fax /e-mail/envelope etc. shall not be accepted and no correspondence will be entertained in this matter. Bids are accepted only through GeM portal.

18. In case of any dispute Delhi will be jurisdiction.

19. In case any dispute on any term, CEO, PMBI will be final authority for resolution.

To be given on ₹100/- non-judicial stamp paper duly attested by Notary Public

Acceptance & Declaration

I, (name) working as (designation) is the authorized representative of (Insurance Company name) do hereby declare as follows:

1. We (Company name) accept and declare that Group Mediclaim Policy issued to the PMBI will be inclusive of all above-mentioned terms & conditions and no additional clause is added in policy to restrict the claim, if it is found, PMBI will reserve the right to terminate the policy at any time along with blacklisting of firm and recovery of total premium paid till date of blacklisting.
2. That it is further declared that the group Mediclaim Policy issued to Pharmaceuticals and Medical Devices Bureau of India (PMBI) will be governed by the terms and conditions mentioned in the tender document and no separate terms & conditions will be issued to PMBI. All the claims by its employees will be governed and processed by the terms and conditions mentioned in the tender document.
3. That if it is found in future that the claims of PMBI's employees were processed/ deducted on the basis of additional clause, which is not mentioned in tender document, PMBI shall reserve the right to terminate the policy with immediate effect without any further notice, blacklisting of our company and recovery of complete premium amount paid till date to our company through appropriate legal proceedings.

Place:

Date:

Signature and stamp of the organization

Bid Evaluation Process

1. The bid evaluation will be carried out in a Two-stage process as under:

A. **Technical Bid**- Technical Bid is of qualifying nature only and will be evaluated on the parameters given in technical bid. The bidders who will not meet the technical criteria will be disqualified from the tender and further process.

B. **Financial Bid** - Financial bid will be opened only for those bidders who will be technically qualified.

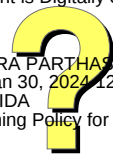
C. **Selection of Bidder** - Lowest quoted premium for one year policy will be considered as L1 and contract will be allotted to L1 bidder.

The tender is not an offer and is issued with no commitment. PMBI has the right to withdraw tender and or vary any part thereof at any stage. PMBI has further right to disqualify any bidder, at any stage. In case of satisfaction of services, PMBI may extend services for further two years on the same term & conditions with mutual consent.

For any clarification in the terms & conditions, organization may write to the following emails:

1. admn1@janaushadhi.gov.in
2. admn3@janaushadhi.gov.in
3. admn4@janaushadhi.gov.in

Or for any clarifications may call @ 01149431877/890/847.



GROUP MEDICLAIM TAILORMADE POLICY SHEDULE
UIN : OICHLGP449V022021

Policy No.	: 272200/48/2024/2738	Prev. Policy No.	: -
Cover Note No.	: 270000784457	Cover Note Date	: 15/01/2024
Insured's Code	: AC0000004643	Issue Office Code	: 272200
Insured's Name	: PHARMACEUTICALS & MEDICAL DEVICES BUREAU OF INDIA (GSTIN: 07AABAB0710E2ZK)	Issue Office Name	: KBO JHANDEWALAN EXT. DELHI (GSTIN: 07AAACT0627R1Z1)
Address	: 8th Floor, E-1, VIDEOCON TOWE, JHANDEWALAN EXTN NEW DELHI- 110055	Address	: 4E/14. AZAD BHAWAN JHANDELWALAN EXT. NEW DELHI DELHI 110055
Tel. /Fax /Email	: / / 0 / NA	Tel. /Fax /Email	: 011-23526356/640 / 011-23526640, 23521035 / 272200@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : NA0000000656

Agent/Broker :

Address :

Tel/Fax/Email : ///

Period of Insurance : FROM 17:01 ON 15/01/2024 TO MIDNIGHT OF 14/01/2025
Collection No. & Dt. : CD A/C AC0000004643 GST INVOICE NO :0722439557375 UIN :0
Gross Premium : 46,17,350 GST : 8,31,124 Stamp Duty : 1 Total : 54,48,474
Co-insurance Details : NIL

TPA Details :

TPA ID	: YA0000000343	Toll Free No	: 1800115533, 011-25747454/55, 41539498
TPA Name	: M/S PARK MEDICLAIM I	Fax No	:
TPA Address	: 702, VIKRANT TOWERS RAJINDER PLACE park@parkmediclaim.co.in DELHI 110008		
Telephone No	:		

Risk Details
As per attached Annexure

Sr No : 1	Emp/Dependant Name : TOTAL LIVES 618 (EMP 166 + 452 DEPENDANTS)	SI : 85000000	No Of Dependants : 618
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Place : NEW DELHI

Date : 30/01/2024



IRDA-REGNO-556

For and on behalf of
The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule).The Policy document duly stamped will be sent by post.

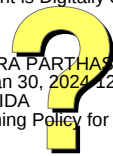
In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

Authorised Signatory

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupee

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Attached to and forming part of policy number 272200/48/2024/2738

Particulars of the Persons covered

Sr. No.	Name	Relationship	Sex	Age	Pre-existing Ailments, If Any
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Total Sum Insured in words : Indian Rupees Eight Crores Fifty Lakhs Only

Total Premium in words : Indian Rupees Fifty-Four Lakhs Forty-Eight Thousand Four Hundred Seventy-Four Only

Installment Details

Inst. No	Installment Date	Installment %	Installment Amount	Tax	Total	Remarks
1	15/01/2024	100	46,17,350	8,31,124	54,48,474	

The insurance under this policy is subject to conditions, clauses, warranties, endorsements.

The policy shall pay for hospitalization expenses for medical/surgical treatment at any Nursing Home/Hospital in INDIA as an in-patient defined in the policy

In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating offices as well as Company's website.

1. Group Medclaim Policy for 166 employees and their 452 dependents (Total lives to be covered 618):

a. In 10 Lacs Coverage 4 Employees and 12 dependents (Total 16 lives)

b. In 05 Lacs Coverage - 162 Employees and 440 dependents (Total 602 lives)

c. Policy issued on family floater basis to cover Employee and their dependents. e. Maximum age for dependent children will be 25 years.

2. Pre-existing and all diseases will be covered under the policy from the day one.

3. No waiting period will be there for any surgery/any operations.

4. New Born dependent baby will be covered from day one subject to declaration and sufficient balance in CD.

5. Maternity benefits (NORMAL Rs. 40,000/- & CAESAREAN Rs. 50,000/-) included and 09 months waiting period waived.

6. Baby care from day one within family floater.

7. Room, Boarding and Nursing Expenses as provided in the Hospital / Nursing Home subject to following limits.

a. Room Rent- 2% of Sum Insured

b. ICU Rent 4% of Sum Insured

c. All pre-existing diseases covered.

d. All surgeries will be covered in the policy.

e. Pre hospitalization expenses and post hospitalization expenses for the period of one month shall be reimbursed.

f. After inception of the policy, midterm inclusion of any new member or dependents of the primary insured including newly married spouse, new born child, new joiners and their dependents shall be allowed. New Member will be added on pro-rata basis from the date of joining. Deletion refund amount be made against the person who didn't make any claim during the policy period.

8. Cashless Facilities should be there. In case non availability of cashless facility, hospital bills must be paid/reimbursed within 15 days of submission date.

9. There is no broker involved in the policy.

10. The Policy will be administered by M/S PARK TPA

11. All claim should be settled on GIPSA PPN package rates.

12. Premium will be charged on per life basis.

Place : NEW DELHI

Date : 30/01/2024



IRDA-REGNO-556

For and on behalf of
The Oriental Insurance Company Limited

This is an electronically generated document (Policy Schedule). The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

Authorised Signatory

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupee

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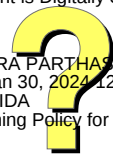
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The Oriental Insurance Company Limited

This Document is Digitally Signed

Signer: MEERA PARTHASARTHY
Date: Tue, Jan 30, 2024 12:15:44 IST
Location: NOIDA
Reason: Signing Policy for OICL



Attached to and forming part of policy number 272200/48/2024/2738

Warranted that in case the person covered under the policy has lodged any claim under the previous policy and the sum insured is enhanced under the current policy, for a further claim for the same disease during the current policy, the earlier Limit of Sum Insured shall be applicable and not the enhanced sum insured

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

"We at Oriental continuously strive to ensure that you get the best possible treatment from our network hospitals. Please contact your TPA or any of the Oriental offices for our preferred hospitals in your area before going for a treatment. This will help us serve you in the best possible manner"

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at KBO JHANDEWALAN EXT. DELHI (GSTIN: 07AAACT0627R1Z1) on 30-JAN-24

"In case of grievance related to any issue related to this policy the same may be addressed to the office In-Charge or the Grievance Officer at above policy address. If the grievance remains pending, it may be escalated to Grievance Officer of the concerned Regional Office SCOPE MINAR CORE 1, DISTRICT CENTRE LAKSHMI NAGAR, 1st FLOOR, NEW DELHI. The next escalation in case grievance remains unresolved is CSD, Head Office, situated at Oriental House, A-25/27, Asaf Ali Road, New Delhi-110002. If the insured is not satisfied with the resolution/reply provided by the company, he/she may approach the Office of Insurance Ombudsman, within his/her jurisdiction. The list of offices of Ombudsman is available on Company's portal."

Entered By : Mohd. Imtiaz Ali

For and on behalf of
The Oriental Insurance Company Limited

Examined By : Surinder Singh Mehra

Policy Printed By : 950459

IP :

Policy Printed On : 30-JAN-24 12:17:12

MAC :

Authorised Signatory

Place : NEW DELHI

Date : 30/01/2024



IRDA-REGNO-556

For and on behalf of
The Oriental Insurance Company Limited

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Authorised Signatory

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupee

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PARK MEDICLAIM INSURANCE TPA PVT LTD

Policy Analysis Report

Name of the TPA	PARK MEDICLAIM INSURANCE TPA PVT LTD		Policy Analysis ReportPARK
Insurer	THE ORIENTAL INSURANCE COMPANY LTD.	Report Date	11/25/2024
policyholder	PHARMACEUTICALS & MEDICAL DEVICES BUREAU OF INDIA		
Policy No	272200/48/2024/2738		
Policy from	15/01/2024	Policy upto	14/01/2025

Underwriting Details			
First Time Premium(Rs.)	4617350		
Addition Premium (Rs.)	330688		
Deletion Premium (Rs.)	35738		
Total Premium (Rs.)	4912300		

Relation wise no of Lives	
Relation	Count
Self	174
Spouse	104
Child	116
Parent	259
Other	0
Total	653
Age wise no of Lives	
Age Range	Count
0-25	142
26-35	183
36-45	66
46-55	102
56-65	112
66-75	45
76+	3
Total	653

Relation wise	
Relation	No of member
Daughter	54
Father	117
Husband	17
Mother	142
Self	174
Son	62
Wife	87
Total	653

Status Wise		
Status	No of Claims	Amount
PAID	49	2565645
PENDING	9	693891
REJECTED	2	0
CASHLESS REJECTED	1	0
READY FOR PAYMENT	3	151094
Total	64	3410630

Claims Experience				
	Claims	Values(Rs.)	%claims	%Value
Cashless Incurred	38	2618493	59.38	0
Cashless Approved	34	2200825	65.38	0
Reimbursement Incurred	26	792137	40.62	27.7
Reimbursement Approved	18	515914	34.62	20.22
Denial Claims	3	0	4.69	0
Domiciliary claims	0	0	0	0
Total	55	2716739	0	0
Cashless Outstanding	3	417668	0	0
Reimbursement Outstanding	6	276223	0	0
Preauthorization's Issued	0	0	0	0
Grand Total (Rs.)	64	3410630	0	0
Claims Ratio(%)	69.95%	0	0	0
Claims Ratio(%) - On Earned Premium	80.14%	0	0	0

Corporate Buffer	0	0	0	0
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Break-up of Claims			
Hospitalization		Total	
No. of claims	Amount	Total No.of claims	Total Amount
64	3410630	64	3410630

Utilization of add on covers.				
Add-on Cover	No of claims	% of claims	Amount	% of Amount
OPD Cover	0	0	0	0
Hospital Cash	0	0	0	0
ARMD treatment	0	0	0	0
Other If any (Specify)	0	0	0	0
Ayurvedic	0	0	0	0
Homoeopathic	0	0	0	0

Morbidity Ratio.

Description	Values
No. of lives Insured	174
No. of Claims	64
No. of Claims made per 100 lives	0.1
No. of lives Inception	618
Addition	64
Deletion	29
Current Lives	653

Ailments Profile (Top 10 Diseases- as per payments)

ICD Group No.	No. of Claims	Value (Rs.)	% of Claims	% of Value
V89.0	2	355668	3.125000	12.495000
S52.001D	1	190389	1.562500	6.688500
I21.21	1	140138	1.562500	4.923200
O80.9	3	140000	4.687500	4.918300
N32.0	1	136924	1.562500	4.810200
A01.0	3	136340	4.687500	4.789700
N20.0	3	135811	4.687500	4.771100
H91.13	1	133636	1.562500	4.694700
R10.0	3	126016	4.687500	4.427000
S52.501A	1	118500	1.562500	4.163000
Sub Total	19	1613422		
Others	45	1233056	Total	64

Ailments Profile (Top 10 Diseases- as per cases)				
ICD Group No.	No. of Claims	Value (Rs.)	% of Claims	% of Value
I10	4	57089	6.349200	2.063500
O80.0	4	66680	6.349200	2.410200
O80.9	3	140000	4.761900	5.060500
R10.0	3	126016	4.761900	4.555100
N20.0	3	135811	4.761900	4.909100
A01.0	3	136340	4.761900	4.928200
H05.01	2	58423	3.174600	2.111800
H25.01	2	50826	3.174600	1.837200
H25.091	2	38500	3.174600	1.391600
O41.0	2	41126	3.174600	1.486500
Sub Total	28	850811		
Others	36	1995667	Total	64

CLAIM DISTRIBUTION AGE WISE				
AGE	No.of Claims	Value(Rs.)	% of Claims	% of Value
0 - 25	12	391498	18.75	11.0407
26 - 35	23	993685	35.94	29.231
36 - 45	8	977364	12.5	31.6877
46 - 55	9	535627	14.06	13.5062
56 - 65	11	485630	17.19	13.5918
66 - 70	1	26826	1.56	0.9424
Total	64	3410630	100	100

Claim Distribution Relation Wise				
Beneficiary	No.of Claims	Value(Rs.)	% of Claims	% of Value
Daughter	4	134046	6.25	4.34
Father	2	68875	3.12	2.42
Mother	19	979208	29.69	25.62
Self	16	1135849	25	36.88
Son	4	115816	6.25	3.08
Wife	19	976836	29.69	27.66
Total	64	3410630	100	100

Claims Distribution Amount -wise				
Amount Band	No.of Claims	Value(Rs.)	% of Claims	% of Value
Rs. 1,00,001/- to Rs. 2,00,000/	7	955976	9.38	28.83
Rs. 50,001/- to Rs. 1,00,000/	13	943632	15.62	25.47
Rs. 25,001/- to Rs. 50,000/-	19	680020	29.69	25.09
Rs. 10,001/- to Rs. 25,000/-	11	320393	25	10.46
above Rs. 2,00,000/	2	477292	1.56	8.98
Rs. 10,000/- And less	12	33317	18.75	1.17
Total	64	3410630	100	100

Type of Treatment				
	No.of Claims	% of Claims	Amount	% of Amount
Medical Management	19	79.17	1320343	70.4
Surgical Management	5	20.83	555245	29.6
Total	24	100	1875588	100

Repeated Utilization Report for Employee				
No.of Claims in current policy	No.of Employees	Value(Rs.)	% Claims	% Value
1	8	541586	6.25	51.592100
2	1	355668	12.5	33.881300
3	2	152491	18.75	14.526400

Repeated Utilization Report for Dependents				
No.of Claims in current policy	No.of Employees	Value(Rs.)	% Claims	% Value
1	19	1020266	2.08	56.784500
2	7	366352	4.17	20.389800
3	1	33602	6.25	1.870100
4	3	376513	8.33	20.955400

Type of Hospital Utilization				
	No.of Claims	% of Claims	Amount	% of Amount
Primary Care	1	1.562500	31658	1.112100
Secondary Care	43	67.187500	1598700	56.164100
Tertiary Care	20	31.250000	1216120	42.723600

Provider Report(Top 10 Provider- As per no.of Admission)				
Hospital Name	No.of Claims	Value	% of Claims	% Value
SSB HEART AND MULTISPECIAL ITY HOSPITAL	4	236522	6.250000	6.202300
PRADEEP KANSAL MULTISPECIAL ITY HOSPITAL	3	24400	4.687500	0.639800
APOLLO HOSPITALS, NOIDA	3	174777	4.687500	4.583100
CHHATRAPATI SHIVAJI SUBHARTI HOSPITAL	3	49000	4.687500	1.284900
ADARSH MULTISPECIAL ITY HOSPITAL TRAUMA CENTRE	3	95451	4.687500	2.503000
LAKSHMI HOSPITAL	2	93830	3.125000	2.460500
DR. AGARWALS EYE HOSPITAL	2	42300	3.125000	1.109200
GARGI HOSPITAL	2	66704	3.125000	1.749100
GTK HOSPITAL	2	232695	3.125000	6.101900

SURYA MOTHER AND CHILD CARE JAIPUR PVT LTD	2	61010	3.125000	1.599800
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Provider Report(Top 10 Provider- As per no.of Payment)				
Hospital Name	No.of Claims	Value	% of Claims	% Value
JAY PRABHA MEDANTA SUPER SPECIALITY HOSPITAL	1	190389	0	0
SSB HEART AND MULTISPECIAL ITY HOSPITAL	4	186790	0	0
SANKALPA C STAR HOSPITAL	1	140138	0	0
SHREE JEEWAN HOSPITAL	1	136924	0	0
APOLLO HOSPITALS, NOIDA	3	135811	0	0
SIR GANGARAM HOSPITAL	1	133636	0	0
MAX BALAJI HOSPITAL	2	84043	0	0
SHAKTI HOSPITAL	1	74583	0	0
LAKSHMI HOSPITAL	2	72377	0	0

MAHARAJA AGRASEN HOSPITAL	1	69344	0	0
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Endorsement details					
Endo No	Endo Date	Endo WEF	Remarks	Addition Premium	Deletion Premium
				0	0
272200/48/20 24/2738/001	13/02/2024	13/02/2024	5 EMP TOTAL LIVES 18	82529	0
272200/48/20 24/2738/001 D	13/02/2024	13/02/2024	2 EMP TOTAL LIVES 6	0	0
272200/48/20 24/2738/002	27/02/2024	26/02/2024	3 EMP TOTAL LIVES 12	79336	0
272200/48/20 24/2738/003	15/03/2024	01/03/2024	4 EMP TOTAL LIVES 14	78353	0
272200/48/20 24/2738/003 D	15/03/2024	01/03/2024	2 EMP TOTAL LIVES 6	0	0
272200/48/20 24/2738/004	27/03/2024	20/03/2024	3 EMP. TOTAL LIVES 9	49288	0
272200/48/20 24/2738/004 D	27/03/2024	20/03/2024	1 EMP. TOTAL LIVES 3	0	0
272200/48/20 24/2738/006	16/04/2024	12/04/2024	1 EMP TOTAL LIVES 3	17071	0
272200/48/20 24/2738/009	25/07/2024	25/07/2024	2 DEP. ADDITION	7082	0

272200/48/20 24/2738/010	01/08/2024	01/08/2024	DOB CORR. 1 DEP	0	0
272200/48/20 24/2738/011 A	29/08/2024	16/08/2024	1 DEP ADDITION	0	0
272200/48/20 24/2738/011	29/08/2024	22/08/2024	3 EMP TOTALLIVES 14	0	35738
272200/48/20 24/2738/008	26/06/2024	25/06/2024	3 DEP ADDITION	12875	0
272200/48/20 24/2738/012	01/10/2024	01/10/2024	272200/48/20 24/2738/012 - 2 ADDITION	4154	0

Star Group Health Insurance
Unique id : SHAHLGP23021V032223
Policy Schedule

Policy No. :	P/161200/01/2025/002286	Previous Policy No. :	
Proposer's Code :	35739986	GSTIN :	07AAJCS4517L1Z0
Proposer's Name :	M/S.PHARMACEUTICALS & MEDICAL DEVICES BUREAU OF INDIA	SAC Code :	997133/Accident and Health Insurance Services
Address :	5th Floor, 500 Tower-B, World Trade Center Mahatma Ghandi Road, Nauroji Nagar New Delhi - 110029 New Delhi, South West, Delhi-110029	Issuing Office Code :	161200
Phone No :	0/9818447306/	Issue Office Name :	Area Office 2 DELHI
Email id :	admn1@janaushadhi.gov.in	Address :	E-27 First Floor, Hauz Khas Market , New Delhi-110016
Proposer GSTIN :	07AABAB0710E2ZK	Phone No :	011-40572102 - 09
		Email id :	delhi.ao2@starhealth.in
		Place of Supply :	Delhi / State Code : 7
		Fulfiller Code :	SH29718
Collection No :	1203003634	Intermediary Code :	BA0000579215
Collection Date :	16/01/2025	Name :	SATYAM KUMAR SINGH
Premium :	Rs. 47,65,000	Phone :	8742964366/8742964366
CGST @9% :	428,850 /-	Email id :	satyamkumar.singh94@gmail.com
Stamp Duty :	Re. 1		
Total Premium :	Rs. 56,22,700		

Total Premium in words :	Indian Rupees Fifty Six Lakhs Twenty Two Thousand Seven Hundred Only
Period Of Insurance From :	15/01/2025 00:00 Hrs
To Midnight Of :	14/01/2026 23:59:59
Co-insurance	
Claim Administration by	In-house

Risk Coverage Details

No. of Employees / Members Covered	183
No. of Dependents Covered	519
Total No. of Persons covered	702
Sum Insured Slab	Rs. Various Sum Insured as per list attached
Total Sum Insured	Rs. 9,40,00,000/- only
Total Sum Insured (in words)	Indian Rupees Nine Crores Forty Lakhs Only

Extensions Offered

Entered by : SH6614
Approved by : SH77483
Place : DELHI
Date : 13/02/2025

Star Health and Allied Insurance Company Ltd.



IRDAI Regn. No 129
Corporate Identity Number L66010TN2005PLC056649
Email ID : info@starhealth.in

P/161200/01/2025/002286

30 days waiting Period	Exclusion no.3 appearing in the policy clause stands deleted
First Year Exclusion	Exclusion no.2 (12 months) appearing in the policy clause stands deleted
First Two Year Exclusion	Exclusion no.2 (24 months) appearing in the policy clause stands deleted
Pre-existing Diseases Exclusion	Exclusion no.1 appearing in the policy clause stands deleted
Delivery Expenses	Covered subject to limits provided in the special conditions
Waiting Period for Delivery	Waiting period of 9 months for Delivery is hereby waived.
Child day 1 cover	Newborn baby is covered from day one up to the end of the policy period provided the mother is covered under the policy up to the extent provided in the special conditions

Special Conditions

Family Definition	Family Floater(Employee, Spouse, Children, Parents and Parent in Laws)
Room Rent limits including Boarding, Nursing Charges, etc,	Restricted to 2% of SI for normal and 4% of SI for ICU. If the Insured occupies a room /ICU with room rent limit other than his eligibility as per the insurance policy, then all the other charges shall be limited to the charges applicable for the eligible room rent /ICU or actuals, whichever is lower.
Maternity Benefits limits	Normal - Rs. 40000 Caesarean - Rs. 50000 Maternity benefits, applicable only for the Employee or Dependent spouse. This policy is extended to cover the child delivery expenses incurred by the insured up to the limits indicated in the special conditions. In consequence thereof, exclusion no.17 & 18 stands amended as follows: The company shall not be liable to make any payments under this policy in respect of any expenses what so ever incurred by the insured person in connection with or in respect of: Family planning treatment and all types of treatment for infertility and its complications thereof.
Day 1 cover for New born baby coverage limit	The benefit payable hereunder shall be up to full floater sum insured.
Pre & Post Hospitalisation limits	- Pre Hospitalization - 30 Days

Entered by : SH6614
Approved by : SH77483
Place : DELHI
Date : 13/02/2025

For and on behalf of
Star Health and Allied Insurance Company Ltd.



P/161200/01/2025/002286

	- Post Hospitalization - 60 Days.
Ambulance Expenses limits	Emergency ambulance charges up-to a sum of Rs.750/- per hospitalization and overall limit of Rs.1,500/- per policy period.
Sub Limits	Sublimits only for Cataract Rs.30,000/- per eye and Modern Treatment Sublimit as per SGHI clause
Addition / Deletion of Employees & Dependents	After the inception of the Policy , NO midterm inclusion of any employee & dependents unless he/she is a new joinee and dependents of the already insured employee unless they are newly married spouse and new born child and such inclusion is also subject to payment of additional premium on pro rata basis. For newly joined employees, the Insured shall provide the date of joining & for inclusion of dependents of the already insured employees, the Insured should provide the date of marriage for newly married spouse & date of birth for newly born child. We agree for providing cover for additions from the date of joining of the new employee by charging prorata premium from the date of joining till the expiry of the policy, subject to maintenance of free and adequate balance under Cash Deposit maintained by the Insured with us or the coverage will be effective from the date of payment of premium. The Insured shall submit of list of additions and deletions on monthly basis to reach us at the latest by the 10th of subsequent month. Insured will be allowed a window period of 30 days from the policy Inception date to review the employee list covered under the policy. All Addition / deletion / Correction of the persons to be done subject to additional premium, if there is a change in the group size. The Cover for Children is only for dependent children. In the case of female children, the cover will cease once they become earning member or on getting married. In the case of dependent Male Children, the cover will cease once they become earning member. Dependent Child means a child (natural or legally adopted) who is financially dependent and does not have his or her independent source of income and not over 30 years.
Other conditions	We shall issue ID cards in respect of all the covered persons AYUSH Treatment: Expenses incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a Government Hospital or in any institute recognized by the government and/or accredited by the Quality Council of India/National Accreditation Board on Health up to 25% of the sum insured subject to a maximum of Rs.25,000/- per policy period.

Entered by : SH6614
Approved by : SH77483
Place : DELHI
Date : 13/02/2025

For and on behalf of
Star Health and Allied Insurance Company Ltd.

Authorised Signatory
Please see overleaf

P/161200/01/2025/002286

	All Day Care Procedures covered Any hospitalisation expenses taken in our excluded Hospitals is not admissible. For detailed list on on the excluded service providers kindly visit our website Hospitalization arising out of Terrorism covered. Dental Treatment : Covered if due to accident and requiring Hospitalization.
Other conditions	Treatment to be taken in our network hospitals for cashless, However for treatment in other Hospitals the claim will be processed through re-imburement only. In all cases immediate intimation shall be given to our Call Center within 24 hours of Hospitalisation.
Other conditions	"In the event of any claim under the policy or intimation should be given to the company immediately,through toll free no: 1800 425 2255 or 1800 102 4477, 044 2826 3300 (chargeable), or email: support@starhealth.in or fax - 1800 425 5522." Claims will be settled through Inhouse claims team. All Other Terms & Conditions Subject to printed Policy (Star - Group Health Insurance Policy) Clause attached.

Sector Classification :

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Renewability: In the event of the group policy being discontinued or not renewed or when the members of the group leave the group on account of resignation/retirement/termination or otherwise, the following provision shall apply.

The cover for the persons covered earlier under the group policy will be granted only as per standard retail policies. However, in respect of persons who have been covered continuously for a period of one year under the group policy with our Company, we shall waive the 30 days waiting period and First year exclusions. In respect of persons who have been covered continuously for a period of two years under the group policy with our Company, we shall waive the 30 days waiting period, First year exclusions and First two year exclusions.

In respect of persons who have been continuously covered for a period a four years under the group policy with our Company, we shall grant cover for Pre Existing diseases also.

STAR value added unique services : Web enabled service for Policy details and health tips
Inhouse Cashless facility for treatment at network hospitals across india.
24*7 customer care center
Free General Physician advice

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Approved by : SH77483
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P/161200/01/2025/002286

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached.

Entered by : SH6614
Approved by : SH77483
Place : DELHI
Date : 13/02/2025

For and on behalf of
Star Health and Allied Insurance Company Ltd.

Authorised Signatory
Please see overleaf





Star Health and Allied Insurance company Limited
Claims Analysis Report



Policy Holder : M/S.PHARMACEUTICALS & MEDICAL DEVICES BUREAU OF INDIA
Policy Number : P/161200/01/2025/002286
Broker Name : SATYAM KUMAR SINGH
Policy Period : 15 January 2025 to 14 January 2026

Policy Number
P/161200/01/2025/002286

Claims Summary

Date Updated Time : 23/12/2025
11:30:42

Claim Type	No of Claims	Value	% Claims	% Value
Cashless	44	3,398,149	72.1%	84.8%
Reimbursement	9	413,801	14.8%	10.3%
In Process	8	196,188	13.1%	4.9%
Total	61	4,008,138	100.0%	100.0%

Premium Summary

Initial Premium	4,765,000
Deletion Premium	-27,096
Addition Premium	22,856
Total	4,760,760

Claims Ratio

Incurred Ratio on Gross Premium %	84.3%
Incurred Ratio on Gross Premium % - Our Share % (If Applicable)	0.0%
EARNED PREMIUM	4,447,713
Incurred Ratio on Earned Premium %	90.1%
Incurred Ratio on Earned Premium - Our Share % (If Applicable)	

Morbidity Ratio

No of Lives Insured	714
No of Claims	61
Incidence Rate	8.5%
No of Lives Inception	702
ADDITION	12
DELETION	-12
Current Lives	702

Distribution Across Age

Age Band	No Of Claims	Paid Amount	% Claims	% Value
0-5	5	365,443	9.4%	9.59%
6-18	2	71,233	3.8%	1.87%
19-35	22	927,502	41.5%	24.33%
36-40	2	148,218	3.8%	3.89%
41-45	1	414,096	1.9%	10.86%
51-55	4	103,111	7.5%	2.70%
56-60	6	743,851	11.3%	19.51%
61-65	5	556,141	9.4%	14.59%
65-70	3	184,337	5.7%	4.84%
>70	3	298,018	5.7%	7.82%
Total	53	3,811,950	100.0%	100.00%

Distribution Across Beneficiary

Beneficiary	No Of Claims	Value	% Claims	% Value
SELF	13	1,134,622	24.5%	29.8%
Others	40	2,677,328	75.5%	70.2%
Total	53	3,811,950	100.0%	100.0%

Amount Band wise Analysis

Amount Band	No Of claims	Value	% Claims	% Value
10K	1	63,750	1.9%	1.7%
10K & 50K	36	1,204,195	67.9%	31.6%
50K & 100K	7	454,196	13.2%	11.9%
100K & 200K	6	976,228	11.3%	25.6%
Above 200K	3	1,113,581	5.7%	29.2%
Total	53	3,811,950	100.0%	100.0%

Ailment Profile

ICD Group	No Of claims	Value	% Claims	% Value
Neoplasms	3	273,744	5.7%	7.2%
Certain conditions originating in the perinatal period	4	80,496	7.5%	2.1%
Certain Infectious And Parasitic Diseases	4	281,661	7.5%	7.4%
Diseases Of The Circulatory System	1	426,243	1.9%	11.2%
Diseases Of The Digestive System	4	538,648	7.5%	14.1%
Diseases Of The Eye And Adnexa	7	178,800	13.2%	4.7%
Diseases Of The Genitourinary System	5	486,042	9.4%	12.8%
Diseases Of The Nervous System	1	44,820	1.9%	1.2%
Diseases Of The Respiratory System	4	229,756	7.5%	6.0%
External Causes Of Morbidity And Mortality	1	324,435	1.9%	8.5%
Injury, Poisoning And Certain Other Consequences Of External Causes	2	326,920	3.8%	8.6%
Pregnancy, Childbirth And The Puerperium	7	285,428	13.2%	7.5%
Symptoms, Signs And Abnormal Clinical And Laboratory Findings, No.	10	334,957	18.9%	8.8%
Total	53	3,811,950	100.0%	100.0%

Repeated Utilization Report for Employees

No of Claims	No of Employees	Value	% Claims	% Value
1		917,070	33.3%	80.8%
2-10		217,552	66.7%	19.2%
Total		1,134,622	100.0%	100.0%

Repeated Utilization Report for Dependents

No of Claims	No Of Employees	Value	% Claims	% Value
1	23	1,570,474	16.7%	58.7%
2	4	452,708	33.3%	16.9%
3	3	654,146	50.0%	24.4%
Grand Total	30	2,677,328	100.0%	100.0%

Top 10 Hospitals

Hospital Name & City	Provider Type	No of Claims	Value	% Claims	% Value
SSB Heart and Multispecialty Hospital, FARIDABAD	Networked	4	189,451	7.5%	5.0%
Asian Institute of Medical Sciences, FARIDABAD	Networked	3	275,717	5.7%	7.2%
Jayprabha Medanta Super Speciality Hospital, PAT	Networked	3	298,851	5.7%	7.8%
Apollo Hospitals Enterprises Ltd., BHUBANESWAR	Networked	2	470,080	3.8%	12.2%
BANSAL MEDICARE CENTRE, AU BRAHMAN	Non Networked	2	43,984	3.8%	1.2%
Holy Family Hospital New Delhi, NEW DELHI	Networked	2	91,700	3.8%	2.4%
Jashni Mother Child Hospital, KHAMMAM	Networked	2	34,057	3.8%	0.9%
Kailash Deepak Hospital, NEW DELHI	Networked	2	58,593	3.8%	1.5%
SIGHT AVENUE PRIVATE LIMITED, GURGAON	Networked	2	40,080	3.8%	1.0%
Singhal Medical Centre, NEW DELHI	Networked	2	102,536	3.8%	2.7%

All Reports are Based on Settled Claims except Claims summary & Claims Ratio
Amount is in INR....



Star Health and Allied Insurance company Limited
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