

Quote for Group Health Insurance

Quote no:IND-2017-06794-GMC-03

Approved Date:04/07/2017

S.no	Particulars		
Insured Details			
1	Name of the Branch / Area / Zonal Office	Branch Office - Tarnaka (131116)	
2	Name and Address of the Insured	Bisco Bio sciences HYDERABAD,HYDERABAD,	
3	Total No. of Employees	266	
4	Total No. of Dependents	Spouse	253
		Children	400
		Dep total	653
		Grand total	919
Premium Details			
5	Sum Insured Per Family (Rs.)	300000	
6	Corporate buffer(rs.)	Nil	
7	Extensions	Family Floater(Employee, Spouse and Child) Waiver of 30 days Waiting Period Waiver of First Year Exclusions Waiver of First Two Years Exclusions Cover for Pre Existing Diseases Maternity Extension Normal - 25000 Maternity Extension Caesarean 50000 Waiver of 9 Months waiting period for Maternity Child Cover from day one is desired 10% of mothers SI	
8	Previous claims experience	1000742	
9	Total Premium (Rs.)	Premium	2039871
		Add : Service Tax + Swachh Bharat Cess + Krishi Kalyan Cess at 15%	367177
		Total	2407047
10	Conditions Treatment in our network hospitals only, However in the case of Medical Emergencies & Accidents treatment can be taken in other Hospitals. In all cases immediate intimation shall be given to our Call Center within 24 hours of Hospitalisation. - 405 Day Care Procedure is enclosed as per last sheet - Maternity benefits, applicable only for the Employees or Dependent Spouse. Pre and Post Natal expenses with in maternity limit. Inclusion of New born: - In consideration of the additional premium paid this Policy extends to cover Hospitalisation expenses, (other than immunization expenses, expenses incurred for treatment of any congenital diseases external / internal and post-natal expenses), incurred for treatment of any disease/sickness/illness not specifically excluded, for the newborn from 0 day up to 5 months provided the mother is covered under the Policy. The benefit payable hereunder shall be restricted to 10% of the Sum insured in respect of the mother. This limit is not in addition to the sum insured of the mother but deemed to be a part of it. Subject to other terms and conditions of the policy. 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. - Room Rent, Boarding and Nursing Expenses Restricted to 2% of sum insured subject to a maximum of Rs.4000/- per day. If the Insured occupies a room with a 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 or actuals, whichever is lower.		



Star Health and Allied Insurance Company Limited

No.1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034.

Phone : 044-28288800, Telefax : 044-28260062,

Website : www.starhealth.in and Email: info@starhealth.in

IRDA Regn.No.129

Corporate Identity Number : U66010TN2005PLC056649

	Emergency ambulance charges up-to a sum of Rs.750/- per hospitalisation and overall limit of Rs.1500/- per policy period for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment provided such hospitalisation claim is admissible as per the Policy
	Pre Hospitalisation - 30 Days and Post Hospitalisation - 60 Days.
	After the inception of the Policy , NO midterm inclusion of any employee & dependents unless he is a new joiner 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.
	We shall issue photo ID cards in respect of all the covered persons and we require the passport size/stamp size photo for the same.
	Claims will be settled by in-house claims team.
	- "Cover could operate or attach only in respect of risk to employees and subject to condition that such employees was in service with the insured at the time of commencement of insurance and also at the time of action."
	The quote is given for the above mentioned specific population. In case of any increase or decrease in the population, the premium will vary.
	Sub limits: Cataract - Rs.20,000/- per eye and Rs.30,000/- per policy period. Except the cataract limit shown above, all other sub limits mentioned in the printed policy clause stands deleted.
11	All other terms and conditions as per GHI Policy Clause.

Validity of the quote

The above quote is valid for a period of 30 Days

Sum insured wise Employees and dependant details:

Sum Insured	Employees	Spouse	Child	E+S+C	Parents & Parents-In-laws	Total	Others
300000	266	253	400	919			0
Total	266	253	400	919			0

Name of the Branch / Area /Zonal office details

Name	Branch Office - Taranaka
Address	303/4, third floor, 12-13-97 Mundra Tara Tycoon, Taranaka, Hyderabad - 500 017.
Contact No	040 - 40181125 9052029977