

		ICICI Lombard Ihealth	Max Bupa Heartbeat Gold	Apollo Munich Optima Restore	Tata AIG MediPrime	Star Health Comprehensive
	Basic sum insured	10 lacs	10 lacs	10 lacs	10 lacs	10 lacs
	Premium	10,643	22,696	13,607	12,205	17,483
	<b>Hospitalization benefits</b>					
1	Waiting period	Pre-existing diseases: 2 years Specific illnesses/ treatments: 2 years	Pre-existing diseases: 2 years Specific illnesses/treatments: None	Pre-existing diseases: 3 years Specific illnesses/ treatments: 2 years	Pre-existing diseases: 4 years Specific illnesses/ treatments: 2 years	Pre-existing diseases: 4 years Specific illnesses/ treatments: 2 years
2	Hospital accomodation	No restriction /sub-limits	No restriction /sub-limits	No restriction /sub-limits	No restriction /sub-limits	No restriction /sub-limits
3	Pre-hospitalization	30 days	30 days	60 days	60 days if informed of hospitalization 5 days in advance, else 30 days	30 days
4	Post hospitalization	60 days after	60 days after	180 days	90 days if informed of hospitalization 5 days in advance, else 60 days	60 days
5	Hospital cash/Daily Cash	No	Not applicable	Only in case of shared accomodation. Rs 800 per day for maximum of 6 days	Only for accompanying insured child. Rs 500 per day subject to a maximum of Rs 15000	Rs 750 per day upto 120 days with a maximum of 7 days per occurrence
6	Emergency ambulance	Rs. 1500 per hospitalization	Actual cost at Network hospital, Rs 2000 per hospitalization otherwise	Rs 2000 per hospitalization	Rs 2500 per hospitalization	Rs 3500 per policy period
7	Organ donor expense	Not covered	Covered	Covered	Covered	Not covered
8	Co-payment feature /Annual deductible	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
9	Day care procedures	140 day care procedures covered	All day care procedures covered	All day care procedures covered	140 day care procedures covered	101 day care procedures covered
10	Domicilliary hospitalization	No	Yes, upto Rs 50,000	Yes	Yes	No
11	Alternative treatments	No	No	No	Upto Rs 25000	No
	<b>Maternity benefits</b>					
12	Maternity benefits (delivery expenses)	Waiting period of 36 months	Waiting period of 24 months. Expenses for 2 deliveries, upto Rs 50000 per year Husband and wife to be covered under the same policy	None	None	Waiting period of 36 months. Upto Rs 40000 per delivery for 2 deliveries
13	New born baby cover	None	Automatic covered (without additional charge) till the expiry of policy year in which the baby was born. Vaccination expenses covered	None	None	Automatically covered upto Rs 1 lac (without additional charge) till the expiry of policy year in which the baby was born. Vaccination expenses upto Rs 1000 covered
	<b>Renewal benefits</b>					
14	Renewal benefits	No Claim : Additional 10% sum insured at the time of renewal for every claim free year. In case of a claim, cumulative additional sum insured to go down by 50%	Irrespective of whether the claim was made : Gift rewards worth 10% of last paid premium or additional 10% sum insured	No claim: Bonus of 50% of the Basic Sum Insured In case of claim, accumulated bonus to be reduced by 50% of the basic sum insured.	No claim: Sum insured enhanced by 10% (bonus) each year . In case of claim: Cumulative bonus reduced by 10% of the basic sum insured	No claim: bonus sum insured at 100% of basic sum insured. In case of claim: bonus sum insured becomes zero
15	Loading on claims	NA	NA	NA	NA	NA
16	Health checkup	Yes	Yes (Annual)	No	Once every four years claim free years	Once every three claim free years
17	Claim settlement record	96.9%	82.2%	79.0%	84.8%	69.0%

Source: Policy documents for the respective policies (December 2014). For claim settlement data: Mint Mediclaim ratings, Claim settlement ratio calculated as 100%-(%claims repudiated +% claims pending for over six months)

# Title = MNS-937434854 ABC Ltd.

Group Name	ABC Ltd
Group Number	123
Renewal Date	01-01-2024

No of employees enrolled	20
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Group State	CT
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Market	Large
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## ***In Network (IN):***

Copay	30/45
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IN Coinsurance %	100/0
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IN Deductible	2500/5000
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## ***Out of Network (OON):***

OON Coinsurance %	100/0
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OON Deductible	2500/5000
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Title = Apollo Pvt. Ltd

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Orders.csv



C:\Users\Shreshtha\  
Downloads\  
honeypr



Group Name:	Aurora Products					
Group Number (or TBD):	1264561					
Request Date:	2/4/2020					
Effective Date of NSB:	3/1/2020					
Please Note: All items listed on this form are subject to review. Please highlight the NSB's in yellow.						
	Benefits Currently in Place			Requested Benefits		
<i>General Information: Required</i>	Current Plan 1: PO100001 BUY UP	Current Plan 2: PO100002 CORE	Current Plan 3: PO100004 BASE	Current Plan 1: PO100001 BUY UP	Current Plan 2: PO100002 CORE	Current Plan 3: PO100004 BASE
<i>CSP (Optional)</i>	Freedom HMO \$2500 \$30/45	Freedom HMO \$2500 \$30/50	Freedom HSA \$5000	Freedom HMO \$2500 \$30/45	Freedom HMO \$2500 \$30/50	Freedom HSA \$5000
Base (Similar standard Plan) Tracking ID # (REQUIRED) * Reach out to your Underwriter				KACTOHP58 - MNS0000026	KACTOHP513 - MNS0000027	KACTOHP64R1 - MNS0000046
# of Employees Enrolled:	39	22	25	36	26	15
Group State (NY, NJ, CT)	CT	CT	CT	CT	CT	CT
Market (Large or Small Group)	Large	Large	Large	Large	Large	Large
Product (e.g: HMO, POS, Classic, Access, Direct, OxUSA, Value Option or EPO)	HMO	HMO	HSA	HMO	HMO	HSA
Access (Gated or Non-Gated)	Non-Gated	Gated	Non-Gated	Non-Gated	Gated	Non-Gated
Newborn Freedom Liberty / Freedom Plan Current Carrier (Oxford or Competitor)	Freedom Polaris	Freedom Polaris	Freedom Polaris	Freedom Polaris	Freedom Polaris	Freedom Polaris
<i>In Network (IN):</i>						
PCP/Specialist OV Copay	30/45	30/50	0/0	30/45	30/50	D & 100%
ER Cost Share	150	150	0	150	150	D&C
Hospital Cost Share (Inpatient/Outpatient)	IP: \$0, after deductible; OP: \$0, not subject to ded	IP: \$250/Day-\$1,500 Max after deductible; OP: FS-Ded, then \$250/visit / Hosp-Ded, then \$500/visit	0/0	IP: \$0, after deductible; OP Hosp & Freestanding: No Charge	IP: \$250/Day-\$1,500 Max after deductible; OP: FS-Ded, then \$250/visit / Hosp-Ded, then \$500/visit	D&C
<i>For Direct, EPO or Value Option Products:</i>						
IN Deductible - Individual & Family	2500/5000	2500/5000	5000/10000	2500/5000	2500/5000	5000/10000
IN Coinsurance % (100, 90/10, 80/20...)	100/0	100/0	90/10	100/0	100/0	90/10
IN Coinsurance Limit (\$5k, \$10k...) Indiv. & Fam.						
IN Out-of-Pocket Maximum (include ded.) - Indiv. & Fam.	3000/6000	5000/10000	6250/12500	3000/6000	5000/10000	6250/12500
<i>Out of Network (OON):</i>						
OON Deductible - Individual & Family	NA	NA	5000/10000	NA	NA	5000/10000
OON Coinsurance % (80/20, 70/30, 60/40)	NA	NA	60/40	NA	NA	60/40
OON Coinsurance Limit (\$5k, \$10k, \$25k) - Indiv. & Fam.						
OON Out-of-Pocket Maximum (include ded.) - Indiv. & Fam.	NA	NA	9000/18000	NA	NA	9000/18000

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Title = ABC Ltd.

Please note that all this information is only for demonstration purposes.

STANDARD Plan Tracking ID- SP23704682627985

<b>Group Name</b>	ABC Ltd
<b>Group Number</b>	123
<b>Renewal Date</b>	01-01-2024
<b>No of employees enrolled</b>	20
<b>Group State</b>	CT
<b>Market</b>	Large
<b><i>In Network (IN):</i></b>	
<b>Copay</b>	30/45
<b>IN Coinsurance %</b>	100/0
<b>IN Deductible</b>	2500/5000
<b><i>Out of Network (OON):</i></b>	
<b>OON Coinsurance %</b>	100/0
<b>OON Deductible</b>	2500/5000

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Group Financial Information					
Please see Rate Model for available plan combinations					
Link to PDML: <a href="http://pdml/">http://pdml/</a>					
Plan Design:	KACTOHP63RD				
<u>In-Network</u>			<u>Out-of-Network</u>		
Office Copay:			UCR:	100% of Medicare	Modified UCR: Standard
PCP:	No Charge after Deductible				
Specialist:	No Charge after Deductible				
ER Copay:	No Charge after Deductible				
Hospital Copay					
Inpatient:	No Charge after Deductible				
Outpatient Free Standing:	No Charge after Deductible				
Outpatient Hospital Setting:	No Charge after Deductible				
Single Deductible:	\$2,850	Modified Cost Share:	Single Deductible:	\$2,850	Modified Cost Share:
Family Deductible:	\$5,700		Family Deductible:	\$5,700	
Coinsurance:	None		Coinsurance:	30%	
Single M.O.O.P.	\$4,000		Single M.O.O.P.	\$5,850	
Family M.O.O.P.	\$8,000		Family M.O.O.P.	\$11,700	
Financial Accumulation Period:	Calendar Year				
Prescription Plan					
Please see Rate Model for available plan combinations					
Rx Tracking ID:					

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