

		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	10 lacs
Premium	10,643	22,696	13,607	12,205	17,483	
Hospitalization benefits						
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	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	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 accommodation. 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 Domiciliary hospitalization	No	Yes, upto Rs 50,000	Yes	Yes	No	
11 Alternative treatments	No	No	No	Upto Rs 25000	No	
Maternity benefits						
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
Renewal benefits						
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	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

Group State CT

Market Large

In Network (IN):

Copay 30/45

IN Coinsurance % 100/0

IN Deductible 2500/5000

Out of Network (OON):

OON Coinsurance % 100/0

OON Deductible 2500/5000

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Title = Apollo Pvt. Ltd

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Orders.csv



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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		
	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
General Information: Required	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
CSP (Optional)				KACTOHP58 - MNS0000026	KACTOHP513 - MNS0000027	KACTOHP64R1 - MNS0000046
Base (Similar standard Plan) Tracking ID # (REQUIRED) * Reach out to your Underwriter						
# 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
Network Preferred Health Plan (NPHP)	Polaris	Polaris	Polaris	Polaris	Polaris	Polaris
Current Carrier (Oxford or Competitor)						
In Network (IN):						
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
For Direct, EPO or Value Option Products:						
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
Out of Network (OON):						
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

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

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Group Financial Information

Link to PDML:

<http://pdml/>

Please see Rate Model for available plan combinations

Plan Design:

KACTOHP63RD

In-Network

Office Copay:

PCP:

No Charge after Deductible

UCR:

100% of Medicare

Standard

Modified UCR:

Specialist:

No Charge after Deductible

ER Copay:

No Charge after Deductible

Hospital Copay

Inpatient:

No Charge after Deductible

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Outpatient Hospital Setting:

No Charge after Deductible

Single Deductible:

\$2,850

Modified Cost Share:

Family Deductible:

\$5,700

Coinsurance:

None

Single M.O.O.P.

\$4,000

Family M.O.O.P.

\$8,000

Single Deductible:

\$2,850

Modified Cost Share:

Family Deductible:

\$5,700

Coinsurance:

30%

Single M.O.O.P.

\$5,850

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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