

#### **CORPORATE OVERVIEW**

	CORPORATE PREMIUM DETAILS											
Corporate Name	BROTHER INTERNATIONAL INDIA PVT LTD	ROTHER INTERNATIONAL INDIA PVT LTD										
Insurance Company	The New India Assurance Company Ltd.											
Broker Name	Pioneer Insurance & Reinsurance Brokers Pvt Ltd.											
Policy Number	990000/34/22/04/00000147	Policy Period Policy upto 16/10/2023										
Policy Run Days	365	Inception Premium	9,44,215									
Inception Lives	372	Additional Premium	27,227									
Lives Added	36	Deletion Premium	30,282									
Lives Deleted	37	Current Total Premium	9,41,160									
Present Lives Covered	371	Premium Type	FULL PREMIUM									

2,537
0
67,431
0
193%
193%
10,00,000
0
10,00,000

#### **CORPORATE SUMMARY**

CLAIMS REPORTED SUMM	MARY
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Type of Claims	Cashless		Reimbursement OPD				Total Number	Total Amount	
Claims Status	Number	Amount	Number	Amount					
Paid	15	13,11,744	12	5,08,885	0	0	27	18,20,629	
Declined	0	64,840	1	12,216	0	0	1	77,056	
Outstanding	0	0	0	0	0	0	0	0	
Reported	15	13,76,584	13	5,21,101	0	0	28	18,97,685	

#### **CLAIMS PAID SUMMARY**

Claims Status	Cashless		Reimbursement	Reimbursement O			Total Number	Total Amount	
Olaims Status	Number	Amount	Number	Amount	Number Amount		Total Number		
Paid	15	12,98,714	12	5,08,885	0	0	27	18,07,599	
Paid Pre Post	2	13,030	0	0	0	0	2	13,030	
Grand Total	15	13,11,744	12	5,08,885	0	0	27	18,20,629	

CLAIMS DECLINED SUMMARY											
Claims Status	Cashless		Reimbursement		OPD		Total Number	Total Amount			
	Number	Amount	Number	Amount	Number	Amount	Total Number	Total Amount			
Rejected Main	0	0	1	12,216	0	0	1	12,216			
Rejected Pre Post	2	64,840	0	0	0	0	2	64,840			
Deficient, Closed Main	0	0	0	0	0	0	0	0			
Deficient, Closed Pre Post	0	0	0	0	0	0	0	0			
Grand Total	0	64,840	1	12,216	0	0	1	77,056			

CASHLESS DEI	NIAL SUMM	IARY						
Cashless Request Denied	0	0	0	0	0	0	0	0
Cashless Request Closed	0	0	0	0	0	0	0	0
Grand Total	0	0	0	0	0	0	0	0

CLAIMS OUTSTANDING SUMMARY												
Claims Status	Cashless		Reimbursement OF		OPD		Total Number	Total Amount				
	Number	Amount	Number	Amount	Number	Amount	Total Number	Total Amount				
Processed	0	0	0	0	0	0	0	0				
Under Deficiency	0	0	0	0	0	0	0	0				
Under Process	0	0	0	0	0	0	0	0				
Bills Not Received	0	0	0	0	0	0	0	0				
Pre Post	0	0	0	0	0	0	0	0				
Grand Total	0	0	0	0	0	0	0	0				

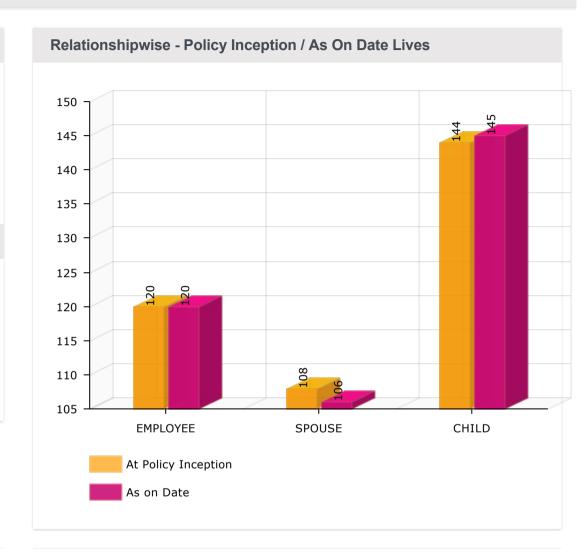
#### **ENROLLMENT (RELATION & AGE)**

#### **Lives At Policy Inception - Relationshipwise**

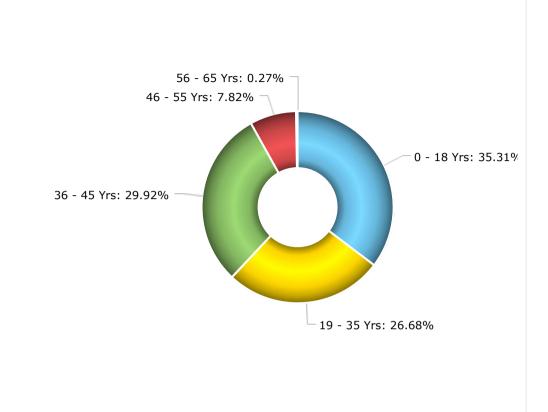
Relation Type	Male	Female	Other	Grand Total
EMPLOYEE	103	17		120
SPOUSE	10	98		108
CHILD	71	73		144
TOTAL	184	188		372

#### LIVES AS ON DATE - RELATIONSHIPWISE

Relation Type	Male	Female	Other	Grand Total	Growth (%)
EMPLOYEE	103	17		120	0%
SPOUSE	10	96		106	-1.90%
CHILD	69	76		145	0.70%
TOTAL	182	189		371	-0.30%



# Lives As On Date - Age & Genderwise (% Of Lives)



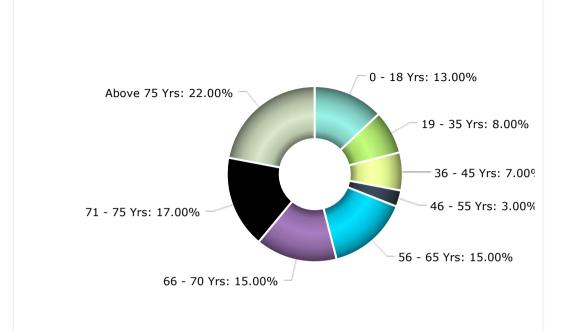
# Lives As On Date - Age & Genderwise

Age Group	Male	Female	Grand Total
0 - 18 Yrs	64	67	131
19 - 35 Yrs	30	69	99
36 - 45 Yrs	69	42	111
46 - 55 Yrs	18	11	29
56 - 65 Yrs	1		1
TOTAL	182	189	371

# Lives As On Date - Age & Relationshipwise

Age Group	EMPLOYEE	SPOUSE	CHILD	PARENTS	OTHER DEPENDENTS	Grand Total
0 - 18 Yrs			131			131
19 - 35 Yrs	32	53	14			99
36 - 45 Yrs	70	41				111
46 - 55 Yrs	17	12				29
56 - 65 Yrs	1					1
TOTAL	120	106	145			371

# Lives As On Date - Age & Relationshipwise (% Of Lives)



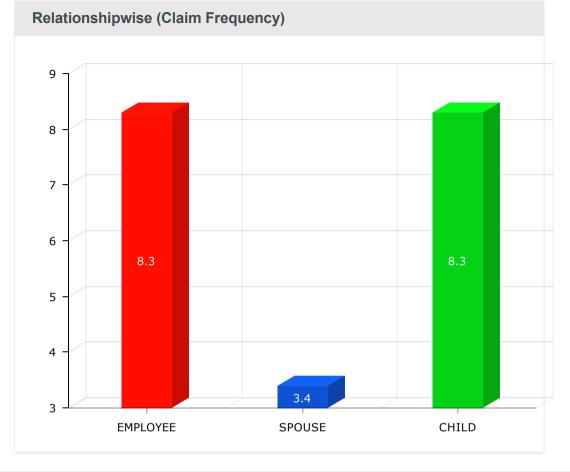
# **CLAIMS REPORTED (RELATION & AGE)**

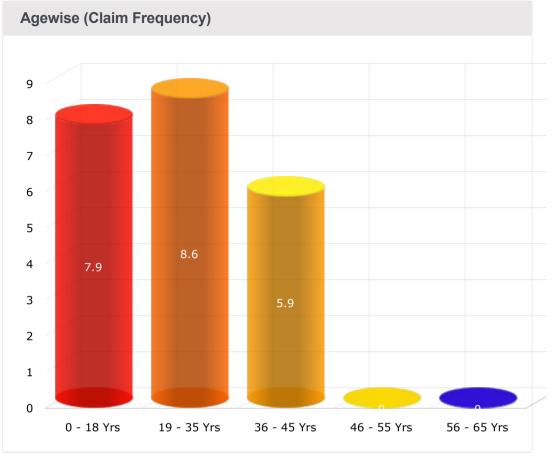
# Relationshipwise - Cashless V/S Reimbursement

Relation Type	No. of Lives	Cashless			Reimbursement			OPD			Total Number	Total Amount	Total Percentage	Claim Frequency	
Kelation Type	NO. OI LIVES	Number	Amount	Percentage (%)	Number	Amount	Percentage (%)	Number	Amount	Percentage (%)	Total Number	Total Amount	Total Fercentage	olulli i roquolloy	
EMPLOYEE	133	6	4,55,035	21.40%	5	3,16,191	17.90%			0%	11	7,71,226	39.30%	8.30	
SPOUSE	118	3	1,46,492	10.70%	1	31,000	3.60%			0%	4	1,77,492	14.30%	3.40	
CHILD	157	6	7,75,057	21.40%	7	1,73,910	25%			0%	13	9,48,967	46.40%	8.30	
TOTAL	408	15	13,76,584	53.60%	13	5,21,101	46.40%			0%	28	18,97,685	100%	6.90	

# Agewise - Cashless V/S Reimbursement

Age Group No. of Lives		Cashless			Reimbursement			OPD			Total Number	Total Amount	Total Percentage	Claim Frequency	
Age Group	NO. OI LIVES	Number	Amount	Percentage	Number	Amount	Percentage	Number	Amount	Percentage	Total Number	Total Alliount	Total Terecinage	Oranii i requency	
0 - 18 Yrs	140	4	1,26,333	14.30%	7	1,73,910	25%			0%	11	3,00,243	39.30%	7.90	
19 - 35 Yrs	116	7	8,76,644	25%	3	1,31,000	10.70%			0%	10	10,07,644	35.70%	8.60	
36 - 45 Yrs	119	4	3,73,607	14.30%	3	2,16,191	10.70%			0%	7	5,89,798	25%	5.90	
46 - 55 Yrs	32			0%			0%			0%			0%	0	
56 - 65 Yrs	1			0%			0%			0%			0%	0	
TOTAL	408	15	13,76,584	53.60%	13	5,21,101	46.40%			0%	28	18,97,685	100%	6.90	

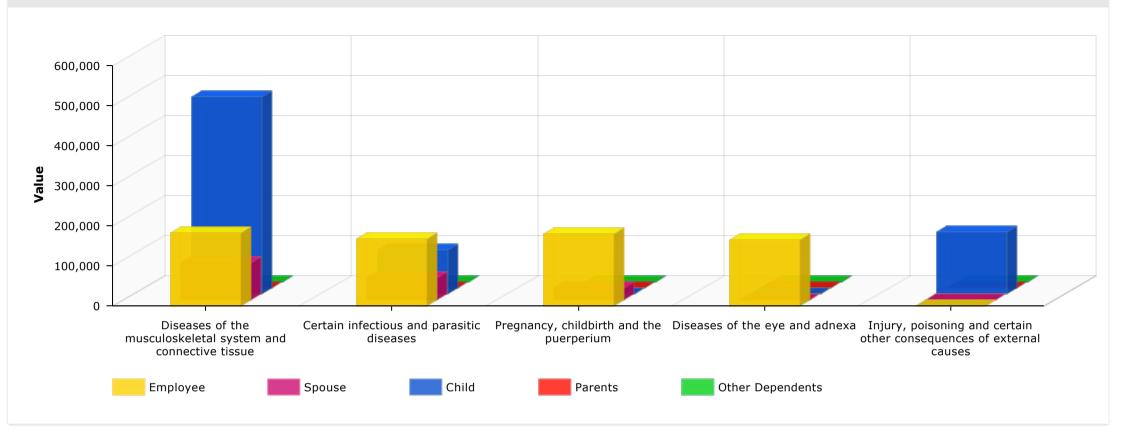




#### **DISEASE & RELATIONWISE CLAIM PAYOUT**

Disease Category	Employee	Spouse	Child	Parents	Other Dependents	Total Amount Paid
Diseases of the musculoskeletal system and connective tissue	1,82,765	92,173	4,92,087			7,67,025
Certain infectious and parasitic diseases	1,67,262	54,319	1,10,347			3,31,928
Pregnancy, childbirth and the puerperium	1,79,651	31,000				2,10,651
Diseases of the eye and adnexa	1,66,191					1,66,191
Injury, poisoning and certain other consequences of external causes			1,54,506			1,54,506
Diseases of the circulatory system	75,357					75,357
Diseases of the respiratory system			55,696			55,696
Certain conditions originating in the perinatal period			43,943			43,943
Symptoms, signs and abnormal clinical and laboratory findings			8,823			8,823
Diseases of the digestive system			6,509			6,509

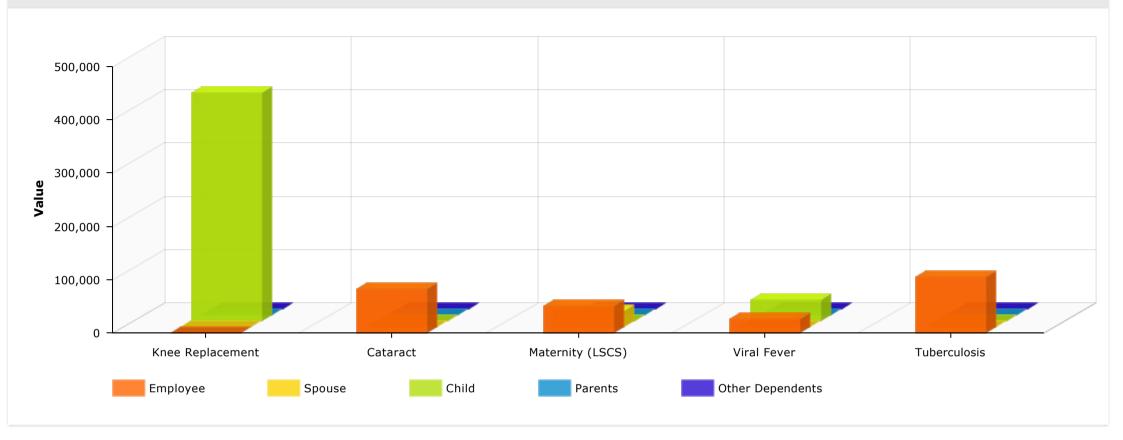
#### **Disease & Relationwise Claim Payout**



#### FREQUENTLY OCCURRING DISEASES

FREQUENTLY OCCURING	EMPL	OYEE		SPOL	JSE		CHIL	D		PARE	NTS		ОТНЕ	ER DEPENDAN	NTS	Total		
DISEASES	No.	Amt Paid	Avg. Payout	No.	Amt Paid	Avg. Payout	No.	Amt Paid	Avg. Payout									
Knee Replacement	0			0			1	4,29,378	4,29,378	0			0			1	4,29,378	4,29,378
Cataract	2	1,66,191	83,096	0			0			0			0			2	1,66,191	83,096
Maternity (LSCS)	2	1,00,000	50,000	1	31,000	31,000	0			0			0			3	1,31,000	43,667
Viral Fever	1	25,453	25,453	0			2	80,336	40,168	0			0			3	1,05,789	35,263
Tuberculosis	1	1,05,722	1,05,722	0			0			0			0			1	1,05,722	1,05,722
Maternity (Normal Delivery)	2	79,651	39,826	0			0			0			0			2	79,651	39,826
Haemorrhoidectomy	1	75,357	75,357	0			0			0			0			1	75,357	75,357
Dengue	1	36,087	36,087	0			1	16,375	16,375	0			0			2	52,462	26,231
Hernia (Umbilical)	0			0			1	43,943	43,943	0			0			1	43,943	43,943
Pneumonia	0			0			1	33,613	33,613	0			0			1	33,613	33,613
Typhoid Fever	0			1	31,007	31,007	0			0			0			1	31,007	31,007
Acute Lower Respiratory Tract System	0			0			1	22,083	22,083	0			0			1	22,083	22,083
Gastroenteritis	0			0			1	6,509	6,509	0			0			1	6,509	6,509

# **Frequently Occurring Diseases (Average Claim Size)**



#### TOP 15 HOSPITALS - BASED ON CLAIMS PAYOUT

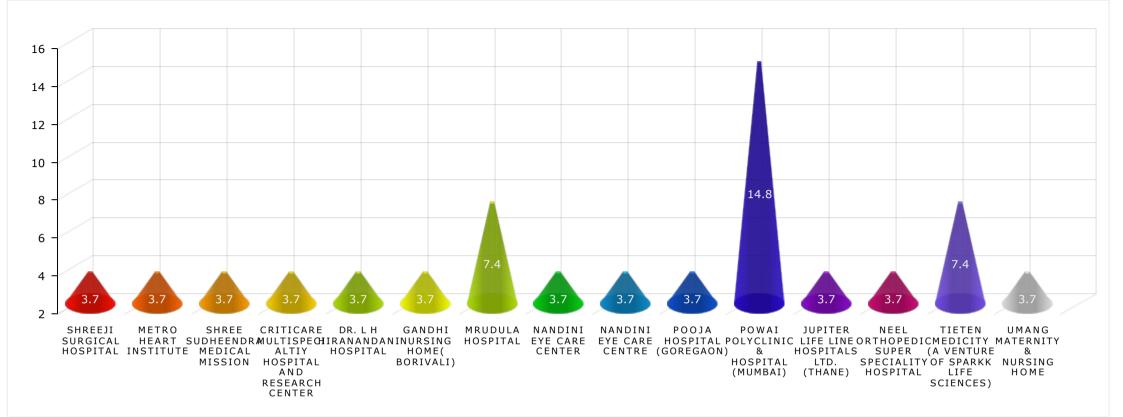
#### IPD

Hospital Name	Network City	Number	Amount	Average Length of Stay (LOS)	% of Claims Paid	Avg Claim Amt Paid
SHREEJI SURGICAL HOSPITAL	Ahmedabad	1	43,943	2	3.70	43,943
METRO HEART INSTITUTE	Faridabad	1	62,709	2	3.70	62,709
SHREE SUDHEENDRA MEDICAL MISSION	Kochi	1	75,357	2	3.70	75,357
CRITICARE MULTISPECIALTIY HOSPITAL AND RESEARCH CENTER	Mumbai	1	1,54,506	18	3.70	1,54,506
DR. L H HIRANANDANI HOSPITAL	Mumbai	1	4,29,378	2	3.70	4,29,378
GANDHI NURSING HOME( BORIVALI)	Mumbai	1	50,000	3	3.70	50,000
MRUDULA HOSPITAL	Mumbai	2	80,336	6	7.40	40,168
NANDINI EYE CARE CENTER	Mumbai	1	98,704	1	3.70	98,704
NANDINI EYE CARE CENTRE	Mumbai	1	67,487	1	3.70	67,487
POOJA HOSPITAL (GOREGAON)	Mumbai	1	50,000	4	3.70	50,000
POWAI POLYCLINIC & HOSPITAL (MUMBAI)	Mumbai	4	97,105	4	14.80	24,276
JUPITER LIFE LINE HOSPITALS LTD. (THANE)	Thane	1	92,173	1	3.70	92,173
NEEL ORTHOPEDIC SUPER SPECIALITY HOSPITAL	Thane	1	1,82,765	3	3.70	1,82,765
TIETEN MEDICITY (A VENTURE OF SPARKK LIFE SCIENCES)	Thane	2	1,31,175	6	7.40	65,588
UMANG MATERNITY & NURSING HOME	Ulhasnagar	1	50,000	6	3.70	50,000

#### OPD

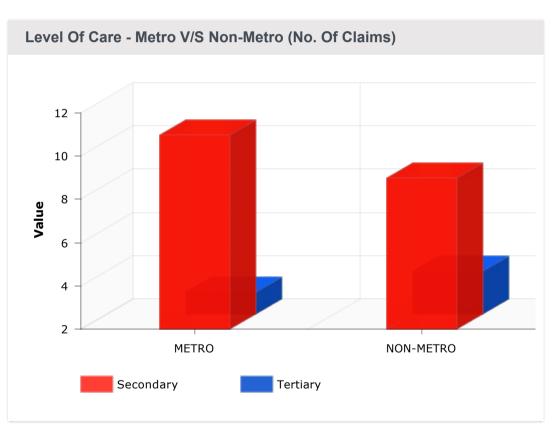
Hospital Name	Number	Amount	% of Claims Paid	Avg Claim Amt Paid
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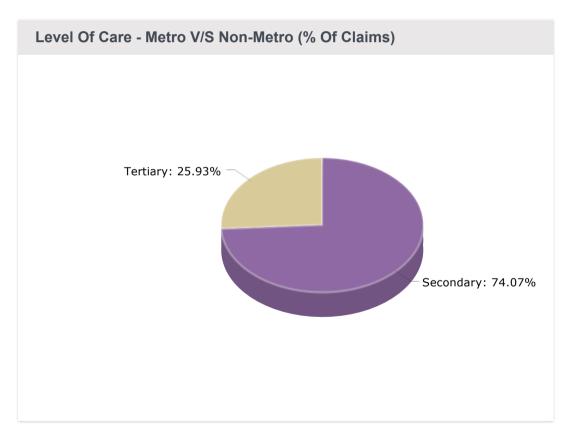
**Top 15 Hospitals (% Of Claims Paid)** 



#### **LEVEL OF CARE - METRO V/S NON-METRO**

	y Level of care	Cashless	2ashless				Reimbursement				OPD				Total			
City type		Number	Amount	Avg Length of Stay (LOS)	Avg Claim Payout	Number	Amount	Avg Length of Stay (LOS)	Avg Claim Payout	Number	Amount	Avg Length of Stay (LOS)	Avg Claim Payout	Number	Amount	Avg Length of Stay (LOS)	Avg Claim Payout	
METRO	Secondary	5	1,20,417	8	24,083	6	3,46,527	6	57,755	0		0		11	4,66,944	3	42,449	
METRO	Tertiary	3	6,13,535	8	2,04,512	0		0		0		0		3	6,13,535	8	2,04,512	
NON- METRO	Secondary	3	2,91,735	12	97,245	6	1,62,358	6	27,060	0		0		9	4,54,093	4	50,455	
NON- METRO	Tertiary	4	2,86,057	4	71,514	0		0		0		0		4	2,86,057	4	71,514	

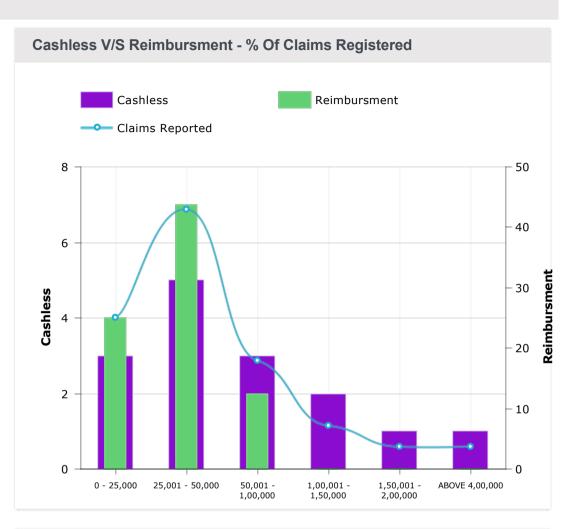




#### **CLAIM AMOUNT BANDWISE - CASHLESS V/S REIMBURSEMENT**

## Cashless V/S Reimbursment - Claims Registered

Claim Amt Band	Cashless		Reimburs	ement	Total Number	Total Percentage	
olalii Aliit Balla	Number	Percentage	Number	Percentage	Total Namber		
0 - 25,000	3	10.70%	4	14.30%	7	25%	
25,001 - 50,000	5	17.90%	7	25%	12	42.90%	
50,001 - 1,00,000	3	10.70%	2	7.10%	5	17.90%	
1,00,001 - 1,50,000	2	7.10%		0%	2	7.10%	
1,50,001 - 2,00,000	1	3.60%		0%	1	3.60%	
ABOVE 4,00,000	1	3.60%		0%	1	3.60%	
TOTAL	15	53.60%	13	46.40%	28	100%	





## **Claim Amount Bandwise - OPD Claims**

Claim Amt Band	OPD		Total Number	Total Percentage	
Olailli Allit Ballu	Number	Percentage	Total Number	Total Percentage	

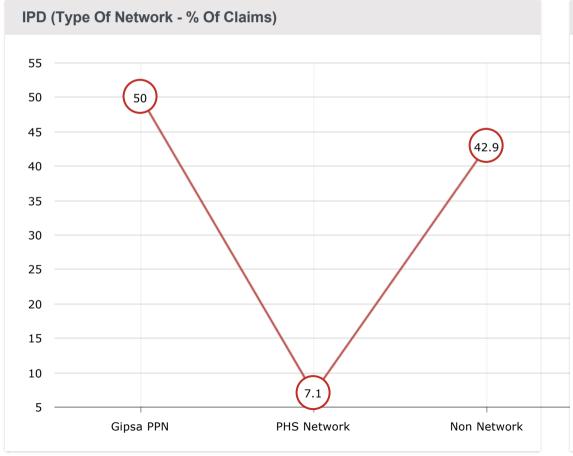
#### TYPE OF NETWORK - CASHLESS V/S REIMBURSEMENT

#### IPD

Network Status	Cashless		Reimbursen	nent	Total Claims		
	Number	Percentage	Number	Percentage	Number	Percentage	
Gipsa PPN	13	46.40%	1	3.60%	14	50%	
PHS Network	2	7.10%		0%	2	7.10%	
Non Network		0%	12	42.90%	12	42.90%	
TOTAL	15	53.60%	13	46.40%	28	100%	

## IPD+OPD+Pre-Post

Network Status	No. of IPD	No. of OPD	No. of Pre Post	Total Number	Total Percentage
Gipsa PPN	14		4	18	56.30%
PHS Network	2			2	6.30%
Non Network	12			12	37.50%
TOTAL	28		4	32	100%



# IPD+OPD+Pre-Post (Type Of Network - % Of Claims) 60 50 40 37.5 30 20 10 Gipsa PPN PHS Network Non Network

#### NO. OF CLAIMANTS - CLAIM REPORTED FREQUENCY

# **Employee**

No. of Times Claimed	Employees Claiming	% of Employees	No of Claims	Amount of Claims	% of Claim Amt
1	6	75	6	4,23,860	55
2	1	12.50	2	1,31,175	17
3	1	12.50	3	2,16,191	28

# Dependents

No. of Times Claimed	Dependents Claiming	% of Dependants	No of Claims	Amount of Claims	% of Claim Amt	
1	11	73.30	11	7,74,683	68.80	
2	3	20	6	1,32,430	11.80	
5	1	6.70	5	2,19,346	19.50	

## HOSPITAL DISCOUNT CLAIM SAVING

Network Status	Cashless				Reimbursement			OPD				Total				
	Claimed Amt	Paid Amt	Hospital Discount	Disc. % Given	Claimed Amt	Paid Amt	Hospital Discount	Disc. % Given	Claimed Amt	Paid Amt	Hospital Discount	Disc. % Given	Claimed Amt	Paid Amt	Hospital Discount	Disc. % Given
Gipsa PPN	12,71,576	12,06,736	72,119	5.70	8,823	8,823	773	8.80				0	12,80,399	12,15,559	72,892	5.70
PHS Network	1,05,008	1,05,008	286	0.30				0				0	1,05,008	1,05,008	286	0.30
Non Network				0	5,12,278	5,00,062		0				0	5,12,278	5,00,062		0
TOTAL	13,76,584	13,11,744	72,405	5.30	5,21,101	5,08,885	773	0.10				0	18,97,685	18,20,629	73,178	3.90