

To
BMD PRIVATE LIMITED
POST BOX NO 35 LNJ
NAGAR MORDI BANSWARA
BANSWARA, RAJASTHAN - 327001, INDIA

Date : 24-04-2023

Subject : Policy Number : 4101230400000236-00

Dear Customer,

Welcome to SBI General. Thank you for choosing SBI General's Group Health Insurance Policy. We are delighted to have you as our esteemed Customer.

We enclose the following documents pertaining to your Policy :

- Policy Schedule
- Policy Clauses & Wordings
- Grievance Redressal Letter

We have taken care that the documents reflect details of risk and cover as proposed by you. We request you to verify and confirm that the documents are in order. Please ensure safety of these documents as they form part of our contract with you. For all your future correspondence you may have with us, kindly quote your Customer ID and Policy Number.

Customer ID : C14174

Policy Number : 4101230400000236-00

The Postal Address of your SBI General Branch that will service you in future is :
1st Floor, Dwarka Niwas In front of BMW showroom Kailash Puri, Tonk Road, Amer Clark
Hotel, Jaipur, Jaipur, Rajasthan, India-302018

In case of any queries or suggestions, please do not hesitate to get in touch with us. You can contact us at customer.care@sbigeneral.in or call our Customer Care Number 1800-102-1111 / 1800-22-1111.

We look forward to a continuing and mutually beneficial relationship.

Yours sincerely,



Authorized Signatory

SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products

SBI General Insurance Company Ltd., Registered Office: & Corporate
Office: SBI General Insurance Company Ltd. 9th Floor, A&B Wing, Fulcrum
Building, Sahar Road, Andheri East, Mumbai-400099.

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE
UIN - SBIHLGP21330V022021

SCHEDULE

| | | |
|------------------------------------|---|----------------------------|
| Policy No : 4101230400000236-00 | Servicing Branch Office : 1st Floor,Dwarka Niwas In front of BMW showroom Kailash Puri,Tonk Road,Amer Clark Hotel,Jaipur,Jaipur,Rajasthan,India-302018 | Issue Date : 24-04-2023 |
|------------------------------------|---|----------------------------|

Intermediary Details :

| | | |
|------------------------------|---|--------------|
| Intermediary Name | Pioneer Insurance & Reinsurance Brokers Pvt Ltd | |
| Intermediary Code | 0005197 | |
| Intermediary Contact Details | Mobile No. | Landline No. |

Insured Details :

| | | |
|---------------------------------------|---|---|
| Name of the Insured/Proposer | : | BMD PRIVATE LIMITED |
| Address | : | POST BOX NO 35 LNJ NAGAR MORDI BANSWARA BANSWARA, RAJASTHAN - 327001, INDIA |
| Period of Insurance | : | From 05-04-2023 (00:00:00 Hrs) to 04-04-2024 (23:59:59 Hrs) |
| Previous insurance policy no, if any | : | N/A |
| Name of the Administrator / TPA | : | RAKSHA HEALTH INSURANCE TPA PRIVATE LIMITED |
| No of Primary Insured Persons covered | : | 35 Employees |
| Total No of Insured Persons Covered | : | 101 [Commencement of Policy] |
| Total Sum Insured | : | 6,750,000.00 |
| Details of Insured Persons | : | As per annexure attached |
| Compulsory Co-pay (If Applicable) | : | As per Category Sheet (Annexure A) |
| Add on Covers Opted | : | As per Category Sheet (Annexure A) |
| GST No | : | 08AABCB2235N1ZO |
| Coinsurance Details | : | 100.00% |

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101230400000236-00

Additional Conditions : Subject to the following additional Conditions and attached Clauses / Endorsements / Warranties :

*Advance Procedures-Covered wherever Medically Indicated either as in patient or as part of day care treatment in a hospital
up to 50% of Sum Insured? for below mentioned procedure

- A. Uterine Artery Embolization and HIFU (High Intensity Focused Ultrasound)
- B. Balloon Sinuplasty
- C. Deep Brain Stimulation
- D. Oral Chemotherapy
- E. Immunotherapy - Monoclonal Antibody to be given as injection
- F. Intra Vitreal Injections
- G. Robotic Surgeries
- H. Stereotactic Radio Surgeries
- I. Bronchial Thermoplasty
- J. Vaporisation of the Prostate (Green Laser Treatment or Holmium Laser Treatment)
- K. IONM - (Intra Operative Neuro Monitoring)
- L. Stem Cell Therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

Corporate Buffer not to be utilised for above ailments

*Toric Lens-Toric Lens covered upto 30,000/- per eye

*Treatment for Refractive Error-Covered with refractive error +/- 7.5

*No individual can be covered more than once in the policy ? specifically if an employee and spouse are working
for the same organization both cannot cover each other and cannot cover the same set of parents. In case at the
time of claim it is found that the member is covered more than once, a deletion endorsement without any
refund) of such member will be effected to ensure he/she is covered only once.

*Mid term increase in SI is not allowed.

*Administration/ Registration/ Service Charges & Misc. Charges are not payable

*For all admissible claims where treatment is taken at hospitals/nursing homes which are not in the list of
network hospitals empanelled by the Company/Administrator, insured person shall bear 10% of the eligible
admissible claim

*Employees shall be covered from DOJ subject to availability of sufficient CD balance being maintained with insurer

*Addition/deletion shall be done on prorata basis once in a month only subject to data being provided to us by 15th of succeeding month.

*The policy excludes treatment with or coverage of Cochlear Implant Procedure, Femtolaser, Retrograde intra
renal surgery, Quantum magnetic resonance therapy, Holter monitoring unless otherwise specifically covered as

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

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per Policy Schedule

*Mid term inclusion of Spouse & children shall only be allowed only in case of marriage, child birth and legal

adoption. The same is to be intimated to us within 30 days from date of marriage/child birth/adoption.

*Coverages, SI, family definition, terms & conditions are strictly as per expiring policy except as specified.

*Pre-existing Diseases -Pre-Existing Diseases Covered

*First Year waiting period-Waived Off

*First 30 days waiting period-Waived Off

*Domiciliary Hospitalization-20% of SI to a maximum of Rs. 20000

*Pre & Post Hospitalization-Pre/Post Hospitalisation of 30/60 days respectively.

*Family Definition-Employee + Spouse & 2 -Children-Minimum and Maximum age at entry for Employee is 18 years and 65 years respectively. Dependent children covered upto 23 years of age (unmarried and financially dependent only) for all employees.

*Maternity Benefit -Cover for employee and spouse only. Upto 2 living births only. Normal delivery limit: Rs. 40000 and caesarean section limit: Rs. 50000 Pre-natal/ Post natal hospitalization expenses covered up to Rs. 5000 within Maternity benefit limit.

*9 months waiting period on Maternity-9 months Waiting Period not Applicable

*Baby cover from Day 1-Within floater SI

*Congenital internal disease cover-Covered for all within floater SI . External Congenital covered for Life threatening condition only. Purely Non-Cosmetic in nature.

*Ambulance charges-Covered upto 1% of SI or Rs. 1,500 per family whichever is less

*Corporate Buffer-Annual Limit: 1000000 Corporate buffer cannot be utilised for maternity claims and non allopathic treatment. Utilization of Corporate buffer limit shall be allowed after exhaustion of base subject to restriction of max Per family SI limit

*Ayurvedic Cover-15% of SI or Rs. 20000 whichever is less

*Homeopathic Medicine & Unani Treatment Cover-10% of SI or Rs. 15000 whichever is less

*Room Rent Capping-2.5% of SI /- for Non-ICU & 3.5% of SI /- for ICU In case insured opts for a higher room category than eligibility:

1) For normal Room & ICU / ICCU / NICU : Proportionate deductions will be applicable on defined nullassociate medical expenses.

Associated Medical Expenses shall include Room Rent, nursing charges, operation theatre charges, fees

of Medical Practitioner/surgeon/ anaesthetist/ Specialist conducted within the same Hospital where the

Insured Person has been admitted. The below expenses are not part of associate medical expenses

- a. Cost of Pharmacy and consumables
- b. Cost of implants and medical devices
- c. Cost of diagnostics

2) For admission in ICU / ICCU - proportionate deduction will only be done on the ICU / ICCU room rent,

and not on any other associated medical expenses etc. Room Rent is inclusive of nursing charges

*Genetic Disorder-25% of Individual or Family SI Limit or Rs. 2 Lakhs per insured which ever is

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

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lower subject to available Balance SI. Corporate Buffer not to be utilised for these claims
*HIV/AIDS/Mental Illness -10% of Individual or Family SI limit or Rs 1 lac per insured whichever
is lower subject to available Balance SI. Corporate Buffer not to be utilised for these claims

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE


Attached to and forming part of Group Health Policy No 4101230400000236-00

Premium Computation

| Particulars | Amount (INR) |
|---------------|----------------|
| Gross Premium | 324,083.88 |
| CGST : @9.00% | 29,167.55 |
| SGST : @9.00% | 29,167.55 |
| Final Premium | 382,418.98 |

Consolidated Stamp Duty paid INR 25.0/- towards Insurance Policy Stamps vide Order No. CSD/360/2019/917/19 Dated 13-03-2019 of General Stamps Office Mumbai.

P.S. If premium paid through cheque, the policy is void abinitio in case of dishonour of cheque.

| | |
|-----------------------|---|
| Signed at : Mumbai HO | For SBI General Insurance Company Limited |
| Date : 24-04-2023 | Signatory :  |

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101230400000236-00

Important Note :

Please examine this Policy including its attachment Schedule/ Annexure if any. In the event of any discrepancy, contact the office of the Company immediately, it being noted that this Policy shall be otherwise considered as being entirely in order.

In case of payment by cheque, in the event dishonor of cheque for any reason whatsoever, insurance provided under this document automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not. Any claim arising or related to consequences of the pre-existing disease is excluded from the scope of policy cover unless the same is covered on payment of premium and coverage terms mentioned in the schedule.

This is a Contract between the Company and the Insured Person(s). The Insured Person(s) shall not transfer, assign, alienate or in any way pass the benefits and /or liabilities to any other person, institution, hospital, company or body corporate without specific approval in writing by a duly authorised officer of the company. However, if the Insured Person(s) is permanently incapacitated or deceased, the legal heirs of the insured may represent him in respect of claim under the policy.

All terms, conditions and exclusions as per standard policy wordings attached with this schedule.

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

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ANNEXURE 'A' (Category Chart)

| | |
|----------------------|---|
| Group | SI 1.5 LAC |
| Covers | LIMITS |
| Family Definition | Floater option SELF + SPOUSE + 2 CHILD. |
| Type of Cover | Family Floater |
| Sum Insured | 150,000.00 |
| IN-PATIENT | Maximum limit : 150,000.00 |
| Pre Hospitalization | Yes 30.0 day(s) |
| Post Hospitalization | Yes 60.0 day(s) |

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

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ANNEXURE 'A' (Category Chart)

| | |
|----------------------|---|
| Group | SI 2 LACS |
| Covers | LIMITS |
| Family Definition | Floater option SELF + SPOUSE + 2 CHILD. |
| Type of Cover | Family Floater |
| Sum Insured | 200,000.00 |
| IN-PATIENT | Maximum limit : 200,000.00 |
| Pre Hospitalization | Yes 30.0 day(s) |
| Post Hospitalization | Yes 60.0 day(s) |

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ANNEXURE 'A' (Category Chart)

| | |
|----------------------|---|
| Group | SI 2.5 LACS |
| Covers | LIMITS |
| Family Definition | Floater option SELF + SPOUSE + 2 CHILD. |
| Type of Cover | Family Floater |
| Sum Insured | 250,000.00 |
| IN-PATIENT | Maximum limit : 250,000.00 |
| Pre Hospitalization | Yes 30.0 day(s) |
| Post Hospitalization | Yes 60.0 day(s) |

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

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ANNEXURE 'B'

| Sr No | Name of the Insurance Company | Co-Insurance Share (%) | Base Premium (In INR) | Tax (In INR) | Final Premium (In INR) |
|-------|------------------------------------|------------------------|-----------------------|--------------|------------------------|
| 1 | SBI General Insurance Co. Ltd.-SBI | 100.00 | 324,083.88 | 58,335.10 | 382,418.98 |
| Total | | 100.00 | 324,083.88 | 58,335.10 | 382,418.98 |

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| GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE |
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Attached to and forming part of Group Health Policy No 4101230400000236-00

INTIMATING A CLAIM

For Intimating a Claim with us please contact us through the following channels :

Phone : 1800-102-1111/1800-22-1111(Toll Free 8:00 am to 8:00 pm from Monday to Saturday)

Email - customer.care@sbigeneral.in

Facsimile - 1800-102-7244/1800-22-7244(Toll Free)

CLAIM SETTLEMENT

The Company will settle the claim under this policy within 30 days from the date of receipt of necessary documents required for assessing the claim. In the event that the Company decides to reject a claim made under this policy, the Company shall do so within a period of thirty days of the Survey Report or the additional Survey Report, as the case may be, in accordance with the provisions of Protection of Policyholder's Interest Regulations 2017.