

Placement Slip – P_GMC_21086

Policy Details

Field	Value
Type of Policy	GROUP HEALTH POLICY - EMPLOYER/EMPLOYEE
Insured Name	BHUBANESHWARI COAL MINING LTD and/or affiliated and/or interrelated and/or subsidiary companies and/or corporations as they now are or may hereafter be created and/or constituted and/or for whom the Insured receive instructions to insure and/or for whom the Insured have or assume a responsibility to arrange insurance contractually, as their respective rights and interest may appear hereinafter known as the Insured.
Communication Address	PLOT NO 1554, FLAT NO 2, 1ST FLOOR, SHARMACHHAK , TALCHER, ORISSA TALCHER-759100
Proposal Type	Renewal
Current Policy Number	Expiring Policy No. 12120034240400000004
Current TPA	MEDI ASSIST INDIA TPA PVT. LTD.

Proposed Insurer Details

Name of Insurer	City of Issuing Office	Divisional Office Number
THE NEW INDIA ASSURANCE CO. LTD	121200 - NEW INDIA CENTER	121200

Policy Period

Field	Value
Policy Range Month (upto)	1 Year
Renewal Policy Period	From 00 Hrs. of 01/04/2024 12:00:00 AM till 11:59 pm of 31/03/2025 12:00:00 AM

Insured Business

Industry	Value
Insured's Business	Coal

Sum Insured & Member Count

PARTICULARS	FINAL COUNT
Count of Employees	198
Count of Dependents	516
Total Count	714

General Information

Field	Value
Name of TPA 1	MEDI ASSIST INDIA TPA PVT. LTD.
Family Definition	E+S+2C (Self + Spouse + 2 Dependent Children, no age limit)
Sum Insured per Family	1,00,000

Coverage Details

Coverages	Expired Terms (OPT-1)
Pre-existing disease coverage	Covered for all
Waiver of 30 days waiting period	Covered for all
Waiver of 1st, 2nd, 3rd & 4th year waiting period	Covered for all
Pre & Post Hospitalization days & its limits	Covered for all – Pre & Post Hospitalization coverage for 30 & 60 days respectively
Domiciliary Hospitalization Cover	Not covered
Internal Congenital disease/defects	Covered
External Congenital disease/defects	Not covered
Dental treatment due to illness/injury/accident (hospitalization)	Covered
Baby day one cover	Covered
Ambulance charges	Covered – Up to 1,500 per claim
Day care treatment / Procedures	Covered – 1% of SI or actual (whichever is less), max 2,500 for emergency transfer
Corporate Buffer	Not available
Terrorism/Epidemic/Pandemic Cover from day 1	Covered
AYUSH treatment	Covered
Organ transplant donor expenses within Family SI	Not covered
Family Size	1+3
Sum Insured	1,00,000

Maternity Benefits

Maternity Benefits	Expired Terms (OPT-1)
Waiver of 9 month waiting	Waived for all
Pre & Post Natal Expense	Covered within maternity limit (30/30 days)

Well Baby Charges	Covered within maternity limit
Treatment for infertility etc.	Not covered
Normal Delivery (IPD/Day care)	Up to 25,000 (normal & caesarean)
IVF treatment under maternity	NA
Pre & Post Natal Expense (30 & 60 days)	NA
Voluntary termination (1st 12 weeks)	NA

Add On Coverages

Add On Coverages	Expired Terms (OPT-1)
Chemotherapy (IPD/Day)	Not covered
Air Ambulance	Not covered
Dental Treatment (non-accidental OPD)	Not covered
OPD Benefit	Not covered
Critical Illness Benefit	Not covered
Increase in Family SI	Not covered
Lasik +/- 7.0	NA
Death during hospitalisation (No deduction)	NA
Death of employee – dependents covered	NA
Cosmetic surgery (burns or life-threatening)	NA
Died < 24 hrs	NA
Assistant surgeon charges	NA
GST and other hospital charges	NA
Ailments in Corporate Buffer	NA

Cost Containment

Cost Containment	Expired Terms (OPT-1)
Room Rent Cappings	Applicable – 1% SI (normal), 2% (ICU), no proportionate deduction
Proportionate Clause	Not applicable
Claim Co-payment	Not applicable
Internal cappings	NA
PPN Charges/Rates	NA

Other Clauses

Other Clauses	Expired Terms (OPT-1)
Cashless facility	Yes
Addition & Deletion (Employees/Dependents)	Yes – On pro-rata basis
Claim Intimation Clause	Within 30 days of hospitalization

Claim Document Submission	Within 60 days of discharge (waiver possible on request)
Cancellation clause	Yes – To be deleted
AIDS treatment	NA
Group to Retail Continuity	NA
War & allied perils	NA
Circumcision	NA
Spectacles/hearing aids	NA
Convalescence etc.	NA
Self-injury/alcohol/drugs	NA
Charges primarily for investigation	NA
Nuclear weapons	NA
Naturopathy	NA
Other T&Cs;	Cataract covered fully (lens capped), AYUSH covered, Modern treatments as per IRDAI circular

Claim Experience

Year	Premium Paid	Paid Amount	Outstanding	Nature of Claim	No. of Claims
2024–25	873,428	4,87,535	40,906	RI and cashless	23
2023–24	792,287	789,874	43,115	RI and cashless	22
2022–23	0.00	0.00	0.00	0	0

Premium Details

GST Component	Rate	Amount
SGST	9%	1,06,506.9
CGST	9%	1,06,506.9
IGST	0%	0
UTGST	0%	0
Total GST	18%	2,13,013.8
Total Premium Payable	—	13,96,423.8

Payment Details

Field	Value
Mode	NEFT
Reference No.	503271384929
Date	28/03/2025
Amount	13,96,424
Bank	HDFC BANK LTD.

Approvals

Field	Value
Prepared By	PARESH WAGHDHARE
Reviewed By	PRITAM NAGWEKAR
Place	MUMBAI - MAFATLAL
Date	02/04/2025