**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**

| **Net Premium** | **Terrorism Premium** | **Total Premium** |
| --- | --- | --- |
| **₹11,83,410** | **₹0** | **₹11,83,410** |

| **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** |