ATTENTION: INSURANCE COMPANIES

REQUEST FOR PROPOSAL (RFP)

REQUEST FOR PROPOSAL (RFP) FOR MEDICAL INSURANCE SCHEME AS PER 9TH JOINT NOTE / 12TH BIPARTITE SETTLEMENT FOR OFFICERS AND EMPLOYEES OF JHARKHAND RAJYA GRAMIN BANK

Reference No.:JRGB/HO/HR/Tender/2024-25/14.08.2024

Introduction: -

Jharkhand Rajya, Gramin Bank, a premier Regional Rural Bank (hereinafter called the "Bank") is sponsored by State Bank of India and is operating in 24 districts Jharkhand. The Bank has 445 Branches, 8 Regional Office and 1 Head Office. **The Bank has 1529 employees (Officers-859, Office Assistants – 558 and Office Attendant – 112) as on date. Employee with dependents details asattached.**

Important definitions / clarifications:

- **Bank:** "Bank" means Jharkhand Rajya Gramin Bank.
- **RFP**: - The Request for Proposal (this document) in its entirety, inclusive of any addenda / modification / clarification / amendment that may be issued by the Bank.
- **Bidder:** "Bidder" means Health Insurance Company responding to this RFP.
- **IRDAI:** "IRDAI" means Insurance Regulatory and Development Authority of India.
- **Bid/Proposal:** "Bid"/"Proposal" means the response submitted by the bidder to this RFP.
- **Bidder:** - An Eligible Insurer submitting a Proposal / Bid in response to this RFP.
- **Insurance Company:** - Selected Bidder under this RFP.
- **Proposal: -** The Technical Proposal and the Commercial Proposal.
- **Day:** - Calendar day.
- **Party or Parties: -** the Jharkhand Rajya Gramin Bank / Selected Bidder (Insurance Company) as the case may be.
- **SLA:**- Service Level Agreement

1. PURPOSE OF REQUEST FOR PROPOSAL (RFP)

1.1. The Bank has introduced Medical Insurance Scheme w.e.f. 01.10.2019 for its employees as per Xth Bipartite Settlement applicable for PSU Banks & RRBs. The objective of the scheme is to provide reimbursement of hospitalization / medical expenses incurred by the existing staff members / dependent family members as per 10th Bipartite Settlement signed on 25.05.2015, 11th Bipartite Settlement signed on 11.11.2020 and 12th Bipartite Settlement signed on 08.03.2024 between member banks and IBA.

1.2. With the view to continue the new scheme as formulated in the 12th Bipartite Settlement, bank invites "Request for Proposal (RFP)" from General Insurance Companies (hereinafter called the "Insurer") in India for the Medical Insurance Scheme. There would be a continuity of this scheme / benefits to the existing Officers/Office Assistant and Attendant and their family for the period of one year from 01.10.2024.

The Insurers are advised to carefully review and submit all relevant information as sought in the RFP.

1.3 *This RFP document is neither an offer letter nor a legal contract, but an invitation for Request for Proposal. No contractual obligation on behalf of the Bank whatsoever shall arise from this RFP process, unless and until a formal contract is signed and executed by duly authorized officers of the Bank and the Insurer.*

Details of the objectives, eligibility criteria, data and documents required to be submitted along with RFP criteria that would be adopted for evaluation of the responses for shortlisting and other information is contained in the RFP documents.

1.4 Complete confidentiality should be maintained. Information provided here should be used for its intended scope and purpose. Retention of this RFP signifies your agreement to treat the information as confidential. You must agree to bear all costs related to the preparation of your proposal.

2. OBJECTIVES

To renew the existing medical policy as per IRDA guidelines. The scheme will provide significant support to the existing employees and their eligible dependents.

3. SCHEDULE:

Table of Evaluation Schedule Activity	Scheduled Dates
RFP Reference	***JRGB/HO/HR/Tender/2024-25/14.08.2024***
Last date for submission of Bid in closed envelope	On or before **04.09.2024** up to 5.00 PM at the following address: **Human Resource Department (HR)** **Jharkhand Rajya Gramin Bank** **Head Office, Ranchi** **3rd Floor Zila Parishad Office Premises** **Katchary Road Ranchi-834001** **Mail id-hohr@jrgb.in**
Opening of Technical Bid	**05.09.2024 at 03.00 PM**
Opening of Commercial Bid	After shortlisting of qualified bidder on the basis of technical bid on **05.09.2024**
Contact Ph No.	**----------**
Contact e-mail ID	hohr@jrgb.in

4. Eligibility Criteria for Insurer (All mandatory provisions):

In order to qualify for the selection process, the Insurer should meet the following criteria:

4.1. Insurer should be registered with Insurance Regulatory and Development Authority (IRDA) and having a valid License to procure General / Health Business in India. The bidder should have been licensed for a minimum period of 5 years as of 31st March, 2024 **(Bidder to submit a copy of valid license in the technical bid)-** Annual IRDA Fees Receipt of 5 years to be submitted including current year along with IRDA license copy

4.2. The bidder should have Solvency Ratio of1.50 and above as of 31st March, 2024. (Not applicable for Public Sector Insurers)

4.3. The Company should have expertise and capability in handling of Medical Insurance Policy.

4.4. Should meet the guidelines of IRDA such as, Pan-India presence, cashless hospital network, claim settlement, grievance redressal, service capability etc.

5. BIDDING DOCUMENT:

A. Cost of Bidding: The Bidder shall bear all the costs associated with the preparation and submission of its bid including cost of presentation(s), etc. Bank will not be responsible or liable for these costs, regardless of the conduct or outcome of the bidding process.

B. Content of Bidding Document:

I. The bidding document provides overview of the requirements, bidding procedures and contract terms. It includes Introduction, Instructions to Bidder and Terms & Conditions of Contract, Eligibility Criteria, and Commercial Bid. The bidder must conduct its own investigation and analysis regarding any information contained in this RFP document, its meaning and impact of that information.

II. The Bidder is expected to examine all instructions, statements, terms and specifications in the bidding document. Failure to furnish all information required by the bidding documents or submission of bid not responsive to the bidding documents in every respect will be at the Bidder's risk and may result in rejection of its bid. Bank has made considerable effort to ensure that accurate information is contained in this RFP and is supplied solely as guideline for Bidders. Furthermore, during the RFP process, Bank has disclosed or will disclose in the RFP and corrigendum/ addenda, available information relevant to the Scope of Work to the extent, detail, and accuracy allowed by prevailing circumstances. Nothing in this RFP or any addenda is intended to relieve Bidders from forming their own opinions and conclusions in respect of the matters addressed in this RFP or any addenda.

6. Bidding Process:

The bids shall be submitted in two separate sealed envelopes A and B (as stated below).

I. **Envelope A :** Technical Bid
II. **Envelop B:** Commercial Bid for Family Floater Group Mediclaim Policy (GMC) for existing staff members of the Bank.

All details with the relevant information / documents / letter of acceptance of all terms and conditions strictly as described in this RFP will have to be submitted. The bidders are advised to write their name and contact details (Phone Number, e-mail, Fax No. and Address on all the envelopes). In the first stage, only the envelope containing "Technical Bid" will be opened and evaluated. Those satisfying all criteria as per technical requirements and agree to comply with all terms and conditions specified in this document may be invited for technical presentation, if required, at the discretion of the Bank, to display their capabilities, approach and methodology

A. Technical Bid:

Upon receipt of applications **(RFP)** the same shall be scrutinized and evaluated by the Bank. The Bank will shortlist Insurers as per the **eligibility criteria mentioned** as above for Technical Bid. Bids not meeting the eligibility criteria would be disqualified.

The documents/information submitted by the bidder(s) will be scrutinized. In case any of the information furnished by the bidder is found to be false during scrutiny punitive action can be taken against defaulting -Insurers.

B. Commercial Bid:

Commercial Bids of shortlisted Insurance Companies will be opened subsequently as decided on the date of opening of Technical Bid. The shortlisted Insurers shall be communicated by the Bank through the mail ID of the bidder(s). The selection of Insurer is entirely at the discretion of the Bank. The Bank also reserves the right to accept or reject any or all RFP.

Anytime during the process, the Bank may, at its discretion, ask respondents for clarifications on their proposal. The respondents are required to respond within the time frame prescribed by the Bank.

Should you so desire, your authorized representative may remain at the time of opening of technical bids at the address given above.

7. Contents of tender documents

- RFP : Request for Proposal
- Annexure I: RFP for family floater GMC policy cover for employees of Jharkhand Rajya Gramin Bank same as per existing policy.
- Annexure II: Company Details
- Annexure III: Bid Covering Letter
- Annexure IV: Commercial Bid / Price Bid

8. REJECTION OF BIDS

The Bank reserves the right to reject the bid if;

a. Insurer does not meet any of the eligibility criteria mentioned **under section 4.**
b. The Bid is incomplete as per the RFP requirements.
c. Any condition stated by the Insurer is not acceptable to the Bank.
d. In the RFP any of the terms & conditions stipulated in this documents are not accepted by the authorized representatives of the Insurer.
e. Required information is not submitted as per the format given.
f. Any information submitted by the Insurer is found to be untrue/ fake / false.
g. The Insurer does not provide, within the time specified by the Bank, the supplemental information / clarification sought by the Bank for evaluation of the Bid.
h. Policies where your company is a Co-Insurer will not be considered.
i. Micro Insurance/State Policies will not be considered. Only Corporate Group Medical Insurance policies will be considered for the Technical Bid.

The Bank shall be under no obligation to accept any offer received in response to this RFP and shall be entitled to reject any or all offers without assigning any reason whatsoever. The Bank may abort the entire process at any stage without thereby incurring any liability to the affected Insurer(s) or any obligation to inform the affected Insurer(s) on the grounds for Bank's action.

In order to promote consistency among the proposals and to minimize potential misunderstandings regarding how proposals will be interpreted by the Bank, the format in which Insurers will specify the fundamental aspects of their proposals has been broadly outlined in this RFP.

The deadline for submission of the proposals is mentioned in the schedule. Proposals received after the specified time on the last date shall not be eligible for consideration and shall be summarily rejected.

In case of any change in deadline the same shall be updated on the Bank's website and shall be applicable uniformly to all Insurers.

9. Proposal Validity

All bids shall be valid for a period of 90 days from the last date of submission. The Bank will make its best effort to complete the process within this period. However, should the need arise the Bank may request the Bidder to extend the validity period of their proposals. Bidders, who do not agree, having the right to refuse to extend the validity of their proposals; under such circumstances, the Bank shall not consider such proposals for further evaluation.

10. BID PREPARATION

All interested Bidders will submit their Commercial Bid at a time in separate envelop along with the Technical Bid. The Bid documents along with the data as per formats mentioned in the different Forms (from 1 to 5) along with covering letter on letter head must be submitted at the same time but in a single sealed envelope duly super scribed as "**Jharkhand Rajya Gramin Bank- RFP for Medical Insurance – Technical Bid". A separate envelop super scribed as Commercial Bid should be submitted in the sealed cover.**

From the time the proposals are submitted to the time the Bidders are shortlisted, the Bidder should not contact the Bank on any matter. Any effort by Bidders to influence the Bank in the examination, evaluation, ranking of proposals and recommendation for award shall result in the rejection of the Bidders' proposal. The Bank reserves the right to seek clarifications from the Bidders.

Note: 1) Bids will be opened in presence of the Bidders' representatives (maximum two representatives per bidder) who choose to attend. In case the specified date of submission and opening of Bids is declared a holiday in Jharkhand under NI act, the bids will be received till the specified time on next working day.

11. BID EVALUATION OR RFP PROCESS

Only those Companies who will qualify the eligible criteria in the Technical Bid, their Commercial Bid will be opened.

The RFP response will be submitted in sealed envelope and will include the duly filled & signed RFP document along with relevant supporting documents wherever required.

Once the responses to the RFP are received, the Bank will start the evaluation process and shortlist the suitable Insurance Company.

12. SHORTLISTING OF INSURERS

a. Upon receipt of applications (RFP) the same shall be scrutinized and evaluated by the Bank and will shortlist Insurers who meet the requirement.
b. The evaluation and short listing, will happen based on Insurer's past experience of handling similar types of assignments/projects, hospital network, claim settlement, grievance redressal, service capability etc.
c. During pre-qualification and evaluation of the proposals, the Bank may, at its discretion, ask respondents for clarifications on their proposal. The respondents are required to respond within the time frame prescribed by the Bank.
d. **Disqualifications:** Jharkhand Rajya Gramin Bank may at its sole discretion and, at any time during the evaluation of proposal, disqualify any respondent, if the respondent has made misleading or false representations in the forms, statements and attachments submitted in proof of the eligibility requirements, failed to provide related clarifications when sought or declared ineligible by the Government of India/State/UT Government for corrupt and fraudulent practices or blacklisted.

13. CLARIFICATION & AMENDMENT

A prospective Bidder requiring any clarification of the Bidding Documents may write to Jharkhand Rajya Gramin Bank– Email Id –**hohr@jrgb.in**

Replies to all the clarifications, modifications received will be provided by Jharkhand Rajya Gramin Bank via mail. Any modification to the bidding documents which may become necessary shall be made by JRG Bank by issuing an Addendum. The addendum will be binding on all the interested Insurers who are willing to bid.

14. OTHERS.

14.1. Respondents are not permitted to modify, substitute, or withdraw proposals after its submission.

14.2. The RFP may be submitted with a covering letter enclosing documents/ information indicated below and the declaration, signed by the authorized signatory with Seal of the Company. All pages are required to be signed.

14.3. The role of the insurance company would be to provide a competitive quote against the terms & conditions as mentioned in the group medical scheme and provide seamless service and timely claim settlement as and when the need arises.

14.4. The selected Insurer shall sign a Service Level Agreement having Non-Disclosure Clause, with the Bank.

14.5. Request for Proposal (RFP) needs to be submitted in hard copy only in a sealed envelope. Only complete proposals in the form indicated, received prior to the closing time and date of the proposals, shall be taken as valid.

14.6. Applications (RFP) received after last date and time for submission of application (RFP) will be summarily rejected.

14.7. Separate envelopes for Technical Bid and Commercial bids should be submitted.

15. Jharkhand Rajya Gramin Bank Reserves the right to :

a. Reject any or all responses received without assigning any reason whatsoever.

b. Cancel the RFP at any stage, without assigning any reason whatsoever.

c. Waive or Change any formalities, irregularities, or inconsistencies in this proposal (format and delivery). Such a change / waiver would be duly and publicly notified in the Bank's website before the closure of the bid date.

d. Extend the time for submission of all proposals and such an extension would be duly communicated to all the companies.

e. Select the next most responsive bidder if the first most responsive bidder evaluated for selection fails to result in an agreement within a specified time frame.

f. Accept single bidder, if the same is submitted before the Bank.

Share the information / clarifications provided in response to by any bidder, with all other bidder(s) /others, in the same form as clarified to the bidder raising the query.

16. PREPARATION OF PROPOSALS

The original Bid shall contain no interlineations or overwriting, except as necessary to correct errors made by the Bidders themselves. The person, who has signed the proposal, must initial such corrections.

An authorized representative, who would be signing the Submission letter shall initial all pages of the original Bid Document with Company seal.

17. PAYMENT TERMS

Premium towards the renewal of policy will be paid at the time of renewal of policy subject to;

i. Signing off SLA.
ii. Submission of GST complied invoice with GSTN of Jharkhand Rajya Gramin Bank having state code of (20).

18. MISCELLANEOUS

All disputes shall be subject to the jurisdiction of Jharkhand (Ranchi)
Salient features is as per the scheme to recent IBA scheme for Banks.

Annexure -A

Technical Bid for Policy Period 2024-25

The responses and all supporting documents need to be attested by authorized signatory with company seal

Sr. No.	Parameters	Response
1	Annual IRDA Payment Fees Receipt of 5 years to be submitted including current year along with IRDA license copy	
2	Health Claim Settlement Ratio of 90% and above for last 2 years	
3	Solvency Margin – 1.50 or above as of 31.03.2024	
4	Atleast 3 active Group Mediclaim policy with lives above 6,000 should be underwritten and details like Corporate name, Policy period and No of Lives is to be provided separately on letter head with stamp and sign as part of technical bid. Insurance Company should service the policy as a leader.	
5	All pages of the tender document is to be signed and to be submitted as part of Technic bid documents as acceptanceof all terms and conditions	

***Bank reserves the right to verify/seek further clarity on the information provided against any or all points**

Annexure I

Scope of Cover

Please note that we have shared the coverages of existing policy with SBI General Insurance Co Ltd for Period- 01/10/23 to 30/09/24. Quotes needs to be submitted as per SBI General Insurance Co Ltd policy terms, and further below terms need to be considered;

1) 45 days' window period is to be provided post policy placement and finalization, for covering missed out dependents of existing Employees and no additional premium is to be charged if overall count of missed our dependents is not more than 1% of the total lives covered at the time of policy placement.

2) Midterm inclusion of New born child and newly married spouse of existing Employees is to be included without any additional premium as premium rater is of per family basis.

Officers-859, Clerks – 558 and Sub Staff – 112 Total – 1529 (as on 01/08/24) **Any further data required by the insurance company may be obtained directly from Bank Head Office on requisition basis through proper channel.**

Sum Insured – Officers- 4,00,000/- family floater
Office Assistant/Attendant – 3,00,000/- family floater

Expiring Policy Terms of Group Medical Insurance for the Period- 01/10/23 to 30/09/24

- Family Definition - Self+ Spouse + Dependent Children (upto 30 years) + 2 Dependent Parents, Parents in Law, Siblings
- Age Limit- Employee and Spouse – 18 to 70 years, for Children – upto 30 years, for Parents upto 95 years, for Siblings upto 30 years
- Policy is on Family Floater basis
- Pre-existing diseases covered from day 1
- No waiting period for 30 days, 1st year, 2nd year, 3rd Year, 4th year
- Domiciliary Hospitalization is covered – Medical treatment for illness /disease/injury which in normal course would require care and treatment at hospital but is actually taken whilst confined at home under any of the following circumstances namely;
- a) Condition of the Insured person is such that he/she cannot be removed to the Hospital or b) Insured person takes treatment at home on account of non-availability of a room in hospital. Domiciliary Hospitalization benefit shall not cover 1) Expenses incurred for pre and post hospitalization treatment and 2) Expenses incurred for treatment for any of the following diseases.
  Asthma, Bronchitis, Chronic Nephritis and Nephritic Syndrome, Diarrhoea and all types of Dysenteries including Gastro enteritis, Diabetes Mellitus and Insipidus, Epilepsy, Hypertension, Influenza, Cough and Cold, All Psychiatric or Psychosomatic Disorders, Pyrexia of unknown origin for less than 10 days, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Arthritis, Gout, Rheumatism and Dental treatment and surgery.
- Maternity limits- For Normal delivery max upto 50,000/- and 75,000/- for Caesarean section delivery for first two children only. Those who are having two or more children will not be eligible for this benefit under the policy
- Pre and Post-natal expenses covered within maternity limit subject to minimum 24 hrs of hospitalization
- New born baby covered for the eligible sum insured from date of Birth subject to payment of additional premium prorated for unexpired period subject to sufficient CD balance
- **Corporate Buffer**- Corporate Buffer overall SI- INR 25,00,000. Corporate buffer cannot be utilized for maternity claims and non-allopathic treatment. Utilization of Corporate buffer limit shall be allowed after exhaustion of base SI.

Critical Illness Cover

For the purpose of this Section, "Critical Illness" means any Illness, medical event or Surgical Procedure as specifically defined whose signs or symptoms first commence since the commencement of the Policy Year. The Benefits under this cover (as set out below) will be over and above the Base Sum Insured.

The cover is applicable provided that the Critical Illness, which the Insured Person is suffering from, occurs or first manifests itself during the Policy Year as a first incidence.

Critical Illness is to be provided to the employee subject to a sum insured of Rs. 1,00,000/-

. The cover starts on inception of the policy. In case an employee contracts a Critical Illness as listed below, the total sum insured of Rs. 1,00,000/- is paid, as a benefit. This benefit is provided on first detection/diagnosis of the Critical Illness.

Critical Illnesses cover under this benefit:

I. **CANCER OF SPECIFIED SEVERITY (INCLUDING LEUKEMIA)**

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

i. All tumors which are histologically described as carcinoma in situ, benign, pre- malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.

ii. Any non-melanoma skin carcinoma unless there is evidence of metises to lymph nodes or beyond;

a. Malignant melanoma that has not caused invasion beyond the epidermis;

b. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.

c. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

d. Chronic lymphocytic leukemia less than RAI stage 3.

e. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

f. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

g. All tumors in the presence of HIV infection.

III. PERMANENT PARALYSIS OF LIMBS

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

IV. OPEN CHEST CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded:

Angioplasty and/or any other intra-arterial procedures

V. MYOCARDIAL INFARCTION (First Heart Attack of specific severity)

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)

ii. New characteristic electrocardiogram changes

iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

iv. Other acute Coronary Syndromes

v. Any type of angina pectoris

A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

VI. OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease- affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/ valvuloplasty are excluded.

VII. MAJOR ORGAN/BONE MARROW TRANSPLANT

i. The actual undergoing of a transplant of:

a. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or

b. Human bone marrow using hematopoietic stem cells. The undergoing of a transplant has tobe confirmed by a specialist medical practitioner.

ii. The following are excluded:

a. Other stem-cell transplants

b. Where only islets of Langerhans are transplanted.

VIII. KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, asa result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

IX. END STAGE LIVER FAILURE

I. Permanent and irreversible failure of liver function that has resulted in all three of the following:

a. Permanent jaundice; and

b. Ascites; and

c. Hepatic encephalopathy

II. Liver failure secondary to drug or alcohol abuse is excluded.

Coverage

If an Insured Person is diagnosed to be suffering from any of the Critical Illnesses of the nature specified above during the Policy Year, then We will pay a Critical Illness Sum Insured specifiedin the Policy Schedule/ Certificate of Insurance provided that:

a. Under this policy there would be no waiting period for the payment of the claim on the inception of the policy, nor any survival period for the payment of the claim on the individual contracting any of the above mentioned Critical Illness.

b. Upon Our admission of the first claim under this Benefit in respect of an Insured Person in any Policy Year, the cover under this Benefit shall automatically terminate in respect of that Insured Person.

c. Our total and cumulative liability in respect of an Insured Person under this Benefit will be limited to the Critical Illness Sum Insured of Rs. One Lac only.

d. This Benefit is paid as a lump sum amount and is over and above the Base Sum Insured.

Family Definition

Self + Legal Spouse (restricted to 1) + Dependent children (including stepchildren and legally adopted children) + 2 Dependent Parents or Parents in Law. Either two Dependent Parents only or two dependent Parent-In-laws only will be covered. Cross selection of one parent and one parent-in-law is not allowed.

A member would be considered dependent if their monthly income does not exceed Rs. 18,000/-.

Widowed daughter and dependent divorced / separated daughters, sisters including unmarried / divorced / abandoned or separated from husband/ widowed sisters and crippled child Physically challenged Brother/ Sister with 40% or more disability shall be considered as dependent for the purpose of this policy Subject that their individual monthlyincome does not exceed Rs. 18,000/-.

A parent would be considered dependent if their monthly income does not exceed Rs.18,000/- and wholly dependent on the employee.

Coverages

a) Pre-existing Diseases covered for existing and new joinees with dependent

b) Waiver of Time exclusion for diseases.

c) Room and Boarding expenses as provided by the Hospital/Nursing Home not exceeding **Rs. 5000 per day** or the actual amount whichever is less. This also includes nursing care, RMO charges, IV Fluids/Blood transfusion/injection administration charges and similar charges. Intensive Care Unit (ICU) expenses not exceeding **Rs. 7500 per day** or actual amount whichever is less. Surgeon, team of surgeons, Assistant surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees. Anesthetic, Blood, Oxygen, Operation Theatre Charges, surgical appliances, OT consumables, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like pacemaker, Defibrillator, Ventilator, orthopedic implants, Cochlear Implant, any other implant, Intra-Ocular Lenses, infra cardiac valve replacements, vascular stents, any other valve replacement, laboratory/diagnostic tests, X-ray CT Scan, MRI, any other scan, and such similar expenses that are medically necessary, or incurred during hospitalization as per the advice of the attending doctor. The amount payable above room rent shall be at the rate applicable to the entitled room category. In case the Insured person opts for a room with rent higher than the entitled category as above, the charges payable under shall be limited to the charges applicable to the entitled category. However, this will not be applicable in respect of medicines & drugs and implants.

d) Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to the insured.

e) Pre & Post hospitalization period for claim up to 30 days & 90 days respectively.

f) New born baby is covered from day one. All expenses incurred on the new born baby during maternity will be covered in addition to the maternity limit up to Rs. 20,000/- (Rupees twenty thousand only) per child, in addition to the maternity limit. However, ifthe baby contracts any illness the same shall be considered in the Sum Insured Plus Corporate buffer. Baby to be taken as an additional member within the normal family floater.

g) Alternative Treatment **-** Subject to the condition that the hospitalization expenses are admissible only when the treatment has been undergone in:

1) A Government Hospital or in any Institute recognized by the Government and/or accredited by Quality Council of India/National Accreditation Board on Health.

2) Teaching hospitals of Ayurveda, Unani, Siddha, Naturopathy and Homeopathy colleges recognized by Central Council of Indian Medicine (CCIM)

3) Ayurveda, Unani, Siddha, Naturopathy and Homeopathy Hospitals having registration with a Government authority under appropriate Act in the State/ UT and complies with the following as minimum criteria:

a) Has at least fifteen in-patient beds;

b) Has minimum five qualified and registered Ayurveda, Unani, Siddha, Naturopathy and Homeopathy doctors;

c) has qualified paramedical staff under its employment round the clock;

d) has dedicated Ayurveda, Unani, Siddha, Naturopathy and Homeopathy therapy sections;

maintains daily records of patients and makes these accessible to the insurance company's authorized personnel Company's Liability for all claims admitted in respect of any/all insured person/s during the period of insurance shall not exceed the Sum Insured stated in the schedule.

h) Domiciliary Hospitalization covered upto sum insured

Domiciliary Treatment: Medical expenses incurred in case of the following diseases which need Domiciliary Hospitalization /domiciliary treatment as may be certified by the attending medical practitioner and / or bank's 'medical officer shall be deemed as hospitalization expenses and reimbursed to the extent of 100% subject to overall limit of sum insured under the policy.

Cancer , Leukemia, Thalassemia, Tuberculosis, Paralysis, Cardiac Ailments , Pleurisy , Leprosy, Kidney Ailment , All Seizure disorders, Parkinson's diseases, Psychiatric disorder including schizophrenia and psychotherapy , Diabetes and its complications, hypertension, Hepatitis –B , Hepatitis - C, Hemophilia, Myasthenia gravis, Wilson's disease, Ulcerative Colitis , Epidermolysis bullosa, Venous Thrombosis(not caused by smoking) Aplastic Anemia, Psoriasis, Third Degree burns, Arthritis , Hypothyroidism , Hyperthyroidism expenses incurred on radiotherapy and chemotherapy in the treatment of cancer and leukemia, Glaucoma, Tumor, Diphtheria, Malaria, Non-Alcoholic Cirrhosis of Liver, Purpura, Typhoid, Accidents of Serious Nature , Cerebral Palsy, , Polio, All Strokes Leading to Paralysis, Hemorrhages caused by accidents, All animal/reptile/insect bite or sting , chronic pancreatitis, Immuno suppressants, multiple sclerosis / motor neuron disease, status asthmatics, sequalea of meningitis, osteoporosis, muscular dystrophies, sleep apnea syndrome(not related to obesity), any organ related (chronic) condition, sickle cell disease, systemic lupus erythematous (SLE), any connective tissue disorder, varicose veins, thrombo embolism venous thrombosis/venous thrombo embolism (VTE)], growth disorders, Graves' disease, Chronic obstructive Pulmonary Disease, Chronic Bronchitis, Asthma, Physiotherapy and swine flu shall be considered for reimbursement under domiciliary treatment.

The cost of Medicines, Investigations, and consultations, etc.in respect of domiciliary treatment shall be reimbursed for the period stated by the specialist and / or the attending doctor and / or the bank's medical officer, in Prescription. If no period stated, the prescription for the purpose of reimbursement shall bevalid for a period not exceeding 90 days

i) Ambulance charges are payable up to Rs. 2,500/- (Rupees two thousand five hundred only) per trip to hospital and / or transfer to another hospital or transfer from hospital to home if medically advised. Taxi and Auto expenses in actual maximum up to Rs. 750/- (Rupees seven hundred fifty only) per Hospitalisation. Ambulance charges actually incurred on transfer from one center to another center due to Non availability of medical services/medical complication shall be payable in full.

J) Day care surgeries are covered.
Treatment is undertaken under General or Local Anesthesia in a hospital / day care Centre in less than a day because of technological advancement and which would have otherwise required hospitalization of more than 24 hrs.

K) Maternity: Normal- 50,000/- and Caesarean- 75,000. Hospitalization expenses related to newborn to be covered in addition to Maternity limit upto 20,000 per child.

L) 9 months waiting period under maternity benefit will be waived from the policy.

M) Pre and Post-natal expenses are covered upto 30 days and 60 days respectively unless same is requires hospitalization.

N) Missed Abortions, Miscarriage or Medical termination of Pregnancy or abortions induced by accidents are covered under the limit of Maternity

O) Expenses incurred for Lawful Medical termination of pregnancy is covered.

P) Maternity benefits extension is allowed irrespective of the number of living children

Q) Complications in Maternity including operations for extra uterine pregnancy/ectopic pregnancy would be covered in the up to the Sum Insured + Corporate Buffer

R) Expenses for treatment of psychiatric and psychosomatic diseases be payable with or without hospitalization upto sum insured

S) Modern treatment and advance surgeries is covered

T) New advanced medical procedures approved by the appropriate authority, for e.g., laser surgery, stem cell therapy for treatment of a disease is payable on hospitalization/day care surgery.

U) No Age Limit for children and dependent Parents/Parents in Law

V) Corporate Buffer- Annual Limit- 25 lacs for all ailments without sublimit.

W) Treatment taken for Accidents can be payable even on OPD basis in Hospital up to Sum Insured.

X) All Taxes, Surcharges, Service Charges, Registration charges, Admission Charges, Nursing, and Administration charges to be payable. Charges for diapers and sanitary pads are payable if necessary as part of the treatment. Charges for Hiring a nurse / attendant during hospitalization will be payable only in case of recommendation from the treating doctor in case ICU / CCU, Neo natal nursing care or any other case where the patient is critical and requiring special care.

Y) Treatment for Age related Macular Degeneration (ARMD), treatment such as Rotational Field Quantum magnetic Resonance (RFQMR), Enhanced External Counter Pulsation (EECP), etc. are covered under the scheme. Treatment for all neurological/ macular degenerative disorders shall be covered under the scheme.

Z) Rental Charges for External and or durable Medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Bi-PAP, Infusion pump etc. will be covered under the scheme. However, purchase of above equipment to be subsequently use at home in exception cases on medical advice shall be covered.

AA) Ambulatory devices i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, elastocrepe bandages, external orthopedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer (including Glucose Test Strips)/ Nebulizer/ prosthetic devise/ Thermometer, alpha / water bed and similar related items etc., will be covered under the scheme.

BB) Treatment for Genetic Disorder and stem cell therapy is covered

CC) Internal Congenital diseases to be covered.

DD) External congenital disease in case of Life-threatening situation to be covered

EE) Physiotherapy charges shall be covered for the period specified by the Medical Practitioner even if taken at home.

FF) Change in sum insured after commencement of policy to be considered in case of promotion of the employee or vice versa.

GG) All New Employees to be covered from the date of joining as per their appointment letter. For additions/deletions during policy period, premium to be charged /refunded on pro rata basis.

HH) Insured will be allowed a window period of 30 days from the policy Inception date to review the employee list covered under the policy. All Addition / deletion / Correction of the persons to be done subject to additional premium, if there is a change in the group size.

II) Inclusion/deletion of employees and their family is to be done on pro-rata premium basis

JJ) If there is separation of officers, pro-rata premium will be refunded

KK) All claims admitted in respect of any/all insured person/s during the period of insurance shall not exceed the Sum Insured stated in the schedule and Corporate Buffer If allocated

Summary of Annexure -A (Category Chart)

Group	SI 3 LACS for Office Assistant and Office Attendant

Covers	**LIMITS**
Family Definition	Floater option SELF + SPOUSE + 10 CHILD + 2 PARENT + 10 SIBLING + 2 PARENT-IN-LAW.
Type of Cover	Family Floater
Sum Insured	300,000.00
CORPORATE BUFFER	Maximum limit : 2,500,000.00 Per Family : 300,000.00
IN-PATIENT	Maximum limit : 300,000.00
CONGENITAL DISEASE	Maximum limit : 300,000.00
PRE-EXISTING DISEASE	Maximum limit : 300,000.00
DOMICILIARY	Maximum limit : 300,000.00
MATERNITY	Maximum limit : 50,000.00
PRE-NATAL AND POST-NATAL COMBINED	Maximum limit : 20,000.00
MATERNITY (CAESAREAN)	Maximum limit : 75,000.00
PRE-NATAL AND POST-NATAL COMBINED	Maximum limit : 20,000.00
NEW BORN BABY	Maximum limit : 300,000.00
BED LIMIT	Maximum limit : 5,000.00
INTENSIVE CARE UNIT	Maximum limit : 7,500.00
AMBULANCE ONLY	Maximum limit : 2,500.00
First year exclusion waiver	Yes
30 Days exclusion waiver	Yes
Pre Hospitalization	Yes 30.0 day(s)
Post Hospitalization	Yes 60.0 day(s)

Summary of Annexure -A (Category Chart)

Group	SI 4 LACS

Covers	**LIMITS**
Family Definition	Floater option SELF + SPOUSE + 10 CHILD + 2 PARENT + 10 SIBLING + 2 PARENT-IN-LAW.
Type of Cover	Family Floater
Sum Insured	400,000.00
CORPORATE BUFFER	Maximum limit : 2,500,000.00 Per Family : 400,000.00
IN-PATIENT	Maximum limit : 400,000.00
CONGENITAL DISEASE	Maximum limit : 400,000.00
PRE-EXISTING DISEASE	Maximum limit : 400,000.00
DOMICILIARY	Maximum limit : 400,000.00
MATERNITY	Maximum limit : 50,000.00
PRE-NATAL AND POST-NATAL COMBINED	Maximum limit : 20,000.00
MATERNITY (CAESAREAN)	Maximum limit : 75,000.00
PRE-NATAL AND POST-NATAL COMBINED	Maximum limit : 20,000.00
NEW BORN BABY	Maximum limit : 400,000.00
BED LIMIT	Maximum limit : 5,000.00
INTENSIVE CARE UNIT	Maximum limit : 7,500.00
AMBULANCE ONLY	Maximum limit : 2,500.00
First year exclusion waiver	Yes
30 Days exclusion waiver	Yes
Pre Hospitalization	Yes 30.0 day(s)
Post Hospitalization	Yes 60.0 day(s)

Other Information as under;

Existing Group Mediclaim Policy – Insurer- SBI Life Insurance Co. Ltd, Policy Period – 01/10/23 to 30/09/24

Inception Lives -1545 Employee - Dependents -Total Lives - 6639

Lives as on date - Employee – 1529 Dependents – 3640 Total Lives – 5169 Net

Premium at Inception - 2,14,99,999.13/- plus 18% GST

Net Premium as on date 2,17,84,517.13/- plus 18% GST (no changes in lives)Claim MIS along with Claim

Summary as attached

A bidder should have the provision for both internal/external TPA, to be finalized by the Bank

Technical Support to be provided by Insurance company / TPA i.e. separate web/mobile application with login credentials.

Point of contact with escalation matrix for any requirement relation to policy services and claims of both Insurer and the TPA post finalization of the Insurer.

1. CONDITIONS:

1.1. Claims shall be managed through the same Office of the Bank from where it is managed at present. The Insurance Companies third party administrator shall set up a help desk at that office and supporting the bank in clearing all the claims on real time basis.

1.2. In case of rejection of claims, it would go through a Committee set up of the Bank, Third Party Administrator and insurance company, unless rejected by the committee in real time the claim should not be rejected.

1.3. The Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof. If the insured shall apply for renewal and remit the requisite premium before the expiry of this policy, renewal shall not be refused, unless the Company has reasonable justification to do so.

1.4. **ENHANCEMENT OF SUM INSURED** Change in sum insured after commencement of policy to be considered in case of promotion of the employee or vice versa.

1.5. If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

1.6. Admissible claims shall be payable in Indian currency. Payment of claim shall be made through TPA to the Hospital/Nursing Home or the Insured Person as the case may be.

2. IRDA REGULATIONS:

This Policy shall be subject to IRDA (Health Insurance) Regulations 2013 and IRDA Protection of Policyholders' Interest Regulations 2002 as amended from time to time.

No price Escalation:

No price escalation shall be entertained during the validity of the Insurance Coverage.

Termination of Contract:

Jharkhand Rajya Gramin Bank may terminate the agreement by giving a written one-month advance notice to the Service Provider, if:

i. The Service Provider becomes bankrupt or is otherwise declared insolvent.

ii. The Service Provider being a company is wound up voluntarily or by the order of a court or a receiver, or manager is appointed on behalf of the debenture holders or circumstances occur entitling the court or debenture holders to appoint a receiver or a manager, provided that such termination will not prejudice or affect any right of action or remedy accrued or that might accrue thereafter to the Purchaser.

iii. The quality of services rendered to Jharkhand Rajya Gramin Bank gets degraded.

iv. The Service Provider resorts to any deviation from the contract or violates the contract.

In the event that the contract is terminated, pro-rata premium will have to be refunded to Jharkhand Rajya Gramin Bank by the Service Provider within ten working days.

Annexure II

COMPANY INFORMATION

1	Name of the Insurer	
2	Head Office (Address)	
3	Website & e mail	
4	Office Address participating in RFP	
5	Number of Branches/Offices in India as on 01.08.2024	
6	Total No. of Employees	
7	Name of Representative - 1	
8	Mobile no	
9	Email id	
10	Name of Representative - 2	
11	Mobile no	
12	Email id	
13	Number of Branches in Jharkhand	

(To be printed on company's letter head)

DECLARATION

A. All the information furnished by us here in above is correct to the best of our knowledge and belief.

B. We agree that the decision of Jharkhand Rajya Gramin Bank in Shortlisting process will be final and binding on us.

C. We confirm that we have not been barred / blacklisted / disqualified by any Regulators / Statutory Body in India and we understand that if any false information is detected at a later date, the policy shall be cancelled at the discretion of the Bank.

I/ We hereby undertake and confirm that I/ we have understood the terms & conditions of the Group Medical Insurance Scheme as desired by the Bank, properly and shall comply with the same.

Signature of the Authorized Signatory with Seal

Place:

Date:

Annexure III

Covering letter for Proposal submission (To be submitted on Company Letter Head)

(Location, Date)
To:
The General Manager,
H R Department,
Jharkhand Rajya Gramin Bank,
Head Office, Ranchi
3rd Floor Zila Parishad
Office Premises
Katchary Road
Ranchi-834001

Dear Sir,

Sub: RFP for Renewal of Medical Insurance Scheme

1. We, the undersigned are duly authorized to represent and act on behalf of (Name of the Insurance Company)
2. Having reviewed and fully understood all information provided in the RFP document issued by the Bank, we (Insurance Company name) are hereby submitting our Bid.
3. Our Bid is unconditional, valid and open for acceptance by Bank until 90 days from the last date of submission of the RFP.
4. We undertake that we shall make available to the bank for any additional information/clarification it may find necessary or require to supplement or authenticate the Bid.
5. We hereby agree, undertake and declare as under:

a. In the event that Bank discovers anything contrary to our above declarations, it is empowered to forthwith disqualify us and our Bid.

b. We undertake that in case there is any change in facts or circumstances during the Bidding process, and we are being disqualified in terms of the RFP, we shall intimate the Bank of the same immediately.

c. We further declare that we have not been declared ineligible for corrupt or fraudulent practices in any bidding process in the past five years.

d. We undertake that the Bank and its authorized representatives are hereby authorized to conduct any inquiry or investigation to verify the veracity of the statements, documents, and information submitted in connection with this Bid and to seek clarifications from our advisors and clients regarding any financial and technical aspects.

e. We hereby irrevocably waive any right which we may have at any stage at law or howsoever otherwise arising to challenge or question any decision taken by the Bank in connection with the selection of the Bidder or in connection with the Bidding process, in respect of the above mentioned proposed Tie-Up and the terms and implementation thereof.

6. We understand that:

a. All information submitted under this Bid shall remain binding upon us.

b. The Bank may in their absolute discretion reject or accept any Bid or cancel the Bidding Process Bank may accept the RFP even if a single bid is received.

c. Bank has the right to reject our Bid without assigning any reason for the proposed Tie- Up and also reject all proposals. Otherwise and hereby we waive our right to challenge the same on any account whatsoever.

d. Bank is not bound to accept any Bid that it may receive pursuant to the RFP.

7. We acknowledge that the Bank will be relying on the information provided in the Bid and the documents accompanying such Bid for selection of Bidders and we declare that all statements made by us and all the information pursuant to this letter are complete, true and accurate to the best of our knowledge and belief.

8. We hereby unconditionally undertake and commit to comply with the timeliness as specified in terms of the RFP or as extended by the Bank from time to time at its sole discretion.

9. The Bid shall be governed by and construed in all respects according to the laws of India. Courts in Jharkhand, shall have exclusive jurisdiction in relation to any dispute arising from the RFP, this Bid and the Bid process.

We confirm that we are complying with the IRDA guidelines.

Name of the Bidder

Signature of the Authorized Person

Name of the Authorized Person.

Company rubber stamp/Seal

Annexure IV
To be printed on Company Letter Head
TENDER NO. -
Quotation for providing Group Mediclaim Insurance coverage for
All Officers /Office Assistant and Attendant
Commercial Bid

We are glad to offer our best premium as given below for Insurance coverage of -------- Nos. of Lives as per requirement: -

No of Lives Covered	Employee - Dependents -
Total Sum Assured	
Net Premium (including all charges and expenses)	
18% GST Premium	
Total Premium Payable	
Premium Payable (in words)	
Per Family Premium for 3 lacs and 4 lacs to be provided without GST	
Deviations if any	

Please note that L1 Bidder will be considered on the basis of total premium with GST and not by per family premium basis.

The price mentioned in (Total) will be considered for selection of L1 Bidder if and only if the price quoted in all line items are valid and numerical. In case of invalid value or quote in any field, the bid will be treated as invalid and may be rejected. In such case, Bank at its sole discretion may consider L2 bid for awarding contract.

We certify that the price quoted meets all the specifications and scope of work mentioned in the …….. We also allow Bank to increase or decrease the numberof staff(s) as mutually agreed during signing of the SLA and we confirm that the unit price quoted shall remain unchanged for the changed numbers of lives.

Authorized Signatory

Name and Designation:

Office Seal:

To
JHARKHAND RAJYA GRAMIN BANK
MARKET COMPLEX THIRD FLOOR ZILA PARISHAD OFFICE PREMISES KUTCHERY ROAD
RANCHI,JHARKHAND
2 HARE STREET,KOLKATA
Ranchi, JHARKHAND - 834001, INDIA

Date : 31-10-2023

Subject : Policy Number : 4101231000000239-00

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 : C13204
Policy Number : 4101231000000239-00

The Postal Address of your SBI General Branch that will service you in future is :
Maple Plaza,Kadru-Argora Road,Opp.Road No.2.Ashok Nagar,Ranchi-834002

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

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE
UIN - SBIHLGP21330V022021

SCHEDULE

Policy No : 4101231000000239-00	Servicing Branch Office : Maple Plaza,Kadru-Argora Road,Opp.Road No.2.Ashok Nagar,Ranchi-834002	Issue Date : 31-10-2023

Intermediary Details :

Intermediary Name	JRGB DUMKA 1	
Intermediary Code	0042554	
Intermediary Contact Details	Mobile No.	Landline No.

Insured Details :

Name of the Insured/Proposer	:	JHARKHAND RAJYA GRAMIN BANK
Address	:	MARKET COMPLEX THIRD FLOOR ZILA PARISHAD OFFICE PREMISES KUTCHERY ROAD RANCHI,JHARKHAND 2 HARE STREET,KOLKATA Ranchi, JHARKHAND - 834001, INDIA
Period of Insurance	:	From 01-10-2023 (00:00:00 Hrs) to 30-09-2024 (23:59:59 Hrs)
Previous insurance policy no, if any	:	N/A
Name of the Administrator / TPA	:	MEDI ASSIST INSURANCE TPA PRIVATE LTD
No of Primary Insured Persons covered	:	1545 Employees
Total No of Insured Persons Covered	:	5198 [Commencement of Policy]
Total Sum Insured	:	547,700,000.00
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	:	20AAFAJ0416R1ZR
Coinsurance Details	:	100.00%

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101231000000239-00

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 procedureA. Uterine Artery Embolization and HIFU (High Intensity Focused Ultrasound)B. Balloon SinuplastyC. Deep Brain StimulationD. Oral ChemotherapyE. Immunotherapy - Monoclonal Antibody to be given as injectionF. Intra Vitreal InjectionsG. Robotic SurgeriesH. Stereotactic Radio SurgeriesI. Bronchial ThermoplastyJ. Vaporisation of the Prostrate (Green Laser Treatment or Holmium Laser Treatment)K. IONM - (lntra Operative Neuro Monitoring) Corporate Buffer not to be utilised for above ailments/ Procedure * Toric Lens covered - Only Lens Cost restricted upto 30,000/- per eye,

*Expenses on Hospitalization for minimum period of a day are admissibale. However,this time limit shall not be applied to specific treatments,such as:1.Adenoidectomy 2.Appendectomy3.Ascitic/Plueral Tapping 4.Auroplasty not cosmetic in nature5.Coronary Angiography/Renal 6.Coronary Angioplasty 7.Dental Surgery 8.D&C 9.Excision of cyst/granuloma/lump/tumor 10.Eye Surgery 11.Fracture including hairline fracture/dislocation 12.Radiotherapy 13.Chemotherapy including parental chemotherapy 14.Lithotripsy 15.Incision and drainage of abscess 16.Varicocelectomy 17.Wound Suturing 18.FESS 19.Operations/Micro surgical operations on the nose, middle ear /internal ear, tongue ,mouth, face, tonsils & adenoids, salivary glands & salivary ducts, breast, skin & subcutaneous tissues, digestive tract, female/male sexual organs. 20.Haemo Dialysis. 21.Fissurectomy/Fistulectomy 22.Mastoidectomy 23.Hydrocele 24.Hysterectomy 25.Inguinal/ventral/umbilical/femoral hernia 26.Parenteral Chemotherapy 27.Polypectomy 28.Septoplasty 29.Piles/Fistula 30.Prostate Surgeries 31.Sinusitis Surgeries 32.Tonsillectomy 33.Liver Aspiration 34.Sclerotherapy 5.Varicose Vain Ligation 36.All scopies along with biopsies 37.Lumbar Puncture

* External Congenital diseases covered for Life threatening conditions :-1. inguinal and abdominal Hernia2. Casudal Regression Syndrome3. Imperforate Anus4. Spina Bifida5. Congenital Cataract6. Bicronal Cranio SynthesisAbove will be consider as life threatning and can be covered.

Other conditions will be out of scope of the policy.

* Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to the insured

* Complications in maternity including operation fopr extra uterine pregenacy , Ectopic preganacy would covered upto sum insured + Corporate buffer.

*Rental charges for external and or medical durable medical equipment of any kind used for diagnosis and or treatemnt related including CPAP,CADP,BI-PAP,Infusion pump etc.will be covered .How ever puchase of above equipment to be subsequently used at home in exceptional cases shall be covered.

* Congenital internal disease cover - Covered for within floater SI. External Congenital covered for Life Threatening Conditions.

* Ambulance charges - Ambulance charges are payable up to Rs 2500/- per trip to hospital and / or transfer to another hospital or transfer from hospital to home if medically advised. Taxi and Auto expenses in actual maximum up to Rs750/- per trip will also be reimbursable.

* Co-Payment - nil

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101231000000239-00

* Corporate Buffer - Corporate Buffer overall SI - INR 2500000. Corporate buffer cannot be utilised for maternity claims and non allopathic treatment. Utilization of Corporate buffer limit shall be allowed after exhaustion of base SI.
* Client to ensure that they maintain sufficient CD balance though out the policy period to avoid 64vb compliance issue at the time of endorsements.
* Interchange of dependents will not be allowed during policy period & subsequent renewal also.

*Ambulatory devices i.e. walker,crutches,belts,collars,cap,splints,slings,braces,stockings,elastrocrepe bandages,external orthopadic pads,sub cutoneus insulin pumps, diobetic footware ,Glucometer (including glucose test strips)/Nebulizer/prosthetic devise/thermometer,alpha/water bed & similar related items are covered.
*Physio therapy charges is covered for the period specified by medical practioner even if taken at home.
*Treatment for age related macular degenration (ARMD),treatment of rotational field quantum magnatic resonance (RFQMR),Enhance counter pulsation (EECP) are covered etc are covered.
Treatment for nurological/macular dengerative disorder shall be covered under policy.
*Treatment for gentic disorder & stem cell are covered
*Charges for diaper & sanitary pads are payable if as part of treatment.charges hiring nurse/attendent during hospitalization will be payable only in case of recommended by treating doctor during ICU /CCU , Neo natal care or any other case where patient is critical & require sepecial care
*All the charges /surcharges/service charges,registration charges,admission charges,Nursing & administraion charges are pay able.
* Reasonable and Customary Charges will be applied on re-imbursement claims from non network hospitals where medical treatment taken by the Insured Person during the Policy Period following an Illness or Injury that occurs during the Policy Period, subject to availability of the Sum Insured and any specific limits specified in the Schedule of Benefits and the terms, conditions and exclusions specified in the Policy document.
* In case employees/ Dependents are covered on voluntary basis, it is mandatory to declare it at the time of quotation only else we reserve the rights to revise or withdraw our quote.
* Rate chart given with quotation is valid for demography enclosed in this quotation only. In case of change of member demography the premium and rate chart would be revised.
* In case there is per family rate chart then in final data employee vs Dependent ratio should be same as data given at the time of quotation.
* Group to Retail portability clause Continuity benefit will be provided as per retail medical underwriter.
* In case of deletion, there will be no refund for members who have claimed. In case of deletion, if intimation will be provided later than the DOL and any claim has been taken by the member in that period, Recovery of the claim amount need to be made from the corporate.
* Any Doctors/ Surgeons fees charged/paid over and above the Hospital Standard Tariff/Package stand excluded from the scope of the policy. In case of Chamber cases or outside visiting consultant has conducted the surgery or is being consulted, Insurance company would be liable to pay up to the agreed tariff/ package rates with the hospital. The over & above limit will have to

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101231000000239-00

be borne by the customer .
* Beneficiary name for issue of claim cheques will be assumed as name of the corporate unless otherwise specified. Any additions for new employee, spouse/ children would be allowed within 30 days of date of joining, marriage / birth respectively.
* Additional premium for each additional member. Per person premium would be provided by Group Underwriter once the quote is finalized. The list of members submitted at the inception of the policy will be considered as final.
* The policy excludes treatment/coverage of Cochlear Implant Procedure, Femtolaser, Retrograde intra renal surgery, Quantum magnetic resonance therapy, Holter monitoring unless otherwise specifically covered as per Policy Schedule

* Additional limit for Critical illness cover on benefit basis - Additional for Critical Illness cover on benefit basis : In addition to the reimbursement covered under this scheme, officers / employees (only officers / employees and not their dependents or retired officers / employees) shall be provided additional of ₹ 1,00,000/- . In case an employee contracts a Critical Illness as listed below & the critical illnesses listed shall be as per the definition provided by regulator, wherever applicable), the sum of ₹1,00,000/- shall be paid. This benefit shall be provided on first detection/diagnosis of the Critical Illness. ? Cancer including Leukemia ? Stroke ? Paralysis ? By Pass Surgery ? Major Organ Transplant/Bone marrow transplantation ? End Stage Liver Disease ? Heart Attack ? Kidney Failure ? Heart Valve Replacement Surgery Hospitalization is not required to claim this benefit.
* AYUSH Cover - Covered upto Sum insured in treatment in Govt Regeistered hospitals only
* Outpatient Treatment (OPD) Cover - Revised conditions:- OPD cover : Medical expenses incurred in case of the following diseases which need OPD as may be certified by the attending medical practitioner and / or banknulls ?medical officer shall be deemed as hospitalization expenses and reimbursed to the extent of 100%Cancer , Leukemia, Thalassemia, Tuberculosis, Paralysis, Cardiac Ailments , Pleurisy , Leprosy, Kidney Ailment , All Seizure disorders, Parkinson?s diseases, Psychiatric disorder including schizophrenia and psychotherapy , Diabetes and its complications, hypertension, Hepatitis ?B , Hepatitis - C, Hemophilia, Myasthenia gravis, Wilson?s disease, Ulcerative Colitis , Epidermolysis bullosa, Venous Thrombosis(not caused by smoking) Aplastic Anaemia, Psoriasis, Third Degree burns, Arthritis , Hypothyroidism , Hyperthyroidism expenses incurred on radiotherapy and chemotherapy in the treatment of cancer and leukemia, Glaucoma, Tumor, Diptheria, Malaria, Non-Alcoholic Cirrhosis of Liver, Purpura, Typhoid, Accidents of Serious Nature , Cerebral Palsy, , Polio, All Strokes Leading to Paralysis, Haemorrhages caused by accidents, All animal/reptile/insect bite or sting , chronic pancreatitis, Immuno suppressants, multiple sclerosis / motorneuron disease, status asthamaticus, sequalea of meningitis, osteoporosis, muscular dystrophies, sleep apnea syndrome(not related to obesity), any
organ related (chronic) condition, sickle cell disease, systemic lupus erythematous (SLE), any connective tissue disorder, varicose veins, thrombo embolism venous thrombosis/venous thrombo embolism (VTE)], growth disorders, Graves? disease, Chronic obstructive Pulmonary Disease, Chronic Bronchitis, Asthma, Physiotherapy and swine flu shall be considered for reimbursement under domiciliary treatmentThe following treatments/ diseases have also been included under OPD coverb. Rheumatoid Arthritisc. Psoriasis/Psoriatic Arthritisd. System lupus Erythematouse. Inflammatory Bowel Diseasesf. Additions Diseasesg. Sjogren?s Diseasesh. Hashimoyos Thyroiditisi. Auto immune vacuitiesj. Pernicious Anemiak. Celiac diseasel. Auto immune myositi
* Dental Expenses Cover - Dental OPD treatment not covered

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101231000000239-00

* 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. 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. *Coverages,SI, family definition, terms & conditions are strictly as per expiring policy except as specified *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 *Treatment for Refractive Error Covered with refractive error +/- 7.5

* Pre/Post Hospitalisation of 30/90 days respectively.
* Cashless and Reimbursement Policy.
* Pre-Existing Diseases exclusion waiver waived for all members, First 30 Days Exclusion waiver waived for all members. 1st Year exclusion waiver waived for all members.
* Employees shall be covered from DOJ subject to availability of sufficient CD balance being maintained with insurer and subject to intimation received within window period for addition for new joinees during the policy period *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 (or predecided date) subject to sufficuent CD balance being maintained. *Mid term inclusion of Spouse & children shall only be allowed only in case of natural additions I.e marriage, child birth and legal adoption. The same is to be intimated to us within 45 days from date of marriage/child birth/adoption. * Mid term inclusion of parents/parents- in-law allowed only for new joinee employees (Subject to parental coverage opted in the policy). Existing employees would be able to cover their parents within 30 days of the policy inception subject to payment of appropriate additional premium. If the parents are not covered this year, they will not be allowed to cover on renewal as well. * Out of parents/ parents-in-laws, only one set of relation shall be covered. Selection is not permitted. * Mid terms addiiton of existing employeenulls parents not allowed and new joineenulls parents would be allowed to cover mid term subject to intimation received within window period and CD balance available
* Maternity Benefit - Maternity benefit is applicable for employee and spouse only and applicable for 2 living births only. Normal Delivery Limit - Rs.50000 and Caesarian delivery Limit - Rs.75000. Waiting Period of 9 months for maternity claims Not Applicable. Pre-natal/ Post natal hospialization expenses covered within Maternity benfit limit.New born Baby expenses covered upto Rs 20000 above maternity * 9 months waiting period - 9 month waiting period not applicable for maternity * Baby cover from Day 1 - Baby Covered from Day 1 Subject Aavaiable CD balance & 64 VB complaince * Room Rent Capping - Room and Boarding expenses as provided by the Hospital/Nursing Home not exceedingRs. 5000 per day or the actual amount whichever is less.B. Intensive Care Unit (ICU) expenses not exceeding Rs. 7500 per day or actual amount whichever is less.C. Surgeon, team of surgeons, Assistant surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.D. Nursing Charges , Service Charges, IV Administration Charges, Nebulization Charges, RMO charges, Anaesthetic, Blood, Oxygen, Operation Theatre Charges, surgical appliances, OT consumables, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like

SBI general INSURANCE
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GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101231000000239-00

pacemaker, Defibrillator, Ventilator, orthopaedic implants, Cochlear Implant, any other implant, Intra-Occular Lenses, , infra cardiac valve replacements, vascular stents, any other valve replacement, laboratory/diagnostic tests, X-ray CT Scan, MRI, any other scan, scopies and such similar expenses that are medically necessary, or incurred during hospitalization as per the advice of the attending doctor

* Non-disclosure of facts material to the assessment of the risk or providing misleading information will nullify the cover under the policy issued thereafter. We reserve the right to charge extra premium / cancel the policy. If there are any additions / alterations to the shared data" after the submission of this quotation, then the same will be communicated to the insurer immediately in writing to revalidate the quote.

* No age limit for Self,Spouse & dependent children. (including step children and legally adopted children) A child would be considered dependent if the monthly income does not exceed Rs. 12,000/- per month; which is at present, or revised by Indian Banks? Association in due course. Widowed Daughter and dependant divorced / separated daughters, sisters including unmarried / divorced / abandoned or separated from husband/ widowed sisters and Crippled Child shall be considered as dependent for the purpose of this policy. Physically challenged Brother / Sister with 40% or more disability. ? No Age Limits for Dependent Parents. Either Dependent Parents or parents-In-law will be covered. Parents would be considered dependent if their monthly income does not exceed Rs. 12,000/- per month, which is at present, or revised by Indian Banks? Association in due course, and wholly dependent on the employee as defined in this scheme * Domicilary Hospitalization- Domiciliary Hospitalization / Domiciliary Treatment : Medical expenses incurred in case of the following diseases which need Domiciliary Hospitalization /domiciliary treatment as may be certified by the recognized hospital authorities and banknulls ?medical officer shall be deemed as hospitalization expenses and reimbursed to the extent of 100%.Cancer, Leukemia, Thalassemia, Tuberculosis, Paralysis, Cardiac Ailments , Pleurisy , Leprosy, Kidney Ailment, All Seizure disorders, Parkinson?s diseases, Psychiatric disorder including schizophrenia and psychotherapy, Diabetes and its complications, hypertension, Asthma, Hepatitis ?B, Hepatitis - C, Hemophilia, Myasthenia gravis, Wilson?s disease, Ulcerative Colitis,
Epidermolysis bullosa, Venous Thrombosis (not caused by smoking) Aplastic Anaemia, Psoriasis, Third Degree burns, Arthritis, Hypothyroidism, Hyperthyroidism, expenses incurred on radiotherapy
and chemotherapy in the treatment of cancer and leukemia, Glaucoma, Tumor, Diphtheria, Malaria, Non-Alcoholic Cirrhosis of Liver, Purpura, Typhoid, Accidents of Serious Nature, Cerebral Palsy, Polio, all Strokes leading to Paralysis, Haemorrhages caused by accidents, all animal/reptile/insect bite or sting, chronic pancreatitis, Immuno suppressants, multiple sclerosis / motor neuron disease, status asthamaticus, sequalea of meningitis, osteoporosis, muscular dystrophies, sleep apnea syndrome(not related to obesity), any organ related (chronic) condition, sickle cell disease, systemic lupus erythematous (SLE), any connective tissue disorder, varicose veins, thrombo embolism venous thrombosis/ venous thrombo embolism (VTE), growth disorders, Graves? disease, Chronic Pulmonary Disease, Chronic Bronchitis, Physiotherapy and swine flu & . Type 1 Diabetes b. Rheumatoid Arthritisc. Psoriasis/Psoriatic Arthritis d. System lupus Erythematouse. Inflammatory Bowel Diseases f. Additions Diseasesg. Sjogren?s Diseases h. Hashimoyos Thyroiditis i. Auto immune vacuitiesj. Pernicious Anemia k. Celiac diseasel. Auto immune myositis shall be considered for reimbursement under domiciliary treatment

*Expiring Policy copy with benefit chart and latest claims data to be provided at the time of

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101231000000239-00

binding of the quote. Also above quoted premium in this quote is subject to final inception data would be same as demography mentioned above. *Mid term increase in SI is not allowed except Change in sum insured after commencement of policy to be considered in case of promotion of the employee or vice versa. (No change in sum insured/ no addition of any new sum insured slab allowed after commensment of policy) *Policy will be continue on retirements of employee till the
end of the policy period subject to no premium refund for deletion. * Pre Natal Period cover 30 days prior to delivery and Post Natal would mean up to 60 days from date of delivery.

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101231000000239-00

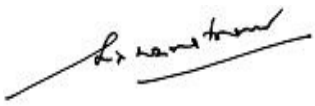
Premium Computation

Particulars	Amount (INR)
Gross Premium	21,499,999.13
CGST : @9.00%	1,934,999.92
SGST : @9.00%	1,934,999.92
Final Premium	25,369,998.97

Collection Details: Receipt No. 4401231000000345 Receipt Date. 19-10-2023

Consolidated Stamp Duty paid INR 40.0/- 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 : 31-10-2023	Signatory : 

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101231000000239-00

Important Note :

Please examine this Policy including its attachment Schedule/ Annexture if any. In the event of any discrepancy, contact the office of the Company immediatelt, 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 whatsover, insurance provided under this document automatically stands cancelled from the inception irrespective of whether a seperate communication is sent or not.Any claim arrising 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 officerof 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 exclutions as per standard policy wordings attached with this schedule.

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101231000000239-00

ANNEXURE 'A' (Category Chart)

Group	SI 3 LACS

Covers	LIMITS
Family Definition	Floater option SELF + SPOUSE + 10 CHILD + 2 PARENT + 10 SIBLING + 2 PARENT-IN-LAW.
Type of Cover	Family Floater
Sum Insured	300,000.00
CORPORATE BUFFER	Maximum limit : 2,500,000.00 Per Family : 300,000.00
IN-PATIENT	Maximum limit : 300,000.00
CONGENITAL DISEASE	Maximum limit : 300,000.00
PRE-EXISTING DISEASE	Maximum limit : 300,000.00
DOMICILIARY	Maximum limit : 300,000.00
MATERNITY	Maximum limit : 50,000.00
PRE-NATAL AND POST-NATAL COMBINED	Maximum limit : 20,000.00
MATERNITY (CAESAREAN)	Maximum limit : 75,000.00
PRE-NATAL AND POST-NATAL COMBINED	Maximum limit : 20,000.00
NEW BORN BABY	Maximum limit : 300,000.00
BED LIMIT	Maximum limit : 5,000.00
INTENSIVE CARE UNIT	Maximum limit : 7,500.00
AMBULANCE ONLY	Maximum limit : 2,500.00
First year exclusion waiver	Yes
30 Days exclusion waiver	Yes
Pre Hospitalization	Yes 30.0 day(s)
Post Hospitalization	Yes 60.0 day(s)

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101231000000239-00

COPAY	Network/Non-Network copay not applicable

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101231000000239-00

ANNEXURE 'A' (Category Chart)

Group	SI 4 LACS

Covers	LIMITS
Family Definition	Floater option SELF + SPOUSE + 10 CHILD + 2 PARENT + 10 SIBLING + 2 PARENT-IN-LAW.
Type of Cover	Family Floater
Sum Insured	400,000.00
CORPORATE BUFFER	Maximum limit : 2,500,000.00 Per Family : 400,000.00
IN-PATIENT	Maximum limit : 400,000.00
CONGENITAL DISEASE	Maximum limit : 400,000.00
PRE-EXISTING DISEASE	Maximum limit : 400,000.00
DOMICILIARY	Maximum limit : 400,000.00
MATERNITY	Maximum limit : 50,000.00
PRE-NATAL AND POST-NATAL COMBINED	Maximum limit : 20,000.00
MATERNITY (CAESAREAN)	Maximum limit : 75,000.00
PRE-NATAL AND POST-NATAL COMBINED	Maximum limit : 20,000.00
NEW BORN BABY	Maximum limit : 400,000.00
BED LIMIT	Maximum limit : 5,000.00
INTENSIVE CARE UNIT	Maximum limit : 7,500.00
AMBULANCE ONLY	Maximum limit : 2,500.00
First year exclusion waiver	Yes
30 Days exclusion waiver	Yes
Pre Hospitalization	Yes 30.0 day(s)
Post Hospitalization	Yes 60.0 day(s)

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101231000000239-00

COPAY	Network/Non-Network copay not applicable

SBI general INSURANCE
SURAKSHA AUR BHAROSA DONO

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101231000000239-00

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	21,499,999.13	3,869,999.84	25,369,998.97
Total		100.00	21,499,999.13	3,869,999.84	25,369,998.97

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101231000000239-00

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.

Insurer : SBI General Insurance Co. Ltd.

Corporate :** Jharkhand Rajya Gramin Bank

Claims Analysis Report

Report as on: Monday, July 29, 2024

This report has been generated for the following policies:

Policy Number	Policy Holder	Policy Start Date	Policy End Date
4101231000000239-00	Jharkhand Rajya Gramin Bank	October 1, 2023	September 30, 2024

Medi Assist™

Insurer : SBI General Insurance Co. Ltd.

Corporate :** Jharkhand Rajya Gramin Bank

Claims Analysis Report

Report as on: Monday, July 29, 2024

Total Claims Experience Report

Claim Type	Claim Count	% Claim Count	Claim Amount (₹)	% Claim Amount	Incurred Amount (₹)	%Incurred Amount
1.0 Reimbursement						
1.1 Paid	132	27.56%	5,813,925	21.84%	4,559,403	22.96%
1.2 Ready For Payment	3	0.63%	226,388	0.85%	153,914	0.78%
1.3 In Process	11	2.30%	984,034	3.70%	702,309	3.54%
1.4 Denied	6	1.25%	199,466	0.75%		0.00%
1.5 Denied-Documents Shortfall	5	1.04%	231,783	0.87%		0.00%
Total	**157**	**32.78%**	**7,455,596**	**28.01%**	**5,415,626**	**27.28%**
2.0 Cashless						
2.1 Paid	157	32.78%	16,200,990	60.86%	12,468,224	62.80%
2.2 Ready For Payment	0	0.00%	0	0.00%		0.00%
2.3 In Process	6	1.25%	1,239,944	4.66%	703,572	3.54%
2.4 Denied	5	1.04%	333,580	1.25%		0.00%
2.5 Denied-Documents Shortfall	0	0.00%	0	0.00%		0.00%
Total	**168**	**35.07%**	**17,774,514**	**66.77%**	**13,171,796**	**66.34%**
3.0 Domiciliary						
3.1 Paid	137	28.60%	1,246,917	4.68%	1,231,350	6.20%
3.2 Ready For Payment	2	0.42%	17,399	0.07%	17,399	0.09%
3.3 In Process	4	0.84%	29,016	0.11%	19,262	0.10%
3.4 Denied	11	2.30%	96,052	0.36%		0.00%
3.5 Denied-Documents Shortfall	0	0.00%	0	0.00%		0.00%
Total	**154**	**32.15%**	**1,389,384**	**5.22%**	**1,268,011**	**6.39%**
Total	**479**	**100.00%**	**26,619,494**	**100.00%**	**19,855,433**	**100.00%**

4.0 By Claim Status	Claim Count	% Claim Count	Claim Amount (₹)	% Claim Amount	Incurred Amount (₹)	%Incurred Amount
4.1 Paid	426	88.94%	23,261,832	87.39%	18,258,977	91.96%
4.2 Ready For Payment	5	1.04%	243,787	0.92%	171,313	0.86%
4.3 In Process	21	4.38%	2,252,994	8.46%	1,425,143	7.18%
4.4 Denials	27	5.64%	860,881	3.23%		0.00%
Total	**479**	**100.00%**	**26,619,494**	**100.00%**	**19,855,433**	**100.00%**

5.0 Policy Lives	Count
5.1 At Inception & Addition	5,432
5.1.1 At Inception	5,198
5.1.2 Addition	234
5.2 Deletion	-86
5.3 Current Lives	5,346

5.4 IPD Claim Count

309

5.5 Percentage of Claims per 100 Lives

5.69%

6.0 Policy Premium	Amount (₹)
6.1 First Time	0.00
6.2 Addition	0.00
6.3 Deletion	0.00
6.4 Total Premium	0.00
6.5 Earned Premium (EP)	0.00

Premium details made available and updated in our system as on report date is Rs. 0.00 (Refer Annexure for Policy & Endorsement wise details)
Based on Total Incurred Amount as shown above, ICR works out to NA on the Total Premium and NA** on the Earned Premium.**
Ratios based on premium in Insurer's System would prevail.

****Please see the index page for more information on the policies that were used to generate this report.**

Medi Assist™

Insurer : SBI General Insurance Co. Ltd.

Corporate :** Jharkhand Rajya Gramin Bank

Claims Analysis Report

Report as on: Monday, July 29, 2024

Policy Wise Premium Summary

Policy Number	Total Premium	Earned Premium	Lives
4101231000000239-00	0.00	0.00	5,346
Total	**0.00**	**0.00**	**5,346**

****Please see the index page for more information on the policies that were used to generate this report.**

Medi Assist™

Insurer : SBI General Insurance Co. Ltd.

Corporate :** Jharkhand Rajya Gramin Bank

Claims Analysis Report

Report as on: Monday, July 29, 2024

Savings Summary

Policy No.	Claim Count Copay	Savings due to Copay	Claim Count Defined Benefit	Savings due to Defined Benefit	Claim Count Hospital Discount	Savings due to Amount Hospital Discount	Claim Count Proportionate Deduction	Savings due to Proportionate Deduction
4101231000000239-00	0	0.00	15	251,856.00	126	764,043.00	19	354,297.00
Total	**0**	**0.00**	**15**	**251,856.00**	**126**	**764,043.00**	**19**	**354,297.00**

****Please see the index page for more information on the policies that were used to generate this report.**

Medi Assist™

Insurer : SBI General Insurance Co. Ltd.

Corporate :** Jharkhand Rajya Gramin Bank

Claims Analysis Report

Report as on: Monday, July 29, 2024

Distribution Across Providers (In-Patient Claims)

Hospital Name	Approved Amount (₹)	% Approved Amount	Claim Count	%Claim Count
Other	10,640,980	61.93%	209	71.58%
Tata Main Hospital	1,429,129	8.32%	24	8.22%
Bhagwan Mahavir Medica Superspecialty Hospital	1,243,233	7.24%	12	4.11%
Santevita Hospital	648,703	3.78%	8	2.74%
Rani Hospital	564,066	3.28%	4	1.37%
Asg Hospital Pvt Ltd	540,372	3.15%	20	6.85%
Christian Medical College	466,629	2.72%	4	1.37%
Jayprabha Medanta Superspeciality Hospital(Unit Of Global Health Patliputra Pvt Ltd)	455,713	2.65%	4	1.37%
Pulse Superspeciality Hospital	401,255	2.34%	4	1.37%
Advanced Neuro Hospital	400,000	2.33%	1	0.34%
Iris Hospital	391,461	2.28%	2	0.68%
Total	**17,181,541**	**100.00%**	**292**	**100.00%**

Ailment Group wise Summary (In-Patient Claims)

Ailment name	Approved Amount (₹)	% Approved Amount	Claim Count	%Claim Count
Other	3,289,008	19.14%	71	24.32%
CAESAREAN SECTION	2,296,393	13.37%	43	14.73%
CARDIAC DISORDERS	1,529,563	8.90%	11	3.77%
NEUROLOGICAL & CEREBROVASCULAR DISORDERS	1,517,921	8.83%	13	4.45%
CANCER	1,479,232	8.61%	32	10.96%
DISORDERS OF THE GASTROINTESTINAL SYSTEM	1,412,916	8.22%	27	9.25%
CATARACT	1,383,365	8.05%	45	15.41%
INFECTIOUS DISEASES (BACTERIAL / VIRAL / Others)	1,305,879	7.60%	23	7.88%
INJURIES / FRACTURES / DISLOCATIONS	1,175,950	6.84%	10	3.42%
DISORDERS OF THE KIDNEY	1,020,550	5.94%	12	4.11%
DISORDERS OF THE MUSCULOSKELTAL SYSTEM	770,764	4.49%	5	1.71%
Total	**17,181,541**	**100.00%**	**292**	**100.00%**

****Please see the index page for more information on the policies that were used to generate this report.**

Medi Assist™

Insurer : SBI General Insurance Co. Ltd.

Corporate :** Jharkhand Rajya Gramin Bank

Claims Analysis Report

Report as on: Monday, July 29, 2024

Distribution Across Beneficiary and Age Wise Summary (In-Patient Claims)

Relation Type	Claim Count	% Claim Count	Approved Amount (₹)	% Approved Amount
a) Self	76	26.03%	5,785,609	33.67%
b) Spouse	69	23.63%	3,346,556	19.48%
c) Child	28	9.59%	1,497,203	8.71%
d) Parent	119	40.75%	6,552,173	38.13%
Total	**292**	**100.00%**	**17,181,541**	**100.00%**

Age Wise Summary (In-Patient Claims)

Age Band Bucket	Claim Count	% Claim Count	Approved Amount (₹)	% Approved Amount
a) 0-5	2	0.68%	26,184	0.15%
b) 6-10	4	1.37%	120,164	0.70%
c) 11-15	1	0.34%	75,694	0.44%
e) 21-25	14	4.79%	588,548	3.43%
f) 26-30	42	14.38%	2,000,904	11.65%
g) 31-35	40	13.70%	2,179,708	12.69%
h) 36-40	8	2.74%	790,038	4.60%
i) 41-45	3	1.03%	170,642	0.99%
j) 46-50	24	8.22%	921,170	5.36%
k) 51-55	28	9.59%	1,124,587	6.55%
l) 56-60	61	20.89%	5,018,990	29.21%
m) 61-65	25	8.56%	1,586,690	9.23%
n) 66-70	14	4.79%	812,254	4.73%
o) 71-more	6	2.05%	531,066	3.09%
p) Not classified	20	6.85%	1,234,902	7.19%
Total	**292**	**100.00%**	**17,181,541**	**100.00%**

****Please see the index page for more information on the policies that were used to generate this report.**

Insurer : SBI General Insurance Co. Ltd.

Corporate :** Jharkhand Rajya Gramin Bank

Claims Analysis Report

Report as on: Monday, July 29, 2024

Utilization Report for Employees (In-Patient Claims)

No. of Claims	Beneficiaries Count	% Claim Count	Approved Amount (₹)	% Approved Amount
a) 1	48	63.16%	3,799,804	65.68%
b) 2	18	23.68%	1,433,232	24.77%
c) 3	3	3.95%	400,000	6.91%
g) 7	7	9.21%	152,573	2.64%
Total	**76**	**100.00%**	**5,785,609**	**100.00%**

Utilization Report for Dependents (In-Patient Claims)

No. of Claims	Beneficiaries Count	% Claim Count	Approved Amount (₹)	% Approved Amount
a) 1	111	51.39%	6,885,060	60.42%
b) 2	46	21.30%	2,289,778	20.09%
c) 3	12	5.56%	836,918	7.34%
d) 4	8	3.70%	446,116	3.91%
e) 5	5	2.31%	126,766	1.11%
f) 6	6	2.78%	156,984	1.38%
g) 7	7	3.24%	104,103	0.91%
k) Above 10	21	9.72%	550,207	4.83%
Total	**216**	**100.00%**	**11,395,932**	**100.00%**

****Please see the index page for more information on the policies that were used to generate this report.**

Medi Assist™

Insurer : SBI General Insurance Co. Ltd.

Corporate :** Jharkhand Rajya Gramin Bank

Claims Analysis Report

Report as on: Monday, July 29, 2024

Distribution Across Amount Bands (In-Patient Cashless Claims)

Amount Band Bucket	Claim Count	% Claim Count	Approved Amount (₹)	% Approved Amount
a) 10,000	2	1.27%	13,302	0.11%
b) 20,000	18	11.46%	313,261	2.51%
c) 30,000	22	14.01%	555,041	4.45%
d) 40,000	20	12.74%	712,534	5.71%
e) 50,000	22	14.01%	943,547	7.57%
f) 60,000	11	7.01%	605,491	4.86%
g) 70,000	7	4.46%	441,246	3.54%
h) 80,000	15	9.55%	1,118,328	8.97%
i) 90,000	2	1.27%	166,458	1.34%
j) 1,00,000	2	1.27%	195,833	1.57%
k) 2,00,000	21	13.38%	3,102,786	24.89%
l) 3,00,000	11	7.01%	2,885,715	23.14%
m) 4,00,000	4	2.55%	1,414,682	11.35%
Total	**157**	**100.00%**	**12,468,224**	**100.00%**

Distribution Across Amount Bands (In-Patient Reimbursment Claims)

Amount Band Bucket	Claim Count	% Claim Count	Approved Amount (₹)	% Approved Amount
a) 10,000	29	21.48%	147,875	3.14%
b) 20,000	31	22.96%	452,614	9.60%
c) 30,000	16	11.85%	410,638	8.71%
d) 40,000	18	13.33%	620,473	13.16%
e) 50,000	14	10.37%	598,789	12.70%
f) 60,000	8	5.93%	442,786	9.39%
g) 70,000	7	5.19%	443,663	9.41%
h) 80,000	5	3.70%	367,269	7.79%
k) 2,00,000	5	3.70%	731,407	15.52%
l) 3,00,000	2	1.48%	497,803	10.56%
Total	**135**	**100.00%**	**4,713,317**	**100.00%**

****Please see the index page for more information on the policies that were used to generate this report.**

Insurer : SBI General Insurance Co. Ltd.

Corporate :** Jharkhand Rajya Gramin Bank

Claims Analysis Report

Report as on: Monday, July 29, 2024

Glossary

1.0 Reimbursement : Type of Claims where cost of treatment calculated as per policy terms paid to insured
2.0 Cashless : Claims where cost of treatment calculated as per policy terms paid directly to the providers
3.0 Domiciliary : Non hospitalisation claims paid either as cashless or reimbursement including OPD
4.0 Claim status : Statuses of the claims as on report date
4.1 Paid : Claims where payment has been effected and payment details available
4.2 Ready For Payment : Claims where processing is complete and ready for payment upload
4.3 In Process : Claims that are in various stages of processing including investigation, document shortfall etc..
Denied : Claim that are rejected / repudiated as per policy coverages/exclusions
Denied-Documents Shortfall : Claim that denied due to non submission of necessary documents
5.0 Policy Lives :
5.1 At Inception & Addition :
5.1.1 At Inception : Number of lives covered from inception of the policy
5.1.2 Addition : Number of lives added during the policy period through an endorsement
5.2 Deletion : Number of lives deleted/removed during the policy period through an endorsement
5.3 Current Lives : Number of lives at the inception + Number of lives added during the period- number of lives deleted/removed during the period.
6.0 Policy premium :
6.1 First Time : Initial Premium as updated in our System
6.2 Addition : Additional premium through an endorsement for a change in coverage and/or inclusion of members
6.3 Deletion : Reduction in premium amount effected through an endorsement for a change in coverage and/or deletion of members
6.4 Total Premium : Initial Premium + Addition Endorsement Premium - Deletion endorsement premium (Refund)
6.5 Earned Premium (EP) : Portion of a policy's premium that applies to the expired portion of the policy.
Claims Ratio (%) : Ratio of Incurred Claims to total Premium as on report date
Claims Ratio (%) - On Earned Premium : Ratio of Incurred Claims to Earned Premium on report date

****Please see the index page for more information on the policies that were used to generate this report.**