

Corrigendum-1

No: NBCFDC/HR/GHIP/2023

Date : 25.05.2023

Corrigendum in respect of Tender ID No: NBCFDC/HR/GHIP/2023 dated 22.05.2023

Medi Assist Insurance TPA Pvt. Ltd

PA Awaiting Cashless Report

Period from: 20-Jun-2021 00:00:00 To: 19-May-2022 23:59:59



| Name | Claimants_Name | Relation | Sum_Insured | Balance_Sum_Insured | Claim_Type | Claimed_Amount | Approved_Amount | Incurred_Amount |
|---------------------|---------------------|----------|-------------|---------------------|----------------------|----------------|-----------------|-----------------|
| Himanshu Nagal | Mahasvin Nagal | Son | 500000 | 270333 | Cashless | 41254 | 34382 | 34382 |
| Himanshu Nagal | Baby Hiya | Daughter | 500000 | 270333 | Cashless | 43576 | 37572 | 37572 |
| Harvir Singh | Ramdai | Mother | 500000 | 411156 | Cashless | 96983 | 88844 | 88844 |
| Anil Kumar | Janki Devi | Mother | 500000 | 222851 | Cashless | 153350 | 142615 | 142615 |
| Suresh Kumar | Anita Devi | Spouse | 700000 | 602260 | Cashless | 108125 | 94608 | 94608 |
| Neelam Mudgal | Tansi Mudgal | Daughter | 500000 | 416369 | Cashless | 99304 | 81615 | 81615 |
| Sudesh Kumar | Mukesh | Spouse | 500000 | 419266 | Cashless | 74600 | 72498 | 72498 |
| Neelam Mudgal | Tansi Mudgal | Daughter | 500000 | 416369 | Post Hospitalisation | 2016 | 2016 | 2016 |
| Suresh Kumar | Anita Devi | Spouse | 700000 | 602260 | Post Hospitalisation | 3132 | 3132 | 3132 |
| Sudesh Kumar | Mukesh | Spouse | 500000 | 419266 | Post Hospitalisation | 80946 | 8236 | 8236 |
| Meenakshi | Meenakshi | Self | 500000 | 466264 | Reimbursement | 37261 | 32443 | 32443 |
| Himanshu Nagal | Baby Hiya | Daughter | 500000 | 270333 | Cashless | 35213 | 29915 | 29915 |
| Himanshu Nagal | Mahasvin Nagal | Son | 500000 | 270333 | Cashless | 86171 | 69959 | 69959 |
| Himanshu Nagal | Mahasvin Nagal | Son | 500000 | 270333 | Post Hospitalisation | 19665 | 7515 | 7515 |
| Md Javed Ahmed Khan | Mohd Shaban Sarfraz | Son | 500000 | 444382 | Cashless | 48140 | 43877 | 43877 |
| Dhruwa Lal Gaur | Dhruwa Lal Gaur | Self | 500000 | 417485 | Reimbursement | 88667 | 82515 | 82515 |
| Anil Kumar | Janki Devi | Mother | 500000 | 222851 | Cashless | 19452 | 18418 | 18418 |
| Anil Kumar | Janki Devi | Mother | 500000 | 222851 | Cashless | 13962 | 12402 | 12402 |
| Gopal Singh | Gopal Singh | Self | 500000 | 438023 | Cashless | 91850 | 48848 | 48848 |
| Naresh | Champa Devi | Spouse | 1000000 | 18265 | Cashless | 988413 | 861615 | 861615 |
| Manoj Kumar Rout | Kanak Lata Rout | Mother | 500000 | 480999 | Cashless | 20000 | 19001 | 19001 |
| Naresh | Champa Devi | Spouse | 1000000 | 18265 | Cashless | 156935 | 120120 | 120120 |
| Meenakshi | Meenakshi | Self | 500000 | 466264 | ReOpen Claim | 37261 | 1293 | 1293 |
| Himanshu Nagal | Mahasvin Nagal | Son | 500000 | 270333 | ReOpen Claim | 19665 | 12150 | 12150 |
| Anil Kumar | Janki Devi | Mother | 500000 | 222851 | Cashless | 67941 | 61485 | 61485 |
| Md Javed Ahmed Khan | Mohd Shaban Sarfraz | Son | 500000 | 444382 | Post Hospitalisation | 11741 | 11741 | 11741 |
| Gopal Singh | Gopal Singh | Self | 500000 | 438023 | Post Hospitalisation | 14432 | 13129 | 13129 |
| Anil Kumar | Janki Devi | Mother | 500000 | 222851 | Cashless | 13285 | 12674 | 12674 |
| Anil Kumar | Janki Devi | Mother | 500000 | 222851 | Cashless | 13290 | 12679 | 12679 |
| Anil Kumar | Janki Devi | Mother | 500000 | 222851 | Cashless | 17813 | 16876 | 16876 |
| Ashok Kumar Nagar | Ashok Kumar Nagar | Self | 500000 | 410177 | Reimbursement | 96975 | 89823 | 89823 |
| Himanshu Nagal | Mahasvin Nagal | Son | 500000 | 270333 | Cashless | 45031 | 38174 | 38174 |
| | | | | | | | | 2182170 |

Note : For further clarification(s), if any, kindly contact Mr. Girish Chand, AM(HR) (Mob No. : 9958046188)



Insurer: **Manipal Cigna Health Insurance Company Limited**
 Policy Holder: **M/s National Backward Classes Finance & Development Corporation**
 Policy No: 100200085611/01/00
 Policy period: 20-Jun-2022 To 19-Jun-2023

Claims Analysis Report

Report date: 02-May-2023

This Report Generated By ManipalCigna Health Insurance Company Limited On Tue May 02 14:21:25 IST 2023

Total Claims Experience Report

| | Claims | Value (Rs.) | % Claims | % Value |
|---|-----------|---------------------|----------|---------------------|
| Cashless Settled | 10 | 943,718.00 | 66.67 % | 95.79 % |
| Cashless Processed | 0 | 0.00 | 0.0 % | 0.0 % |
| Reimbursement Settled | 3 | 41,522.00 | 20.0 % | 4.21 % |
| Reimbursement Processed | 0 | 0.00 | 0.0 % | 0.0 % |
| Denials | 2 | 0.00 | 13.33 % | 0.0 % |
| Denials due to Shortfall | 0 | 0.00 | 0.0 % | 0 % |
| Closed | 0 | 0.00 | 0.0 % | 0.0 % |
| Domiciliary claims | 0 | 0.00 | 0.0 % | 0.0 % |
| Total | 15 | 985,240.00 | | |
| Cashless in Process* | 2 | 172,979.00 | | |
| Reimbursement in Process* | 0 | 0.00 | | |
| Grand Total (Rs.) | 17 | 1,158,219.00 | | |
| First Time Premium (Rs.)^ | | | | 2,310,000.00 |
| Endo Premium (Rs.)^ | | | | 13,607.00 |
| Deletion Premium (Rs.)^ | | | | 11,735.00 |
| Total Premium (Rs.)^ | | | | 2,311,872.00 |
| Claims Ratio (%) | | | | 50.1 % |
| Claims Ratio (%) - On Earned Premium# | | | | 57.68 % |
| Value of Denied claims (Rs.): | | | | 204,182.00 |
| Value of Denied(Document Shortfall) claims (Rs.): | | | | 0.00 |
| Value of Closed claims (Rs.): | | | | 0.00 |
| * Depicts the claimed amount for claims in process. The settlement amount will be less than the above figures and will result in respective decrease in the claims ratio. | | | | |
| ** The value is for preauthorisation issued and awaiting for final documentation. Depicts the Processed PA amount for PA issued. The settlement amount will be less than or equal to the above figures and could result in respective decrease in the claims ratio. | | | | |
| # Does not apply to policies with Instalment Premium | | | | |
| ^ Premium as made available and updated in our system is shown above. This may vary from figures as per Insurer and have corresponding impact on the ICR and ICR on Earned Premium shown in the report. | | | | |

Morbidity Ratio

| Descriptions | Values |
|--|--------|
| No. of lives Insured | 201 |
| No. of Claims | 15 |
| No. of Claims made per 100 Lives Insured | 7.46 % |
| No. of lives Inception | 198 |
| Addition | 3 |
| Deletion | 2 |
| CurrentLives | 199 |

MANIPALCIGNA PROHEALTH GROUP INSURANCE POLICY

MASTER POLICY SCHEDULE

| | | |
|--|--|---------------------|
| Policy Issuing Office: ManipalCigna Health Insurance Company Limited, 401/402, Raheja Titanium, Western Express Highway, Goregaon East, mumbai - 400063, India | Policy Servicing Office: ManipalCigna Health Insurance Company Limited, 32-B, Pusa Road, Rajinder Nagar, Opp. Pillar No. 122 Of Metro Station, Karol Bagh, New Delhi, Delhi - 110005 | |
| Intermediary name: Safe Route Insurance Marketing LLP | Code: IMD1665351-01 | Contact numbers: NA |
| Policy Name: | ManipalCigna ProHealth Group Insurance Policy | |
| Master Policy Number: | 100200085611/01/00 | |

PROPOSER DETAILS:

| | | | |
|-----------------------|--|----------|----------|
| Name : | M/s NATIONAL BACKWARD CLASSES FINANCE AND DEVELOPMENT CORPORATION | | |
| Address : | 5th Floor, NCUI Building 3, Siri Institutional Area August Kranti Marg, New Delhi, New Delhi, Delhi - 110016 | | |
| Business Description: | Other | | |
| Telephone number(s): | (R) 9958046188 | (0) -NA- | (M) -NA- |
| Email Address: | girishc@nbcfdc.gov.in | | |

POLICY DETAILS:

| | | |
|--|---|---|
| Policy Period: | Inception Date: From: 18:39 on 20/06/2022 | Expiry date To: 23:59 on 19/06/2023 |
| Policy Tenure | 1 Year | |
| Policy Zone | Zone1 | |
| Total number of Insured Persons: | 198 | |
| Renewal Status | First Renewal | |
| Name of the TPA | Medi Assist Insurance TPA Pvt. Ltd. | |
| Member Details | Refer Annexure I | |
| Cover Details | Refer Annexure II | |
| Special Conditions | Refer Annexure III | |
| Co-insurance/ Installment Premium Details | Refer Annexure IV | |

PREMIUM DETAILS:

| | |
|-------------------------------|------------|
| Basic Cover Premium (Rs.) | 2310000.04 |
| Optional Covers Premium (Rs.) | |
| Goods and Service Tax (Rs.) | 415800.01 |
| GST Cess (Rs.) | 0.00 |
| Total Premium(Rounded Off) | 2725800.00 |

| | |
|---|--------------------|
| PAN No. : AAEC7904J, Category: General Insurance Business | |
| Consolidated Stamp Duty of Rs. 1.00 paid in cash or by demand draft or by payorder or by cheque | |
| Vide Receipt/Challan No. : MH000766483202223P | Dated : 20/04/2022 |

Note:Basic premium is inclusive of opted Add on s and after adjustment of premium discounts,wherever applicable.
In the event of dishonour of cheque, this policy document automatically stands cancelled from inception, irrespective of whether a separate communication is sent or not.

IN THE EVENT OF A CLAIM:

| | | |
|--|----------------------------|--|
| Please contact Us through any of these modes | Address for Correspondence | Medi Assist Insurance TPA Pvt. Ltd. Tower D, 4th Floor, IBC Knowledge Park, 4/1, Bannerghatta Road, Bengaluru, Bengaluru, Karnataka - 560020 |
| | Contact Number | 1800-419-1159 |
| | Email ID | Cigna@mediassistindia.com |
| | WebSite | www.mediassistindia.com |

This Policy has been issued based on the information provided by you on the proposal form. Attached with this Policy Schedule are the Policy Terms & Conditions, and Annexures. Please ensure that these documents have been received, read and understood. If any of these documents have not been received, please contact our Customer Service at the below mentioned details at the earliest. In case you find any discrepancy in the same, please contact us immediately.

For any grievance related to the policy, you may write to The Grievance Officer at the policy issuing office address mentioned above or e-mail at headcustomercare@manipalcigna.com

You may also write to us at servicesupport@manipalcigna.com or call us at HealthLine No. (Toll Free): 1800-102-4462

In witness, whereof, this Policy has been signed at ManipalCigna Health Insurance on 20/06/2022

Yours Sincerely,

ManipalCigna Health Insurance Company Limited

(Formerly known as CignaTTK Health Insurance Company Limited)

“This is a System generated communication and does not require signature”

Annexure II : Cover Details

Plan Benefits

| Benefits Applicable to Employee Band/ Member Category: Group1 | | | | |
|---|---|--------------------|--|--|
| Coverage | Brief Description | Sum Insured | Sub Limit | Sub option |
| In-patient Hospitalisation Expenses Cover | Hospitalisation covered up to Sum Insured | 450000.00 | NA | NA |
| Day Care Treatment Cover | Any Treatment taken under Day Care covered up to Sum Insured | | NA | 100% of Sum Insured |
| Pre-Hospitalisation Medical Expenses Cover | Medical Expenses covered up to 30 days before date of hospitalisation | | NA | 30 |
| Post-Hospitalisation Medical Expenses Cover | Medical Expenses covered up to 60 days after date of hospitalisation | | NA | 60 |
| Road Ambulance Cover | Ambulance charges covered up to Rs. 2000 per Hospitalisation | | NA | 2000 |
| Domiciliary Hospitalisation Cover | Medical Expenses towards Domiciliary Hospitalisation covered up to Sum Insured | | Other limits & conditions-100 % Of Sum Insured | NA |
| Donor Expenses Cover | In-patient Hospitalisation Expenses of Donor covered up to Sum Insured | | Other limits & conditions-100 % Of Sum Insured | NA |
| | Brief Description | | Sum Insured | Sub Limit |
| Maternity Expense Cover | Maternity expenses related to:Normal Delivery, Routine or elective C- section delivery, Complicated Pregnancy | 50000.00 | NA | Normal Delivery |
| Maternity Expense Cover | Maternity expenses related to:Normal Delivery, Routine or elective C- section delivery, Complicated Pregnancy | 50000.00 | NA | Routine or elective C- section delivery |
| In-patient Hospitalisation-Percentage Limit on Room Rent/Amount Limit On Room Rent/Limit on Room Type | Room Rent Up to Single Private Room for Normal & No Capping for ICU | 0.00 (In %) | NA | Room categoryUp to Single Private Room : No Cap |
| In-patient hospitalisation cover for Ayush Treatment | Ayush SI- 20% of SI | 90000.00 | NA | NA |
| Corporate Buffer (At group level) | Corporate buffer applicable at group level for INR 2000000/-Restricted to 100% family floater sum insured | 2000000.00 | NA | Fixed amount - Per family limit (in case of floater) |
| Waiting Period | Pre-existing disease Waiting Period | | Covered from day 1 | |
| Waiting Period | Initial Waiting Period for hospitalization | | Covered from day 1 | |
| Waiting Period | Specified Disease/Procedure Waiting period | | Covered from day 1 | |
| Waiting Period | Maternity waiting period | | Covered from day 1 | |

| Benefits Applicable to Employee Band/ Member Category: Group2 | | | | |
|---|---|--------------------|--|--|
| Coverage | Brief Description | Sum Insured | Sub Limit | Sub option |
| In-patient Hospitalisation Expenses Cover | Hospitalisation covered up to Sum Insured | 600000.00 | NA | NA |
| Day Care Treatment Cover | Any Treatment taken under Day Care covered up to Sum Insured | | NA | 100% of Sum Insured |
| Pre-Hospitalisation Medical Expenses Cover | Medical Expenses covered up to 30 days before date of hospitalisation | | NA | 30 |
| Post-Hospitalisation Medical Expenses Cover | Medical Expenses covered up to 60 days after date of hospitalisation | | NA | 60 |
| Road Ambulance Cover | Ambulance charges covered up to Rs. 2000 per Hospitalisation | | NA | 2000 |
| Domiciliary Hospitalisation Cover | Medical Expenses towards Domiciliary Hospitalisation covered up to Sum Insured | | Other limits & conditions-100 % Of Sum Insured | NA |
| Donor Expenses Cover | In-patient Hospitalisation Expenses of Donor covered up to Sum Insured | | Other limits & conditions-100 % Of Sum Insured | NA |
| | Brief Description | Sum Insured | Sub Limit | Sub option |
| Maternity Expense Cover | Maternity expenses related to:Normal Delivery, Routine or elective C- section delivery, Complicated Pregnancy | 50000.00 | NA | Normal Delivery |
| Maternity Expense Cover | Maternity expenses related to:Normal Delivery, Routine or elective C- section delivery, Complicated Pregnancy | 50000.00 | NA | Routine or elective C- section delivery |
| In-patient Hospitalisation-Percentage Limit on Room Rent/Amount Limit On Room Rent/Limit On Room Type | Room Rent Up to Single Private Room for Normal & No Capping for ICU | 0.00 (In %) | NA | Room categoryUp to Single Private Room : No Cap |
| In-patient hospitalisation cover for Ayush Treatment | Ayush SI- 20% of SI | 120000.00 | NA | NA |
| Corporate Buffer (At group level) | Corporate buffer applicable at group level for INR 2000000/-Restricted to 100% family floater sum insured | 2000000.00 | NA | Fixed amount - Per family limit (in case of floater) |
| Waiting Period | Pre-existing disease Waiting Period | Covered from day 1 | | |
| Waiting Period | Initial Waiting Period for hospitalization | Covered from day 1 | | |
| Waiting Period | Specified Disease/Procedure Waiting period | Covered from day 1 | | |
| Waiting Period | Maternity waiting period | Covered from day 1 | | |

Benefits Applicable to Employee Band/ Member Category: Group3

| Coverage | Brief Description | Sum Insured | Sub Limit | Sub option |
|---|---|--------------------|--|--|
| In-patient Hospitalisation Expenses Cover | Hospitalisation covered up to Sum Insured | 750000.00 | NA | NA |
| Day Care Treatment Cover | Any Treatment taken under Day Care covered up to Sum Insured | | NA | 100% of Sum Insured |
| Pre-Hospitalisation Medical Expenses Cover | Medical Expenses covered up to 30 days before date of hospitalisation | | NA | 30 |
| Post-Hospitalisation Medical Expenses Cover | Medical Expenses covered up to 60 days after date of hospitalisation | | NA | 60 |
| Road Ambulance Cover | Ambulance charges covered up to Rs. 2000 per Hospitalisation | | NA | 2000 |
| Domiciliary Hospitalisation Cover | Medical Expenses towards Domiciliary Hospitalisation covered up to Sum Insured | | Other limits & conditions-100 % Of Sum Insured | NA |
| Donor Expenses Cover | In-patient Hospitalisation Expenses of Donor covered up to Sum Insured | | Other limits & conditions-100 % Of Sum Insured | NA |
| | Brief Description | Sum Insured | Sub Limit | Sub option |
| Maternity Expense Cover | Maternity expenses related to:Normal Delivery, Routine or elective C- section delivery, Complicated Pregnancy | 50000.00 | NA | Normal Delivery |
| Maternity Expense Cover | Maternity expenses related to:Normal Delivery, Routine or elective C- section delivery, Complicated Pregnancy | 50000.00 | NA | Routine or elective C- section delivery |
| In-patient Hospitalisation-Percentage Limit on Room Rent/Amount Limit On Room Rent/Limit On Room Type | Room Rent Up to Single Private Room for Normal & No Capping for ICU | 0.00 (In %) | NA | Room categoryUp to Single Private Room : No Cap |
| In-patient hospitalisation cover for Ayush Treatment | Ayush SI- 20% of SI | 150000.00 | NA | NA |
| Corporate Buffer (At group level) | Corporate buffer applicable at group level for INR 2000000/-Restricted to 100% family floater sum insured | 2000000.00 | NA | Fixed amount - Per family limit (in case of floater) |
| Waiting Period | Pre-existing disease Waiting Period | Covered from day 1 | | |
| Waiting Period | Initial Waiting Period for hospitalization | Covered from day 1 | | |
| Waiting Period | Specified Disease/Procedure Waiting period | Covered from day 1 | | |
| Waiting Period | Maternity waiting period | Covered from day 1 | | |

Annexure III:

Special Condition:

- - i. In addition to the conditions mentioned above, all the terms will be as mentioned in ManipalCigna ProHealth Group Insurance Policy
 - ii. Type of cover- Family Floater
 - iii. Family Definition Self Spouse Dependent Children 2 Dependent Parents / In Laws (Combinations are not allowed)
 - iv. Number of life covered at inception Self- 51, Spouse 43, Children 78, Parents 26
 - v. Additions and deletions of employee will be done on prorata basis from day 1 for additions subject to sufficient CD balance being maintained. Addition of an Employee must be intimated within 45 days from the date of joining.
 - vi. Dependents to be declared at the time of inception of the policy. No midterm inclusion of dependents allowed except for spouse after marriage and child by birth. Addition of family members must be intimated within 30 days after marriage or child birth.
 - vii. It shall be a condition precedent to the Company s liability under this policy that all supporting documents relating to the claim must be submitted within fifteen (15) days from the date of discharge from the hospital. In case of post-hospitalization treatment days, all claim documents should be submitted to the TPA within fifteen (15) days after completion of such treatment.
 - viii. No individual can be covered more than once in the policy specifically if an employee and spouse are working for the same organization both cannot cover each other and cannot cover the same set of parents. In case at the time of claim it is found that the member is covered twice a deletion endorsement of member will be effected to remove that member there will be no refund for such deletions
 - ix. Pre and Post Natal expenses are covered in case Maternity cover is opted up to 20% of Maternity Limits mention in tables
 - x. Oral Chemotherapy Covered
 - xi. Cyberknife treatment/Robotic Surgery - Covered up to 50% of sum insured
 - xii. Lucentis Covered
 - xiii. Lasik Surgery - Covered for refractory error above /- 7.5
 - xiv. Congenital Internal disease - Covered

Annexure IV: Co-insurance/Installment Premium Details

Special Condition: NA

Instalment Premium

It is hereby agreed and understood that premium under this policy will be paid in the following instalments (wherever Monthly/Quarterly/ Half yearly option is taken):

NA

Annexure V:

| Sum Insured | 450000 | 600000 | 750000 |
|-------------|-------------------------------|----------|----------|
| Age Group | Premium per member Before Tax | | |
| 0-5 | 5167.71 | 5250.71 | 6351.71 |
| 06-15 | 2027.71 | 2061.71 | 2501.71 |
| 16-25 | 5221.71 | 5305.71 | 6417.71 |
| 26-35 | 7559.70 | 7681.71 | 9285.71 |
| 36-45 | 6199.70 | 6298.71 | 7617.71 |
| 46-50 | 10007.70 | 10167.71 | 12287.71 |
| 51-55 | 15040.71 | 15280.71 | 18459.71 |
| 56-60 | 21147.71 | 21484.71 | 25949.71 |
| 61-65 | 26710.71 | 27136.71 | 32771.71 |
| 66-70 | 32448.71 | 32966.71 | 39808.71 |
| 71-80 | 32448.71 | 32966.71 | 39808.71 |