



Star Health and Allied Insurance Company Limited

No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034.

Phone 044-28288800, Telefax : 044-28260062.

Website : www.starhealth.in and Email: info@starhealth.in

IRDA Regn No 129

Corporate Identity Number : L66010TN2005PLC056649

Quote for Group Health Insurance

Quote no: IND-2025-02504-SGHI-01

Approved Date: 13/05/2024

| S.no | Particulars | | |
|-----------------|--|---|-----------|
| Insured Details | | | |
| 1 | Name of the Branch / Area / Zonal Office | Area Office 2 DELHI (161200) | |
| 2 | Name and Address of the Insured | BHARAT SANCHAR NIGAM LIMITED H.C. Mathur Lane, Janpath, New delhi, Delhi, CENTRAL, DELHI, 110001 | |
| 3 | Total No. of Employees | 4304 | |
| 4 | Total No. of Dependents | Spouse | 4156 |
| | | Children | 6147 |
| | | Parents | 2377 |
| | | Dep total | 12680 |
| | | Grand total | 16984 |
| Premium Details | | | |
| 5 | Sum Insured Per Family (Rs.) | 500000 1000000 | |
| 6 | Corporate buffer(rs.) | Nil | |
| 7 | Extensions | Family Floater (Employee, Spouse, Children, Parents and Parent in Laws) Waiver of 30 days Waiting Period Waiver of First Year Exclusions Waiver of First Two Years Exclusions Cover for Pre Existing Diseases | |
| 8 | Previous claims experience | 0 | |
| 9 | Total Premium (Rs.) | Premium | 183711340 |
| | | Add : GST at 18% | 33068041 |
| | | Total | 216779381 |
| 10 | Conditions | | |
| | Family Definition : | | |
| | Family Floater(Employee, Spouse, Children, Parents and Parent in Laws) | | |
| | Room Rent limits including Boarding, Nursing Charges : | | |
| | Restricted to 2% of Sum Insured for normal and 4% of SI for ICU | | |
| | If the Insured occupies a room/ICU with a room rent limit other than his eligibility as per the insurance policy, then all the other charges shall be limited to the charges applicable for the eligible room rent or actuals, whichever is lower. | | |
| | - Pre Hospitalization - 30 Days | | |
| | - Post Hospitalization - 60 Days. | | |
| | Ambulance Expenses limits : | | |
| | Emergency ambulance charges up-to a sum of Rs.750/- per hospitalization and overall limit of Rs.1,500/- per policy period. | | |
| | Sub Limits : | | |
| | No capping | | |
| | Addition of Employees : | | |
| | - After the inception of the Policy , NO midterm inclusion of any employee unless he/her is a new joinee and dependents of the already insured employee unless they are newly married spouse and new born child and such inclusion is also subject to payment of additional premium on pro rata basis. | | |
| | Deletion of Employees on resignation : | | |
| | The coverage under the policy in respect of the insured persons will cease once they cease to be an employee/ member of the Insured or on the expiry of the policy, whichever is earlier. In respect of deletions, refund will be effected on prorata basis from the date of deletion of the employee under the policy - subject to NO claim for the employee or the family members, for which the Insured shall provide date of relieving of the employee | | |



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| | |
|---|---|
| Claim Settlement : | Claims will be settled through Inhouse claims team. |
| Day Care Procedure : | - All Day Care Procedures covered. |
| ID Card : | - We shall issue photo ID cards in respect of all the covered persons and we require the passport size /stamp size photo for the same. |
| Increase / Decrease in Group size : | - The quote is given for the above mentioned specific population. In case of any increase or decrease in the population, the premium will vary. |
| Dependent Child : | Dependent Child means a child (natural or legally adopted) who is financially dependent and does not have his or her independent source of income and not over 30 years |
| - AYUSH Treatment: Expenses incurred on treatment under Ayurveda, Unani, Sidha and Homeopathy systems of medicines in a Government Hospital or in any institute recognized by the government and/or accredited by the Quality Council of India/National Accreditation Board on Health up to 25% of the sum insured subject to a maximum of Rs.25,000/- per policy period. | <ul style="list-style-type: none"> - LASIK SURGERY - Covered if the refractive error of eye is beyond +/-7.5D - The coverage for treatment of mental illness is also covered Rs 30000 within the sum insured. - Hospitalization arising out of Psychiatric ailment covered up to Rs. 30,000/- - Animal / Serpent Attack - Resulting in treatment on Inpatient or Outpatient basis sub limited to a maximum of Rs 5000/- on each & every claim to be paid, even if it results in hospitalization less than 24 hours to be covered - Treatment to be taken in our network hospitals for cashless, However for treatment in other Hospitals the claim will be processed through re-imburement only. In all cases immediate intimation shall be given to our Call Center within 24 hours of Hospitalisation. |
| <ul style="list-style-type: none"> Age related Macular Degeneration (ARMD) 30% of SI Behavioral and Neuro Development Disorders 30% of SI Genetic diseases or disorders 30% of SI Uterine Artery Embolization and HIFU (High Intensity Focused Ultrasound) 50% of SI Ballon Sinuplasty 50% of SI Deep Brain Stimulation 50% of SI Oral Chemotherapy 50% of SI Immunotherapy & Monoclonal Antibody to be given as injection 50% of SI Intravitreal Injection 50% of SI Robotic surgeries 50% of SI Stereotactic radio surgeries 50% of SI Bronchial Thermoplasty 50% of SI Vaporization of the prostate (Green laser treatment or holmium laser treatment 50% of SI IONM (Intra Operative Neuro Monitoring) 50% of SI Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered 50% of SI Cyber Knife Surgery 50% Co payment for Cyber Knife Surgery Trauma Care 50% Co payment for Trauma Care | |
| 11 | All other terms and conditions as per SGHI Policy Clause. |

Validity of the quote

The above quote is valid for a period of 30 Days



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Sum insured wise Employees and dependant details:

| Sum Insured | Employees | Spouse | Child | E+S+C | Parents & Parents-In-laws | Total | Others |
|--------------|-------------|-------------|-------------|--------------|---------------------------|--------------|----------|
| 500000 | 4107 | 3959 | 5875 | 13941 | 2297 | 16238 | 0 |
| 1000000 | 197 | 197 | 272 | 666 | 80 | 746 | 0 |
| Total | 4304 | 4156 | 6147 | 14607 | 2377 | 16984 | 0 |

| Name of the Branch / Area /Zonal office details | |
|---|---------------------|
| Name | Area Office 2 DELHI |
| Address | E-27 First Floor, |
| | Hauz Khas Market |
| Contact No | 011-40572102 - 09 |