

To
VIGNAN INSTITUTE OF ENGINEERING FOR WOMEN UNIT OF LAVU ED SOCIETY
D.NO. 8-1-13, OPP A U REGISTRAR OFFICE, SIRIPURAM,
Vishakapatnam, ANDHRA PRADESH - 530003, INDIA

Date : 31-07-2021

Subject : Policy Number : 4101210700000218-00

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 : C09133

Policy Number : 4101210700000218-00

The Postal Address of your SBI General Branch that will service you in future is :
SBI GENERAL INSURANCE CO LTD - JAIPUR, SBI General Insurance Co LTD, 1st Floor 9, Kailash
Puri, Dwarka Niwas, Opp-BMW Showroom, Tonk Road, Jaipur -302018, Rajasthan,, RAJASTHAN, INDIA-
0 INDIA.

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.

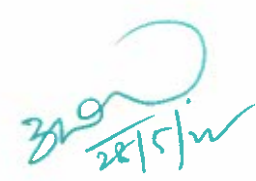
We look forward to a continuing and mutually beneficial relationship.

Yours sincerely,



Authorized Signatory




28/5/21
PRINCIPAL
Vignans Institute of
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K. J. Peta, VSEZ (P.O.),
Visakhapatnam-49.

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE
UIN - SBIHLGP21330V022021

SCHEDULE

Policy No : 4101210700000218-00	Servicing Branch Office : SBI GENERAL INSURANCE CO LTD - JAIPUR, SBI General Insurance Co LTD, 1st Floor 9, Kailash Puri, Dwarka Niwas, Opp-BMW Showroom, Tonk Road, Jaipur -302018, Rajasthan,, RAJASTHAN, INDIA-0, INDIA.	Issue Date : 31-07-2021
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Intermediary Details :

Intermediary Name	SBI GENERAL INSURANCE DIRECT CODE	
Intermediary Code	144892	
Intermediary Contact Details	Mobile No.	Landline No. 9999999999

Insured Details :

Name of the Insured/Proposer	:	VIGNAN INSTITUTE OF ENGINEERING FOR WOMEN UNIT OF LAVU ED SOCIETY
Address	:	D.NO. 8-1-13, OPP A U REGISTRAR OFFICE, SIRIPURAM, Vishakapatnam, ANDHRA PRADESH - 530003, INDIA
Period of Insurance	:	From 27-07-2021 (00:00:00 Hrs) to 26-07-2022 (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	:	115 Employees
Total No of Insured Persons Covered	:	191 [Commencement of Policy]
Total Sum Insured	:	28,750,000.00
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	:	
Coinsurance Details	:	100.00%



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GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101210700000218-00

Additional Conditions : Subject to the following additional Conditions and attached Clauses / Endorsements / Warranties :

- * Pre/Post Hospitalisation of 30/60 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.
- * 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.
- * Mid term increase in SI is not allowed.
- * Mid term inclusion of Spouse & children shall only be allowed only in case of marriage, child birth and legal adoption. The same is to be intimated to us within 30 days from date of marriage/child birth/adoption.
- * Genetic Disorder covered upto 25% of Individual or Family SI Limit or Rs. 2 Lakhs per insured whichever ever is lower subject to available Balance SI. Corporate Buffer not to be utilised for these claims
- * 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
- * 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.
- * The policy excludes treatment with or coverage of Cochlear Implant Procedure, Femtolaser, Retrograde intra renal surgery, Quantum magnetic resonance therapy, Toric Lens covered upto 30,000/- per eye, Holter monitoring unless otherwise specifically covered as per Policy Schedule.
- * For all admissible claims where treatment is taken at hospitals/nursing homes which are not in the list of network hospitals empanelled by the Company/Administrator, insured person shall bear 10% of the eligible admissible claim.
- * Administration/ Registration/ Service Charges & Misc. Charges are not payable.

* Minimum and Maximum age at entry for Employee and spouse are 18 years and 65 years respectively. Exception : One Self aging >65 has been covered being part of expiring policy.

* Maternity Benefit Cover for employee and spouse only. Upto 2 living births only. Normal delivery limit: Rs. 30,000/- and caesarean section limit: Rs. 50,000/-. Pre and post Natal expenses are covered upto 5000/- with a daily limit on IPD basis.

* Pre Natal Period would mean period starting from conception till birth and Post Natal would mean up to six weeks from date of delivery. Only hospitalization expenses are allowed under this benefit.

* 9 months waiting period waived for all

* Congenital internal disease cover Covered for within

* Domiciliary Hospitalization covered upto 20% of Sum Insured upto Rs. 10,000

* Ambulance charges covered upto 1% of Sum Insured subject to a maximum of upto Rs. 2,000 per claim



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*Room Rent Capping covered upto 1% of SI or RS 3000/- whichever is lower per day for hospital stay in non ICU room and 2% of SI or Rs 6000/-per day whichever is lower for hospital stay in ICU. In case insured opts for a higher room category than eligibility:1) For normal Room : Proportionate deductions will be applicable on defined nullassociate medical expenses. Associated Medical Expenses shall include Room Rent, nursing charges, operation theatre charges, fees of Medical Practitioner/surgeon/ anaesthetist/ Specialist conducted within the same Hospital where the Insured Person has been admitted. The below expenses are not part of associate medical expenses a. Cost of Pharmacy and consumables b. Cost of implants and medical devices c. Cost of diagnostics 2) For admission in ICU / ICCU - proportionate deduction will only be done on the ICU / ICCU room rent, and not on any other associated medical expenses etc. Room Rent is inclusive of nursing charges.

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 procedure A. Uterine Artery Embolization and HIFU (High Intensity Focused Ultrasound) B. Balloon Sinuplasty C. Deep Brain Stimulation D. Oral Chemotherapy E. Immunotherapy - Monoclonal Antibody to be given as injection F. Intra Vitreal Injections G. Robotic Surgeries H. Stereotactic Radio Surgeries I. Bronchial Thermoplasty J. Vaporisation of the Prostrate (Green Laser Treatment or Holmium Laser Treatment) K. IONM - (Intra Operative Neuro Monitoring) L. Stem Cell Therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

* Coverage applicable is as per the benefit chart, annexure A attached along with.

* All other terms and conditions as per Group Health Insurance Policy wordings as attached



3/10/20

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GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101210700000218-00

Premium Computation


Particulars	Amount (INR)
Gross Premium	486,761.53
CGST : @9.00%	43,808.54
SGST : @9.00%	43,808.54
Final Premium	574,378.61

Collection Details: Receipt No. 4401210700000662


Receipt Date. 31-07-2021

Consolidated Stamp Duty paid INR 25.0/- 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 : 31-07-2021	Signatory : 




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Vashi, Mumbai - 400 070.
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GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

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Important Note :

Please examine this Policy including its attachment Schedule/ Annexure if any. In the event of any discrepancy, contact the office of the Company immediately, 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 whatsoever, insurance provided under this document automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not. Any claim arising 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 officer of 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 exclusions as per standard policy wordings attached with this schedule.



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GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

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ANNEXURE 'A' (Category Chart)

Group	SI 2.5 LACS
Covers	LIMITS
Family Definition	Floater option SELF + SPOUSE.
Type of Cover	Family Floater
Sum Insured	250,000.00
IN-PATIENT	Maximum limit : 250,000.00
CONGENITAL DISEASE	Maximum limit : 250,000.00
PRE-EXISTING DISEASE	Maximum limit : 250,000.00
DOMICILIARY	Maximum limit : 20,000.00
MATERNITY	Maximum limit : 30,000.00
PRE-NATAL AND POST-NATAL COMBINED	Maximum limit : 5,000.00
MATERNITY (CAESAREAN)	Maximum limit : 50,000.00
PRE-NATAL AND POST-NATAL COMBINED	Maximum limit : 5,000.00
BED LIMIT	Maximum limit : 2,500.00
INTENSIVE CARE UNIT	Maximum limit : 5,000.00
AMBULANCE ONLY	Maximum limit : 2,000.00
First year exclusion waiver	Yes
30 Days exclusion waiver	Yes
Pre Hospitalization	Day(s)
Post Hospitalization	Day(s)
COPAY	Network copay : 0.0% & Non-Network copay :



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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			
Total		100.00			



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GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

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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.



[Handwritten signature in green ink]

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