

**Policy Certificate - Group Care 360°**

ARMY INSTITUTE OF TECHNOLOGY  
DIGI HILLS, TAL HAVELI,  
  
MAHARASHTRA  
-411015

Policy No	44890108
Name of Policyholder	ARMY INSTITUTE OF TECHNOLOGY
Cover type	Main Floater
Policy Period - Start Date	00:00 hrs 24-Jul-2022
Policy Period - End Date	Midnight 23-Jul-2023

GSTN : 27AAECA9497LIZW  
STATE CODE : 27

**Premium Details**

Premium	CGST	IGST	SGST	UGST	Total Premium	Premium Payment Mode
₹ 1,320,000	₹ 118800.01	₹ 0	₹ 118800.01	₹ 0	₹ 1,557,600	ANNUAL PREMIUM

**Details of Insured**

S No.	Particulars	Nos.
1	Primary Insured Members	77
2	Dependents	167
	Total	244

For details of each insured refer to “Annexure A”

**Details of Cover**

S No.	Particulars	Amount
1	Total Sum Insured	₹ 38,500,000

**Intermediary Details**

Name	Code	Contact Number
DECCAN INSURANCE AND REIN	20006902	02261597979

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## Benefits

S. No.	Particulars	Details
I	In-patient Care	Flat Sum insured
Room Rent		
Sum Insured	Maximum eligibility for Normal Hospitalization	Maximum eligibility for ICU Hospitalization
Rs. 500,000	No Limit	No Limit

Day Care Treatment : List of Day Care procedure attached as "Annexure A under Know your policy Better"  
List of Expenses Generally Excluded (Non-Medical) in Hospital Indemnity Policy "Annexure B under Know your policy Better"

## Details of Benefits and Optional Extensions

1. Policy type : Non selective
2. Family Structure : Self + Spouse + 2 Dependent children
3. Age Limit: Child age up to 25 years and Employee/Spouse age up to 80 years

## Waiting Period

1. Pre-existing diseases are covered for existing members and new joinees.
2. 30 Days Wait Period condition is waived off for existing members and new joinees.
3. First & Second year exclusion condition for specific diseases is waived off for all Insured Members.

## Pre & Post Hospitalization

1. Pre & Post Hospitalization is covered for 30 days and 60 days respectively.

## Other Benefits

1. Ambulance charges payable up to a maximum amount of Rs. 3,000/- per claim.
2. Claim for lasik treatment - if power of eye is above +/- 7.5d, is payable.
3. Modern (Advanced) treatments, psychiatric treatments and weight loss treatment covered under the policy as per terms and conditions upto 50% of the Sum Insured
4. AYUSH Treatment 25% of the sum insured subject to a maximum of Rs. 25,000/- per policy period.
5. Internal Congenital Disease covered and External under life threatening situations only
6. E-Consultation General Physician
7. Network Opted Premium

## PPE Kit only COVID 19 treatments

1. Upto Isolation Rooms : Upto Rs. 1200 or 2 PPE kit per day whichever is lower
2. ICU with or without Ventilators : Upto Rs. 2000 or 4 PPE kit per day whichever is lower

\*\*PPE kit includes overall cost of kit including mask, gloves, head and shoe cover, face shield and coverall suit.

## Corporate Floater Sum Insured

We shall reimburse the Insured Person such usual and necessary medical expense incurred in-hospital for a period of minimum 24 hours for the treatment of any illness except maternity and capped diseases after the exhausting the family floater Sum Insured as covered under the policy. The Co. shall provide additional Sum Insured over and above family floater Sum Insured up to family floater Sum Insured per Insured Family on written Our Aggregate Liability in respect of all such claims under Corporate Floater shall not exceed Rs. 20 Lakhs for all the Insured members as applicable during the period of Ins.

## Premium per life Excluding tax:

Age Band	500000
0-35	3391.617
36-45	4800.212

46-55	9304.053
56-65	16666.71
66-70	34675.41
71-75	35772.65
76-80	39295.8

#### Other Term and Conditions

Below terms & conditions are applicable unless specifically waived or amended under the policy.

1. Mid-term increase in Sum insured due to change in level of the employee (promotion) is allowed, but in case of claims it will not be applicable.
2. If Dependents are to be covered under Family Structure, then the same needs to be declared at the time of inception of the Policy. Mid-term inclusion of only Child by birth and Spouse after marriage falling during the Policy period is allowed.
3. Definition - Mental Illness means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognize, reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterized by sub normality of intelligence.
4. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence, cerebral palsy, cretinism, Mongolism, mental intellectual disability, Parkinson's disease, Alzheimer's disease and Dementia will not be covered under the policy.
5. All additions and deletions will be done on a pro rate a basis unless otherwise agreed.
6. The Insured must inform of new additions within a reasonable time but not later than 30 days from the date of the joining the organization. On exit of employees, deletion of employees should be informed in writing failing which the liability incurred on claims of such employees after their exit, would be of the employer.
7. Domiciliary Hospitalization is specifically excluded unless mentioned specifically.
8. Terrorism cover extended under the policy.
9. Treatment related to genetic disorders is not covered.
10. Internal congenital disorders are covered under the policy
11. Individuals cannot be covered as an employee and dependent under the same policy, nor may children or parents will be covered by both under the same policy.
12. List of hospitals where cashless can be availed is also available on our website. The Co. however reserves the right to include/exclude any hospital from this list. However if an insured has already availed a cashless from a hospital which is later on delisted by the Co., in such case the Co. will continue to provide cashless to that insured for the same treatment.
13. Following charges levied by hospitals will not be payable under the policy:- Admission charge / Surcharge / Service charges / miscellaneous charges / Registration fee / Admission Fee / Other non- medical or non-treatment related expenses.
14. Existing groups may not split into multiple groups to obtain multiple benefit levels.
15. Excluding a class within a group from coverage is not permitted.
16. Ineligible employees include: contractors; temporary, seasonal, substitute, uncompensated employees; volunteers, silent partners, shareholders or investors only; owners, officers or managing members who are not active, permanent, full-time employees.
17. Any hospitalization to undergo contraception is excluded under the policy.
18. Infertility & related ailments including male sterility , treatment on trial /experimental basis; expenses on fitting of prosthesis (any device /instrument/contributing machine/replacing the functions of an organ) holter monitoring are outside the scope of this policy.
19. Septoplasty for cosmetic purpose shall be excluded from the scope of the policy.
20. 50% co-pay for Bio-absorbable Stent/Toric lens/Multi Focal lens.
21. Subject otherwise to terms, conditions and exclusions of the Policy.
22. Claim payment shall be done in favor of customer (employee)/Nominee  
Claims whether Cashless or Reimbursement pertaining to any treatment taken in Non-Preferred hospitals will not be payable. Please refer below link to access the latest list of such hospitals subjected to change from time to time.  
<https://www.careinsurance.com/non-preferred-hospital-list.html>
23. In case of any mass media promotion of the product and policy, prior approval from the Co. shall be taken.
24. Physical - Health Cards will be provided if specifically mentioned on the policy.

Claims Servicing Team

Name of Service	Address	Phone	Fax	Email
Care Health Insurance Ltd	Vipul Tech Square, Tower C, 3rd Floor, Sector 43, Golf Course Road Gurgaon - 122009	1800-102-4488	1800-200-6677	<a href="mailto:Claims@careinsurance.com">Claims@careinsurance.com</a>

For **Care Health Insurance Limited**  
**(Formerly known as Religare Health Insurance Company Limited)**



Authorized Signatory

Date of Issue : 19-Aug-2022

Place of Issue : Gurgaon, Haryana

Registered office address: Care Health Insurance Limited,  
(Formerly known as Religare Health Insurance Company Limited),  
5th Floor, 19 Chawla House, Nehru Place, New Delhi - 110019  
Service Branch : CHIL, Cts No-364, 1St Floor, Tejal Society, Gokhale Road Model Colony, Above Agarwal Packaging Pvt. Ltd.  
Shivajinagar, Pune , Maharashtra - 411016 Branch Contact No. : 1800-102-4488  
Correspondence Address: Care Health Insurance Limited  
(Formerly known as Religare Health Insurance Company Limited)  
Unit no 604 - 607, 6th Floor, Tower C, Unitech Cyber Park,  
Sector 39, Gurgaon -122001.(HARYANA)  
Call us : 1800-102-4488 Fax : 1800-200-6677  
Website : [www.careinsurance.com](http://www.careinsurance.com) E-mail : [customerfirst@careinsurance.com](mailto:customerfirst@careinsurance.com)

Consolidated Stamp Duty paid vide E-Challan GRN no. 92250132 dated 07 July 2022, RCM Applicability- N/A  
SAC: 997133 and Description of Service: Accident and Health Insurance Services State GSTIN No.: 27AADCR6281N1ZS  
IRDA Registration Number - 148  
UIN : RHIHLGP20126V011920 CIN – U66000DL2007PLC161503  
Note:

\*In case premium is paid (partly/fully) by the Insured Member, the same shall be eligible for deduction u/s 80D of Income tax act 1961

Signature Not  
Verified  
Digitally signed by  
MANISH DODEJA  
Date: 2022.08.19  
20:08:02 +05'30'  
Reason: I'm the author  
Location: India

Total Claims Experience Report

	Claims	Value (Rs.)	% Claims	% Value
Cashless Settled	13	1,312,404.00	56.52 %	64.84 %
Cashless Processed	3	221,746.00	13.04 %	10.95 %
Reimbursement Settled	7	490,032.00	30.43 %	24.21 %
Reimbursement Processed	0	0.00	0.0 %	0.0 %
Denials	0	0.00	0.0 %	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 %
<b>Total</b>	<b>23</b>	<b>2,024,182.00</b>		
Cashless in Process*	0	0.00		
Reimbursement in Process*	2	39,273.00		
<b>Grand Total (Rs.)</b>	<b>25</b>	<b>2,063,455.00</b>		
<b>First Time Premium (Rs.)^</b>				<b>1,351,728.00</b>
<b>Endo Premium (Rs.)^</b>				<b>0.00</b>
<b>Deletion Premium (Rs.)^</b>				<b>32,302.00</b>
<b>Total Premium (Rs.)^</b>				<b>1,319,426.00</b>
<b>Claims Ratio (%)</b>				<b>156.39 %</b>
<b>Claims Ratio (%) - On Earned Premium#</b>				<b>166.42 %</b>
<b>Value of Denied claims (Rs.):</b>				<b>0.00</b>
<b>Value of Denied(Document Shortfall) claims (Rs.):</b>				<b>0.00</b>
<b>Value of Closed claims (Rs.):</b>				<b>0.00</b>
* 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 details as received from insurer & updated in our data as on date				

Morbidity Ratio

Descriptions	Values
No. of lives Insured	308
No. of Claims	25
No. of Claims made per 100 Lives Insured	8.12 %
No. of lives Inception	308
Addition	0
Deletion	7
CurrentLives	301

Ailments Profile

ICD Group	No. of Claims	Value (Rs.)	% of Claims	% of Value
DISORDERS OF THE RESPIRATORY SYSTEM	13.0	1,106,948.00	56.52 %	54.69 %
DISORDERS OF THE MUSCULOSKELTAL SYSTEM	2.0	358,547.00	8.7 %	17.71 %
DISORDERS OF THE GENITOURINARY SYSTEM	2.0	245,778.00	8.7 %	12.14 %
INJURIES / FRACTURES / DISLOCATIONS	2.0	115,138.00	8.7 %	5.69 %
NEUROLOGICAL & CEREBROVASCULAR DISORDERS	1.0	104,100.00	4.35 %	5.14 %
INFECTIOUS DISEASES (BACTERIAL / VIRAL / Others)	2.0	76,208.00	8.7 %	3.76 %
DISORDERS OF THE GASTROINTESTINAL SYSTEM	1.0	17,463.00	4.35 %	0.86 %
All Other Ailment Groups	0.0	0.00	0.0 %	0.0 %
<b>Total</b>	<b>23.0</b>	<b>2,024,182.00</b>		

*Based on Settled/Processed Cashless/Reimbursement Claims Only*

Distribution Across Age

Age Band	No. of Claims	Value (Rs.)	% Claims	% Value
0-5	1	62,931.00	4.0 %	3.0 %
6-35	9	380,320.00	39.0 %	18.0 %
36-40	1	94,789.00	4.0 %	4.0 %
41-45	5	781,187.00	21.0 %	38.0 %
46-50	4	354,485.00	17.0 %	17.0 %
51-55	3	350,470.00	13.0 %	17.0 %
<b>Total</b>	<b>23</b>	<b>2,024,182.00</b>		

*Based on Settled/Processed Cashless/Reimbursement Claims Only*

Distribution Across Category of Beneficiaries Report

Beneficiary	No. of Claims	Value (Rs.)	% Claims	% Value
Self	11.0	1,222,402.00	47.83 %	60.39 %
Spouse	7.0	587,759.00	30.43 %	29.04 %
Child	5.0	214,021.00	21.74 %	10.57 %
<b>Total</b>	<b>23.0</b>	<b>2,024,182.00</b>		

*Based on Settled/Processed Cashless/Reimbursement Claims Only*

Distribution Across Amount Bands Report

Amount Band	No. of Claims	Value (Rs.)	% Claims	% Value
Rs. 10,000/- And less	2	11,148.00	8.0 %	0.0 %
Rs. 10,001/- to Rs. 25,000/-	4	79,215.00	17.0 %	3.0 %
Rs. 25,001/- to Rs. 50,000/-	2	96,167.00	8.0 %	4.0 %
Rs. 50,001/- to Rs. 1,00,000/-	8	565,496.00	34.0 %	27.0 %

Rs. 1,00,001/- to Rs. 1,50,000/-	3	323,494.00	13.0 %	15.0 %
Rs. 1,50,001/- to Rs. 2,00,000/-	1	172,897.00	4.0 %	8.0 %
Rs. 2,00,001/- to Rs. 2,50,000/-	2	426,418.00	8.0 %	21.0 %
Rs. 3,00,001/- to Rs. 5,00,000/-	1	349,347.00	4.0 %	17.0 %
<b>Total</b>	<b>23</b>	<b>2,024,182.00</b>		

*Based on Settled/Processed Cashless/Reimbursement Claims Only*

### Utilization Report for Employee

No. of Claims in current policy	No. of Employees	Value (Rs.)	% Claims	% Value
1	5	443,632.00	62.5 %	36.29 %
2	3	778,770.00	37.5 %	63.71 %
<b>Total</b>	<b>8</b>	<b>1,222,402.00</b>		

*Based on Settled/Processed Cashless/Reimbursement Claims Only*

### Utilization Report for Dependents

No. of Claims in current policy	No. of Employees	Value (Rs.)	% Claims	% Value
1	10.0	750,824.00	90.91 %	93.64 %
2	1.0	50,956.00	9.09 %	6.36 %
<b>Total</b>	<b>11.0</b>	<b>801,780.00</b>		

*Based on Settled/Processed Cashless/Reimbursement Claims Only*

### Provider Profile Report

Hospital Name	No. of Claims	Value (Rs.)	% Claims	% Value
Ruby Hall Clinic (Grant Medical Foundation)	2.0	358,547.00	8.7 %	17.71 %
Shree Hospital	3.0	344,128.00	13.04 %	17.0 %
Ace Hospital	2.0	245,778.00	8.7 %	12.14 %
Sahyadri Speciality Hospital	3.0	221,746.00	13.04 %	10.95 %
Universal Hospital	1.0	202,584.00	4.35 %	10.01 %
Accord Hospital	1.0	104,692.00	4.35 %	5.17 %
Neurogen Brain And Spine Institute Stem Asia Hospital And Research Centre	1.0	104,100.00	4.35 %	5.14 %
Sainath Hospital	1.0	94,789.00	4.35 %	4.68 %
Orchid Specialty Hospital	2.0	74,212.00	8.7 %	3.67 %
Vimal Multispecialty Hospital	3.0	70,415.00	13.04 %	3.48 %
Others	4.0	203,191.00	17.39 %	10.04 %
<b>Total</b>	<b>23.0</b>	<b>2,024,182.00</b>		

*Based on Settled/Processed Cashless/Reimbursement Claims Only*

### Add-Del Endorsement Details



Insurer: **United India Insurance Co. Ltd**  
Policy Holder: **Army Institute Of Technology**  
Policy No: 5006002820P104281519  
Policy period: 24-Jul-2020 To 23-Jul-2021

## Claims Analysis Report

Report date: 01-Jul-2021

*This Report Generated By Rupali Wasiwale  
On Thu Jul 01 17:25:11 IST 2021*

Endo No	Endo Date	Endo WEF	Remarks	Addition Premium^	Deletion Premium^
5006002820P1042815198/1	11-Aug-2020	07-Aug-2020	SOft Copy Recd Dt:11-08-2020	0	32,302.00
<b>Grand Total</b>				<b>0.00</b>	<b>32,302.00</b>

^ Premium details as received from insurer & updated in our data as on date

Medi Assist Insurance TPA



Care Health Insurance Limited

Policy Holder - ARMY INSTITUTE OF TECHNOLOGY  
 Policy Number - 44890108  
 Policy Period - 24/07/2022-23/07/2023

Claim Analysis Report  
 As on 16 Jun 2023

Total Claims Experience Report

Status	No Of Claims	Value	% Of Claims	% Of Value
Cashless Settled	11	504354	61.1%	62.6%
Cashless Approved	0	0	0.0%	0.0%
Reimbursement Settled	3	98144	16.7%	12.2%
Reimbursement Approved	0	0	0.0%	0.0%
Rejected	3	71490	16.7%	8.9%
Cancelled	1	131862	5.6%	16.4%
Domiciliary claims	0	0	0.0%	0.0%
<b>Total</b>	<b>18</b>	<b>805850</b>		
Cashless In Process	0	0		
Reimbursement In Process	0	0		
Cashless In Query	0	0		
Reimbursement In Query	0	0		
Cashless Issued	0	0		
<b>Total</b>	<b>0</b>	<b>-</b>		
<b>Grand Total</b>	<b>18</b>	<b>8,05,850</b>		

Note: Details of Cashless Settled/ Approved & Reimbursement Settled / Approved

Care Health Insurance Limited

Policy Holder - ARMY INSTITUTE OF TECHNOLOGY  
 Policy Number - 44890108  
 Policy Period - 24/07/2022-23/07/2023

Claim Analysis Report  
 As on 15 Jun 2023

Top Ailment Profile

Diagnosis	Count	Value	% Of Claims	% Of Value
DISEASES OF THE GENITOURINARY SY	6	264268	42.86%	43.86%
CERTAIN INFECTIOUS AND PARASITIC D	2	71333	14.29%	11.84%
Circulatory	1	104939	7.14%	17.42%
DISEASES OF THE EYE AND ADNE)	1	47653	7.14%	7.91%
DISEASES OF THE RESPIRATORY SYS	1	39493	7.14%	6.55%
Factors influencing health statu:	1	21294	7.14%	3.53%
Symptoms not elsewhere classifi	1	11973	7.14%	1.99%
<b>Grand Total</b>	<b>13</b>	<b>560953</b>	<b>100%</b>	<b>100%</b>

Distribution Across Age

Age	Count	Value	% Of Claims	% Of Value
0-10	1	17553	7.14%	2.91%
21-30	2	57816	14.29%	9.60%
31-40	1	25490	7.14%	4.23%
41-50	8	414492	57.14%	68.80%
51-60	2	87146	14.29%	14.46%
<b>Grand Total</b>	<b>14</b>	<b>602497</b>	<b>100%</b>	<b>100%</b>

Distribution across Category of Beneficiaries Report

Relationship	Count	Value	% Count	% Value
MEMBER	11	527128	78.57%	87.49%
DAUGHTER	2	57816	14.29%	9.60%
SON	1	17553	7.14%	2.91%
<b>Grand Total</b>	<b>14</b>	<b>602497</b>	<b>100%</b>	<b>100%</b>

Note: Details of Cashless Settled/ Approved & Reimbursement Settled / Approved

Care Health Insurance Limited

Policy Holder - ARMY INSTITUTE OF TECHNOLOGY  
 Policy Number - 44890108  
 Policy Period - 24/07/2022-23/07/2023

Claim Analysis Report  
 As on 15 Jun 2023

Distribution across Amount Band Reports

Amount Band	Count	Value	% Of Claims	% Of Value
Rs. 10,000/- And less	0	200	0.00%	0.03%
Rs. 10,001/- to Rs. 25,000/-	5	95170	35.71%	15.80%
Rs. 25,001/- to Rs. 50,000/-	6	237906	42.86%	39.49%
Rs. 50,001/- to Rs. 1,00,000/-	2	164282	14.29%	27.27%
Rs. 1,00,001/- to Rs. 1,50,000/-	1	104939	7.14%	17.42%
<b>Grand Total</b>	<b>14</b>	<b>602497</b>	<b>100%</b>	<b>100%</b>

Top Providers Profile

Hospital	Count	Value	% of Claims	% Of Value
Sahyadri Hospital Limited	4	223659	28.57%	37.13%
Vinod Memorial Multispeciality Ho:	2	81037	14.29%	13.45%
Chellaram Dibates Hospital	1	19350	7.14%	3.21%
Global Multispeciality Hospital	1	25490	7.14%	4.23%
K K Care Hospital	1	11973	7.14%	1.99%
Medipoint Hospital	1	104939	7.14%	17.42%
Parvathi Eye Clinic	1	47653	7.14%	7.91%
Pramodini Urology Foundation & Stre	1	25000	7.14%	4.15%
Rode Hospital	1	17553	7.14%	2.91%
Sahyadri Speciality Hospital Nagar I	1	45843	7.14%	7.61%
<b>Grand Total</b>	<b>14</b>	<b>602497</b>	<b>100.00%</b>	<b>100.00%</b>

Note: Details of Cashless Settled/ Approved & Reimbursement Settled / Approved