



**SBI General Insurance Company Ltd**

**Quotation for Group Medclaim Facility & Personal Accident**

**Prepared on August 7, 2018**

**R E Q U E S T   F O R   Q U O T A T I O N**

## Table of Contents

SCHEDULE OF EVENTS.....	3
INTRODUCTION AND BACKGROUND .....	4
PURPOSE OF THE RFQ .....	4
TECHNICAL CONTACT AND CONTRACTUAL CONTACT .....	4
MEDICLAIM COVER LIMITS : .....	5
GENERAL TERMS AND GUIDELINES .....	5
TERMS & CONDITIONS OF THE MEDICLAIM FACILITY ( FEATURES ) .....	6
BID SUBMISSION .....	8
EXISTING DEMOGRAPHIES/INPUTS FOR INFORMATION .....	8
EVALUATION FACTOR .....	9
RATE SUBMISSION-GMC ( Proposal 1 ) .....	10
RATE SUBMISSION-GMC ( Proposal 2 ) .....	11
RATE SUBMISSION-GMC FOR TOP UP POLICY .....	12
Annexure 1: Format of Letter of Offer .....	13
ANNEXURE - B.....	14
ANNEXURE - C.....	19

### SCHEDULE OF EVENTS

Event	Date
1. Issuing of RFQ	07-Aug-2018
2. Quotation Due Date & Opening of Price Bid	17-Aug-2018
3. Target Date for Review of Proposals	20-Aug-2018
4. Final Vendor Selection Discussion(s)	21-Aug-2018
5. Anticipated decision and Release of Payment	24-Aug-2018
6. Anticipated commencement date of work / Delivery	28-Aug-2018

## INTRODUCTION AND BACKGROUND

SBI General Insurance Company Limited (“SBI General” or “Company”) is a joint venture between State Bank of India (SBI) and Insurance Australia Group (IAG) and is having its business operations in India with 115+ branches with over 3100 employees.

SBI General Insurance has developed this Request for Quotation (“RFQ”) template to facilitate the HR Operations Team to identify and select excellent vendor to provide Group Mediclaim Facility to its employees PAN India for both Cashless & Reimbursements.

## PURPOSE OF THE RFQ

We would need a service provider who will provide Group Mediclaim Facility for our employees and their dependents, for which we are expecting the quotation from you as per our below mentioned requirements:

This RFQ is framed with different sections to provide with a better understanding of the business and technical needs of the Company to vendors, to have the best bids / quotes.

## TECHNICAL CONTACT AND CONTRACTUAL CONTACT

Any questions concerning technical specifications or Statement of Work (SOW) requirements and/or terms of Contract must be directed on or before 15.00 hours of 13-Aug-2018:

<b>Designation</b>	Chief Manager – HR Operations & ER
<b>Address</b>	SBI General Insurance Co. Ltd. 101-201-301, Natraj, Junction of Western Express Highway and Andheri-Kurla Road, Andheri(East ), Mumbai-400069
<b>Email</b>	<a href="mailto:niranjan.parida@sbigeneral.in">niranjan.parida@sbigeneral.in</a>
<b>Tele.</b>	022-42412616
<b>Fax</b>	022-42412617
<b>Mobile</b>	09619240070

## **MEDICLAIM COVER LIMITS :**

### **Members :**

Only employees and their family members are covered i.e. self, spouse, upto 02 children (2<sup>nd</sup> birth twins) & parents .

### **Group Medical Cover (GMC)**

#### Limits

AVP & Above	: 5.0 Lacs
Manager to Chief Manager	: 3.0 Lacs
Dy. Manager & Below	: 2.5 Lacs

## **GENERAL TERMS AND GUIDELINES**

SBI General reserves the right to:

- Consider bids for technical specifications better than the invited specs within competitive pricing among all bids received;
- Carry reference check with Vendor's existing customers on service quality
- Reject any or all offers and discontinue this RFQ process without obligation or liability to any potential Vendor;
- Accept other than the lowest priced offer;
- Release the order / contract on the basis of initial offers received, without discussions or requests for best and final offers.
- Penalty clauses in case non - adherence on delivery and service TAT.

Order / Contract resulting from this RFQ will be based upon the most responsive Vendor whose offer will be the most advantageous for SBI General in terms of cost, functionality, and other factors as specified elsewhere in this RFQ.

Vendor's quotation in response to this RFQ will be incorporated into the final agreement between SBI General and the selected Vendor. The quotation is expected to include each of the following sections:

1. Details of Key Personnel who will be associated with this contract in the event of the Vendor qualifying for the contract.
2. References: Current three corporate deals (2017 – 18).
3. Complete escalation chart.

4. With acceptance of RFQ , the vendor agrees that there will not be any adhoc/additional premium sought based on the loss ratio during the course of the policy period.
5. Quotations to be received from the insurers directly and should be inclusive of all the costs except GST. No additional cost to be paid by SBI General whatsoever.
6. Conditional offer from the prospective insurer will be rejected outright.

The Vendor will confine its submission to those matters sufficient to define its proposal and to provide an adequate basis for SBI General's evaluation of the Vendor's quotation.

## **TERMS & CONDITIONS OF THE MEDICLAIM FACILITY ( FEATURES )**

This facility can be given in both ways i.e. cashless hospitalization with network hospitals or reimbursement. A dedicated resource will be provided for SBI General for co-ordination of all claims and the said resource will have to visit SBI General Office in Mumbai on alternate days for collection of documents, discussions on pending issues and any other matters related to Mediclaim.

1. The sum insured will be on a family floater basis which covers Self, Spouse, 2 dependent children (2<sup>nd</sup> child birth twins) below 25 years of age and 2 dependent parents.
2. All the employees & their dependants shall be covered from the date of joining for which we will keep sufficient balance in the deposit premium A/c.
3. Waiver of 1<sup>st</sup> 30 days waiting period for hospitalization, waiver of waiting periods for 1<sup>st</sup> year, 2<sup>nd</sup> year, 3<sup>rd</sup> year and 4<sup>th</sup> year exclusions. Pre-Existing diseases to be covered from day 1 under the policy.
4. 9 months waiting period for maternity to be waived off under the policy. In other words Maternity cover will be from the date of joining .
5. Maternity claims: Maternity expenses for delivery of the first 2 child birth. Limit for normal delivery is Rs 40,000/- & for cesarean Rs. 70,000/- and pre & post natal complications requiring hospitalization are covered under the policy up to Rs. 5,000/= **over and above** the maternity limits.
6. A new born baby is covered from day-one. All hospital expenses of the new born baby will be covered upto the family floater sum insured. A new born baby will be initially enrolled as "baby of name of the mother". Within 1 month of the birth of the child, SBI GENERAL INSURANCE will provide the name of the baby so that the same can be updated in the master list. Third child to be covered in case of second maternity claim is for twins.
7. Policy covers for emergency ambulance charges up to Rs 1500/- only in each transportation

and cardiac ambulance at actual.

8. Pre & Post hospitalization expenses are covered for 30 & 60 days respectively.
9. Policy covers Ayurvedic/Homoeopathic treatment as an inpatient in government recognized hospital.
10. Accidental dental treatment is covered.
11. Day care procedures are covered. The list of day care procedure is enclosed herewith for your ready reference. Annexure B enclosed.
12. Room rent & ICU rent limit is 1% & 2% of the Sum Insured respectively.
13. Policy works on Family Floater Basis.
14. Psychiatric treatment, Stem Cell Therapy, and Obesity are excluded under the policy.
15. Robotic Surgery is included due to advance technology. Cyberknife Treatment to be covered.
16. External & Internal Congenital disorder are covered.
17. Cataract to be capped at Rs.50,000/- per eye.
18. The cashless facility shall be provided through Network Hospitals.
19. Insurance Company to provide Medisclaim Cards to our employees.
20. Corporate Buffer of Rs.40.0 Lacs to be included while submitting the Quotation.

## BID SUBMISSION

The duly filed sealed bids document including complete set of supporting documents shall be submitted on or before 17-Aug-2018 upto 15:00 Hours. Any bid documents received there after will not be considered:

<b>Designation</b>	Chief Manager – HR Operations & ER
<b>Address</b>	SBI General Insurance Co. Ltd. 101-201-301, Natraj, Junction of Western Express Highway and Andheri-Kurla Road, Andheri(East ), Mumbai-400069
<b>Email</b>	<a href="mailto:niranjn.parida@sbigeneral.in">niranjn.parida@sbigeneral.in</a>
<b>Telephone</b>	022-42412616

## EXISTING DEMOGRAPHIES/INPUTS FOR INFORMATION

Attached in a separate sheet

Existing Insurer : M/s. ICICI Lombard General Insurance Co. Ltd.

Existing TPA : M/s. ICICI Lombard General Insurance Co. Ltd.

## GRADE WISE SUM INSURED AND AGE BAND

Grade	SI Limit	0 - 20	20- 30	30- 40	40- 50	50- 60	60- 70	70- 80	Above 80	Grand Total
Assistant Manager	250000	285	237	358	83	240	216	35	3	1457
Deputy Manager		204	79	280	36	134	144	25	1	903
Executive		386	574	494	188	498	320	43	2	2505
Executive Assistant		263	885	305	377	664	269	37		2800
Senior Executive		348	297	452	88	294	262	47	4	1792
Chief Manager	300000	64	8	65	28	21	49	15	3	253
Manager		166	35	212	29	60	117	34	4	657
Senior Manager		136	23	161	43	45	85	30	2	525
Assistant Vice President	500000	45	3	33	30	5	30	19	3	168
Deputy Senior Vice President		10	4	1	12	5	3	8	2	45
Deputy Vice President		31	4	20	22	6	14	13	4	114
Senior Vice President		4	2	2	6	8	4	4	3	33
Vice President		12	3	8	10	6	8	8	5	60
Grand Total		1954	2154	2391	952	1986	1521	318	36	11312



## GRADEWISE COUNT OF EMPLOYEES WITH RELATIONSHIP

Grade	Child	Father	Mother	Self	Spouse	Grand Total
Assistant Manager	286	255	288	370	258	1457
Assistant Vice President	48	21	31	34	34	168
Chief Manager	68	36	45	54	50	253
Deputy Manager	204	147	171	210	171	903
Deputy Senior Vice President	14	5	8	9	9	45
Deputy Vice President	35	15	17	24	23	114
Executive	382	474	551	684	414	2505
Executive Assistant	252	626	709	892	321	2800
Manager	167	95	120	142	133	657
Senior Executive	346	305	362	427	352	1792
Senior Manager	136	76	89	113	111	525
Senior Vice President	6	4	6	10	7	33
Vice President	15	11	11	12	11	60
Grand Total	1959	2070	2408	2981	1894	11312

## EVALUATION FACTOR

Any order to be made pursuant to this RFQ will be based upon the proposal with appropriate consideration given to operational, technical, cost, and management requirements. Evaluation of offers will be based upon the Vendor's responsiveness to the RFQ and the total price quoted for all items covered under the RFQ.

The following elements will be the primary considerations in evaluating all submitted proposals and in the selection of a Vendor or Vendors:

1. Completion of all required responses in the correct format.
2. The extent to which Vendor's proposed solution fulfills SBI General's stated requirements as set out in this RFQ.
3. An evaluation of the Vendor's ability to deliver the indicated service in accordance with the requirements set out in this RFQ.
4. The Vendor's stability, experiences, and record of past performance in delivering such services as per their references.
5. Availability of sufficient high quality Vendor personnel with the required skills and experience for the specific approach proposed.
6. Overall cost of Vendor's proposal.
- 7. Conditional Offer will be technically rejected.**

SBI General may, at their discretion and without explanation to the prospective Vendors, at any time choose to discontinue this RFQ without obligation to such prospective Vendors.

### **RATE SUBMISSION-GMC ( Proposal 1 )**

The Insurer is required to submit their rates on the following format.

1) On Existing Terms & Conditions

Grade	Sum Insured	No. of Emp	Total Life including dependents	Per Life Premium	Total Premium	Remarks if any
AVP & Above	5,00,000/-	89	420			
Mgr To Chief Mgr	3,00,000/-	309	1435			
Dy Mgr & Below	2,50,000/-	2583	9457			

Total Premium Quoted Excluding GST : Rs. \_\_\_\_\_

In Words : \_\_\_\_\_

Signature & Seal of the Insurer

Date :

### **RATE SUBMISSION-GMC ( Proposal 2 )**

The Vendor is required to submit their rates on the following format.

- 1) In addition to All terms as applicable for Proposal 1, Incase of treatment towards critical illness for employee only (not applicable for dependants and parents), the sum insured will be double the basic sum insured as applicable for each grade.
- 2) For treatment towards Critical Illness, his/her sum insured limit will be doubled automatically.

Grade	Sum Insured	No. of Emp	Total Life including dependents	Per Life Premium	Total Premium	Remarks if any
AVP & Above	5,00,000/-	89	420			
Upto Chief Manager	3,00,000/-	2892	10892			

Total Premium Quoted Excluding GST : Rs. \_\_\_\_\_

In Words : \_\_\_\_\_

Signature & Seal of the Insurer  
 Date :

### **RATE SUBMISSION-GMC FOR TOP UP POLICY**

The Vendor is required to submit their rates on the following format.

1. All terms as applicable in Proposal 1.
2. Top Up Policy with per life premium is quoted as below.

Grade	Existing SI	Top Up SI	Per Life Premium for Top Up	Remarks if any
AVP & Above	500000	500000		
Mgr To Chief Mgr	300000	300000		
Dy Mgr & Below	250000	250000		

Total Premium Quoted Excluding GST : Rs. \_\_\_\_\_

In Words : \_\_\_\_\_

\_\_\_\_\_

Signature & Seal of the Insurer

Date :

## Annexure 1: Format of Letter of Offer

Date:

To,  
The Chief Manger – HR Operations &ER  
SBI General Insurance Company Limited  
101-201-301, Natraj  
Junction of Western Express Highway & Andheri-Kurla Road  
Andheri ( East ), Mumbai – 400 069

Dear Sir,

**Sub: Bid for providing Group Mediclaim Cover**

With reference to your RFQ Document for providing Group Mediclaim Facility to your employees and their dependents on PAN India basis and as per your scope of work requirements mentioned in RFQ document publicized by SBI General Insurance Co. Ltd., I/we hereby offer to execute the subject work, which I/we have quoted on **item wise**. In the event of this bid being accepted, I/we agree to deliver the services within the agreed period as per bid conditions and specifications.

As required by you, I/we are returning herewith the bid documents duly signed by us at each page in token of our acceptance of the provisions in the documents. Should this bid be accepted, I/We hereby agree to abide by and fulfill the terms and provisions of the said conditions of RFQ Document annexed hereto and the rates as quoted in the schedules.

Thanking you,

Yours faithfully,

Seal:

Address:

Place-

Date-

## ANNEXURE - B

### DAY CARE PROCEDURES WHICH ARE ALSO COVERED UNDER MEDICLAIM

Sr. n. List of Day Care Treatment

- 1 Suturing – CLW –under LA or GA
- 2 Surgical debridement of wound
- 3 Therapeutic Ascitic Tapping
- 4 Therapeutic Pleural Tapping
- 5 Therapeutic Joint Aspiration
- 6 Aspiration of an internal abscess under ultrasound guidance
- 7 Aspiration of hematoma
- 8 Incision and Drainage
- 9 Endoscopic Foreign Body Removal - trachea /- pharynx-larynx/bronchus/esophagus/stomach / rectum
- 10 True cut Biopsy – breast/- liver/- kidney-Lymph Node/-Pleura/-lung/-Muscle biopsy/- Nerve biopsypsy /-Synovial biopsy/-Bone trephine bio/-Pericardial biopsy
- 11 Endoscopic ligation/banding
- 12 Sclerotherapy
- 13 Dilatation of digestive tract strictures
- 14 Endoscopic ultrasonography and biopsy
- 15 Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux disease
- 16 Endoscopic placement/removal of stents
- 17 Endoscopic Gastrostomy
- 18 Replacement of Gastrostomy tube
- 19 Endoscopic polypectomy
- 20 Endoscopic decompression of colon
- 21 Therapeutic ERCP
- 22 Brochosopic treatment of bleeding lesion
- 23 Brochosopic treatment of fistula /stenting
- 24 Bronchoalveolar lavage & biopsy
- 25 Tonsillectomy without Adenoidectomy
- 26 Tonsillectomy with Adenoidectomy
- 27 Excision and destruction of lingual tonsil
- 28 Foreign body removal from nose
- 29 Myringotomy
- 30 Myringotomy with Grommet insertion
- 31 Myringoplasty / Tympanoplasty
- 32 Antral wash under LA
- 33 Quinsy drainage

- 34 Direct Laryngoscopy with or w/o biopsy
- 35 Reduction of nasal fracture
- 36 Mastoidectomy
- 37 Removal of tympanic drain
- 38 Reconstruction of middle ear
- 39 Incision of mastoid process & middle ear
- 40 Excision of nose granuloma
- 41 Blood transfusion for recipient
- 42 Therapeutic Phlebotomy
- 43 Haemodialysis/Peritoneal Dialysis
- 44 Chemotherapy
- 45 Radiotherapy
- 46 Coronary Angioplasty (PTCA)
- 47 Pericardiocentesis
- 48 Insertion of filter in inferior vena cava
- 49 Insertion of gel foam in artery or vein
- 50 Carotid angioplasty
- 51 Renal angioplasty
- 52 Tumor embolisation
- 53 TIPS procedure for portal hypertension
- 54 Endoscopic Drainage of Pseudopancreatic cyst
- 55 Lithotripsy
- 56 PCNS (Percutaneous nephrostomy)
- 57 PCNL (percutaneous nephrolithotomy)
- 58 Suprapubic cystostomy
- 59 Tran urethral resection of bladder tumor
- 60 Hydrocele surgery
- 61 Epididymectomy
- 62 Orchidectomy
- 63 Herniorrhaphy
- 64 Hernioplasty
- 65 Incision and excision of tissue in the perianal region
- 66 Surgical treatment of anal fistula
- 67 Surgical treatment of hemorrhoids
- 68 Sphincterotomy/Fissurectomy
- 69 Laparoscopic appendicectomy
- 70 Laparoscopic cholecystectomy
- 71 TURP (Resection prostate)
- 72 Varicose vein stripping or ligation
- 73 Excision of dupuytren's contracture
- 74 Carpal tunnel decompression
- 75 Excision of granuloma

- 76 Arthroscopic therapy
- 77 Surgery for ligament tear
- 78 Surgery for meniscus tear
- 79 Surgery for hemoarthrosis/pyoarthrosis
- 80 Removal of fracture pins/nails
- 81 Removal of metal wire
- 82 Incision of bone, septic and aseptic
- 83 Closed reduction on fracture, luxation or epiphyseolysis with osetosynthesis
- 84 Suture and other operations on tendons and tendon sheath
- 85 Reduction of dislocation under GA
- 86 Cataract surgery
- 87 Excision of lachrymal cyst
- 88 Excision of pterigium
- 89 Glaucoma Surgery
- 90 Surgery for retinal detachment
- 91 Chalazion removal (Eye)
- 92 Incision of lachrymal glands
- 93 Incision of diseased eyelids
- 94 Excision of eyelid granuloma
- 95 Operation on canthus & epicanthus
- 96 Corrective surgery for entropion & ectropion
- 97 Corrective surgery for blepharoptosis
- 98 Foreign body removal from conjunctiva
- 99 Foreign body removal from cornea
- 100 Incision of cornea
- 101 Foreign body removal from lens of the eye
- 102 Foreign body removal from posterior chamber of eye
- 103 Foreign body removal from orbit and eyeball
- 104 Excision of breast lump /Fibro adenoma
- 105 Operations on the nipple
- 106 Incision/Drainage of breast abscess
- 107 Incision of pilonidal sinus
- 108 Local excision of diseased tissue of skin and subcutaneous tissue
- 109 Simple restoration of surface continuity of the skin and subcutaneous tissue
- 110 Free skin transportation, donor site
- 111 Free skin transportation recipient site
- 112 Revision of skin plasty
- 113 Destruction of the diseases tissue of the skin and subcutaneous tissue
- 114 Incision, excision, destruction of the diseased tissue of the tongue
- 115 Glossectomy
- 116 Reconstruction of the tongue
- 117 Incision and lancing of the salivary gland and a salivary duct



- 118 Resection of a salivary duct
- 119 Reconstruction of a salivary gland and a salivary duct
- 120 External incision and drainage in the region of the mouth, jaw and face
- 121 Incision of hard and soft palate
- 122 Excision and destruction of the diseased hard and soft palate
- 123 Incision, excision and destruction in the mouth
- 124 Surgery to the floor of mouth
- 125 Palatoplasty
- 126 Transoral incision and drainage of pharyngeal abscess
- 127 Dilatation and curettage
- 128 Myomectomies
- 129 Simple Oophorectomies
- 130 Mac Donald stitch for cervical incompetence
- 131 Stapedectomy
- 132 Revision of a stapedectomy
- 133 Other operations of the auditory ossicles
- 134 Other excisions of the middle and inner ear
- 135 Fenestration of the inner ear
- 136 Revision of a Fenestration of the inner ear
- 137 Incision (opening) and destruction (elimination) of the inner ear
- 138 Other operations on the middle and inner ear
- 139 Operations on the turbinates (nasal concha)
- 140 Other operations on the nose
- 141 Nasal sinus aspiration
- 142 Chemosurgery to the Skin
- 143 Excision of diseased tissue of a salivary gland and a salivary duct
- 144 Other operations on the surgery glands and salivary ducts
- 145 Other operations in the mouth
- 146 Transoral incision and drainage of a pharyngeal abscess
- 147 Other operations on the Tonsils and Adenoids
- 148 Other operations on the anus
- 149 Ultrasound guided aspirations
- 150 Sclerotherapy
- 151 Other operations on the Uterine Cervix
- 152 Incision of the uterus (hysterotomy)
- 153 Operations on Bartholin's gland (cyst)
- 154 Incision of the prostate
- 155 Open surgical excision and destruction of prostate tissue
- 156 Radical Prostatovesicolectomy
- 157 Other excision and destruction of prostate tissue
- 158 Operations on the seminal vesicles
- 159 Incision and excision of periprostatic tissue

- 160 Other operations on the prostate
- 161 Excision and destruction of diseased scrotal tissue
- 162 Plastic reconstruction of the scrotum and tunica vaginalis testis
- 163 Other operations on the scrotum and tunica vaginalis testis
- 164 Incision of the testes
- 165 Excision and destruction of diseased tissue of the testes
- 166 Reconstruction of the testis
- 167 Implantation, exchange and removal of a testicular prosthesis
- 168 Other operations on the testis
- 169 Excision in the area of the epididymis
- 170 Epididymectomy
- 171 Reconstruction of the spermatic cord
- 172 Reconstruction of the ductus deferens and epididymis
- 173 Other operations on the spermatic cord, epididymis and ductus deferens
- 174 Operations of the foreskin
- 175 Local excision and destruction of diseased tissue of the penis
- 176 Amputation of the penis
- 177 Plastic reconstruction of the penis
- 178 Simple fracture
- 179 Oral Chemotherapy
- 180 Coronary Angiography
- 181 Angiography of the Eye

## ANNEXURE - C

### COMPARISON OF EXISTING POLICY WITH RESPECT TO PROPOSED POLICY

Sr. No.	Particulars	Existing Policy Conditions	Proposed Changes in Proposal 1
1	Sum Insured Limit	AVP & Above : 5 Lacs, Mgr to CM:3 Lacs, DM to EA : 2.5 Lacs,	No Changes
2	Family Definition	Same. However if the second child birth is twins or more, All Children part of 2 <sup>nd</sup> delivery to be covered	No changes
3	Age Band	0 - 90 Years	No Changes
4	1 <sup>st</sup> 30 days waiting period, 1 <sup>st</sup> year, 2 <sup>nd</sup> year, 3 <sup>rd</sup> year and 4 <sup>th</sup> year waiting period exclusions and Pre Existing Disease	Covered	No Changes
5	Maternity Waiting Period	Waived Off	No Changes
6	Maternity Limit	30000/- for normal Delivery & 50000/- for Cesarian Delivery	40000/- for normal Delivery & 70000/- for Cesarian Delivery
7	Maternity Pre & Post Natal Expenses	5000/- over and above Maternity limit	No Changes
8	New Born Baby Cover	From Day 1	No Changes
9	Ambulance Charges	Capped at 1500/- However Cardiac Ambulance charges to be included at actual.	No Changes
10	Ayurvedic/Homoeopathy Treatment	Covered ( Govt Recognized Hospital Only )	No Changes
11	Dental Treatment	Accidental Dental Coverage only	No Changes
12	Day Care Procedures	Covered	No Changes
13	Pre & Post Hospitalizaion Expenses	Pre 30 days & post 60 days	No Changes
14	Special Treatment	Psychiatric treatment , Stem Cell Therapy, and Obesity are excluded under the policy	No Changes
15	Robotic Surgery	To be covered with specific recommendation from the Doctor	No Changes
16	Genetic Disorders and Cyber Knife treatment	To be covered	No Changes
17	Capping on Claims	No Capping	Cataract Rs.50,000 per eye. For all other treatments No capping.
18	Co-Payment	No co-payment	No Changes
19	Room Rent Capping	1% for normal room & 2% for ICU	No Changes

20	Proportionate clause on Room rent	Applicable	No Changes
21	Policy Quotations	Brokers are not involved	No Changes
22	Demise of Employee	Coverage to dependent will continue till policy expiry	No changes