

**NOTICE INVITING LIMITED TENDER ENQUIRY FOR CUSTOM
MADE MEDICAL INSURANCE POLICY FOR THE EMPLOYEES
OF IIT PALAKKAD**

TENDER NO: IITPKD/ADMN/039/2019-20

DATE : 06-09-2019, 1500 hrs

DUE DATE: 20-09-2019, 1200 hrs



IIT PALAKKAD

**INDIAN INSTITUTE OF TECHNOLOGY PALAKKAD
AHALIA INTEGRATED CAMPUS
KOZHIPARA, PALAKKAD – 678 557**

Sealed Quotations are invited for providing Custom Made Medical Insurance coverage for Employees of this Institute and their dependents for the period from **25-09-2019** to **24-09-2020**. The details regarding number of persons to be covered and the amount of coverage are given below:

Category	No. of persons to be covered (Indicative and subject to change)	Sum insured per family (floater) (Basic Coverage) (INR)	Additional Coverage on payment of additional premium by individual staff (INR)	Special Contingency Cover (Buffer) (INR)
Employees and their Dependents	320 (Employees:125 Dependents: 195)	1,50,000/-	2,50,000/- 3,50,000/- 4,50,000/- 5,50,000/-	Corporate Buffer of Rs. 10,00,000/- (Subject to a limit of Rs. 1 lakh / family for conditions listed in Annexure-I on first-come-first-served basis for Employees and their Dependents)

General Terms and Conditions:

1. The discretion to opt for an additional coverage by an employee for themselves or for their dependents rests completely with the employee. Hence the number of employees who prefer each plan will be confirmed only when the premium amount for every plan is finalized. Details regarding the additional coverage opted by employees and their dependents will be intimated to the Insurance Provider within two to three months of the issuance of contract.

2. The contract will be awarded based **ONLY** on the quote that is received for the premium for Basic Coverage and Personal Accident Coverage. The premium for additional coverage will be used to calculate payment for additional premium to be paid by employees and their dependents.

The following points shall be noted and ensured while submitting the quotations:

3. The features of GMI and other terms and conditions for the Custom Made Medical Insurance are given in Annexure-I, which shall form part of the quotation in Annexure-II. Deviations, if any, have to be justified with proper supporting documents. Abstract of age of employees and their dependents based on their subscription to the Custom Made Medical Insurance coverage for the year 2018-19 is given at Annexure-III.

4. Quotation for a Personal Accident Policy coverage of Rs.5 Lakh only for employees (125 approx.) through Part C of Annexure-II.

5. The premium will be on actual number of employees for both GMI and Personal Accident Coverage. For addition/deletion of employees/dependents during the insurance period, additional premium amount will be given/withdrawn on pro-rata basis.

6. The quotations may be submitted in the prescribed format (Annexure-II) in a sealed envelope along with a copy of the IRDA certificate mentioning clearly the validity of the IRDA approval, to the **Registrar, IIT Palakkad, Ahalia Integrated Campus, Kozhipara, Palakkad - 678557** latest by **20-09-2019, 1200 hours**. The sealed quotations are to be submitted either in person or by ordinary post/courier only on or before the due date. The quotations sent through Cable / Email / FAX / any other mode shall not be considered. Conditional bids will be rejected outright. **The tender box is kept in the office of the Academic Block, IIT Palakkad, Ahalia Integrated Campus, Kozhipara, Palakkad-678 557.**

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7. The responsibility of submission of the bids on or before the last date shall rest with the tenderer. The institute will hold no responsibility for the non-receipt of the bids or for the bids received after the date/time specified. Any bid received by IITPKD after the bid submission deadline prescribed by IITPKD, shall be rejected and returned unopened to the Bidder. The tenders received will be opened on the same day at 1215 hours in the presence of bidders at the Temporary Campus, IIT Palakkad.

Quotations received after the due date/time will be summarily rejected.

8. The Tender No. and Due date are to be superscribed on the top of the envelope and addressed to the **Registrar, IIT Palakkad, Ahalia Integrated Campus, Kozhipara, Palakkad-678557**. The Address of the Office (with email, Fax and Telephone Nos.) located at Palakkad to be given, with contact person Name, e-mail id and Mobile Nos. For clarifications, if any, please contact Deputy Registrar at +91-4923-226 521.

9. Preference will be given for Cashless facility.

10. In no event cashless treatment in listed hospitals can be withdrawn unilaterally /stopped / delayed / terminated by the agency or hospitals involved. A penalty clause will be included in the Agreement in this regard.

11. Period of validity for your quotation shall be indicated. The premium quoted should be valid for not less than 120 days.

12. During the policy period there will be no revision in the premium amount.

13. For additional coverage on co-payment basis, please specify the minimum number of persons to be accommodated, if any.

14. The selected company should furnish monthly statement of claims including buffer claim to the Deputy Registrar of this Institute before 10th of the following month.

15. In addition to the above, the firms may also indicate any other options/schemes with them with appropriate documents (optional).

16. Coverage should be provided to the newly appointed employees also from the date of their joining the Institute. The Institute will pay the necessary pro-rata premium to your company, on demand.

17. Identity Cards/E-Cards are to be issued to all the persons covered under the policy as early as possible, but not later than 30 days from the date of payment of premium. Till then the IIT Palakkad ID card of the employees has to be honoured in all the listed hospitals.

18. In case the Institute decides to extend the period of coverage for subsequent years under the same terms and conditions, with provision to modify any of them depending on the development in Healthcare, please indicate the discounts that may be offered on the premium for such periods (2 to 5 years) that may be decided prior to finalizing the contract.

19. Orientation/Awareness for the employees: The employees of the institute shall be oriented on the GMI Scheme upon issuance of the contract.

20. Single Point of Contact (SPoC): The agency to whom the contract is awarded shall deploy a SPoC with whom all the technical/claim related issues will be taken up by the institute.

21. The SPoC shall visit the institute at least once in every month/ as and when required to get updated on the matters pertaining to GMI.

22. The abstract of age of employees and dependents of the institute are enclosed herewith in Annexure-III, which may be considered while quoting the premium.

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23. The Institute reserves its right to consider part or full of the offer or reject the offer without assigning any reasons, whatsoever.

24. **Termination of Contract:** The Institute, without prejudice to any other remedy, can terminate the Contract in whole or in parts if the Contractor fails to perform any obligation(s) under the contract. The Contract can be terminated by giving THIRTY (30) DAYS notice in advance, in writing, by the either side.

25. Without prejudice to the terms and conditions of the Tender Document, IITPKD reserves the right to include/modify any provision, as deemed fit, at a later stage in the Contract, in the interest of the Public Interest.

26. The Purchaser reserves the right to accept or reject any bid or to annul the bidding process and reject all bids at any time prior to Contract award, without thereby incurring any liability to the Bidders.

27. The Purchaser reserves the right to negotiate with the Bidder, whose bid has been evaluated as the lowest quote.

REGISTRAR

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Other Conditions for Custom Made Mediclaim Insurance Scheme**Group Mediclaim Cover**

- Rs.1,50,000/- Floater amongst employees and their dependents.

Buffer Comprehensive Medical Cover

- Rs. 10,00,000/- Floater amongst employees and their dependents with an individual ceiling of Rs. 1,00,000/- per family.

Claim procedure for buffer (comprehensive medical cover) utilization:

- If the treatment comes under critical illness which are covered for buffer utilization, subject to recommendation by the Competent Authority.

Illness covered for buffer utilization- (Rs. 10,00,000/-):

- Major Surgeries include cardiac surgeries, Neuro Surgeries, Brain tumor, pace maker implantation, cancer and cancer surgeries, hip, knee, joint replacement surgeries, organ transplant.
- Any debilitating illness that may lead to cancer (or) a permanent disability.
- Diseases of the Head and Neck, limbs, Thorax and abdomen where surgeries are indicated for near normal function of life.
- Renal failure.
- Stroke.
- Multiple Sclerosis.
- Major accident claims involving RTA / burns / Lab Accidents where expenditure may incur more than the Sum Insured.
- Complication arising out of surgery performed during the policy period.
- CVA and complications.
- Kidney Failure
- Fulminant Viral Hepatitis
- Major Organ Transplant, such as for:
 - (a) Kidney
 - (b) Lung(s)
 - (c) Liver
 - (d) Heart
 - (e) Bone marrow
- AIDS
- Terminal Illness
- Any Life threatening medical conditions necessitating lifesaving critical care interventions (Not more than 5 claims during the policy period - subject to the approval of Competent Authority)

I. Normal Delivery claims:

- For Normal Coverage -Rs.50,000/- (For basic coverage-SI).
- Rs.75,000/- for more than the basic coverage -irrespective of enhanced coverage.

II. Caesarean Delivery claims:

- For Normal Coverage - Rs.75,000/- (For basic coverage-SI)
- Rs.1,00,000/- for more than the basic coverage -irrespective of enhanced coverage.

Cataract claims:

- For Normal Coverage - Rs.35,000/- (For basic coverage-SI)
- Rs.45,000 for more than the basic coverage -irrespective of enhanced coverage

Room Rent:

- No Room Rent Limit.

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ICU / IMCU:

- Intensive Care unit expenses not exceeding 4% of overall SI (Basic + Additional coverage) per day or the actual expenses whichever is less.

Note: RMO/DMO service charges are covered additional to the room rent / ICU charges but not exceeding the limit of Rs.500/- per day irrespective of sum insured.

Ambulance Charges covered up to Rs.2000/-

Conditions:

- Type of Cover - Family Floater Policy.
- Family Definition - As per the norms of Govt. of India.
- Pre-existing disease covered.
- Waiting period for the first 30 days waived off.
- 1,2,3,4 years waiting period waived off.
- Maternity covered with 9 months waiting period waiver.
- Baby day-one cover benefit within the floater SI.
- **Coverage for animal/serpent attacks:** Rs.5,000/- for both IP/OPD, covered for less than 24 hours hospitalization also.
- **Coverage of claims in transition period of a policy on renewal:** Any hospitalization which occurs during the transition period of the policy will be covered by the current insurer if the date of admission of the member falls within the policy period in force irrespective of the date of discharge occurring at a later date. All Such claims will have to be intimated to the insurer within the policy period and bills submitted within 30 days of discharge for claiming the benefit.
- Pre-post-natal coverage within the maternity limit.
- Day care treatment covered up to the Basic Coverage of SI.
- Pre-Post hospitalization coverage of 30/60 days respectively.
- Entitled room category clause waived off/ No proportionate clause applicable.
- Full body Health Checkup Camps for the members to be arranged at Palakkad once during the contract period. Camps for specific health care may be conducted once in every 4 months during the contract.
- Psychiatric disorder is to be covered excluding counseling or observation.
- Dental treatment that requires hospitalization to be covered.
- Congenital diseases to be covered.
- Any hospitalization on account of earthquake and terrorism to be covered.
- Ayurvedic / Homeopathic /Unani hospitalization expenses are admissible up to Rs.25,000/- only when the treatment is taken as in patient in a Government hospital / medical college hospital.
- In case of bilateral knee/hip surgery done during the same hospitalization, reimbursement to be made up to twice ceiling of overall sum insured - Maximum to the limit Rs.2 Lakh per Knee/Hip (The maximum limit of Rs.2 lakh refers to the surgery of per Knee/Hip, irrespective of the enhanced coverage by the employee).
- Both congenital and Psychiatric disorder treatments are payable.
- Dental treatment or surgery due to accidents are payable.
- Corporate buffer will not be applicable for maternity claims and cases of complication of maternity ailments.
- Claim intimation is not mandatory.
- 10% Co-payment will be applicable for each and every claim treated in non PPN hospitals. (This condition need not be insisted for treatments in cities where PPN hospitals are not available.)
- All other conditions and terms shall be as per Standard Group Mediclaim policy.
- Domiciliary Hospitalization shall be covered.

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Exclusions:

- Lasik Surgery, Septoplasty, Infertility and related ailment including male sterility, treatment on trial / experimental basis, admin/ registration / Miscellaneous/Service charges, expenses on fitting of external prosthesis, Any device/instrument/machine contributing / replacing the function of an organ, Holter monitoring / Sleep study are outside the scope of the policy.
- Any disease/complication caused due to alcohol intake.
- Any disease/injury caused by war/Nuclear weapons/Radiations/breach of criminal law.
- Circumcision, cosmetic or plastic surgery unless necessitated by an accident or as part of any disease/illness.
- All health check-ups, routine eye examinations, and cost of glasses and contact lenses.
- Naturopathy treatment.
- All other conditions and terms shall be as per Standard Group Mediclaim policy.

Hospitalization Period:

Expenses on hospitalization are admissible only if hospitalization is for a minimum period of 24 hrs. However, this time limit of 24 hours will not apply to following specific treatments taken in the Network Hospital/Nursing Home/Specialty Centres irrespective of the bed strength where the insured is discharged on the same day. Such treatment will be considered to have been taken under Hospitalization Benefit.

- Haemo Dialysis,
- Parenteral Chemotherapy,
- Parenteral Immunotherapy,
- Radiotherapy,
- Lithotripsy (Kidney Stone removal),
- Surgery of Eye,
- Surgery of Nose,
- Surgery of Throat,
- Tonsillectomy,
- Bronchoscopic therapeutic procedures,
- Surgery of Hernia,
- Surgery of Hydrocele,
- Surgery of Prostate,
- Gastrointestinal Surgery,
- Genital Surgery,
- Hysterectomy,
- D&C, MTP,
- Dental surgery following an accident,
- Coronary Angioplasty,
- Coronary Angiography,
- Orthopaedic procedures including POP applications,
- Laproscopic and Endoscopic therapeutic procedures,
- Minor surgical procedures under General Anaesthesia,
- Laser Surgical Procedure under local Anaesthesia
- EECF
- OR any other treatments agreed by TPA/Company which require less than 24 hrs. Hospitalization due to advancement in Medical Technology.

Time limit for preferring claim:

Whenever treatment is taken for the employees/dependents covered under the scheme in any of the non-network hospital of the agency, and the employee pays the hospital bills, the Insurance claim should be sent in the prescribed claim form along with all supporting documents, such as Discharge Summary, prescription and Pharmacy bills, Lab / investigation reports in original, ECS form and cancelled cheque (or) First page of Bank Passbook copy within 30 days direct to the agency.

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QUOTATION FORM

Please quote the premium per annum for Basic and Additional coverage separately in prescribed format as indicated below:

A. Premium for Basic Coverage

Coverage	Rs.1,50,000/- (with a Buffer Limit of Rs.1,00,000/)
Total Premium for Basic Coverage (with PPN Claims) for all employees including dependants and spouses as stated in the table in page 2 (Please quote in lump sum inclusive of GST)	

B. Premium for Additional Coverage

Sum Insured (INR)	Additional Premium Per Employee (INR) <i>(inclusive of GST)</i>	Additional Premium Per Dependent (INR) <i>(inclusive of GST)</i>
2,50,000/-		
3,50,000/-		
4,50,000/-		
5,50,000/-		

Note: 10% co-payment will be deducted for each claims treated in non-PPN hospitals.

C. Premium for Personal Accident Coverage (only for employees: 125 lives approx.)

Sum Insured (INR)	Premium Per Employee (INR) <i>(inclusive of GST)</i>
5,00,000/-	

Note: The contract will be awarded based **ONLY** on the quote that is received for the premium for Basic Coverage and Personal Accident Coverage (Sum of A and C).

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Payment Liability as per the tables below which have to be considered while quoting the premium.

Permanent Total Disablement:

For Death	100% of Sum insured
Loss of sight of both the eyes	100% of Sum insured
Loss of two entire hands or two entire feet	100% of Sum insured
Loss of one entire hands or one entire foot	100% of Sum insured
Complete loss of hearing of both eyes and complete loss of speech	100% of Sum insured
Complete loss of hearing of both eyes and complete loss of speech and loss of one limb or loss of sight of one eye	100% of Sum insured

Permanent Partial Disablement:

Body part	Liability Part	Percentage of Sum Insured (%)
Toe	Loss of Toes - All	20
	Great - both phalanges	5
	Great - one phalanx	2
	Other than great, if more than one toe lost each	1
Ear	Loss of Hearing - Both Ears	50
	Loss of hearing - One Ear	15
Finger	Loss of Four fingers and thumb of one hand	40
	Loss of Four Fingers	35
	Loss of thumb - both phalanges	25
	Loss of thumb - one phalanx	10
	Loss of Index Finger - three phalanges	10
	Loss of Index Finger - two phalanges	8
	Loss of Index Finger - one phalanx	4
	Loss of Middle Finger - three phalanges	6
	Loss of Middle Finger – two phalanges	4
	Loss of Middle Finger - one phalanx	2
	Loss of Ring Finger - three phalanges	5
	Loss of Ring Finger – two phalanges	4
	Loss of Ring Finger - one phalanx	2
	Loss of Little Finger - three phalanges	4
Loss of Little Finger – two phalanges	3	
Loss of Little Finger - one phalanx	2	
	Loss of Metacarples – First or Second (additional)	3

	Loss of Metacarples – Third, Fourth or Fifth (additional)	2
Shoulder/Elbow	An arm at the shoulder joint	50
	An arm above the elbow joint	50
	An arm beneath the elbow joint	50
	A hand at the Wrist	50
	A thumb	10
Leg	A leg above mid-thigh	50
	A leg up to mid-thigh	50
	A leg up to beneath the knee	50
	A leg up to mid-calf	40
	A foot at the ankle	40
Eye	Loss of sight of one eye	50
Others	Sense of Smell	10
	Sense of taste	5

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ANNEXURE – III

Abstract of Age of Employees and Dependants - IIT Palakkad	
Age Group	No. of Members
0 to 5	29
5 to 10	18
10 to 15	5
15 to 20	3
20 to 25	4
25 to 30	36
30 to 35	68
35 to 40	54
40 to 45	8
45 to 50	6
50 to 55	12
55 to 60	23
60 to 65	22
65 to 70	19
70 to 75	11
75 and above	2
TOTAL	320

***The list above is indicative in nature and may vary from actual values.*

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