RFQ from Insurance Companies

for

Group Mediclaim Policy for Staff & Family members (excluding parents)

at

BIT MESRA, Ranchi

RFQ date: 18th September 2019

Last Date & Time of submission: 15th October 2019 (03.00 PM)

Bid Opening Date & Time: 15th October 2019 (03.30 PM)

Policy Period: 26th October 2019 – 25th October 2020

BIRLA INSTITUTE OF TECHNOLOGY

Mesra, Ranchi 835215

RFQ Notice for Mediclaim Policy

Request for Proposal – Group Mediclaim Insurance Policy for Staff & Family.

Background: -

**We have taken Group Medi-claim Insurance Policy (tailor made with floater) for the benefit of our students and staff members for last several years.**

The period of existing policy is from 26-10-2018 to 25-10- 2019 and we would like to continue the said policy without break for a further period from 26-10-2019 to 25-10- 2020.

The details of the proposed group Medi-claim policy are given below: -

1. Insured: - Birla Institute of Technology, Mesra, Ranchi
2. Address: - Post: - Mesra, Ranchi – PIN- 835215
3. Nature of Business: - Education & Research
4. Type of Policy: - Floater Group Medi-claim for Staff members and their family consisting of Self, Spouse and up-to two Dependent Children upto the age of 23 years (Dependent Parents are not covered in this policy) whereas Family definition states Self, Spouse & only 2 dependent children
5. Insurable Interest: - Staff & Students

6. Sum Insured: - (a.) For Staff Rs.3.00 lac per employee’s family (Floater type – i.e. maximum risk cover per family is Rs.3.00 lac individually as well as jointly amongst all family members).

Total No of Employees to be covered ………1173…. & their ……2504. Dependent family members.

*Note: - The numbers indicated are provisional and may vary. Arrangement for periodical inclusion and exclusion of insured persons during the policy period will be required to be done for which proportionate premium will be paid / refunded. The insurance company needs to clarify the risk cover date and the procedure to be adopted to cover new employees and their family members and the procedure /arrangement to be made for payment of the premium of such new employees. (If needed the provisional premium as an advance may be deposited by the institute with the insurance company so that the periodical inclusion of new employees / beneficiaries may be done promptly.)*

1. Additional Premium will be paid / refunded on account of changes in actual number of staff /students/dependent family members arising due to joining of new employees and leaving the employment due to their resignation etc as per list to be submitted by the institute from time to time on pro-rata basis. The manner of premium calculation for new employees or their additional family members along with applicable rate chart is to be clearly mentioned in the quotation / offer document itself. The Insurance Company will be required to cover Employees periodically as and when intimated by the institute.

**Other Terms & Conditions:**

1. The Insurance Companies need to confirm acceptance of all the All the Terms & Conditions laid in this document. The policy will be effective in continuation of our existing Medi-claim policy which expires on midnight of 25/10/2019.
2. All diseases including Pre-existing Diseases will be covered from day one without any exclusion. 30 days/9 months/1st year/ 2nd year / 3rd year/ 4th year etc waiting period should be waived off. No Waiting period for any disease. Day 1 coverage for additions as follows: Newly Married Spouse from Date of Marriage, New Born Baby from Date of Birth & New Employee from date of joining. (The effective date of risk cover can be acceptable from the date of Intimation; however, in the case of New Born Child, the cover will be along with the mother till 90 days)

1. Pre-hospitalisation Expenses for 30 days and Post Hospitalisation Expenses for 60 days will be covered.
2. Cataract Operation to be capped at Rs. 40,000/- for each eye respectively; Appendicitis at Rs. 35,000/-; Cholecystectomy – Lap Chole at Rs. 45,000/-; Hernia at Rs. 30,000/-, Hysterectomy at Rs. 40,000/- &
3. Floater Sum Insured- floating over all the four family members without sub sect limit like room rent, consultation charges, nursing care charges etc. However, Limit of room rent @1% of sum insured should be considered, but for ICU/ICCU there should be no limit.

6. Maternity Benefit subject to a maximum of Rs. 50,000/-. Pre & Post Natal Expenses not applicable.

1. New Born child to be covered from day one automatically under the family sum insured. Intimation to add new born baby in the policy should be allowed until 90 days. Till that time the baby’s claim shall be booked under Mother’s ID for both cashless & reimbursement claims. The midterm inclusion of names of family members due to changes in the composition of the family (due to marriage, birth of the child etc.) will be done and the insurance company shall be liable to extend medical cover to such new members.
2. Claim Settlement Procedure: - No Deductible or Co Payment under the policy. The insurance company shall be liable to settle the claim within 15 days after submission of documents and in case of delay the reasons must be informed to the institute. If reasons are not found justified, then the Insurance company shall be liable to pay interest as per the latest IRDA notification.

1. Claims submission: Claim Intimation Clause waived Off. Claim Documents to be submitted within 75 days from the date of discharge. Delay submission of claims should be condoned based on the valid reason of late submission given by the claimant.

The delay in submission of claim should not be the reason for repudiation of claim.

Hospitalization recommended by Registered Medical Practitioner is to be treated as final and claim must be paid accordingly.

1. The names of the hospitals / nursing homes available for cashless treatment in different cities. Please provide the list of names of hospitals / nursing homes for cashless treatment for the following cities / towns – Ranchi, Patna, Deoghar, Kolkata, Jaipur, Delhi/Noida, Allahabad.
2. The draft policy document specifically confirming all the above-mentioned terms and conditions should be provided along with the bid. If any of the terms and conditions mentioned in this document are not acceptable to the insurance company the same must be highlighted in the bid document prominently (bold and underlined). Otherwise it will be assumed that all the terms & conditions mentioned are acceptable to the bidder insurance company.
3. Please mention the type of documents that will be required to be furnished to settle the Mediclaim bill apart from the Discharge summary and original payment receipts / cash memos & bills.
4. **Claim Information Downloadable File (Please Click Here)**
5. Guidelines issued by IRDA from time to time about Insurer’s responsibility and liability towards insured, shall be automatically applicable to the insurance Company without any additional premium during the validity of the insurance policy.
6. Coverage of the policy should take place from the very first day of inception.
7. During the validity of the policy, no revision of premium shall be considered by BIT Mesra based on actual claim ratio or enhancement in the premium, or changes in the tax rate like GST etc pointed out by the statutory or other authority.
8. Waiver of 24 hrs hospitalization requirement for any surgeries or any procedure or treatment hereafter referred as Day Care which requires less than 24 hrs of hospitalization due to advanced medical technology, the Insurance Company has to declare list of all such Day Care treatments for which the insured shall get benefits equivalent to Hospitalization benefits as per the above conditions mentioned in this document. For any Day Care Treatment as declared by the Insurer & IRDA; the Insured shall be entitled to all the terms & conditions of this document.

**Please note that the insurance company getting Mediclaim insurance business from BIT, Mesra, in respect of staff will be preferred for other general insurance policies (including Students Mediclaim Policy, Building, Money Insurance, vehicles, and other assets) of the institute at the lowest quoted premium rates of the other insurance companies.**

The Quotation for Mediclaim as per details given below, should be submitted in closed envelop to the office of Registrar. The envelop should be marked “*Quotation for Mediclaim Insurance for Staff & Family.”*

*The institute may accept bids through E- Mail also, provided the Price Bid is submitted by a* ***Password Protected*** *file on or before the due date and time of submission of bids specified in this document at* ***registrar@bitmesra.ac.in***

|  |  |  |  |
| --- | --- | --- | --- |
| **Age Range** | **Dependent Family members** | **No. of employee** | **Total no, of Life Insured** |
| **Employee Only** | **1 Dependent** | **2 Dependent** | **3 Dependent** |
| <25 | 1 |   |   |   | 1 | 1 |
| 25-30 | 5 | 2 | 3 | 2 | 12 | 26 |
| 30-35 | 18 | 22 | 26 | 29 | 95 | 256 |
| 35-40 | 13 | 30 | 90 | 74 | 207 | 639 |
| 40-45 | 12 | 14 | 88 | 182 | 296 | 1032 |
| 45-50 | 9 | 10 | 64 | 163 | 246 | 873 |
| 50-55 | 6 | 39 | 61 | 46 | 152 | 451 |
| 55-60 | 7 | 70 | 42 | 16 | 135 | 337 |
| 60-65 | 2 | 21 | 6 |   | 29 | 62 |
| **Grand Total** | **73** | **208** | **380** | **512** | **1173** | **3677** |
|  |  |  |  |  |  |  |
| **No of Employees**  |  | **1173** |  |  |  |  |
| No of Dependents  |   |   |  |  |  |  |
| No of Spouses  | 1093 |   |  |  |  |  |
| No of Children | 1411 |   |  |  |  |  |
| **Total No Dependents**  |  | **2504** |  |  |  |  |
|   |   |   |  |  |  |  |
| **Total no of Lives to be Covered** |  | **3677** |  |  |  |  |

Click Here for Claim Dump Excel Sheet

Price Bid Format

Premium Amount Payable Rs…………………………………… & GST Rs. ……………………………... for No of Staff ………1173…..&

No of Dependent Family members ………2504…. for sum insured of Rs.3,00,000.

Total Premium Amount Payable Rs. …………………………………………………….

Total Premium Amount Payable in Words (Rupees) ………………………………………………………………………………………………

We, hereby, confirm and agree that all the terms and conditions mentioned in this document are acceptable to us.

Signature ……………………………………….

Date………………………………….. Name………………………………………..

Designation………………………………………..

(Rubber Stamp and Seal of the Insurance Company)