

NATIONAL HEALTH MISSION General Hospital Jn. Thiruvananthapuram - 695035

TENDER DOCUMENT FOR NHM - INSURANCE SCHEME

(No. NHM/4513/ADMIN6/2021/SPMSU dated 21/02/2022)

TENDER DOCUMENT FOR NHM - INSURANCE SCHEME

National Health Mission (NHM) invites competitive offers for implementing Group Mediclaim policy for Employees and their Dependents, from Public/Private Sector Insurance Companies through their Regional Office or Divisional Office in the State of Kerala either directly or through Insurance Brokers having their Registered Office in the State of Kerala, for a period of one year with effect from date of payment of premium as per the terms and conditions attached with this notification. Interested eligible Bidders may obtain further information from the Head Office of National Health Mission, Thiruvananthapuram.

- The benefits such as Hospitalization cover, critical illness cares etc. are to be included in the Group Medical Insurance Policy.
- The details of the benefits under the policy, which we would propose for the ensuing year, are given below for your ready reference.
- Period of Insurance: For a period of one year from start date
- Approximate No. of insured: (6587 employees + 20100 dependents). The total number of employees may increase or decrease based on the interest shown by them at the time of their joining in the scheme.

AGE WISE GROUPING OF EMPLOYEES AND DEPENDENTS

NHM - Kerala					
Age Band	Self	Spouse	Children	Total	
0-1	0	0	851	851	
2 to 10	0	0	8763	8763	
11 to 18	0	0	3585	3585	
19 to 25	685	156	1386	2227	
26 to 30	1480	570	0	2050	
31 to 35	1823	1243	0	3066	
36 to 40	1330	1429	0	2759	
41 to 45	596	1025	0	1621	
46 to 50	368	598	0	966	
51 to 55	228	379	0	607	
56 to 60	64	46	0	110	
61 to 65	9	55	0	64	
66 to 70	4	14	О	18	
Total	6587	5515	14585	26687	

CATEGORY WISE GROUPING

SI.No	Family Group	Approx No. of employees
1	1+0 (Employee only)	731
2	1+1 (Employee+ One dependent)	774
3	1+2 (Employee+ Two Dependents)	2096
4	1+3(Employee + Three Dependents)	2598
5	1+4 (Employee + Four Dependents)	388
	Total	6587

TERMS AND CONDITIONS

erms and Conditions for NHM Group Mediclaim Policy				
- Child and Camadana io. I in initial characters in the constant of the consta				
Family Floater Sum Insured		Option I : Rs.2 lakhs		
		Option II : Rs. 3 lakhs		
anny riodici odni niodiod		Option III :Rs. 4 Lakhs		
		Option IV : Rs.5 Lakhs		
		Employee, Spouse + 3 Dependent Children up to 25yrs		
		(Maximum age of entry for children is 25 years,otherwise		
Family Unit May contain		can consider only when child is unmarried / divorced		
		daughter or differntly abled son or daughter solely		
		dependent on employee without age limit)		
Entry Age		0-70 yrs		
Pre-existing diseases / conditions exclusion		Waived for all, no exclusion of diseases, no exclusions/limit for pre-existing diseases other than specified.		
30 days Waiting period		Waived off		
One / Two/Four Year exclusion	ns and / or			
any time bound exclusions fo	r specified	Waived off		
diseases				
Danna want / Dannding	Room rent	Room rent per day restricted to 1% of the sum insured for		
Room rent / Boarding	limit	normal		
Expenses (including nursing charges)	ICU rent limit	ICU rent per day restricted to 2% of the sum insured		
Pre-Hospitalisation and Post		Pre hospitalization 30 days and Post hospitalization 60		
Hospitalisation		days		
Proportionate payment for high	gher room	Proportionate clause not applicable		

Metro - Normal - Rs.40000 / C-Section - Rs.50000 Non Metro - Normal - Rs.25000 / C-Section - Rs.40000 (maternity benefit applicable only for employee & dependent spouse) for first two children (3 rd delivery allowed if any one delivery is a twin delivery). Maternity related complications covered upto Sum Insured.
Waived off
New born babies need to be covered from day one with full floater sum assured
AYUSH Treatments covered upto Sum insured in hospitals .Reimbursement for in-patient Ayurvedic treatment (other than Sukha Chikitsa) at Govt. recognised Ayurvedic hospitals only.
covered
Surgeon, Anaesthesia, medical practitioner, consultant specialist fees, if it is not part of final bill to be paid as per actuals.
Limit for Cataract – 35,000/- per eye
Not covered under the policy unless arising from accident which requires hospitalization. Tooth Extraction, Root Canal, Cosmetic dental treatments are not covered.
Waived for all
Ambulance charges upto 1% or Rs.2000/- whichever is less per person per year. Ambulance charges will be applicable for transferring patient to hospital or between hospitals in the hospital ambulance or in an ambulance provided by any ambulance service provider only.
Waived off
Covered
Not covered

Other benefits	Cochlear Implant covered, Oral chemotherapy and all treatments related to chemotherapy covered, Terrorism & pandemics like Covid 19 related hospitalisation covered,
Guidelines from Standardization of Exclusions as per IRDA circular dated 27th Sep 2019	
Continuity post retirement & Superannuation	Facility to extend the insurance coverage by which the insurance holder on paying the premium on his/her own on the same terms & conditions. In such cases the policy should be treated as a continuing one in all respect for both insured and their dependents.
Addition and deletion of members	on pro-rata basis
Illness wise Sub Limits or any other sublimit	No illness wise sublimit or any other sublimit other than maternity and cataract
Non cancelation of Policy in Mid term	Yes
Reimbursement Claim Submission Time Line	Reimbursement claim submission time line should be 45 days from the date of discharge. Should give waiver of Intimation for Reimbursement Claims.

Coverage in Non-network hospitals having more than 15 bed on a reimbursement basis for all claims should be allowed and it should be without any co-payment

Essential Documents & Eligibility Criteria

- 1. The Insurance Company / Insurance Broker shall attach copies of the renewal of the IRDA license (previous two years) as a proof of its registration.
- The undertaking by the bidder regarding agreement to all the terms and conditions (Annexure
 of NHM as provided in this tender.
- Quote submitted from Insurance Company either directly or through Insurance Broker should be through Regional Office or Divisional Office in the State of Kerala and should be in Annexure 2 format.
- 4. Insurance Broker Registration Certificate (ROC Certification from Kerala) Copy to be attached
- 5. Broker should have an experience of more than 5 years.
- 3 Years previous experience of Broker in handling Health Insurance of more than 6000 Lives (Copy of Policy to be attached).

The offer for implementation of Group Health Insurance Policy for NHM employees, covering the benefits as indicated above with premium rates in the format attached (Annexure-2) and other terms and conditions should reach this office on or before 11 am on 03.03.2022.

The quotations received before the last date and time shall be opened at 15:00 Hrs. on 03.03.2022 in the presence of those who wish to be present at the time of opening. Further discussions on the offers received will be held after going through the offers. For any clarification in this regard, please contact NATIONAL HEALTH MISSION OFFICE. (Phone-0471 - 2301181) State Mission Director reserves the right to accept or reject any or all the offers without assigning any reason.

STATE MISSION DIRECTOR

ANNEXURE-1

ACCEPTANCE OF TERMS AND CONDITIONS IN LETTERHEAD OF COMPANY I/We hereby agree to the terms and conditions given above. Authorized Signatory: (Name & Designation) Address of the Insurance Company with Telephone No.:

Place: Date:

ANNEXURE-2

To The State Mission Director (NHM), NHM Building, General Hospital Jn., Thiruvananthapuram.

Sir,

As	per	your	Notifica	ation	NHM/4513/	ADMIN6/2021/S	SPMSU	dated,	published	in
the w	ww.arog	yakeralan	າ.gov.in	on	/02/2022	and the terms	s and c	conditions	published on	your
webs	ite									
dated	/02/20	22 we,							(Na	ıme o
Insur	ance Co	mpany wi	th Division	on or	Branch / Na	me of Broker)	quote I	pelow our	Premium Rat	tes of
							nsurano	ce Compa	ıny Ltd. for rei	newal
of the	Group I	Health Ins	urance F	Policy	for the perio	d from One Ye	ar			

Quotation for providing Group Health Insurance Coverage to NHM.

Premium rates for covering employees(Employee, Spouse and Dependent Children)

SI Num	Sum Insured	Per Family - Premium with All Tax and Charges
Option 1	2 Lakhs Floater	

SI Num	Sum Insured	Per Family - Premium with All Tax and Charges
Option 2	3 Lakhs Floater	

SI Num	Sum Insured	Per Family - Premium with All Tax and Charges
Option 3	4 Lakhs Floater	

SI Num	Sum Insured	Per Family - Premium with All Tax and Charges
Option 4	5 Lakhs Floater	

SI Num	Sum Insured	Per Family - Premium with All Tax and Charges
Corporate Buffer	An Overall limit of Rs.50 lakhs should be released based on the approval from client	

We agree to the terms and conditions stipulated in your Notification and we attach herewith a duly signed copy of the terms and conditions in token of acceptance of the same.

Authorized Signatory: (Name & Designation)

Address of the Insurance Company with Telephone No.:

Place:

Date:

Approval Valid

Digitally Approved By Dr.Rathan U. Kelkar IAS Date: 21.02.2022 Reason: Approved

The document is digitally approved. Hence signature is not needed.