



भारतीय प्रौद्योगिकी संस्थान मद्रास , चेन्नै 600 036
INDIAN INSTITUTE OF TECHNOLOGY MADRAS, Chennai 600 036
Insurance Cell / Administration III
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सं.एफ.प्रशासना॥बीमा/ जी.एम.आई.एस.20-21/2019/189
No.F.Admn.III/Ins/GMIS20-21/2019/189

दिनांक/Dated : 20.11.2019

सेवा में / To

(Address List Enclosed)

महोदय / महोदया,
Sir/Madam,

विषय / Sub : Group Medclaim Insurance Scheme 2020-21 for regular and retired staff members –
Calling for Quotations - Reg.

Sealed Quotations are invited for providing Group Medical Insurance coverage for employees and their dependants, Pensioners and their spouse and Family Pensioners of this Institute for the period from **01.02.2020 to 31.01.2021**.

The details regarding number of persons to be covered and the amount of coverage are given below:

| Sl. No. | Category | No. of persons to be covered (Apprx.) | Sum insured per family (floater) (Basic Coverage) (Rs) | Additional Coverage on payment of addl. premium by individual staff / pensioner / Family Pensioner (Rs) | Special Contingency Cover (Buffer) (Rs) |
|---------|------------------------------|---------------------------------------|---|---|--|
| 1. | Employees & their dependants | 4442 (1249 + 3193) | Two Options: A) INR 2,50,000/- And B) INR 3,00,000/- | INR 2,00,000/- ----- INR 4,00,000/- | INR 50,00,000/- <i>Subject to a maximum limit of</i> - Rs.4 lakh/ family for conditions listed in Annexure-I (a) - Rs.20 lakh/ family, only one claim per policy year, for conditions listed in Annexure-I (b)) <i>On first cum first served basis for Employees and their dependants & Pensioners and their spouse & Family Pensioners.</i> |
| 2. | Pensioners & their spouse | 1993 (1076 + 917) | | | |
| 3. | Family Pensioners | 531 | | | |
| | TOTAL | 6966 | | | |

Sealed Quotations invited as below:

- 1) The features of GMI and other terms and conditions for the Group Medical Insurance (GMI) are given in Annexure – I & II, which shall form part of the quotation (**Annexure IV**). Deviations if any have to be justified.
- 2) Quotation for a Personal Accident Policy coverage of Rs. 5 Lakhs only for employees (1249 Lives approx.) through part C of **Annexure IV**.

Additional information regarding claims paid under current policy (2019-2020) and additional coverage availed are given in Annexure – III which may be taken into account while quoting the premium. However, the premium will be on actual employee / pensioner / family pensioner basis for both GMI and Personal Accident Coverage. For addition/deletion during the insurance period, additional premium amount will be given / withdrawn on prorata basis.

IIT Madras will appoint a Third Party Administrator (TPA) for administering the Group Medical Insurance Policy for 2020 – 2021.

Please submit the quotations in the prescribed format (Annexure IV) in a sealed envelope along with a copy of the IRDA certificate (mandatory) mentioning clearly the validity of the IRDA approval on or before 10.12.2019, 03.00 pm at the Registrar's Office, 1st Floor, Administration Building, IIT Madras, Chennai-600 036. The sealed quotations are to be submitted either in person or by ordinary post only on or before the due date. The tenders received will be opened on the same day at 03.30 pm in the presence of Tenderer's at the Conference Room, 2nd floor, Admin Building. Quotations received after the due date and time will be summarily rejected.

The Enquiry No. & Due date are to be superscripted on the top of the envelope and addressed to the Registrar, IIT Madras, Chennai 600 036. The Address of the Office (with email, Fax & Telephone Nos.) located at Chennai to be given, with contact person Name, e-mail id and Mobile Nos.

For further clarifications, if any, please contact Deputy Registrar (Admn.), Phone No.: 2257 8120 / 8112.



Deputy Registrar (Admn.)

अनु. / Encl: As above

प्रति / Copy to: Dean (Admn) – For kind information

Conditions for Group Medclaim Insurance Scheme

Group Medclaim Cover

- Base cover of Rs.2,50,000/- or Rs.3,00,000/- (two options) Floater amongst employee and their dependents / Pensioners and their Spouse / Family Pensioners. Bidders to quote for both 2.5 lakhs cover and 3 lakhs cover as options, IIT Madras will choose one of the options while awarding the tender
- In addition to mandatory base cover as above, subscribers can opt for additional cover of 2 lakhs / 4 lakhs by paying additional premium, bidders to quote premium for these optional additional cover also. Further details on add on cover can be found in Annexure-III (Tender notice link)

Total (overall) sum insured per family will be base cover 2.5 lakhs or 3 lakhs as opted from above + any additional coverage opted by subscriber

Buffer Comprehensive Medical Cover

- **Rs.50,00,000/-** Floater amongst employees and their dependants, Pensioners and their spouse & Family Pensioner with a ceiling of Rs.4,00,000/- per family under conditions listed in buffer utilization – A and enhanced to a ceiling of Rs. 20,00,000/- per family under conditions listed in buffer utilization - B

Claim procedure for buffer (comprehensive medical cover) utilization:

- The treatment which comes under critical illness which are covered for buffer utilization (as listed below) will be recommended by CMO and processed through Insurance Cell (Admin III).

Illness covered for buffer utilization- A

- 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 & Neck, limbs, Thorax and abdomen where surgeries are indicated for near normal function of life.
- Renal failure.
- Stroke.
- Multiple Sclerosis.
- Major transplants other than those listed in buffer utilization - B
- 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.
- Any Life threatening medical conditions necessitating lifesaving critical care interventions (Not more than 5 claims during the policy period - subject to the approval of CMO IITM)

Illness covered for buffer utilization- B

- All Cancers excludes the following:
 - (a) Carcinoma in situ including of the cervix
 - (b) Ductal Carcinoma in situ of the breast
 - (c) Papillary Carcinoma of the bladder and Stage 1 Prostate Cancer
 - (d) All skin cancers except malignant melanoma
 - (e) Stage I Hodgkin's disease
 - (f) Tumors manifesting as complications of Acquired Immune Deficiency Syndrome.
 - (g) Stage one malignancy

- Fulminant Viral Hepatitis
- Major Organ Transplant, such as for:
 - (a) Kidney
 - (b) Lung(s)
 - (c) Liver
 - (d) Heart
 - (e) Bone marrow
- AIDS
- Terminal Illness

Sublimits

Maternity:

I. Normal Delivery claims:

- Rs.50,000/- (For those with basic coverage i.e., sum insured = base coverage)
- Rs.75,000/- (For those with 2 lakhs / 4 lakhs optional add on coverage)

II. Caesarean Delivery claims:

- Rs.75,000/- (For those with basic coverage i.e., sum insured = base coverage)
- Rs.1,00,000/- (For those with 2 lakhs / 4 lakhs optional add on coverage)

Cataract claims:

- Rs.35,000/- (For those with basic coverage i.e., sum insured = base coverage)
- Rs.45,000/- (For those with 2 lakhs / 4 lakhs optional add on coverage)

Room Rent:

- Room, Boarding and Nursing expenses as provided by the Hospital / Nursing Home not exceeding ceiling given below or the actual expenses whichever is less.

- a) 1.5% of overall sum insured per day for base cover of 2.5 lakhs
or
- b) 1.0% of overall sum insured per day for base cover of 3.0 lakhs

ICU/IMCU:

- Intensive Care unit expenses not exceeding ceiling given below or the actual expenses whichever is less

- a) 3.0% of overall sum insured per day for base cover of 2.5 lakhs
or
- b) 2.0% of overall sum insured per day for base cover of 3.0 lakhs

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 – Self + Spouse + Dependents i.e., Employees & their dependents.
- 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.
- 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.
- 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 Medclaim policy.
- Domiciliary Hospitalization is not covered.

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.
- Outpatient treatment is not payable.
- 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 Medclaim 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 Prostrate,
- Gastrointestinal Surgery,
- Genital Surgery,
- Hysterectomy,
- D&C, MTP,
- Dental surgery / treatment following an accident is covered without hospitalization also (as Out-patient)
- 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 naesthesia
- EECp
- 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/dependants covered under the scheme in any of the non-network hospital of the TPA, 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 & cancelled cheque (or) First page of Bank Passbook copy within 30 days direct to the TPA.

Other Terms & Conditions:

- I. Preference will be given for Cashless facility.
- I. In no event cashless treatment in listed hospitals can be withdrawn unilaterally /stopped / delayed / terminated by the Third Party Administrator or hospitals involved. A penalty clause will be included in the Agreement in this regard.
- II. Below mentioned hospitals to be included in the list of hospitals for cashless treatment.

| Sl. No. | Name of the Hospital | Location of the hospital |
|---------|--------------------------------|------------------------------|
| 1 | Voluntary health Services | Adyar |
| 2 | Child Trust Hospital | Nungambakkam |
| 3 | St. Isabels Hospital | Mylapore |
| 4 | Sundaram Medical Foundation | Anna Nagar |
| 5 | Fortis Malar Hospital | Adyar |
| 6 | Dr. Kamakshi Memorial Hospital | Pallikaranai |
| 7 | Apollo Speciality hospital | Nandanam, Teynampet |
| 8 | Apollo Speciality hospital | Greems Road, Thousand Lights |
| 9 | SIMS Hospital | Vadapalani |
| 10 | Madras Medical Mission | Mogappair |

- III. Period of validity for your quotation may be indicated. The premium quoted should be valid for not less than 90 days.
- IV. **During the policy period there will be no revision in the premium amount.**
- V. For additional coverage on co-payment basis, please specify the minimum number of persons to be accommodated, if any.
- VI. The selected company should furnish monthly statement of claims including buffer claim to the **Deputy Registrar (Admn.)** with a copy to the **Institute Hospital** of this Institute before 10th of the following month.
- VII. In addition to the above, the firms may also indicate any other options/schemes with them with appropriate documents (optional).
- VIII. 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.
- IX. Identity 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 IITM ID card of the employees has to be honoured in all the listed hospitals.
- X. 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.
- XI. The Institute reserves its right to consider part or full of the offer or reject the offer without assigning any reasons, whatsoever.

The claims settled by the TPA during the current policy period (from 01.02.2019 to 31.01.2020) as on 29.10.2019 are furnished below for your information:

| SI Band | No of claims | Claim amount Rs. |
|--------------------|--------------|---------------------|
| 1.50 Lakh | 241 | 13221259 |
| 3.50 Lakh | 95 | 5337888 |
| 5.50 Lakh | 159 | 12964523 |
| Grand Total | 495 | 31523670 |

| Coverage wise summary | | | |
|------------------------------------|----------------------|------------------------|----------------------------|
| Particulars | Sum insured (Rs.) | Total no. of claims | Total paid amount (Rs.) |
| Employee | 1,50,000 | 105 | 4363707 |
| | 3,50,000 | 37 | 1463456 |
| | 5,50,000 | 32 | 2119863 |
| Total | | 174 | 7947026 |
| Pensioner & Family Pensioner | 1,50,000 | 136 | 8857552 |
| | 3,50,000 | 58 | 3874432 |
| | 5,50,000 | 127 | 10844660 |
| Total | | 321 | 23576644 |
| Grand Total | | 495 | 31523670 |

Please visit the e-tender [link attachments](#) for further claim details.

Quotation Form

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

A. Premium for Basic Coverage:

| | | |
|--|---|---|
| Coverage | Rs. 2,50,000/- (With 1.5% and 3.0% Room and ICU Charges respectively) | Rs. 3,00,000/- (With 1.0% and 2.0% Room and ICU Charges respectively) |
| Total Premium for Basic Coverage (with PPN Claims) for all employees / pensioners / family pensioners including dependants and spouses (Please quote in lump sum inclusive of GST) | | |

B. Premium for Additional Coverage:

| Coverage Details | Sum Insured | For Basic Coverage INR 2,50,000/- | | For Basic Coverage INR 3,00,000/- | |
|------------------|--------------|---|-------------------------------------|---|-------------------------------------|
| | | Premium (With PPN) <i>(Inclusive of GST)</i> | | Premium (With PPN) <i>(Inclusive of GST)</i> | |
| | | Per Employee | Per Pensioner / Family Pensioner | Per Employee | Per Pensioner / Family Pensioner |
| | Rs. 2,00,000 | | | | |
| Rs. 4,00,000 | | | | | |

LOCK-In & LOCK-out period – 3 Years for Additional Coverage

Subscribers (Employees/Pensioner/Family Pensioners) taking additional coverage in the policy year will not be allowed to opt-out of it for next two years i.e. the Subscriber will be in LOCK-In period for consecutive three years. If any subscriber voluntarily opting out during this LOCK-In period, such Subscribers will not be permitted to take additional coverage for three consecutive years (LOCK-Out period) from the opt-out year.

C. Premium for Personal Accident Coverage (only for employees: 1249 lives approx.):

| Coverage Details | Sum Insured | Premium Per Employee (With PPN) <i>(Inclusive of GST)</i> |
|------------------|--------------|--|
| | Rs. 5,00,000 | |

Payment Liability as per the table below to be considered while quoting the premium for Personal Accident Coverage.

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 ears and complete loss of speech | 100% of Sum insured |
| Complete loss of hearing of both ears 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 |
| Shoulder/Elbow | 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 |

**Signature & Name of Authorized
Signatory / Representative
(Affix the office seal)**