



भारतीय प्रौद्योगिकी संस्थान मद्रास, चेन्नै 600 036  
INDIAN INSTITUTE OF TECHNOLOGY MADRAS, Chennai 600 036  
Insurance Cell / Administration III  
दूरभाष/ Tel. : [044] 2257 8120 फ़ैक्स / Fax: [044] 2257 0509  
ईमेल/E-mail : mediinsurance@iitm.ac.in



सं.एफ.प्रशासनIII/बीमा/ जी.एम.आई.एस.24-25/2023/497  
No.F.Admn.III/Ins/GMIS 24-25/2023/497

दिनांक/Dated : 11.12.2023

सेवा में / To

(Address List Enclosed)

महोदय / महोदया,  
Sir/Madam,

विषय / Sub : Group Mediclaim Insurance Scheme 2024-25 for regular and retired staff members  
– calling for quotations – Reg.

Sealed Quotations are invited for providing Group Medical Insurance coverage for employees and their dependents, Pensioners and their dependents, Family Pensioners of this Institute and Group Personal Accident coverage for employees only, for the period from **01.02.2024 to 31.01.2025**.

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 (Approx.) | 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 dependents  | 4095<br>(1183 + 2912)                  | INR<br>3,00,000/-                                      | INR 2,00,000/-<br>INR 4,00,000/-<br>INR 7,00,000/-  | INR 1,00,00,000/-<br><br><i>Subject to a maximum limit of</i><br>- Rs.3 lakh / 5 lakh per family for conditions listed in Annexure-I (a) based on base cover only / with add on coverage<br>- Rs.20 lakh/ family, for conditions listed in Annexure-I (b)<br><i>On first cum first served basis for eligible insured members.</i> |
| 2.      | Pensioners & their dependents | 1856<br>(947 + 909)                    |  |   |   |
| 3.      | Family Pensioners             | 537                                    |  |   |   |
|         | <b>TOTAL</b>                  | <b>6488</b>                            |  |   |   |

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) The quotation for Basic and Additional coverage shall be submitted through part A & B of **Annexure IV**.
- 3) Quotation for a Personal Accident Policy coverage of Rs.5 Lakhs only for employees (1183 Lives approx.) through part C of **Annexure IV**.

Additional information regarding claims paid under current policy (2023-2024) and additional coverage opted by the employees and pensioners for the year 2023-24 are given in Annexure – III. Additional details are available in CPP Portal Government ePublishing system 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 appointed M/s. Medi Assist Insurance TPA Pvt Ltd. as Third Party Administrator (TPA) for administering the Group Medical Insurance Policy for 2024-2025.

**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 **02.01.2024 @ 03.00 pm** at the Assistant Registrar (Admn.III), 2<sup>nd</sup> 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, 2<sup>nd</sup> 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.*



अनु. / Encl: As above

प्रति / Copy to: 1. Dean (Admn) }  
2. Registrar } – For kind information

**Conditions for Group Medclaim Insurance Scheme – 2024-25****Group Medclaim Cover**

- Base cover of Rs.3,00,000/- Floater amongst Employee/ Pensioners / Family Pensioners and their dependents.
- In addition to mandatory base cover as above, Employee/Pensioner/Family Pensioner can opt for additional cover of 2 lakhs / 4 lakhs / 7 lakhs by paying additional premium.

Total (overall) sum insured per family will be base cover 3 lakhs + any additional coverage opted by Employee/Pensioner/Family Pensioner

**Buffer Comprehensive Medical Cover**

Rs.1,00,00,000/- Floater amongst Employee / Pensioners / Family Pensioners and their dependents with a ceiling of

- Rs.3 lakh / 5 lakh per family for conditions in list (A) based on base cover only / with add on coverage
- Rs.20 lakh/ family for conditions in list (B)  
On first come - first served basis for Employee/ Pensioners / Family Pensioners and their dependents.

**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 communicated through the Deputy Registrar (Admn.) / Assistant Registrar (Admn.III) for processing.

**Illness covered for buffer utilization list (A)**

- Major Surgeries include cardiac surgeries, Neuro Surgeries, Brain tumor, pace maker implantation, cancer and cancer surgeries, knee, hip, joint replacement surgeries, organ transplant.
- In case of bilateral knee/hip surgery done during the same hospitalization, cashless / reimbursement to be made up to twice if both knees/hip done in single hospitalization.
- 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.
- Complications from recent Covid Infection warranting longer periods of hospitalization.
- Any Life threatening medical conditions necessitating lifesaving critical care interventions (Not more than 5 claims during the policy period – subject to the approval of Medical Board/CMO of IITM).

**Illness covered for buffer utilization list (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.75,000/- (For those with basic coverage i.e., sum insured = base coverage)
- Rs.1,00,000/- (For those with 2 lakhs / 4 lakhs / 7 lakhs optional add on coverage)

#### **II. Caesarean Delivery claims:**

- Rs.1,00,000/- (For those with basic coverage i.e., sum insured = base coverage)
- Rs.1,50,000/- (For those with 2 lakhs / 4 lakhs / 7 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 / 7 lakhs optional add on coverage)

### **Knee / Hip Joint Replacement claims:**

- Rs.3 Lakhs per knee/hip (For those with basic coverage i.e., sum insured = base coverage)
- Rs.3.5 Lakhs per knee/hip (For those with 2 lakhs / 4 lakhs / 7 lakhs optional add on coverage)

### **Siddha / Ayurveda / Homeopathic / Unani Claims:**

- Siddha/Ayurveda/Homeopathic/Unani hospitalization expenses are admissible up to Rs.25,000/- only when the treatment is taken as in patient in a Government approved Hospital / Medical College.

### **Room Rent:**

- Room, Boarding and Nursing expenses as provided by the Hospital / Nursing Home not exceeding 1.5% of overall sum insured subject to cap of Rs.10,500/- per day or the actual expenses whichever is less.

### **ICU/IMCU:**

- Intensive Care unit expenses not exceeding 3.0% of overall sum insured subject to cap of Rs.21,000/- 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 – Self + Spouse + eligible 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 Sum Insured including Add on coverage.
- Pre-Post hospitalization coverage of 30/60 days respectively.
- Entitled room category clause waived off/ No proportionate clause applicable.
- All congenital (internal and external) 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-Preferred Provider Network (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 subject to submission of day care discharge summary.

- Haemo Dialysis,
- Parenteral Chemotherapy,
- Parenteral Immunotherapy,
- Radiotherapy,
- Lithotripsy (Kidney Stone removal),
- Surgery of Eye,
- Intra ocular Eye injection and its procedure
- 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 anaesthesia
  - EECP
  - Excision Biopsy of Lymph Node
  - Excision of benign tumors/cyst
  - 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 Employee/ Pensioners / Family Pensioners and their dependents 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 submitted in the prescribed claim form along with all supporting documents, such as Discharge Summary, Final bill, paid receipts, prescription and Pharmacy bills, Lab / investigation reports in original, Govt. Id proof, Insured bank details & cancelled cheque (or) copy of First page of Bank Passbook within 20 days from the date of discharge to the Insurance Cell of IIT Madras for onward transmission to the TPA within 30 days from the date of discharge.

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**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.
- II. Below mentioned hospitals to be mandatorily 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       | Apollo Speciality Hospital     | Perungudi, OMR               |
| 10      | SIMS Hospital                  | Vadapalani                   |
| 11      | Madras Medical Mission         | Mogappair                    |
| 12      | Rainbow Hospital               | Guindy, Sholinganallur       |
| 13      | Prashanth Hospital             | Velachery                    |
| 14      | Kauvery Hospital               | Mylapore                     |

**Institute Hospital Claim:**

- III. **The Claims submitted from IIT Madras Institute Hospital to be treated as Cashless and those claims are reimbursed and paid to IIT Madras Bank A/c by the Insurance Company.**  
 “Since Institute Hospital admits only staff, students and their eligible dependents and not open to general public a pre-authorization is not necessary. Post discharge, medical summary duly indicating admission and discharge details, Claim form (Part A & Part B) will be submitted by the Institute Hospital to the Insurance Company for Insurance claim”
- IV. Period of validity for your quotation may be indicated. The premium quoted should be valid for not less than 60 days.
- V. **During the policy period there will be no revision in the premium amount.**
- VI. For additional coverage on co-payment basis, it is mandatory to provide coverage irrespective of minimum number of persons opted.
- VII. The selected company should furnish monthly statement of claims including buffer claim to the **Deputy Registrar (Admn.)** of this Institute before 10<sup>th</sup> of the following month.
- VIII. In addition to the above, the firms may also indicate any other options/schemes with them with appropriate documents (optional).
- IX. 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.
- X. Identity Cards are to be issued in coordination with approved TPA 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.

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

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The claims settled by the Insurance Company during the current policy period (from 01.02.2023 to 31.01.2024) as on 29.11.2023 are furnished below for your information:

| SI Band            | No of claims | Lodged claim amount<br>Rs. |
|--------------------|--------------|----------------------------|
| 3 Lakh             | 750          | 57988244                   |
| 5 Lakh             | 51           | 19290601                   |
| 7 Lakh             | 26           | 28350379                   |
| <b>Grand Total</b> | <b>827</b>   | <b>105629224</b>           |

| Coverage wise summary              |                      |                        |                            |
|------------------------------------|----------------------|------------------------|----------------------------|
| Particulars                        | Sum insured<br>(Rs.) | Total no. of<br>claims | Total paid amount<br>(Rs.) |
| Employee                           | 3,00,000             | 348                    | 20116701                   |
|                                    | 5,00,000             | 10                     | 3534739                    |
|                                    | 7,00,000             | 3                      | 5527527                    |
| <b>Total</b>                       |                      | <b>361</b>             | <b>29178967</b>            |
| Pensioner &<br>Family<br>Pensioner | 3,00,000             | 441                    | 33709812                   |
|                                    | 5,00,000             | 20                     | 7655819                    |
|                                    | 7,00,000             | 5                      | 3220092                    |
| <b>Total</b>                       |                      | <b>466</b>             | <b>44585723</b>            |
| <b>Grand Total</b>                 |                      | <b>827</b>             | <b>73764690</b>            |

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

#### Additional Coverage Opted by Employees for the year 2023-24

| Sl.No.  | Additional Coverage | Total no. of<br>Employees |
|---|---------------------|---------------------------|
| 1   | 2 Lakhs             | <b>163</b>                |
| 2   | 4 Lakhs             | <b>222</b>                |
| Total no. of persons, who opted for Addl.Coverage |                     | <b>385</b>                |

#### Additional Coverage Opted by Pensioners and Family Pensioners for the year 2023-24

| Sl.No.   | Additional Coverage | Pensioners | Family<br>Pensioners | Total no. of<br>beneficiaries |
|--|---------------------|------------|----------------------|-------------------------------|
| 1  | 2 Lakhs             | 160        | 59                   | <b>219</b>                    |
| 2  | 4 Lakhs             | 227        | 44                   | <b>271</b>                    |
| Total no. of persons, who opted<br>for Addl.Coverage |                     | <b>387</b> | <b>103</b>           | <b>490</b>                    |

## Quotation Form

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

### Part – A - Premium for Basic Coverage:

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

### Part – B - Premium for Additional Coverage:

| Coverage Details | Sum Insured | Premium (With PPN)<br>(Inclusive of GST) |                                  |
|------------------|-------------|--|----------------------------------|
|                  |             | Per Employee                             | Per Pensioner / Family Pensioner |
|                  | Rs.2,00,000 |  |                                  |
|                  | Rs.4,00,000 |  |                                  |
|                  | Rs.7,00,000 |  |                                  |

**L1 Calculation will be based on total premium payable i.e. base premium + add on premium (with no. of add on subscribers as on current running policy as in annexure-III)**

### LOCK-In & LOCK-out period – 2 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 two years. If any subscriber voluntarily opting out during this LOCK-In period, such Subscribers will not be permitted to take additional coverage for two consecutive years (LOCK-Out period) from the opt-out year.

### Part – C - Premium for Personal Accident Coverage (only for employees: 1183 lives approx.):

| Coverage Details | Sum Insured | Premium Per Employee (With PPN)<br>(Inclusive of GST) |
|------------------|-------------|---|
|                  |             | 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 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   |                               |
| 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                             |

**Name of Authorized Signatory**  
**Designation**  
**(Affix the office seal)**

**Signature**