



NATIONAL HEALTH MISSION

General Hospital Jn. Thiruvananthapuram - 695035

**TENDER DOCUMENT
FOR
NHM - INSURANCE SCHEME**

(No. NHM/1313/ADMIN6/2024/SPMSU dated 14/03/2024)

TENDER DOCUMENT FOR NHM - INSURANCE SCHEME

National Health Mission (NHM) invites competitive offers for implementing Group Medclaim 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: (5737 employees + 19097 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	912	912
2 to 10	0	0	4725	4725
11 to 18	0	0	1797	1797
19 to 25	280	60	630	970
26 to 30	1138	423	0	1561
31 to 35	1661	1106	0	2767
36 to 40	1389	1428	0	2817
41 to 45	610	1096	0	1706
46 to 50	331	596	0	927
51 to 55	244	325	0	569
56 to 60	72	183	0	255
61 to 65	10	60	0	70
66 to 70	2	16	0	18
71 to 75	0	2	0	2
75 to 79	0	1	0	1
Total	5737	5296	8064	19097

CATEGORY WISE GROUPING

Sl.No	Family Group	No of EMP
1	1+0 (Emp only)	348
2	1+1 (Emp + One dependent)	641
3	1+2 (Emp+ Two Dependents)	1920
4	1+3(Emp + Three Dependents)	2434
5	1+4 (Emp + Four Dependents)	393
6	1+5 (Emp + Five Dependents)	1
	Total	5737

TERMS AND CONDITIONS

Terms and Conditions for NHM Group Mediclaim Policy					
Family Floater Sum Insured	5,00,000				
Family Unit May contain	Employee, Spouse + 3 Dependent Children up to 25yrs (Maximum age of entry for children is 25 years, otherwise can consider only when child is unmarried / divorced daughter or differently 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 exclusions and / or any time bound exclusions for specified diseases	Waived off				
Room rent / Boarding Expenses (including nursing charges)	<table border="1"> <tr> <td>Room rent limit</td> <td>Room rent per day restricted to 1% of the sum insured for normal</td> </tr> <tr> <td>ICU rent limit</td> <td>ICU rent per day restricted to 2% of the sum insured</td> </tr> </table>	Room rent limit	Room rent per day restricted to 1% of the sum insured for normal	ICU rent limit	ICU rent per day restricted to 2% of the sum insured
Room rent limit	Room rent per day restricted to 1% of the sum insured for normal				
ICU rent limit	ICU rent per day restricted to 2% of the sum insured				
Pre-Hospitalisation and Post Hospitalisation	Pre hospitalization 30 days and Post hospitalization 60 days				
Proportionate payment for higher room category	Proportionate clause not applicable				
Maternity	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 (3rd delivery allowed if any one delivery is a twin delivery). Maternity related complications covered upto Sum Insured.				
9 months waiting period	Waived off				
Baby day one cover	New born babies need to be covered from day one with full floater sum assured				
AYUSH Hospitalization expenses (Ayurveda, Homeopathy, Unani)	AYUSH Treatments covered upto Sum insured in hospitals .Reimbursement for in-patient Ayurvedic treatment (other than Sukha Chikitsa) at Govt. recognised Ayurvedic hospitals or NABH accredited				

	hospitals only.
All day care procedures covered	covered
Actuals to be paid	Surgeon, Anaesthesia, medical practitioner, consultant specialist fees, if it is not part of final bill to be paid as per actuals.
Cataract	Limit for Cataract – 35,000/- per eye
Dental Treatment	Not covered under the policy unless arising from accident which requires hospitalization. Tooth Extraction, Root Canal, Cosmetic dental treatments are not covered.
Corporate Buffer	An Overall limit of Rs.50 lakhs with a maximum capping of 2 Lakh per Family and the same should be released based on the approval from NHM
Congenital Internal & External Disease	Waived for all
Ambulance expenses	Ambulance charges up to 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.
Co-payment	Waived off
Psychiatric & Psychosomatic treatment	Covered
Infertility Treatment	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	As per IRDA list
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	
<ol style="list-style-type: none"> 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. 2. The undertaking by the bidder regarding agreement to all the terms and conditions 	

(Annexure 1) of NHM as provided in this tender.

3. 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 .
6. 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 25.03.2024.**

The quotations received before the last date and time shall be opened **at 15:00 Hrs. on 26.03.2024** 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

Approval Valid

Digitally Approved By
Jeevan Babu K. I.A.S
Date: 14.03.2024
Reason: Approved

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

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 Notification NHM/1313/ADMIN6/2024/SPMSU dated, published in the www.aogyakeralam.gov.in on/03/2024 and the terms and conditions published on your websitedated/03/2024 we,.....
.....(Name of Insurance Company with Division or Branch / Name of Broker) quote below our Premium Rates ofInsurance Company Ltd. for renewal of the Group Health Insurance Policy for the period from One Year

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	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: