



NATIONAL HEALTH MISSION

General Hospital Jn. Thiruvananthapuram - 695035

TENDER DOCUMENT

FOR

NHM - INSURANCE SCHEME

(No. NHM/222/ADMIN6/2025/SPMSU 29.05.2025)

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 branch office in the State of Kerala, for a period of one year extendable up to two more year based on mutual agreement with effect from date of payment of premium as per the terms and conditions attached with this notification. Interested 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 extendable up to two more year based on mutual agreement from start date.
- **Approximate No. of insured: (5715 employees + 13666 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.
- Premium payment – 50% of total premium required will be paid with in 7 days of execution of contract and balance 50% will be paid within 2 months after the payment of the 1st installment.

AGE WISE GROUPING OF EMPLOYEES AND DEPENDENTS

NHM - Kerala				
Age Band	Self	Spouse	Children	Total
0-1	0	0	833	832
2 to 10	0	0	4812	4812
11 to 18	0	0	2048	2048
19 to 25	167	37	652	856
26 to 30	943	344	0	1287
31 to 35	1692	988	0	2680
36 to 40	1542	1472	0	3014
41 to 45	681	1235	0	1916
46 to 50	348	647	0	995
51 to 55	257	327	0	584
56 to 60	78	189	0	267
61 to 65	6	64	0	70
66 to 70	1	16	0	17
71 to 75	0	2	0	2
75 to 79	0	0	0	0
Total	5715	5321	8345	19381

CATEGORY WISE GROUPING

Sl.No	Family Group	No of EMP
1	1+0 (Emp only)	285
2	1+1 (Emp + One dependent)	556
3	1+2 (Emp+ Two Dependents)	1939
4	1+3(Emp + Three Dependents)	2530
5	1+4 (Emp + Four Dependents)	383
6	1+5 (Emp + Five Dependents)	21
7	1+6 (Emp + Six Dependents)	1
	Total	5715

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)	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 deliveries. Maternity related complications covered up to 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. recognized 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	Not permitted
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 hospitalization 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 cancellation of Policy in Mid-term	Yes
Reimbursement Claim Submission timeline	Reimbursement claim submission timeline 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	
Rider Benefit	The applicants are also requested to quote the premium for the rider benefit for covering consumable costs listed in Annexure 7. The premium quote for the rider benefit will be considered separately for the financial evaluation of the tender to finalize the L1 bidder. The premium for the rider benefit will be provided along with the main policy premium payment. However, the tender evaluation committee reserves the right to accept or reject the rider benefit, subject to the evaluation of the

	financial feasibility of the premium quoted.
Optional Cover	The insurer or broker can offer any other extra benefits without charging any extra cost. This will be an optional condition, and it may be considered where the L1 tie-breaking situation occurs.
<p style="text-align: center;"><u>Eligibility Criteria</u></p> <ol style="list-style-type: none"> 1. The Insurance Company / Insurance Broker shall attach copies of the IRDAI Registration and its copy of renewal as a proof of its registration. 2. The undertaking by the bidder regarding agreement to all the terms and conditions (Annexure 4) of NHM as provided in this tender. 3. The participating Insurance Company/insurance broker should have office in Kerala and it must be submitted as per the essential documents mentioned in the annexure 2. 4. The broker should have experience of more than 3 years in handling Health Insurance of more than 6000 Lives. <p style="text-align: center;"><u>Essential Documents</u></p> <ol style="list-style-type: none"> 1. Bid application Covering letter as per the format attached in the annexure 1 2. Applicant details as per the format attached in the annexure 2. 3. Power of Attorney as per the format attached in the annexure 3 4. Under taking by the bidder regarding unconditional acceptance to all the terms and conditions of the scheme as per the format attached in the annexure 4. 5. True certified copies of the existing registration granted by the IRDAI for carrying health insurance related activities in India or insurance brokering in India and renewal certificates as annexure 5-1 6. Last three year`s audited balance sheet and profit and loss statement with auditor`s report: marked as annexure 5- 2. 7. True certified copies which provide proof that the company has experience of handling health insurance at least 6000 lives for in the last 3 financial year. (Annexure 5-3) 8. Submission of financial bid as per the format attached as annexure 6. <p><u>Details of e-Tender submission</u></p> <p>Each Bidder shall submit their Bids on the e-tender portal www.etenders.kerala.gov.in. No other mode of submission is permitted as per the guidelines specified in this Tender Document and the instructions available on the said e-tender portal. Detailed guidelines for viewing bids and submission of online bids are given on the website. The authorized signatories of the prospective Bidders are required to register on the portal. The authorized signatories of the Bidders must have an ID and Digital Signature Certificate (DSC) from designated firms listed on the e-procurement portal and register with the website using the allotted ID and DSC. (instructions are provided in the e-tender website).</p> <p>The Bid shall contain no alterations, omissions or additions. Any interlineations, erasures, or overwriting will be valid only if they are signed by the authorized signatory of the Bidder.</p> <p>The Authority shall not be responsible for any delays, in submission of Bids, loss or non-receipt of Bids.</p> <p>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 in Annexure and other terms and conditions should be submitted on or before 11 am on 13.06.2025.</p> <p>Pre Bid Meeting Date : 11 am on 05.06.2025, Online link for the meeting is noted below:-</p> <p>NHM Kerala is inviting you to a scheduled Zoom meeting.</p>	

Topic: NHM insurance Pre Bid Meeting

Time: Jun 5, 2025 11:00 AM Mumbai, Kolkata, New Delhi

Join Zoom Meeting

<https://us02web.zoom.us/j/89925002002?pwd=adBAeo7Jh7RKXlf6fh39OjQvI3KuCp.1>

Meeting ID: 899 2500 2002

Passcode: 230792

Evaluation of technical bid will be at **11 am on 16.06.2025** and will be followed by the evaluation of the financial bid. 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

Dr. Vinay Goyal I A S

Date: 29.05.2025

Reason: Approved

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

Format: Qual-1: Bid Application Cover Letter

[On the letterhead of the Bidder]

Date:

From:

[insert name of Bidder]
[insert address of Bidder]

To:

State Mission Director,
National Health Mission
DHS Compound,
General Hospital junction,
Thiruvananthapuram – 695 035,
Kerala

Dear Madam / Sir,

Sub: Qualification Bid for Implementation of the NHM Group health insurance scheme in the State of Kerala

With reference to your Tender Documents dated _____, we, [insert name of Bidder], wish to submit our Qualification Bid for the award of the TPA Contract(s) for the implementation of the NHM Group Health insurance in the State of Kerala.

Our details have been set out as per Qual 2 of Volume I of Tender Document.

We hereby submit our Qualification Bid, which is unconditional and unqualified. We have examined the Tender Documents issued by the National Health Mission.

1. We acknowledge that the Department of Health and Family Welfare, Government of Kerala or any other person nominated by the Government of Kerala (the **National Health Mission**) will be relying on the information provided in our Qualification Bid and the documents accompanying such Qualification Bid for selection of the Eligible Bidders for the evaluation of Financial Bids, and we certify that all information provided in the Qualification Bid is true and correct. Nothing has been omitted which renders such information misleading and all documents accompanying such Qualification Bid are true copies of their respective originals.
2. We shall make available to the National Health Mission any clarification that it may find necessary or require to supplement or authenticate our Qualification Bid.
3. We acknowledge the right of the National Health Mission to reject our Qualification Bid or not to declare us as the Eligible Bidder, without assigning any reason or otherwise and we hereby waive, to the fullest extent permitted by applicable laws, our right to challenge the same on any account whatsoever.
4. We undertake that:
 - i. We satisfy the Qualification Criteria and meet all the requirements as specified in the Tender Documents.
 - ii. We agree and release the National Health Mission and their employees, agents and advisors, irrevocably, unconditionally, fully and finally from any and all

liability for claims, losses, damages, costs, expenses or liabilities in any way related to or arising from the Tender Documents and/or in connection with the Bidding Process, to the fullest extent permitted by applicable laws and waive any and all rights and/or claims I/we may have in this respect, whether actual or contingent, whether present or in future.

5. We represent and warrant that:

- a. We have examined the Tender Documents and have no reservations to the same, including all Addenda issued by the National Health Mission.
- b. We accept the terms of the insurer/broker Contract that will be signed after selection of insurer/broker and shall seek no material deviation from or otherwise seek to materially negotiate the terms of the draft main insurer/broker Contract or the draft Supplementary insurer/broker Contract, if declared as the Successful Bidder.
- c. [We are registered with the IRDAI] to undertake the health insurance related activities in India and we hold a valid registration for the same as on the date of submission of this Bid.
- d. We have not and will not undertake any canvassing in any manner to influence or to try to influence the process of selection of the Successful Bidder.
- e. The Tender Documents and all other documents and information that are provided by the National Health Mission to us are and shall remain the property of the National Health Mission and are provided to us solely for the purpose of preparation and the submission of this Bid in accordance with the Tender Documents. We undertake that we shall treat all information received from or on behalf of the National Health Mission as strictly confidential and we shall not use such information for any purpose other than for preparation and submission of this Bid.
- f. The National Health Mission is not obliged to return the Qualification Bid or any part thereof or any information provided along with the Qualification Bid, other than in accordance with provisions set out in the Tender Documents.
- g. We have made a complete and careful examination of the Tender Documents and all other information made available by or on behalf of the National Health Mission.
- h. We have satisfied ourselves about all things, matters and information, necessary and required for submitting an informed Bid and performance of our obligations under the Insurer/broker Contract.
- i. Any inadequacy, lack of completeness or incorrectness of information provided in the Tender Documents or by or on behalf of the National Health Mission or ignorance of any matter related thereto shall not be a basis for any claim for compensation, damages, relief for non-performance of its obligations or loss of profits or revenue from the National Health Mission or a ground for termination of the Insurer/Broker Contract.
- j. Our Bid shall be valid for a period of 180 days from the last date of bid submission, i.e., until _____.

6. We undertake that if there is any change in facts or circumstances during the Bidding Process, or if we become subject to disqualification in accordance with the terms of the Tender Documents, we shall inform the National Health Mission of the same immediately.

7. We undertake that if we are selected as the Successful Bidder we shall:

- a. Sign and return an original copy of the Notice of Award (NOA) to the National Health Mission within three days of receipt of the NOA, as confirmation of our acceptance of the NOA.
- b. Not seek to materially negotiate or seek any material deviations from the final drafts of the insurer/broker Contract provided to us by the National Health Mission.

c. Execute the Insurer/broker Contract with **DETAILS OF THE BIDDER**

8. Details of the Company

- a. Name:
- b. Address of the corporate headquarters and its branch office head in the State, if any:
- c. Date of incorporation and/or commencement of business:

9. Details of individual(s) who will serve as the point of contact/communication for the National Health Mission:

- a. Name:
- b. Designation:
- c. Company:
- d. Address:

10. We hereby irrevocably waive any right or remedy which we may have at any stage at law or howsoever arising to challenge the criteria for evaluation of the Qualification Bid or question any decision taken by the National Health Mission in connection with the evaluation of the Qualification Bid, declaration of the Eligible Bidders, or in connection with the Bidding Process itself, or in respect of the Insurer/broker Contract(s) to support the implementation of the NHM Group insurance in the State of Kerala.

11. We agree and undertake to abide by all the terms and conditions of the Tender Documents, including all Addenda, Annexures and Appendices.

12. This Bidding Process, the Tender Documents and the Bid shall be governed by and construed in all respects according to the laws for the time being in force in India.

We submit this Letter accompanying the Qualification Bid under and in accordance with the terms of the Tender Documents.

Dated this *[insert date]* day of *[insert month]*, 2025

(Signature)

(insert name of the authorized signatory)
In the capacity of _____ [position]
Duly authorized to sign this Bid for and on behalf of _____ name of Bidder]

Format: Qual-2: Applicant Details

1. Details of the Company

- a. Name:
- b. Address of the corporate headquarters:
- c. Corporate Identification Number:
- d. PAN
- e. Date of incorporation:
- f. Date of commencement of business:
- g. Address and contact numbers of its branch office in the State, if any:
- h. Name and contact details of Branch Head in the State:

2. Details of the individual who will serve as the point of contact / communication for the National Health Mission for the purposes of this tender:

- a. Name:
- b. Designation:
- c. Company:
- d. Address:
- e. Telephone Number:
- f. Mobile number:
- g. E-mail Address:
- h. Fax Number:

3. Particulars of the Authorised Signatory of the Bidder:

- a. Name:
- b. Designation:
- c. Company:
- d. Address:
- e. Telephone Number:
- f. Mobile number:
- g. E-mail Address:
- h. Fax Number:

Dated this *[insert date]* day of *[insert month]*, 2025

_____ (Signature)

..... (insert name of the authorized signatory)

In the capacity of _____[position]

Duly authorized to sign this Bid for and on behalf of _____[name of Bidder]

Format: Qual-3: Power of Attorney for Signing of Bids

(On Rs. 200 Stamp paper duly attested by Notary Public)

POWER OF ATTORNEY

Know all men by these presents that we _____
_____(name and address of the registered office) having CIN
..... (*insert registration number / CIN of the Company*) do hereby constitute, appoint
and authorize Mr./Ms. _____(name and residential address) who is
presently employed with us and holding the position of _____ as our
attorney, to do in our name and on our behalf, all such acts, deeds and things necessary in
connection with or incidental to submission of a bid pursuant to Tender Document No.....
dated (*insert Tender Document No. and date of issue*) issued by Government of Kerala,
acting through the National Health Mission, for the **NHM Group insurance scheme**, including
signing and submission of all documents and providing information/responses to National
Health Mission in all matters in connection with our Bid.

We hereby declare that all acts, deeds and things done by our said attorney pursuant to this
Power of Attorney shall always be deemed to have been ratified by us and done by us.

Dated this [*insert date*] day of [*insert month*],
2025

For _____
(Name, Designation and Address)

Accepted

Signature)
(Name, Title and Address of the Attorney)

Date: _____

Format: Qual-4: Bidder's Undertaking

[On letterhead of the Bidder]

From

[Name of Bidder]
[Address of Bidder]

Date:

To

State Mission Director,
National Health Mission,
General Hospital Junction,
Thiruvananthapuram – 695 035,
Kerala

Dear Madam/Sir,

Subject: Undertaking Regarding Compliance with Terms of the **NHM Group health insurance scheme**

I, [insert name] designated as [insert title] at [insert location] of [insert name of Bidder] and being the authorized signatory for and on behalf of the Bidder, do hereby declare and undertake that we have read the Tender Documents for award of insurer/broker Contract for the implementation of the NHM Staff group health insurance scheme.

We hereby undertake and explicitly agree that if we are selected as the Successful Bidder, we shall adhere to and unconditionally comply with the terms of the NHM Staff group health insurance scheme. as set out in the Tender Documents and the Insurer/broker Contract.

Dated this [insert date] day of [insert month], 2025

(Signature)
_____(insert name of the authorized signatory)
In the capacity of _____[position]
Duly authorized to sign this Bid for and on behalf of _____[name of Bidder]

Format: Qual-5: List of Supporting Documents

1. Supporting documents to be submitted: Annexures **Qual-5-1 to 5-3**
 - i. True certified copies of the existing registration granted by the IRDAI for carrying health insurance related activities in India and renewal certificates: marked as Annexure **Qual-5-1**
 - ii. Previous three (3) years' audited Balance Sheet and Profit and Loss Statement with Auditors' Report: marked as Annexure **Qual-5-2**
 - iii. True certified copies which provide proof that the Company has experience of handling at least 6000 lives in the last financial year: marked as Annexure **Qual-5-3**

ANNEXURE-6

To

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

Sir,

As per your Notification NHM/222/ADMIN6/2025/SPMSU dated _____ published in the www.arogyakeralam.gov.in on _____/2025 and the terms and conditions published on your website dated _____ we, _____(Name of Insurance Company with Division or Branch / Name of Broker) quote below our Premium Rates of _____ Insurance 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 1	5 Lakhs Floater	
Option 2	Consumables cost up to 1 Lakhs (Rider benefit)	

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	

Extra offer at free of cost, If any (Optional)	(Nature of coverage or benefit offered may be furnished here)
--	---

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:

Annexure 7

Consumables Items Under Health Insurance

Surgical Items	Personal Convenience or Housekeeping Items	Room Charges	Administrative Charges
Cotton	Handwash	Gown	Prescriptions
Syringes	Toothbrush	Television	Registration/ admission charges
Needles	Toothpaste	Air conditioner	Medical records
Gloves	Slippers	Attendant charges	Vaccination cost
Bandages	Tissue papers	Pulse oximeter charges	Daily health charts
Masks	Diapers	Telephone	Visitor's pass
Sterilized injections	Wet wipes	Nutritionists or dietician charges	Birth/ death certificates
Apron	Baby food	Medicine box	Blood reservation cost
Surgical blades	Urine container	Digestion gels	HIV kit
Surgical tape	Mineral water	Thermometer	Referral doctor's fees
Disposable razors	Combs		
Slings	Eye pad		
Gauze blades	Nebulizer kit		
Braces	Caps & belts		
Harmon scalpel blades	Antiseptic mouthwash		
Arthroscopy & endoscopy instrument charges	Bags		
Surgical drill	Infusion pump charges		
IV TUBE	Diabetic footwear		
	Disinfectant, hydrogen peroxide & spirit charges		
	Hot pack/ cold pack		
	Hair removal cream		
	Barber charges		