



Life Insurance Corporation of India
“Yogakshema”, Personnel Dept.,
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**NOTICE INVITING E-TENDER
REQUEST FOR PROPOSAL (RFP)**

FOR

**E-TENDER FOR PREMIUM (EXCLUDING GST) OF GROUP MEDICLAIM FAMILY FLOATER
POLICY FOR THE YEAR 2024-25 FOR LIC EMPLOYEES, RETIRED EMPLOYEE AND THEIR
ELIGIBLE FAMILY MEMBERS**

Issued by: Personnel/ERA Deptt,
LIC of India,
Central Office,
'Yogakshema',
Jeevan Bima Marg,
Mumbai- 400021

E-Tender Ref: BID/ERA/2023-24/02
Date of issue: 17th February, 2024
Online Bid Submission: 9th March, 2024 by 23.59Hrs

Note: Any addendum/corrigendum/ extension in respect of above tender shall be issued on website: <http://www.tenderwizard.com/LIC> only and no separate notification shall be issued in the press. Bidders are therefore requested to regularly visit this website to keep themselves updated. Detailed tender notice and Bid documents for downloading are also available in this website.

Dated 17.02.2024

SECRETARY (ER)

DISCLAIMER

This Request for Proposal (hereinafter to be referred as RFP) document is not an agreement or offer by Life Insurance Corporation of India (hereinafter to be referred as LIC) to the prospective Bidders or any other party. The purpose of this RFP document is to provide information to eligible bidders (general / health insurance companies) for participating in e-tendering process for renewal of Group Medclaim policy for LIC employees/retired employees and their eligible family members

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REQUEST FOR PROPOSAL (RFP)
RENEWAL OF GROUP MEDICLAIM FAMILY FLOATER POLICY
FOR THE YEAR 2024-25

1. Letter of Invitation:

Life Insurance Corporation of India invites e-bids through **website** <http://www.tenderwizard.com/LIC> from eligible bidders (General / Health Insurance Companies) for renewal of group mediclaim family floater policy for LIC's existing employees, retired employees and their eligible family members.

2. (A) Timeline

Sr. No	Event	Schedule Date/Time
1.	RFP Reference	BID/ERA/2023-24/02
2	Date of issue of RFP	17 th February,2024
3.	Pre-Bid Queries	Bidders can upload their pre-bid queries in the tender portal http://www.tenderwizard.com/LIC up to 23 rd February; 2024, 11.00 am.
4.	Pre-bid meeting	23 rd February, 2024 at 11:30 am (Letter of Authorization is to be submitted on e mail address co_era@licindia.com before 23 rd February ,2024)
5.	Last date & Time for submission of online tender	09th March, 2024 by 23.59 Hrs
6.	Opening of Technical Bid	11 th March, 2024 at 11.00 am.
7.	Display of Qualified bidders	Shall be informed later on
8.	Date and Time of Reverse Auction	Will be intimated later on to only technically qualified bidder(s).
9.	Contact Details	Secretary (ER) Life Insurance Corporation of India, Central Office, Personnel Department, 5 th Floor, Life Insurance West Wing, "Yogakshema" Nariman Point, Mumbai- 400021 Email address: secy_era@licindia.com

If a holiday is declared on the dates mentioned above, the activities shall be taken up on the immediate next working day at the same time specified above unless communicated otherwise.

2. (B) **Information to the bidders for using online electronic tendering system (eTS)**

Information for using online Electronic Tendering System (eTS) through portal (website) <http://www.tenderwizard.com/LIC> adopted by Life Insurance Corporation of India as given in the RFP will over-rule the conditions stated in the tender documents, wherever relevant and applicable.

- 1) **Registration of the Contractors/Bidders:** All the bidders intending to participate in the tenders floated online using Electronic Tendering System (ETS) are required to get registered on the e-Tender Portal (website) <http://www.tenderwizard.com/LIC>.
- 2) After successful Registration on above mentioned portal, bidders will get a User ID and a Password to access the website.
- 3) **Viewing of Online Tenders:** The bidders can view tenders floated on Electronic Tendering System (ETS) hereinafter referred as “e-Tendering System” through portal (website) at <http://www.tenderwizard.com/LIC>.
- 4) Obtaining a Digital Certificate and its Usage: On e-Tendering System the bids should be Encrypted and Signed electronically with a Digital Signature Certificate (DSC) to establish the identity of the bidder on online Portal. The Digital Signature Certificates (DSCs) are issued by an approved Certifying Authority, by the Controller of Certifying Authorities (CCA India), Government of India.
- 5) The Bid (online) for a particular e-Tender may be submitted only using the Digital Signature Certificate (DSC), In case, during the process of a particular e-Tender, the user loses his Digital Certificate (i.e. due to virus attack, hardware problem, operating system problem), he may not be able to submit the bid online. Hence, the users are advised to keep their Digital Signature Certificate in safe custody.

Bidders participating in e-tendering shall check his/her validity of Digital Signature Certificate before bidding in the specific work floated online at the e-Tendering Portal (website) through <http://www.tenderwizard.com/LIC>.

Download of Tender Documents: The tender documents can only be downloaded from the Electronic Tendering System on the Portal <http://www.tenderwizard.com/LIC>.

Possession of Digital Signature Certificate (DSC) and registration of the Bidders on the portal i.e. <http://www.tenderwizard.com/LIC> is a prerequisite for e-Tendering.

For Registration and for further details on e-tendering, please visit website above mentioned portal (website) or below mentioned Helpdesk details.

Office Address:

Antares Systems Limited.
E-Tender helpdesk
“Honganasu”, #137/3,
Bangalore Mysore Road,
Opp. KMS Coach Builders,
Kengeri, Bangalore – 560 060.”

Help Desk Contact Details:

Vendor Support Desk Numbers: 8045982100, 8045811365

Senthil: 9731467274, senthil@etenderwizard.com

Sushant SP: 9731468511, sushant.sp@etenderwizard.com

Lokesh HR 9686115304, lokesh.hr@etenderwizard.com

3. Eligibility Conditions of bidders (general/health insurance companies) for participating in bidding process are given below-:

Sr. no.	Eligibility Criteria	Documents to be submitted (Duly attested)
1	The bidder must have an IRDAI license as on the date for submission of RFP for procuring Insurance business in India	A copy of the certificate to be submitted
2	The bidder should be in existence for at least 10 years and should be in the line of business of providing health Insurance during the said period in Indian insurance market.	Certified copy of the certificate of incorporation
3	Health Premium underwritten within India should not be less than Rs.2500 Cr. in Financial Year 2022-23	Undertaking on the bidder's Letter Head signed by the Authorized Signatory should be furnished.
4	The bidder should have proven experience of managing corporate Group Health Insurance Policy for a group size of minimum size of 100000 members in each of the last 3 financial years i.e 2020-21, 2021-22 & 2022-23	Copies of Work Orders/Agreements /certificate from insured clearly stipulating the group size should be furnished.

General /Health Insurance company has to furnish undertaking on company's letter head duly signed by the authorized signatory that:

- They are ready to provide cashless facility and settle the claims through Third Party Administrators (TPAs) approved by IRDAI and LIC of India shall have liberty on choice of TPAs.
- They have never been involved in any illegal activity or financial frauds.
- Their contract in the past was not terminated during the contract period due to unsatisfactory performance nor refused to continue the service for any Company after the contract was awarded to them.
- They have not been put in black list by any Govt./Semi Govt./Public Sector Units.
- They will collect the claim papers physically for mediclaim settlement from each Divisional offices, Zonal offices and Central office at least twice in a week.

4. Technical Bid: Parameters with evaluation matrix for Technical bid are given below:

Sr. No	Criterion	Points	Total
1	Number of years since license given to insurer by IRDAI		20
	≥10 years & ≤12 years	10	
	>12 years & ≤ 15 years	15	
	>15 years & 18 years	18	
	>18 years	20	
2	Solvency ratio of the company for last financial year 2022-23		20
	Solvency ratio ≤1.50	10	
	1.50 < Solvency ratio ≤ 1.60	15	
	1.60 < Solvency ratio ≤ 1.75	18	
	Solvency ratio > 1.75	20	
3	Number of corporate Group Mediclaim Policies being serviced in India where total lives covered are 100000 and above during the last three financial year.		20
	1 policy with minimum size of 1 lakh members in the last three financial years	10	
	2 policies with minimum size of 1 lakh members in each of during the last three financial years	15	
	3 policies with minimum size of 1 lakh members in each of during the last three financial years	18	
	More than 3 policies with minimum size of 1 lakh members in each of the last three financial years	20	
4	Claim settlement ratio during last financial year 2022-23		20
	Claim settlement ratio ≤ 85%	10	
	>85% & ≤ 90%	15	
	>90% & ≤ 95%	18	
	Claim settlement ratio > 95%	20	
5	Gross written premium during last financial year under health insurance portfolio		20
	Rs 2500 to 3000 Cr.	10	
	Rs 3001 to 4000 Cr.	15	
	Rs 4001 to 6000 Cr.	18	
	More than 6000 Cr.	20	

Note:

For point no.3, in the above table of evaluation matrix, following conditions will apply:

- (i) Policies where company is a Co-insurer will not be considered.
- (ii) Micro Insurance/State Policies will not be considered.
- (iii) Only Corporate Group Medclaim Insurance policies will be considered for the technical bid.
- (iv) Lowest number of policies among the last three financial years shall be considered for evaluation.

For Point no. 4, in the above table, certificate duly signed by Appointed Actuary is to be submitted.

Only those bidders who have scored equal to or more than 60% marks in the Technical Bid will be qualified for participating in online Reverse Auction event.

5. SUBMISSION OF PROPOSAL

The Bidder shall upload the filled up and signed scanned copy of Annexure I, II & III (Filled up and signed) along with supporting documents. All documents shall be self-attested by authorized person of bidder with an undertaking that full responsibility is taken by him/ her on behalf of the bidder for veracity of submitted documents.

Those intending bidders (general/health insurance companies) are not registered on the website i.e. www.tenderwizard.com/LIC mentioned above with M/s Antares Systems Limited are required to get registered beforehand. If needed they can be imparted training on online tendering process as per details available on the website i.e., www.tenderwizard.com The intending bidders (general/health insurance companies) must have class-III digital signature to submit the tender.

The bidders are advised in their own interest to submit their bid documents well in advance from last date/time of submission of bids so as to avoid problems which the bidders may face in submission at last moment /during rush hours.

However, after submission of the Bid the Bidder can re-submit revised Bid any number of times but before last time and date of submission of tender as notified.

Bidder should fill in all the relevant information in prescribed templates/forms/annexures as required in the e-tendering System.

If any additional information and/or supporting documents related to the bid are called for, the bidders will be required to submit the same within two working days. If the additional information and/or supporting documents as called for are not submitted within stipulated time, such bidders shall not be entitled for participating further in the bid including the financial bid.

Price Bid (Base Price Quotation):

Price Bid for **Provisional Premium** is to be quoted only online. The bidders should quote online the Lump Sum amount in INR (excluding GST) only in the Price Bid Template. Price Bid Template is provided in protected Excl Sheet format, keeping open only those cells where the Bidder needs to fill the information like the name of Firm and the Lump Sum amount to be quoted. No liability whatsoever will be admitted and claim will not be allowed in respect of errors in the submitted Bid due to missing / duplicate uploaded documents etc.

The bidders are advised to submit complete details with their bids as Technical Bid Evaluation will be done on the basis of documents uploaded on website by the bidders with the bids. The information should be submitted in the prescribed proforma. Bids with Incomplete /Ambiguous information will be rejected.

The bidders are required to quote strictly as per terms and conditions and specifications given in the tender documents and not to stipulate any deviations.

6. Process for selection of Insurer:

Evaluation of bidding process shall be as under:

Bidders who fulfill the eligibility criteria and have submitted all required documents in their proposal along with online submission of Price Bid (Base Price Quotation) shall be considered for further bidding process. Quotation for Financial Bid shall be submitted by technically qualified bidders through online Reverse Auction to be conducted by Service Provider (M/S Antares Systems Limited). **The lowest of the Price Bid (Base Price) or price decided by us would appear as the Bid Starting Price for the Reverse Auction.**

If bidder submits Price Bid (Base Price quotation) but does not participate in Reverse Auction event, quotation submitted by bidder for Price Bid (Base Price) shall be considered as final Financial Bid for calculation of Composite Score.

6.1 Technical Bid for **Premium excluding GST** will be assigned a technical score (TS) out of a maximum of 100 points.

6.2 The marks scored by the technically qualified Bidders in the technical bid will then be given a weightage of 70%. Similarly, the Financial Bids through Reverse Auction of the qualified bidders will be given a weightage of 30%. The combined score based on Quality-Cum-Cost Based System (QCCBS) of technical and financial bids will determine the H1, H2, H3 and so on each category.

6.3 The commercial scores would be normalized on a scale of 100, with lowest score being normalized to 100 and the rest being awarded on a pro-rata basis. Such normalized scores would be considered for the purpose of QCBS based evaluation, explained below.

The individual bidder's commercial scores are normalized as per the formula below:

$F_n = F_{min}/F_b * 100$ (rounded off to 2 decimal places), where
 F_n = Normalized commercial score for the bidder under consideration
 F_b = Absolute Financial Quote for the bidders under consideration
 F_{min} = Minimum absolute financial quote

Composite Score (S) = TS*0.70 + F_n *0.30

6.4 The bidder with the highest Composite Score (S) would be awarded the contract.

6.5 Since only one Bidder may be appointed, the Bidder scoring the highest points/marks (H1) based on the above principles would be appointed as insurer of LIC Group Mediciam Policy for the year 2024-25. However, there may be a ranking list prepared in case the top scoring Bidder fails to take the work or is rejected for any reason or on disqualification on any ground for replacing with the other Bidders in the order of ranking.

6.6 In case of a tie in the H1, H2, H3 positions, the Bidder who has a higher technical score, will be selected as insurer.

6.7 Sub-contracting of the assignment will not be allowed. The appointed Bidder, shall be solely responsible for all the required final deliverables as assigned to them.

6.8 All the rights for rejection / consideration of H1 bidder are reserved with LIC of India without assigning any reason whatsoever.

6.9 Notwithstanding anything stated above, LIC reserves the right to assess the capabilities and capacity of the tenderer to perform the contract, in the overall interest of LIC. In case, tenderer's capabilities and capacities are not found satisfactory, LIC reserves the right to reject the tender.

EXAMPLE FOR EVALUATION:

The proposals will be ranked in terms of Total Scores arrived at as above. The proposal with the highest Total Score will be awarded of RFP.

70% weightage Technical Evaluation
 30% weightage Financial Evaluation

TECHNICAL SCORE (TS)				
Bidder 1	Bidder 2	Bidder 3		
79	75	70		

FINANCIAL BID AS BY BIDDERS				
Bidder 1	Bidder 2	Bidder 3		
10000	9000	7000		

NORMALISED COMMERCIAL SCORES				
$F_n = F_{min}/F_b * 100$				
	Fmin	Fb	Fn	
BIDDER 1	7000	10000	70	
BIDDER 2	7000	9000	77.78	
BIDDER 3	7000	7000	100	

COMPOSITE SCORE (S) = (Ts * 0.70) + (Fn * 0.30)				
COMPOSITE SCORE (S)				
	TS	Fn	S	
BIDDER 1	79	70	76.3	
BIDDER 2	75	77.78	75.83	
BIDDER 3	70	100	79	
TS - Technical Score, Fn - Financial Score (Normalized Commercial Score)				

7. Pre-bid meeting:

- a. LICI shall hold a pre-bid meeting with the prospective bidders on the mentioned schedule. It is proposed to conduct the pre-bid through video conference (virtual).
- b. All queries to be raised in the pre-bid meeting will relate to the RFP alone.

8. Letter of Authorization:

General Insurance/health insurance Companies has to authorize one of their officers for submitting application along with desired information for renewal of Group Medclaim family floater policy for the year 2024-25. This authorization letter is to be submitted along with application and **Annexure I**.

9.Reverse Auction

Only qualified bidders will be invited for participating in online Reverse Auction event (Financial Bid) for Group Medclaim Family Floater policy for the year 2024-25 for LIC employees/retired employees and their eligible family members. Details about the Reverse Auction shall be provided to qualified bidders later on through service provider who will conduct Reverse Auction event for renewal of Group Medclaim policy for the year 2024-25

10. Disqualification:

Even if any bidder meets the Qualification Criteria, he shall be subject to disqualification if bidder is found to have made misleading any document submitted for bidding process.

11. Annexures:

Annexure A, I & II

Benefit Features:

Annual Renewal date of Group Medclaim policy for LIC employees/ retired employees and their eligible members is 01.04.2024

Only qualified bidders (General/Health Insurance Companies) are eligible for participating in online **Reverse Auction** event for Renewal of the Group Medclaim policy on terms and conditions which are given below in brief.

Category wise Basic (Compulsory) family floater Sum Assured will depend on Basic Pay of employees/retired employees is as under;

BASIC PAY	CATEGORY	FAMILY FLOATER SUM INSURED
Up to Rs.96,139/-	II	Rs.10,00,000/-
Rs.96,140/- and above	I	Rs.15,00,000/-

There is also provision of optional increased total sum insured in which employee can opt for increased total sum insured (on floater basis) for **12 lakh, 15 lakh, 20 lakh, 25 lakh, 30 lakh, 40 lakh, 50 lakh and 75 lakh**

Premium quoted on the basis of employee's statistics as on 01.04.2023 provided in RFP will be provisional. Premium calculated based on member's statistics as on 01.04.2024 shall be final. Therefore, premium of the exited employees during the policy year will not be refunded by insurer to LIC of India and similarly, premium will not be paid to insurer by LIC of India for employees included after ARD during the policy year.

Existing policy is cashless through Preferred Provider's Network (PPN) of TPAs for all diseases/treatments.

The group of followings to be covered in the policy year 2024-25 :

1. In-service employees.
2. Spouse, dependent children and independent children up to age 45 (LBD) OR up to date of death of both parents covered under the policy whichever is earlier.
3. Retired employees.
4. Dependent parents and parent-in-laws of in-service employees.
5. Continuation of coverage to dependent parents/parent-in-laws after retirement of in-service employees.
6. Spouse and dependent children of deceased employees (both in-service and retired).
7. Regular Part Timers (at present total members are 41) for family floater cover of Rs. 1 lakh only.
8. Persons engaged under Board approved Policy on Fixed Term Engagements on contractual basis and their eligible family members.(At present 6 persons have been appointed)

Dependent children means

- a. Legitimate children including legally adopted children.
- b. Male children up to the age of 21 years and up to 25 years of age if Unemployed, else they will be considered as Independent Children for purpose of coverage.
- c. Unmarried female children or those who are widowed or divorced, and Residing with and dependent on the employee. However, after the marriage of unmarried female children or remarriage of widowed/divorced female children, the cover shall remain valid for 3 months or policy expiry date, whichever is earlier.
- d. Mentally Retarded children fully dependent on the employee / retired employee
- e. Physically handicapped children fully dependent on the employee/ retired employee
- f. Dependent children up to 25 years of age studying abroad during their visit to India. (Provided annual premium is paid at the inception of policy)

DEPENDENT MEANS: Financially dependent on the employee / retired employee and their income not more than **Rs.12, 420/-per month**.

Note: After 2011 dependent parents/parent-in-laws are covered under the policy only at the time of confirmation of newly recruited employee.

A few salient features of the policy for the year 2024-25 are:

1. Hospitalization expenses including Pre-30 days & Post hospitalization-60 days are covered.
2. All pre-existing diseases are covered.
3. Congenital diseases are covered.
4. New born babies are also covered.
5. Maternity benefit included.
6. Waiting period clauses are not applicable.
7. Coverage of certain diagnostic tests (viz MRI/ contrast MRI, CT Scan/Contrast CT, Angio CT) Angiography, PET Scan, Biopsy, Sonography, TMT.
8. 2D Echo, Gastroscopy, Colonoscopy, EEG, EMG, Holter Monitor Test, PAP Smear, PSA, PET Scan and Mammography) without hospitalization
9. Robotic surgery for Cancer, Brain, Heart and Spine.
10. Service Tax/Surcharge included
11. Cochlear implant
12. Second International Medical Opinion
13. Facility of 24x7online tele-consultation for covered members under Group Mediclaim scheme from anywhere from India through software application.

14. One post graduate medical examiner at premises of Central Office and each Zonal Office by insurer through respective TPA on working days.

Expenses relating to Diagnostic Tests without Hospitalization

Following Diagnostic Tests without hospitalization shall be covered subject to the following:

Diagnostic Tests	Diagnostic tests ceiling
MRI charges	Rs.8,500/- each Insured
Contrast MRI charges	Rs.12000/- each Insured
CT Scan charges	Rs.6,500/- each Insured
Contrast CT Scan/Angio CT charges	Rs.9,000/- each insured
Sonography charges (Excluding maternity related)	Rs.2,500/- each Insured
Biopsy	Rs.4,500/- each Insured
Tread Mill Test	Rs.2,000/- each Insured
Echo Test	Rs.2,000/- each Insured
Gastroscopy	Rs.5,500/- each Insured
Colonoscopy	Rs.7,500/- each Insured
EEG (Electroencephalogram)	Rs.1,000/- each Insured
EMG (Electromyogram)	Rs.2,000/- each Insured
Holter Monitor Test	Rs. 5,000/- each insured
PAP SMEAR	Rs. 1,500/- each insured
PSA (Prostate Specific Antigen)	Rs. 750/- each insured
Mammography	Rs. 5,500/- each insured
PET Scan	Rs.20,000/-each insured

Reimbursement of expenses is allowed only for the above tests and no equivalent diagnostic test will be considered for this purpose. The maximum reimbursable amount under this benefit shall be Rs. 80,000/- for the family, during the policy year. The above amounts shall be within the overall Sum Insured limit. For claiming reimbursement under this, the tests should have been recommended by an MD Doctor or a doctor with equivalent qualification and supported by documents and certification evidencing present complaints necessitating the tests to be carried out. However, if the Test is recommended by prescription from a Govt. Hospital then the above condition can be waived.

These expenses incurred without hospitalization are payable per insured only once for respective diagnostic tests during the policy period. However, for MRI, CT Scan, Sonography & Biopsy tests, the same are allowed twice during the policy period, per Insured person, if done for a different organ/body part.

SUB-LIMIT CLAUSE

Fees paid in cash will be reimbursed on submission of numbered bills up to a limit of:
 Surgeon/Consultant/Specialist: Rs. 30,000/-
 Assistant Surgeon: Rs 12,000/-
 Anesthetist: Rs 20,000/-.

Cataract shall be limited to Actual OR maximum of **Rs. 60,000/-** (inclusive of all charges, excluding service tax) for each eye, whichever is less. The above limit is increased to **Rs. 70000/-** for each eye for the policy year 2024-25.

Expenses incurred for Ayurvedic/Homeopathic/Unani Treatment are admissible provided the treatment for illness/disease and accidental injuries, is taken in a Government hospital or in any institute recognized by Government and/or accredited by Quality Council Of India / National Accreditation Board on Health, excluding centers for spas, massage and health rejuvenation procedures. Further, Steam Bath, Shirodhara, PANCHAKARMA and similar ayurvedic treatments are NOT payable. However, the maximum reimbursement will be 25% of sum insured during the policy period.

Ambulance Charges: Actual or subject to maximum Rs.5000/- per trip per hospitalization. For a patient hospitalized due to cardiac ailment and has to be transported in a Cardiac Equipped Ambulance, the above limit is extended to Rs. 10000/- for going to hospital only.

Lasik Laser treatment: The maximum amount payable is **Rs. 35,000/-** per eye for keratotomy of Insured having **(-4)** and above refractive error, and for therapeutic reasons like recurrent corneal erosions, nebular opacities and non healing ulcers.

Age Related Macular Degeneration (ARMD) and/or treatment for retinal disease by intravitreal/intraocular injection/intervention admissible only upto Rs 100,000/- per member per eye per year.

Robotic surgery for Malignant Cancer/Cancer, Brain, Heart and Spine only are payable.

Cochlear Implant –Hospitalization expenses for cochlear implantation surgery (including cost of cochlear implant) is payable upto a sublimit of Rs 10, 00,000/- per member with an excess of Rs 1,50,000/- to be borne by Insured member.

Maternity Expenses Benefit:

Normal Delivery: The maximum benefit allowable will be maximum upto Rs. 65,000/-

Caesarian Section Delivery: The maximum benefit allowable will be maximum upto Rs. 1, 25,000/-

Physiotherapy as a part of the Pre & Post hospitalization period is payable upto a limit of INR 40,000/- per person per year. Physiotherapy treatment taken at clinic or at specialized physiotherapy treatment centre is only payable. Treatment for Physiotherapy at home not payable. Physiotherapy treatment at home is payable only when the patient is permanently or temporarily disabled (Partial & Total). However, such disability should be certified by the consultant doctor under whom patient is treated. Temporary Disability for Physiotherapy to be availed at home – Can be defined as: Impairment of mental or physical faculties that may impede the affected person from functioning normally only so far as he or she is under treatment; with a minimum of 15 days of treatment certified by the treating doctor. The pre & post hospitalization period limit of 30/60 days shall not be applicable for patients who are totally and permanently disabled/paralyzed.

Hospitalization less than 24 hrs.

Limitation of 24 hrs. Hospitalization is NOT applicable for defined surgeries/procedures. Surgeries/Procedures not defined but agreed by Company/TPA which require less than 24 hours hospitalization due to advancement in Medical Technology are also covered.

The above features are only indicative and not exhaustive.

Room Rent Limit : Room rent limit **excluding GST** is given below:

Class of City	Cities	Room Rent Limit per day
Major A	Mumbai (MMR), Delhi (NCR), Chennai, Kolkata	(i) 1.5% of Total Floater Sum Insured subject to maximum Rs.7,500/- for members covered for total sum insured up to Rs.30 Lakh/- (ii) 1.5% of Total Floater Sum Insured subject to maximum Rs.12,000/- for members covered for total sum insured Rs.40 Lakh/-, Rs.50 Lakh and Rs.75 Lakh
A	Ahmedabad, GandhiNagar, Chandigarh TriCity (Chandigarh, Mohali, Panchkula), Hyderabad, Secundarabad, Bengaluru, Jaipur, Howrah, Lucknow, Kanpur, Patna, Noida, Pune, PCMC (Pimpri & Chinchwad) and Surat	(i) 1.5% of Total Floater Sum Insured subject to maximum Rs.7,500/- for members covered for total sum insured up to Rs.30 Lakh/- (ii)1.5% of Total Floater Sum Insured subject to maximum Rs.10,000/- for members covered for total sum insured Rs.40 Lakh/-, Rs.50 Lakh and Rs.75 Lakh
B	Agra, Allahabad, Asansol, Bhopal, Bhuvaneshwar, Coimbatore, Dehradun, Goa (Entire State), Guwahati, Indore, Jabalpur, Jamshedpur, Kannur, Kochi, Kozhikode, Ludhiana, Gorakhpur, Madurai, Mallapuram, Meerut, Nagpur, Nasik, Ranchi, Rajkot, Srinagar, Thrissur, Thiruvanthapuram, Vadodra, Varanasi, Visakhapatnam, Guntur and Vijaywada	1.5% of Total Floater Sum Insured subject to maximum Rs.7000/- for all members.
C	Others	1.5% of Total Floater Sum Insured subject to maximum Rs.5000/- for all members.

Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses: There is NO Capping/Ceiling on ICU/ICCU expenses.

In case of admission to a Room Rent at rates exceeding the aforesaid limits, the reimbursement/payment of all other expenses incurred at the Hospital, with the exception of cost of medicines, drugs and implants, shall be affected as per eligible room category (reduced proportionately) in the Hospital.

Claim statistics:

Premium and Claim Paid statistics for the last five years	
Policy Year	Claim paid (Rs. in Cr)
2019-20	399.63
2020-21	461.19
2021-22	600.14
2022-23	638.81
2023-24	501.61 (As on 31.01.2024)

Member's Data: Age bracket and sum assured wise number of members as on 01.04.2023 is given below :

LIC of India : Group Mediclaim : Number of Employees/Retired Employees								
	0-35	36-45	46-55	56-65	66-70	71-75	76+	Total
1000000	2459	1021	2418	3068	2039	2319	6386	19710
1200000	70	47	150	153	57	86	190	753
1500000	304	174	717	1267	845	1414	3746	8467
2000000	869	607	1761	2382	1111	929	1517	9176
2500000	454	320	722	822	221	197	331	3067
3000000	705	705	2096	2661	724	486	629	8006
4000000	296	412	1567	1680	371	298	272	4896
5000000	3552	3775	10907	12959	1376	861	714	34144
7500000	4594	7609	27028	22983	1291	640	326	64471
Total	13303	14670	47366	47975	8035	7230	14111	152690

LIC of India : Group Mediclaim : Number of Dependents								
	0-35	36-45	46-55	56-65	66-70	71-75	76+	Total
1000000	9389	1559	2866	2778	1216	1104	1440	20352
1200000	513	98	157	136	67	46	85	1102
1500000	2922	528	950	1111	751	714	1015	7991
2000000	7011	1198	2081	1998	781	554	666	14289
2500000	3103	553	877	684	222	186	227	5852
3000000	8349	1335	2397	1910	565	463	504	15523
4000000	5826	945	1751	1152	381	298	380	10733
5000000	43838	6074	12624	8640	2014	1492	2139	76821
7500000	99588	12650	28733	15534	3370	3009	4720	167604
Total	180539	24940	52436	33943	9367	7866	11176	320267

Total number of members to be covered as on 01.04.2023: 472957.

One time option was given to left out in- service/ superannuated employees for including them and their eligible family members as per policy condition w.e.f. 01.04.2024. Details of the members are given below;

Number of insured to be covered under One Time option w.e.f. 01.04.2024: Primary member and Dependent OR eligible family members															
Floater Sum Insured	Age Group-No. of Insured														TOTAL
	0-35		36-45		46-55		56-65		66-70		71-75		76 and above		
	*P	*D	P	D	P	D	P	D	P	D	P	D	P	D	
1000000	9	131	12	33	50	40	133	105	87	84	175	97	349	145	1450
1200000	0	4	1	1	1	3	14	10	6	4	7	5	12	7	75
1500000	2	36	0	25	13	18	57	57	39	42	71	34	102	55	551
2000000	5	55	3	13	16	16	43	54	37	35	50	33	71	37	468
2500000	5	40	1	10	13	17	28	23	11	13	25	10	23	20	239
3000000	4	37	0	13	11	12	18	37	24	28	24	16	12	11	247
4000000	1	28	2	6	4	6	13	23	16	20	20	13	16	7	175
5000000	15	228	7	30	47	48	63	128	38	55	48	22	24	13	766
7500000	18	285	19	50	56	66	86	198	37	46	62	19	31	10	983
TOTAL	59	844	45	181	211	226	455	635	295	327	482	249	640	305	4954

*P – Primary Members

*D - Dependent/Eligible family members

Payment of Premium:

As member's data as on 01.04.2024 shall be available after 31.03.2024, Provisional premium shall be paid to insurer of the policy for the year 2024-25 based on data as on 01.04.2023. Difference in premium due to increase/decrease in number of members shall be paid/recovered in March 2025 after collection of member's data as on 01.04.2024.

(To be submitted on Company's Letter Head)

Eligibility conditions for general/health insurance companies

1. Name of the company: _____

(Copy of certificate of license issued by IRDAI to be enclosed)

2. Experience (No. of years) for writing non-life business in Indian Insurance Market
_____ Years.

3. Health Premium underwritten within India in last Financial Year _____(in Crore)

4. Number of corporate Group Mediclaim Policies being serviced in India where total lives covered are 100000 and above during the last three financial year.

Financial Year	No. of written group schemes/policies of minimum size of 100000 lives.
2020-21	
2021-22	
2022-23	

5. % of claims settlement ratio out of total intimated claims under health policies during last financial year i.e. 2022-23 (Certificate by appointed actuary is attached)

Note: Participants are required to submit verifiable evidence to support their claim on data furnished in the above table.

(Signature of authorized signatory with stamp)

(To be submitted on Company's Letter Head)

1. Number of years since license given by IRDAI: _____
2. Solvency ratio of the company for financial year 2022-23: _____
3. Corporate Group Mediclaim Policy being serviced in India during the last three financial years:

Financial Year	No. of written group schemes/policies of minimum size of 100000 lives.
2020-21	
2021-22	
2022-23	

4. % Claim settlement ratio for financial year 2022-23: _____
5. Gross written premium during the financial year 2022-23 under health insurance portfolio in Indian market Rs. _____ Crore.

Bidders are requested not to mention details of policies where

- (i) Company is a Co-insurer will not be considered.
- (ii) Micro Insurance/State Policies will not be considered.
- (iii) Only Corporate Group Mediclaim Insurance policies will be considered for the technical bid.

(Signature of authorized signatory with stamp)

Note: Bidders (general/health insurance companies) are required to submit verifiable evidence to support their claim on data furnished in the above table.