

**INDIAN INSTITUTE OF TECHNOLOGY DELHI**  
**Hauz Khas, New Delhi-110016**  
**Health Unit**

**Notice Inviting Quotation (E-Procurement mode)**  
**कोटेशन को आमंत्रित करने की सूचना (इ-प्रोक्योरमेंट मोड)**

**Dated/ दिनांक : 10/05/2024**

**Open Tender Notice No. / खुला प्रस्ताव निविदा सूचना नंबर: IITD/KHOS(SP-4632)/2024**

Indian Institute of Technology Delhi invites tenders to offer Group Medical Insurance from experienced and eligible Insurance companies, registered with the Insurance Regulatory and Development Authority of India (IRDAI). The details of eligibility conditions the bidder should satisfy to submit a valid bidding and terms and condition for of this tender are given below.

<b>Details of the item</b> <b>आइटम का विवरण</b>	<b>Tender for IIT Delhi Group Medical Insurance</b>
<b>Earnest Money Deposit to be submitted</b> <b>बयाना जमा करने के लिए जमा राशि</b>	<b>₹ 1,00,000/- (One Lakh Rupees Only)</b>
<b>Performance security</b> <b>निष्पादन सुरक्षा</b>	<b>3% of the Contract Value</b>

Tender Documents may be downloaded from Central Public Procurement Portal <http://eprocure.gov.in/eprocure/app> . Aspiring Bidders who have not enrolled / registered in e-procurement should enroll / register before participating through the website <http://eprocure.gov.in/eprocure/app> . The portal enrolment is free of cost. Bidders are advised to go through instructions provided at 'Instructions for online Bid Submission'.

निविदा दस्तावेज केन्द्रीय सार्वजनिक खरीद पोर्टल <http://eprocure.gov.in/eprocure/app> से डाउनलोड हो सकते हैं ई-प्रोक्योरमेंट में पंजीकृत नहीं होने वाले इच्छुक बोलीदाताओं को वेबसाइट <http://eprocure.gov.in/eprocure/app> के माध्यम से भाग लेने से पहले पंजीकरण करना चाहिए। पोर्टल नामांकन मुफ्त है बोलीदाताओं को सलाह दी जाती है कि 'ऑनलाइन बोली के लिए निर्देश' पर दिए गए निर्देशों के माध्यम से जाने की सलाह दी जाए। Tenderers can access tender documents on the website (For searching in the NIC site, kindly go to Tender Search option and type 'IIT'. Thereafter, Click on "GO" button to view all IIT Delhi tenders). Select the appropriate tender and fill them with all relevant information and submit the completed tender document online on the website <http://eprocure.gov.in/eprocure/app> as per the schedule given in the next page.

निविदाकर्ता वेबसाइट पर निविदा दस्तावेज का उपयोग कर सकते हैं (एनआईसी साइट में खोज के लिए, कृपया निविदा खोज विकल्प और 'आईआईटी' टाइप करें। उसके बाद, सभी आईआईटी दिल्ली निविदाओं को देखने के लिए "गो" बटन पर क्लिक करें) उपयुक्त निविदा का चयन करें और उन्हें सभी प्रासंगिक सूचनाओं से भरें और वेबसाइट पर <http://eprocure.gov.in/eprocure/app> पर पूरा निविदा दस्तावेज ऑनलाइन जमा करें। अगले पृष्ठ में दिए गए कार्यक्रम के अनुसार

No manual bids will be accepted. All quotation (both Technical and Financial should be submitted in the E-procurement portal).

कोई मैनुअल बोली स्वीकार नहीं की जाएगी। सभी कोटेशन (तकनीकी और वित्तीय दोनों को ई-प्रोक्योरमेंट पोर्टल में जमा करना चाहिए)

### SCHEDULE

Name of Organization	Indian Institute of Technology Delhi
Tender Type (Open/Limited/EOI/Auction/Single/Global)	Open
Tender Category (Services/Goods/works)	Services
Type/Form of Contract (Work/Supply/ Auction/ Service/ Buy/ Empanelment/ Sell)	Services
Product Category (Civil Works/Electrical Works/Fleet Management/ Computer Systems)	Others
Is Multi Currency Allowed	ONLY INR
Date of Issue/Publishing	10/05/24 (17:00 Hrs)
Document Download/Sale Start Date	10/05/24 (17:00 Hrs)
Document Download/Sale End Date	29/05/24 (11:00 Hrs)
Date for Pre-Bid Conference	16/05/24 (11:00 Hrs)
Venue of Pre-Bid Conference	IIT Delhi Central Library, Near Admin Block.
Last Date and Time for Uploading of Bids	29/05/24 (11:00 Hrs)
Date and Time of Opening of Technical Bids	30/05/24 (11:00 Hrs)
Earnest Money Deposit (EMD)	<b>₹1,00,000.00 (One Lakh Rupees Only)</b>
Mode of Payment of EMD	Rs.1,00,000/- (For EMD) (To be paid through RTGS/NEFT. IIT Delhi Bank details are as under: Name of the Bank A/C : IITD Revenue Account SBI A/C No. : 10773572622 Name of the Bank : State Bank of India, IIT Delhi, Hauz Khas, New Delhi-110016 IFSC Code : SBIN0001077 MICR Code : 110002156 Swift No. : SBININBB547 (This is mandatory that UTR Number is provided in the on-line quotation/bid. (Kindly refer to the UTR Column of the Declaration Sheet at Annexure-II)
No. of Covers (1/2/3/4)	02

Bid Validity days (180/120/90/60/30)	120 days (From last date of opening of tender)
Address for Communication	IIT Delhi Hospital, IIT Delhi, Delhi, Hauz Khas, New Delhi 110016-Mr.Himanshu
Contact No.	011-26597700
Email Address	arhealth@admin.iitd.ac.in

**Chairman Purchase Committee  
(Buyer Member)**

**Instructions for Online Bid Submission/ ऑनलाइन बोली (बिड) के लिए निर्देश:**

As per the directives of Department of Expenditure, this tender document has been published on the Central Public Procurement Portal ([URL:http://eprocure.gov.in/eprocure/app](http://eprocure.gov.in/eprocure/app)). The bidders are required to submit soft copies of their bids electronically on the CPP Portal, using valid Digital Signature Certificates. The instructions given below are meant to assist the bidders in registering on the CPP Portal, prepare their bids in accordance with the requirements and submitting their bids online on the CPP Portal.

व्यय विभाग के निर्देशों के अनुसार, यह निविदा दस्तावेज केंद्रीय सार्वजनिक प्रापण पोर्टल (यूआरएल: <http://eprocure.gov.in/eprocure/app>) पर प्रकाशित किया गया है। बोलीदाताओं को मान्य डिजिटल हस्ताक्षर प्रमाण पत्र का उपयोग करते हुए सीपीपी पोर्टल पर इलेक्ट्रॉनिक रूप से अपनी बोलियों की सॉफ्ट प्रतियां जमा करना आवश्यक है। सीपीपी पोर्टल पर पंजीकरण करने के लिए निविदाकर्ताओं की सहायता करने के लिए नीचे दिए गए निर्देशों का मतलब है, सीपीपी पोर्टल पर आवश्यकताओं के अनुसार अपनी बोलियां तैयार करें और अपनी बोलियां ऑनलाइन जमा करें।

More information useful for submitting online bids on the CPP Portal may be obtained at:

अधिक जानकारी सीपीपी पोर्टल पर ऑनलाइन बोलियां जमा करने के लिए उपयोगी हो सकती है:  
<http://eprocure.gov.in/eprocure/app>

**REGISTRATION**

- Bidders are required to enroll on the e-Procurement module of the Central Public Procurement Portal ([URL:http://eprocure.gov.in/eprocure/app](http://eprocure.gov.in/eprocure/app)) by clicking on the link "Click here to Enroll". Enrolment on the CPP Portal is free of charge.

बोलीदाताओं को "नामांकन के लिए यहां क्लिक करें" लिंक पर क्लिक करके सेंट्रल पब्लिक प्रोक्योरमेंट पोर्टल (यूआरएल: <http://eprocure.gov.in/eprocure/app>) के ई-प्रोक्योरमेंट मॉड्यूल पर भर्ती करना आवश्यक है। सीपीपी पोर्टल पर नामांकन नि: शुल्क है

- As part of the enrolment process, the bidders will be required to choose a unique username and assign a password for their accounts.

नामांकन प्रक्रिया के भाग के रूप में, बोलीदाताओं को अपने खाते के लिए एक अद्वितीय उपयोगकर्ता नाम चुनना होगा और एक पासवर्ड प्रदान करना होगा।

- Bidders are advised to register their valid email address and mobile numbers as part of the registration process. These would be used for any communication from the CPP Portal.

बोलीदाताओं को सलाह दी जाती है कि पंजीकरण प्रक्रिया के भाग के रूप में अपना वैध ईमेल पता और मोबाइल नंबर पंजीकृत करें। इन का उपयोग सीपीपी पोर्टल से किसी भी संचार के लिए किया जाएगा।

- Upon enrolment, the bidders will be required to register their valid Digital Signature Certificate (Class II or Class III Certificates with signing key usage) issued by any Certifying Authority recognized by CCA India (e.g. Sify / TCS / nCode / eMudhra etc.), with their profile.

नामांकन पर, बोलीदाताओं को सीसीए इंडिया द्वारा मान्यता प्राप्त किसी प्रमाणन प्राधिकरण द्वारा जारी किए गए अपने मान्य डिजिटल हस्ताक्षर प्रमाण पत्र (कक्षा द्वितीय या कक्षा III प्रमाण पत्र के साथ महत्वपूर्ण उपयोग पर हस्ताक्षर करने) की आवश्यकता होगी (जैसे सिफ़ी / टीसीएस / एनकोड / ई-मुद्रा आदि), उनके प्रोफाइल के साथ

- Only one valid DSC should be registered by a bidder. Please note that the bidders are responsible to ensure that they do not lend their DSCs to others which may lead to misuse.

केवल एक मान्य डीएससी एक बोलीदाता द्वारा पंजीकृत होना चाहिए। कृपया ध्यान दें कि निविदाकर्ता यह सुनिश्चित करने के लिए ज़िम्मेदार हैं कि वे अपने डीएससी को दूसरों को उधार नहीं देते हैं जिससे दुरुपयोग हो सकता है।

- Bidder then logs in to the site through the secured log-in by entering their user ID / password and the password of the DSC / eToken.

बोलीदाता फिर अपने यूजर आईडी / पासवर्ड और डीएससी / ईटीकेन के पासवर्ड को दर्ज करके सुरक्षित लॉग-इन के माध्यम से साइट पर लॉग ऑन करता है।

### **SEARCHING FOR TENDER DOCUMENTS/ निविदा दस्तावेजों के लिए खोजना**

- There are various search options built in the CPP Portal, to facilitate bidders to search active tenders by several parameters. These parameters could include Tender ID, organization name, location, date, value, etc. There is also an option of advanced search for tenders, wherein the bidders may combine a number of search parameters such as organization name, form of contract, location, date, other keywords etc. to search for a tender published on the CPP Portal.

सीपीपी पोर्टल में निर्मित विभिन्न खोज विकल्प हैं, ताकि बोलीदाताओं को कई मापदंडों से सक्रिय निविदाएं खोज सकें। इन मापदंडों में निविदा आईडी, संगठन का नाम, स्थान, तिथि, मूल्य आदि शामिल हो सकते हैं। निविदाओं के लिए उन्नत खोज का एक विकल्प भी है, जिसमें बोलीदाता कई नामों को जोड़ सकते हैं जैसे संगठन का नाम, अनुबंध का स्थान, स्थान, सीपीपी पोर्टल पर प्रकाशित निविदा की खोज के लिए तारीख, अन्य कीवर्ड आदि।

- Once the bidders have selected the tenders they are interested in, they may download the required documents / tender schedules. These tenders can be moved to the respective 'My Tenders' folder. This would enable the CPP Portal to intimate the bidders through SMS / e-mail in case there is any corrigendum issued to the tender document.

बोलीदाताओं ने एक बार निविदाएं चुनी हैं जिसमें वे रुचि रखते हैं, उसका वे आवश्यक दस्तावेज / निविदा कार्यक्रम डाउनलोड कर सकते हैं। ये निविदाएं 'मेरी निविदाओं' फ़ोल्डर में ले जाई जा सकती हैं। इससे सीपीपी पोर्टल को बोलीदाताओं को एसएमएस / ई-मेल के माध्यम से सूचित किया जा सकता है, यदि निविदा दस्तावेज में कोई शुद्धि जारी कि गई है।

- The bidder should make a note of the unique Tender ID assigned to each tender, in case they want to obtain any clarification / help from the Helpdesk.

बोलीदाता को प्रत्येक निविदा को निर्दिष्ट अद्वितीय निविदा आईडी का नोट बनाना चाहिए, अगर वे हेल्पडेस्क से कोई स्पष्टीकरण / सहायता प्राप्त करना चाहते हैं।

### **PREPARATION OF BIDS / बोली (बिड) की तैयारी**

- Bidder should take into account any corrigendum published on the tender document before submitting their bids.

बोलीदाता को अपनी बोलियां जमा करने से पहले निविदा दस्तावेज पर प्रकाशित किसी भी शुद्धि को ध्यान में रखना चाहिए।

- Please go through the tender advertisement and the tender document carefully to understand the documents required to be submitted as part of the bid. Please note the number of covers in which the bid documents have to be submitted, the number of documents - including the names and content of each of the document that need to be submitted. Any deviations from these may lead to rejection of the bid.

कृपया बोली के भाग के रूप में जमा किए जाने वाले दस्तावेजों को समझने के लिए निविदा विज्ञापन और निविदा दस्तावेज ध्यान से देखें। कृपया उन अंकों की संख्या पर ध्यान दें जिन में बोली दस्तावेज जमा करना है, दस्तावेजों की संख्या - जिसमें प्रत्येक दस्तावेज के नाम और सामग्री शामिल हैं, जिन्हें प्रस्तुत करने की आवश्यकता है। इनमें से कोई भी विचलन बोली को अस्वीकार कर सकता है।

- Bidder, in advance, should get ready the bid documents to be submitted as indicated in the tender document / schedule and generally, they can be in PDF / XLS / RAR / DWF formats. Bid documents may be scanned with 100 dpi with black and white option.

बोलीदाता, अग्रिम में, निविदा दस्तावेज / अनुसूची में बताए अनुसार प्रस्तुत करने के लिए बोली दस्तावेज तैयार करना चाहिए और आम तौर पर, वे पीडीएफ / एक्सएलएस / आरएआर / डीडब्ल्यूएफ स्वरूपों में हो सकते हैं। बोली दस्तावेजों को 100 डीपीआई के साथ काले और सफेद विकल्प स्कैन किया जा सकता है।

- To avoid the time and effort required in uploading the same set of standard documents which are required to be submitted as a part of every bid, a provision of uploading such standard documents (e.g. PAN card copy, annual reports, auditor certificates etc.) has been provided to the bidders. Bidders can use “My Space” area available to them to upload such documents. These documents may be directly submitted from the “My Space” area while submitting a bid, and need not be uploaded again and again. This will lead to a reduction in the time required for bid submission process.

मानक दस्तावेजों के एक ही सेट को अपलोड करने के लिए आवश्यक समय और प्रयास से बचने के लिए जो प्रत्येक बोली के भाग के रूप में जमा करने के लिए आवश्यक हैं, ऐसे मानक दस्तावेज अपलोड करने का प्रावधान (जैसे पैन कार्ड कॉपी, वार्षिक रिपोर्ट, लेखा परीक्षक प्रमाण पत्र आदि) ) बोलीदाताओं को प्रदान किया गया है। ऐसे दस्तावेजों को अपलोड करने के लिए बोलीकर्ता उनके लिए उपलब्ध "मेरा स्पेस" क्षेत्र का उपयोग कर सकते हैं। बोली जमा करते समय ये दस्तावेज सीधे "मेरा स्पेस" क्षेत्र से जमा किए जा सकते हैं, और उन्हें बार-बार अपलोड करने की ज़रूरत नहीं है इससे बोली जमा प्रक्रिया के लिए आवश्यक समय में कमी आएगी।

### **SUBMISSION OF BIDS/ बोली (बिड) का जमा करना**

- Bidder should log into the site well in advance for bid submission so that he/she upload the bid in time i.e. on or before the bid submission time. Bidder will be responsible for any delay due to other issues.

बोलीदाता को बोली प्रस्तुति के लिए अच्छी तरह से साइट पर लॉग इन करना चाहिए ताकि वह समय पर बोली अपलोड कर सके या फिर बोली प्रस्तुत करने के समय से पहले। अन्य मुद्दों के कारण किसी भी देरी के लिए बोलीदाता जिम्मेदार होगा।

- The bidder has to digitally sign and upload the required bid documents one by one as indicated in the tender document.

बोलीदाता को निविदा दस्तावेज में दर्शाए अनुसार एक-एक करके आवश्यक बोली दस्तावेजों को डिजिटल हस्ताक्षर और अपलोड करना होगा।

- Bidder has to select the payment option as “on-line” to pay the tender fee / EMD as applicable and enter details of the instrument. Whenever, EMD / Tender fees is sought, bidders need to pay the tender fee and EMD separately on-line through RTGS (Refer to Schedule, Page No.2).

बोलीदाता को निविदा शुल्क / ईएमडी को भुगतान के लिए "ऑन लाइन" के रूप में भुगतान विकल्प चुनना होगा और उपकरण का विवरण दर्ज करना होगा। जब भी, ईएमडी / निविदा शुल्क की मांग की जाती है, बोलीदाताओं को टेंडर शुल्क और ईएमडी अलग-अलग आरटीजीएस के माध्यम से ऑन लाइन पर भुगतान करने की आवश्यकता होती है (अनुसूची, पेज नं .2 देखें)।

- A standard BoQ format has been provided with the tender document to be filled by all the bidders. Bidders are requested to note that they should necessarily submit their financial bids in the format provided and no other format is acceptable. Bidders are required to download the BoQ file, open it and complete the white colored (unprotected) cells with their respective financial quotes and other details (such as name of the bidder). No other cells should be changed. Once the details have been completed, the bidder should save it and submit it online, without changing the filename. If the BoQ file is found to be modified by the bidder, the bid will be rejected.

एक मानक BoQ प्रारूप को सभी बोलीदाताओं द्वारा भरने के लिए निविदा दस्तावेज प्रदान किया गया है। बोलीदाताओं को इस बात का ध्यान रखना चाहिए कि उन्हें आवश्यक प्रारूप में अपनी वित्तीय बोली जमा करनी चाहिए और कोई अन्य प्रारूप स्वीकार्य नहीं है। बोलीकर्ताओं को BoQ फ़ाइल को डाउनलोड करने, इसे खोलने और अपने संबंधित वित्तीय उद्धरण और अन्य विवरण (जैसे बोलीदाता का नाम) के साथ सफ़ेद रंगीन (असुरक्षित) कोशिकाओं को पूरा करना आवश्यक है। कोई भी अन्य कक्ष नहीं बदला जाना चाहिए। एक बार विवरण पूरा हो जाने पर, बोलीदाता को इसे सहेजना होगा और इसे ऑनलाइन जमा करना होगा, बिना फ़ाइल नाम बदलना। यदि BOQ फ़ाइल को बोलीदाता द्वारा संशोधित किया गया है, तो बोली को खारिज कर दिया जाएगा।

- The server time (which is displayed on the bidders' dashboard) will be considered as the standard time for referencing the deadlines for submission of the bids by the bidders, opening of bids etc. The bidders should follow this time during bid submission.

सर्वर का समय (जो बोलीदाताओं के डैशबोर्ड पर प्रदर्शित होता है) बोलीदाताओं द्वारा बोलियों को खोलने के लिए समय सीमा को संदर्भित करने के लिए मानक समय के रूप में माना जाएगा। बोलीदाताओं को खोलना आदि। बोलीदाताओं को बोली प्रस्तुत करने के दौरान इस समय का पालन करना चाहिए।

- All the documents being submitted by the bidders would be encrypted using PKI encryption techniques to ensure the secrecy of the data. The data entered cannot be viewed by unauthorized persons until the time of bid opening. The confidentiality of the bids is maintained using the secured Socket Layer 128 bit encryption technology. Data storage encryption of sensitive fields is done.

बोलीदाताओं द्वारा प्रस्तुत सभी दस्तावेज पीकेआई एन्क्रिप्शन तकनीकों का उपयोग करके एन्क्रिप्ट किया जाएगा जिससे डेटा की गोपनीयता सुनिश्चित हो सके। दर्ज किए गए डेटा को अनधिकृत व्यक्तियों द्वारा बोली खोलने के समय तक नहीं देखा जा सकता है। बोलियों की गोपनीयता को सुरक्षित सॉकेट लेयर 128 बिट एन्क्रिप्शन तकनीक का उपयोग कर रखा जाता है। संवेदनशील क्षेत्रों का डेटा संग्रहण एन्क्रिप्शन किया जाता है।

- The uploaded tender documents become readable only after the tender opening by the authorized bid openers.

अपलोड किए गए निविदा दस्तावेज केवल अधिकृत बोलीदाता द्वारा निविदा खोलने के बाद ही पठनीय हो सकते हैं।

- Upon the successful and timely submission of bids, the portal will give a successful bid submission message & a bid summary will be displayed with the bid no. and the date & time of submission of the bid with all other relevant details.

बोलियों के सफल और समय पर जमा होने पर, पोर्टल एक सफल बोली प्रस्तुत करने का संदेश देगा और एक बोली सारांश बोली संख्या के साथ प्रदर्शित किया जाएगा। और अन्य सभी प्रासंगिक विवरणों के साथ बोली प्रस्तुत करने की तारीख और समय।

- Kindly add scanned PDF of all relevant documents in a single PDF file of compliance sheet.

कृपया अनुपालन पत्रक की एक पीडीएफ फाइल में सभी प्रासंगिक दस्तावेजों के स्कैन किए गए पीडीएफ को जोड़ दें।

### **ASSISTANCE TO BIDDERS / बोलीदाताओं को सहायता**

- Any queries relating to the tender document and the terms and conditions contained therein should be addressed to the Tender Inviting Authority for a tender or the relevant contact person indicated in the tender.

निविदा दस्तावेज से संबंधित कोई भी प्रश्न और इसमें निहित नियमों और शर्तों को निविदा आमंत्रण प्राधिकरण को निविदा के लिए या निविदा में वर्णित प्रासंगिक संपर्क व्यक्ति से संबोधित किया जाना चाहिए।

- Any queries relating to the process of online bid submission or queries relating to CPP Portal in general may be directed to the 24x7 CPP Portal Helpdesk. The contact number for the helpdesk is 1800 233 7315.

ऑनलाइन बोली प्रस्तुत करने या सामान्य में सीपीपी पोर्टल से संबंधित प्रश्नों की प्रक्रिया से संबंधित कोई भी प्रश्न 24x7 सीपीपी पोर्टल हैल्पडेस्क पर निर्देशित किया जा सकता है। हैल्पडेस्क के लिए संपर्क संख्या 1800 233 7315 है।

### **General Instructions to the Bidders / बोलीदाताओं के लिए सामान्य निर्देश**

- The tenders will be received online through portal <http://eprocure.gov.in/eprocure/app> . In the Technical Bids, the bidders are required to upload all the documents in .pdf format. निविदाएं पोर्टल <http://eprocure.gov.in/eprocure/app> के माध्यम से ऑनलाइन प्राप्त होंगी तकनीकी बोलियों में, बोलीदाताओं को सभी दस्तावेजों को पीडीएफ प्रारूप में अपलोड करना होगा।



- Possession of a Valid Class II/III Digital Signature Certificate (DSC) in the form of smart card/e-token in the company's name is a prerequisite for registration and participating in the bid submission activities through <https://eprocure.gov.in/eprocure/app>. Digital Signature Certificates can be obtained from the authorized certifying agencies, details of which are available in the web site <https://eprocure.gov.in/eprocure/app> under the link "Information about DSC".  
कंपनी के नाम में स्मार्ट कार्ड / ई-टोकन के रूप में मान्य क्लास II / III डिजिटल हस्ताक्षर प्रमाण पत्र (डीएससी) के पंजीकरण के लिए एक शर्त है और <https://eprocure.gov.in/eprocure/> के माध्यम से बोली प्रस्तुत करने की गतिविधियों में भाग ले सकते हैं। डिजिटल हस्ताक्षर प्रमाण पत्र अधिकृत प्रमाणित एजेंसियों से प्राप्त की जा सकती है, जिनमें से जानकारी "डीएससी के बारे में सूचना" लिंक के तहत वेब साइट <https://eprocure.gov.in/eprocure/app> पर उपलब्ध है।
- Tenderer are advised to follow the instructions provided in the 'Instructions to the Tenderer for the e-submission of the bids online through the Central Public Procurement Portal for e Procurement at <https://eprocure.gov.in/eprocure/app>.  
निविदाकर्ता को सलाह दी जाती है कि वे निविदाकार को निर्देश दिए गए हों ताकि ई-प्रोक्योरमेंट के लिए सेंट्रल पब्लिक प्रोक्वोरमेंट पोर्टल के जरिए <https://eprocure.gov.in/eprocure/app> पर ऑनलाइन निविदाएं जमा कर सकें।

# IIT Delhi Group Medical Insurance Scheme (IITDGMIS)

## **BID INSTRUCTIONS**

Subject: Appointment of General Health Insurance Company for **INDIAN INSTITUTE OF TECHNOLOGY DELHI EMPLOYEES (Serving/ Retired) and STUDENTS HEALTH INSURANCESHEME 2024-27.**

### **Invitation for Tender Offers**

Indian Institute of Technology Delhi invites online Bids (Technical bid and Commercial bid) from eligible and experienced **General Insurance Companies (Licensed and Registered with IRDA) dealing with Health Insurance for implementation of Indian Institute of Technology Delhi Employee's (Serving/ Retired) Health Insurance Scheme on Pan India basis.** As per terms & conditions specified in the tender document, which is available on CPP Portal <http://eprocure.gov.in/eprocure/app>

- (1) **Eligibility criteria:** Prior to submitting the tender, the bidder must ensure that the eligibility criteria, as mentioned in clause 1 of General Terms and Conditions, **Schedule A**, are completely fulfilled.
- (2) **The tender document consists of**
  - i. Schedule A: General Terms and Conditions
  - ii. Schedule B: Basic Technical Details of the Insurer
  - iii. Schedule C: Terms and Conditions for Group Medical Insurance
  - iv. Schedule D: Premium Payment Terms
  - v. Schedule E: All Annexures.
- (3) **Important Dates**  
**Refer to SCHEDULE at page 2 of this tender document.**

**Schedule A**  
**General Terms and Conditions**

**(1) Eligibility to participate in the tender:**

- i. The bidder should be a registered Indian Insurer in accordance with the Insurance Act, (registered and licensed by IRDA (Insurance Regulatory Development Authority) as Medical/Health Insurer and should have a license to carry out Medical insurance business on a Pan India basis. The insurer must have its policy issuing office in Delhi city.
- ii. The Insurance Company shall be in the Medical Insurance business in India at least for five years as on scheduled date of tender opening. The turnover in the medical insurance business during each of the last three financial years (FY 2020-21, 2021-22, 2022-23) should have been **Rs. 100 Crores or higher**.
- iii. The bidder should have undertaken Medical Insurance in minimum of three Central Government / State Government / Central Autonomous Bodies / Indian Public Sector Undertakings (in catering to Health Insurance of 1500 or more families under one group) in the last five years. (Documentary evidence to be furnished).
- iv. The bidder has to submit declaration along with un-priced technical bid stating that they have not been Black-Listed/ De-listed or are put to any holiday by any Indian Institutional Agency/Government Department/ Public Sector Undertaking in the last three years. In case they have been Black-listed by any of the Institutions, details of the same be furnished. Should provide copies/details of adverse judgments by a consumer court against the bidder (if any). Suppression of information may lead to cancellation of the contract.

**(2)** Guideline issued by IRDA/ TAC from time to time with regard to Insurer's responsibility & liability towards insured, shall be automatically applicable to this Insurance contract to the extent stipulated by IITD.

**(3) Scope of the Insurer:**

The Insurer shall issue a single policy for the employees/ retirees/ institute fellow and their families and the students of IITD, which provide reimbursements against every hospitalization and domiciliary treatment within India.

**(4) Alternative proposals:**

The Insurer shall submit the tender that strictly complies with the requirements of the schedules. Any alternatives or modifications shall render the tender invalid; tenders with conditional offers will be invalid.

**(5) Acceptance and rejection:**

IITD reserves the right to shortlist/ reject any or all tenders and accept the whole or any part of the tender without assigning any reason. A tender that does not fulfill any of the conditions as per the schedules or with incomplete documents in any respect will be rejected summarily.

(6) Brokerage : No brokerage/ agency/ consultancy charges are allowed as this will be a direct transaction between the Insurer and the IIT Delhi.

(7) **Final selection: Evaluation Process**

The Insurer who is in compliance with all the terms and conditions of the schedules and who has quoted the lowest premium for the required policy will be selected to come into a contract with IITD for issuing the said policies. For calculating the lowest premium, the number of students (individuals) and the number of employees (families), and age distribution are given in **Annexures II and Annexure-I** respectively. The formula used for calculating the lowest premium will be:

**The formula for the lowest premium is:  $n_s \times p_s + n_f \times p_f$**

*Where:*

$n_s$  = number of students

$p_s$  = premium per student for students

$n_f$  = number of families

$p_f$  = premium per family

Details of approximate strength to be covered and Sum Insured (SI) are given below:

S.No	Category	Approximate Strength	Sum Insured (SI)
1.	Employee families (+ their Dependents)	2786 (+3564)	Rs 6,00,000/- (Family Floater) Rupees Six lakhs Only
2.	Students	13042	Rs 2,00,000/- (Individual) Rupees Two lakhs Only (with inbuilt buffer of Rs. 25 lakhs to cover additional medical insurance need of the students beyond Rs. 2.0 lakhs upto maximum amount of Rs. 3 lakhs)

\*The exact strength of members and their details will be submitted to the successful service provider (i.e. Insurer) to whom the work will be awarded. Strength of members may increase or decrease in due course of joining of new employees and students from time to time.

Type of Policy (Floater/ Individual):

a) Family Floater for Employees and their dependent family members (Dependency criteria applicable to Central Govt. Employees from time to time by the appropriate authority of Govt. of India).

b) Individual for Students.

The base insurance coverage of Rs. 6.0 lakhs (for the employees, both serving and retired) and base insurance coverage 2.0 lakhs for students (with inbuilt buffer of Rs. 25 lakhs to cover additional medical insurance need of the students beyond Rs. 2.0 lakhs upto maximum amount of Rs. 3 lakhs) will be used for the calculation of lowest premium (i.e. L1) based on the above formula.

In case of a tie with the lowest premium, the lowest bidders will be asked to discount the quoted premiums in a sealed cover (off-line) for final selection. This off-line reverse auction process will be repeated, if necessary, till the completion of the tendering process.

**(8) Agreement:**

The selected Insurer shall sign an agreement with IITD, which will be executed as per the provisions of the Stamp Act.

**(9) Period of policy:**

The policy shall be issued for a period of 1 (one) year. The policy shall be effective from 02 August 2024. Upon satisfactory performance of the Insurer, the policies may be extended for a further period of 1 year at a time up to a maximum period of 05 years on mutually acceptable terms and premium rates.

**(10) Grievance redressal and termination:**

In case of grievances due to non-compliance with any of the provisions contained in this policy by the Insurer, IITD may adopt one of the options given below.

- (a) Grievance Machinery: Submit the matter to the Grievance Machinery of the Insurer by lodging the grievance on the portal of IRDAI.
- (b) Ombudsman: IITD may approach the Insurance Ombudsman and get the grievance redressed.

In case of unsatisfactory redressal of grievance at these levels, IITD reserves the right to terminate the policy at any time and seek the following:

- (a) Premium Refund: The Insurer shall return a proportion of premiums (corresponding to the unexpired period of insurance) of individuals in the group against whom no claims are made.
- (b) Any other action as deemed fit by the competent authority of IITD.

**(11) Premium payment terms:**

The insurer shall quote the premium as per **Schedule D**. Bidders must fill up the **BoQ** attached with the tendering document for filling the financial quote based on the data provided at Annexure-II and Annexure-I. The IITD shall pay the quoted premium in advance for the final number of employees and students. IIT Delhi shall pay the premium on a pro-rata basis for employees and students who join after the policy start date.

**(12) Performance Monitoring:**

The insurer shall submit the monthly statement to the IITD with the following details:

- (i) the claims made by the individuals of the group,
- (ii) the date-wise settlements,
- (iii) the respective amounts, and
- (iv) details of grievances received, disposed, and pending under the policy.

**(13) Canvassing:**

Any attempt to canvass for selection of an Insurer, directly or indirectly, will lead to disqualification of such Insurer from the selection process.

**(14) Modifications:**

IITD reserves the right to modify/ add any clause to the policy/agreement before taking the policy.

**(15) Cancellation of tender:**

IITD reserves the right to cancel the tender any time without assigning any reason.

**(16) Disputes and jurisdiction:**

Any legal disputes arising out of any breach of contract pertaining to this tender during the tendering process or during the policy period shall be settled in the court of competent jurisdiction located within the local limits of Delhi.

**(17) Important Instructions :**

- (a) Incomplete offers would be summarily rejected.
- (b) Bidders are hereby informed that canvassing in any form for influencing the process of notification of award would result in disqualification of the Bidder. Further, they shall observe the highest standard of ethics and will not indulge in any corrupt, fraudulent, coercive, undesirable or restrictive practices, as the case may be.
- (c) "Corrupt practice" means the offering, giving, receiving or soliciting of anything of value to influence the action of the public official.
- (d) "Fraudulent practice" means a misrepresentation of facts in order to influence Tender process or an execution of a contract to the detriment of the scheme and includes collusive practice among bidding Insurers/Authorized Representative (prior to or after bid submission) designed to establish bid prices at artificially non-competitive levels and to deprive the scheme the benefit of free and open competition;
- (e) IIT Delhi will reject a proposal for award if it determines that the Insurer/Insurers have engaged in corrupt or fraudulent practices.
- (f) IIT Delhi will declare a firm ineligible, either indefinitely or for a stated period of time, to be awarded a contract if it at any time determines that the bidding Insurer/Insurers have engaged in corrupt and fraudulent practices in competing for, or in executing, a contract.
- (g) Any conditional bid or a bid that is not in the prescribed Performa will not be accepted.
- (h) IIT Delhi takes no responsibility for delays, loss or non-receipt of tender documents and also reserve the right to reject any offer in part or full without assigning any reasons thereof.
- (i) IIT Delhi takes no responsibility for delays, loss or non-receipt of tender documents and also reserve the right to reject any offer in part or full without assigning any reasons thereof.
- (j) Any conditional bid or a bid that is not in the prescribed Performa will not be accepted.

- (k) For employees who are deleted from the roll, the associated premium will be stopped on pro-rata basis in the subsequent quarter payment. IIT Delhi will delete the names as and when the insured person(s) became ineligible for insurance coverage or deceased. IIT Delhi will add names of employees and his/her dependents into the database as and when they join the Institute during the policy year. The insurance company should authorize the IIT Delhi official to add/delete names.
- (l) The insurance company will have no right to reject membership of a serving or retired employee and his/her dependents as defined by IIT DELHI whose membership has been approved by IIT DELHI.
- (m) Premium shall be paid on quarterly basis. Insurance company should raise an invoice for every quarter in advance and IIT DELHI would make the payment within 30 days of raising of the invoice. This invoice should be accompanied by an electronic list (softcopy) of all the insured with their employee code number as well as age. Adjustments to the premium for the previous quarter due to additions/ deletions should be invoiced separately. Reconciliation of the premium paid to the insurance company would be carried out at the end of the policy contract period.
- (n) Once assigned the health insurance for any given period, the insurance company shall have no right to unilaterally terminate the operation of the policy during this period. In case the insurance company fails to provide the service (implying reimbursements) to the community at large (not referring to odd individual disputed claims) for a period of time of two months as per the terms of this agreement, IIT DELHI reserves the right to levy a penalty of 100% on all premiums paid.
- (o) Furnishing incorrect information in the offer, failure to act according to tender condition, non-fulfillment of any or whole of the contract may entail black listing of Insurer in addition to taking other appropriate action against the Insurer.
- (p) Each page of the bid shall be signed by a representative legally authorized to enter into commitment on behalf of the bidder. Tenders received without signatures shall be summarily rejected.
- (q) It may be noted that no advisor/broker is involved in the tender.
- (r) Confidentiality of all IIT DELHI information/documents to be ensured at all times.
- (s) IIT Delhi reserves the right to select the TPA from the list of such companies submitted by the successful bidder, including the present TPA acting on behalf of the currently operating insurance company and IIT Delhi

**(18) Bidders must fill up and enclose the following Annexures. Any missing annexures may lead to cancellation of the bids**

- (a) BoQ – the financial bid
- (b)

**(19) Acknowledgment:**

It is hereby acknowledged that we have gone through all the Schedules as well as the conditions mentioned above, and we agree to abide by them.

**Schedule B**  
**Basic Technical Details**

<b>1</b>	<b>Name of the Insurer:</b>		
	<b>Complete Address:</b>		
	<b>Phone No.</b>		<b>Email ID</b>
<b>2</b>	<b>Name of Contact Person / Representative of Insurer and Designation</b>		
	<b>Phone No.:</b>		<b>Mobile No.:</b>
<b>3</b>	<b>General Nationalized Insurance Company's registration Details: Under Companies' Act/Partnership Act: IRDAI: PAN No.: GST Registration No.:</b> (Enclose relevant documents)		
<b>4</b>	<b>Details of TPA/ In-house Claim Management team :</b> (Enclose the relevant documents. Eg. Agreement, Terms of TPA with the Insurer, etc. and provide a <b>list of all TPAs</b> withwhom Insurer has <b>tie-up.</b> )		
<b>5</b>	<b>i) List of Network Hospitals (Separate list be attached)</b>  <b>ii) List of Network Hospitals in Delhi (Separate list be attached).</b>  (Enclose relevant documents)		
<b>6</b>	<b>Names and Contact Details of two Clients against whom such group insurance policies have been issued:</b> (Enclose the relevant contract/policy documents) <b>i)</b>  <b>ii)</b>		
<b>7</b>	<b>Any other information, Insurer wishes to provide in support of its credential:</b> (Details, if any, to be furnished separately)		

Note: Please use separate sheets if the space is not sufficient and indicate the column number. Authenticated certificates are to be produced in support of respective items.



**Schedule C**  
**Terms and Conditions for Group Medical Insurance**

**(1) Terms of Policy Execution:**

**1.1. Third Party Administrator (TPA) / In-house Claim Management team:**

**1.1.1. Mandatory TPA/ In-house Claim Management:** An agency licensed by Insurance Regulatory and Development Authority of India (IRDAI) must be engaged by the Insurer as TPA for providing Cashless facility and or reimbursement of claims to insured persons under this policy. Choice of TPA must be with IIT Delhi from the list given in **Schedule B**. If not the insurer must engage In-house Claim Management team.

**1.1.2. Helpdesk at IITD:** For smooth processing of claims, a staff of TPA/ In-house Claim Management team must be stationed at the Health Unit of IITD located in the IIT Delhi Hospital on a regular basis. For this purpose, unless otherwise decided by IITD, a seating place/ room with a table and chair shall be provided by IITD during the policy period.

**1.2. Cashless Treatment:**

**1.2.1. Network Hospitals:** TPA/ In-house Claim Management team must provide a list of its Network Hospitals.

**1.2.2.** Insurer must provide Cashless facility through its TPA, which will help the insured to avail hospitalization benefits without any advance payment. Cashless treatment means a facility whereby the TPA/ In-house Claim Management team agrees, on the insured's request, to settle the admissible claim directly with the network hospital. Any expense in excess of the admissible claim amount will, however, be borne by the insured himself/herself.

**1.2.3. Mode of Cashless Treatment:** Claims in respect of Cashless access services will be through the agreed list of the network of hospitals/nursing homes provided by the Insurer/TPA. The TPA/ In-house Claim Management team shall, upon getting verbal or written requisition (over 24x7 toll-free phone/email/SMS/website, etc.) from the individual insured under this policy, will issue a pre-authorization letter/guarantee of payment letter to the hospital /nursing home mentioning the sum guaranteed as payable and also the ailment for which the person is seeking to be admitted as a patient.

**1.3. Non-Network Hospitals or Non- Cashless Treatment:**

In case of non-cashless treatment, as per the policy conditions, reimbursement shall be made by the Insurer/TPA. In case of planned hospitalization, the insured individuals shall intimate to TPA/ In-house Claim Management team prior to treatment. In case of emergency, the intimation shall be made within 24 hours of hospitalization. For all such contact with TPA, the modes of communication will be over 24x7 toll-free phone/email/SMS/website, etc. For reimbursement against such treatment, the following documents are to be submitted to the TPA/ In-house Claim Management team within 30 (thirty) days from the date of discharge from the hospital.

- (a) Claim form filled and signed by the insured.
- (b) Copy of doctor's advice.
- (c) Copy of a discharge certificate from the hospital.
- (d) Bills/receipts/cash memos in originals from the hospitals supported by copies of doctor's prescriptions.
- (e) Copies of diagnostic test reports supported by the advice of the attending medical practitioner/ surgeon justifying such diagnostics.

- (f) Although the above documentation is customary for hospitalization, in the case of Government Hospitals like AIIMS Delhi, Safdarjung Hospital etc., the documents provided by the hospital should be considered as sufficient for reimbursement purposes.

#### **1.4. ID card:**

Identity Cards shall be issued by the Insurer/ TPA to all the persons covered under the policy a week before the date of commencement of the policy. In the case of employees, a separate ID card must be issued to each member of the family. If there is a delay in the issuance of an ID Card by the Insurer/TPA, the ID card issued by IITD to its employees and students must be honored in all the Network hospitals. In the case of family members of IITD employees, any ID Card such as Driving License, Voter ID, PAN Card, Passport, Student ID Card accompanied by the employee's ID Card should be honored.

#### **1.5. Hospital agreed tariff:**

The rate of reimbursement under this policy shall be as per the Hospital's agreed tariff.

#### **1.6. Sum Insured:**

**1.6.1. Basic Sum Insured:** Basic sum insured is **Rs. 6.0 lakhs** for employees per family and Rs. 2.0 lakhs for students. There should be provision of additional 25 lakhs buffer amount for the students when the medical expenses exceeds the base sum of insurance of 2.0 lakhs, upto Rs. 3.0 lakhs per individual.

**1.6.2. Top-Up Sum Insured:** This shall be allowed for the employees and students. An employee/student may opt for a top-up in the blocks of **Rs 1.0 lakh**. They should have the option of going up to a maximum of **20 Lakh** in top-up, over and above the basic sum insured.

**1.6.3. Floater Sum Insured:** Under the employees' policy, the total sum insured (basic + top-up) of an individual family shall be utilized on a family floater basis. This means the sum insured is available for anyone or all members of the employee's family.

#### **(2) Coverage:**

Subject to the terms/conditions, coverage, exclusions, and definitions contained herein or endorsed, the Insurer shall undertake that if during the period of contract or during the continuance of this policy by renewal, any Insured Person shall contract any disease or suffer from any illness or sustain any bodily injury through accident, the Insurer will pay for all such expenses as mentioned in the agreement to the hospital/nursing home or the insured person through the TPA. Persons Covered:

**2.1.1. Employee and Family:** The policy is based on the principle of Floater Sum Insured. The employee under this policy means both the current employees and the retirees and their respective families as recorded in the personnel file of the employee of IITD. As per **Annexure I**, age-wise statistics of employees and their dependents are provided.

**2.1.2. Inclusion of new employee:** Subject to payment of pro-rata premium, coverage should be provided to the newly appointed employees and their families. The terms and conditions for these members shall be the same as other members of the policy. The premium for a new employee shall be fixed at the same rate as other employees.

**2.1.3. Student:** Student for the purpose of this policy shall mean registered student of IITD. The policy shall be extended to the students admitted during the policy period subject to the payment of pro-rata premium. The terms and conditions for these members shall be the same as other members of the policy. The premium for a new student shall be fixed at the same rate as other students.

**2.1.4. Ex-Students and Ex-employees:** If an employee leaves the Institution before retirement or a student finishes his/her course of study with the Institution, the policy shall continue to be in force until the end of the current policy period or utilization of sum insured, whichever is earlier. If the policy is renewed for further periods, these members will not be included in the policy.

**2.2. Expenses Covered:**

Following reasonable, customary & necessary expenses are reimbursable under the policy.

**2.2.1. Treatment system covered:** Beside Allopathic treatment other systems of treatment such as Homeopathy, Ayurvedic, Siddha, and Unani.

**2.2.2. Upper limit on reimbursements:** Unless it is stated otherwise in any of the following clauses, the reimbursements shall be made as per actual without any upper limit up to the sum insured of the individuals.

**2.2.3. Pre-existing diseases:** All pre-existing conditions must be included.

**2.2.4. Doctors' fee:** Surgeon, Anesthetist, Medical Practitioner, Consultants' fees, Specialist fees, and any such fee paid to the doctor shall be reimbursed as per actual.

**2.2.5. Investigation, Treatment, Drugs, etc. charges:** MRI, PET Scan, CT Scan, Endoscopy, Ultrasound, Anesthesia, Dialysis, Chemotherapy, Radiotherapy, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials, X-ray, Cost of Prosthetic devices implanted during the surgical procedure, relevant Laboratory/ Diagnostic test, X-Ray and any such medical expenses related to the treatment shall be reimbursed as per actual.

**2.2.6. Cost of artificial appliances:** Cost of artificial appliances, including hearing aid, artificial joints, pacemaker, artificial limbs, etc., shall be reimbursed as per actual. The maximum admissible limit for the cost of a hearing aid is Rs. 60,000/- (on an OPD basis within the policy period).

**2.2.7. Room and other charges:**

- (a) Room: Room expenses as provided by the Hospital/ nursing home not exceeding 2.0 % of the sum insured (Base + individual Top-up, if any) per day or actual, whichever is less.
- (b) Nursing: 10% of room rent or actual, whichever is less.
- (c) Dressing: 10% of room rent or actual, whichever is less.
- (d) Service Fee: 10% of room rent or actual, whichever is less.

**2.2.8. Intensive Care Unit (ICU):** Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses not exceeding 4.0 % of the sum insured (Base + individual Top-up, if any) per day, or actual, whichever is less.

**2.2.9. Pre-hospitalization:** Pre-hospitalization medical charges up to 30 days period immediately before the insured's admission to the hospital for that illness shall be covered.

**2.2.10. Post-hospitalization:** Post-hospitalization medical charges up to 60 days period immediately after the insured's discharge from a hospital shall be covered.

**2.2.11. Day Care Treatment:** Coverage of the day care must include the treatment or diseases mentioned in **Annexure III**. In addition to the list in **Annexure III**, the Insurer may also include other treatments under the Day Care treatment as per their standard list.

**2.2.12. Ambulance service:** Ambulance service @ 1% of the sum insured or actual, whichever is less, for every shifting of a patient from residence to hospital vice-versa or from one Hospital/Nursing Home to another Hospital/ Nursing Home in connection to hospitalization must be allowed.

**2.2.13. Hospitalization of Organ donor:** Hospitalization expenses incurred on the donor (not the cost of organ) during the course of organ transplant to the insured person shall be covered under corporate buffer.

**2.2.14. Insurer's Liability:** The Insurer's liability in respect of all claims admitted during the period of Insurance shall not exceed the sum insured unless otherwise decided by the competent authority for utilization of Corporate Buffer.

**2.2.15. 0+- cases:** As a special case the following treatments/diseases/disorders also will be covered:

- a) Cataract: Operation cost as well as actual cost of intra ocular lens (spectacle/ contact lens) limited to Rs. 34,000/- (monofocal) per eye and additional Rs. 10,000/- for every Rs. 1 lakh top-up.
- b) Maternity Benefit: Reimbursable maximum benefit up to Rs. 75,000/- for students and employees. Pre and post natal (up to 60 days) treatment (OPD) will be covered up to a maximum of Rs. 10,000/- which is in addition to coverage of natal expenses. This will be applicable from day one of the date the effect of the policy.
- c) Domiciliary treatment: Any Domiciliary treatment.
- d) New born babies shall be covered under a cashless facility from day one (1).
- e) Congenital/Psychiatric cases: Disorders under this category also will be covered.
- f) Peritoneal Ambulatory dialysis up to Rs 3,500/- per day.
- g) Robotic Surgery: 50% of total cost will be covered.
- h) Intra vitreal injection for the eye: Reimbursable amount is Rs. 25,000/- injection upto a maximum of Rs. 75,000/- per policy period.
- i) Chemotherapy: Oral Chemotherapy covered on an OPD basis (with hospitalization) upto a maximum of 50% Sum Insured opted by Insured. The benefit is subject to overall limit of Rs. 15 lakhs for the entire policy period.
- j) Stem cell therapy: 50% of total hospitalization cost shall be covered.
- k) Refractive error: Expenses related to the treatment for correction of eyesight to refractive error of more than 6.5d subject to a maximum of Rs. 30,000/- eye per family member of the employee.
- l) I-HOLEP [holmium operated enucleation of prostate]  
m- TAVR/TAVI - transcatheter aortic valve replacement (TAVR) or transcatheter aortic valve implantation (TAVI).
- m) Rabies post exposure vaccine is included.
- n) Vaccination: Influenza and Pneumonia are included

**2.2.16. Additional Specific Special cases:** As additional specific special cases the following treatments/diseases/disorders also will be covered:

- (a) Reimbursement of serology test (HIV, HbsAg, HCV).
- (b) Dental treatment like Root Canal Treatment (RCT) on OPD basis (without hospitalization), maximum upto Rs. 20,000/- in a policy period.

- (c) Reimbursement of Cyberknife surgery upto Rs. 2,00,000/- in a policy period.
- (d) OPD reimbursement of hearing aid, maximum upto Rs. 60,000/- in a policy period.
- (e) Reimbursement of RT-PCR test and Rapid Antigen test for Covid-19 in respect of any treatment as the current situations demand that before admitting in-patients, hospitals take the COVID test for the patients and their assistant(s).
- (f) Reimbursements of Injections for autoimmune disorders/arthritis and spondylosis in both OPD and IPD cases at a maximum rate of Rs.25,000/- per injection and upto a maximum of Rs. 75,000/- in the policy period.

**2.2.17 Coverage for complications arising out of earlier surgery:** Hospital treatment arising out of complications from an earlier surgery shall be covered.

(3) **3.1 Exclusions: See Annexure IV**

**3.2 Non-admissible items: See Annexure V**

(4) **Definitions:**

**4.1. Pre-existing Disease/ Condition:** It means any sickness/illness which existed prior to the effective date of this insurance, whether or not the insured person had any knowledge of symptoms related to the sickness/illness. Complications arising from a pre-existing condition will also be considered as a part of that pre-existing condition.

**4.2. Hospital/ Nursing Home** means any institution in India established for indoor care and treatment of sickness and injuries and which has been registered either as a hospital or nursing home with the local authorities and is under the supervision of a registered and qualified medical practitioner. For the purpose of this definition, the term Hospital/ Nursing Home/ Day Care Center shall not include an establishment, which is a place of rest, a place for the aged, a place for drug addicts or place for alcoholics, a hotel or any other like place.

**4.3. Domiciliary hospitalization** means Medical treatment for a period exceeding three days for such illness/ disease/ injury, which in the normal course would require care and treatment at a hospital/nursing home as an in-patient but actually taken whilst confined at home in India under any of the following circumstances namely:

- (i) The condition of the patient is such that he/she cannot be moved to the Hospital/Nursing Home
- (OR)
- (ii.) The patient cannot be moved to Hospital/Nursing home due to lack of accommodation in any hospital in that city / town / village.

**4.4. Network Hospital and Non-Network Hospital:** Network Hospital shall mean the hospital, day care center, nursing home or such other medical aid provider that has agreed with the TPA/ In-house Claim Management team to provide cashless access services to policyholders. Non-network Hospital, on the other hand, means any other hospital/nursing home/day care center, or such other medical aid provider, who has not agreed to provide cashless access services but gives treatment.

**4.5.5 Doctor/Medical Practitioner** means a person who holds a degree/diploma of a recognized institution and is registered by the Medical Council of the respective State of India.

**4.6. Surgical Operation** means manual and/or operative procedures for correction of deformities/defects, repair of injuries, cure of diseases, relief of suffering, and prolongation of life.

**4.7. Hospitalization shall** mean admission in any Hospital/Nursing Home in India upon the written advice of a Medical Practitioner for a minimum period of 24 consecutive hours. (The time limit of 24 hours will not be applicable for surgeries that require less than 24 hours of hospitalization due to advancement in Medical Technology- minor surgery & Day care surgery).

**4.8. The documents** and bills related to the rejected claims should be returned in original to the concerned person within 15 (fifteen) days directly by the TPA/ In- house Claim Management team.

**4.9.** More than One Bid from the same company shall disqualify the bidder.

5.1 No hidden charges/broker or agent charges are allowed under the proposed policy.

5.2 Any such conditions will not be entertained and bids of such bidders will be rejected straightway.

5.3 Cashless Access Service: The Insurer has to ensure that all the members are provided with adequate facilities so that they do not have to pay any deposits at the commencement of the treatment or at the end of the period in the network hospital of the Insurer subject to the allowable limit. In other cases, all reimbursement of claim must be settled within 15 days of submission of final bill.

5.4 Query against the submitted bill if any must be raised within a week by the TPA and no incremental queries are allowed after claim submission.

5.5. Hundred percent (100%) of admissible claim should be reimbursed irrespective of treatment taken in different zone/ states within India.

5.6. Original Reports/papers are to be returned to the Institute/Employees after claim settlement, if required.

**Schedule D**  
**Premium Payment Terms**

Premiums for both the policies shall be quoted by the insurer in the following format.

Please indicate the taxes, if any, separately. To quote the premium, please refer to **Annexure I** for the age-wise statistics of the employees/retirees and their dependents and **Annexure II** for the provisional age-wise statistics of students. IITD shall pay the premium in advance for the final number of employees and students on the average rate of quoted premium. The average rate of an employee is calculated on the basis of the total premium quoted for employees with respect to the declared number of employees, retirees, and the number of students.

**Format for Submission of Price Bid:**

**D1.0 Policy for employees, retirees, family retirees and students :** The premium must be quoted for basic coverage of Rs. 6.0 lakhs (Rupees six lakhs only) per employee/ family on a family floater basis and for students 2.0 lakhs ( Two lakhs only) with an inbuild buffer of Rs. 25 lakhs (for the students only) to cover additional medical insurance upto a sum of Rs. 3.0 lakh per student. Bidders should fill-up the financial quote in the BoQ attached. The quote in the BoQ will only be considered for determining the L1 (i.e. the lowest bidder) from the technically qualified bidders and the contract will be awarded to the party.

**D1.1 Price Bid**

Item no	Details	Total number of Beneficiaries as per Age wise distribution given (n)	Premium Rate (p)	Total Amount
1	Price per family with Base of 6.00 Lakhs	2786		$n_f \times p_1$
2	Price per student with Base of Rs 2.0 Lakhs with an inbuild buffer of Rs. 25 lakhs (for the students only) to cover additional medical insurance upto a sum of Rs. 3.0 lakh per student.	13042		$n_s \times p_2$
Total Insurance Amount				$n_f \times p_1$ + $n_s \times p_2$

The formula for the lowest premium is:  $n_s \times p_s + n_f \times p_f$

Where:

$n_s$  = number of students,

$p_s$  = premium per student for students,

$n_f$  = number of families,

$p_f$  = premium per family

**Note :** Bidders should also fill up the Annexure-X (Top-up premium) from Rs. 1 lakh to Rs. 20 Lakhs, without which the Financial Bids will be treated as cancelled.

**D1.2 Additional premium per family/student for top-up optional coverage in various blocks**

<b>Sl. No.</b>	<b>Top-Up Coverage (over and above the basic coverage)</b>	<b>Premium per family/ student (inclusive of all applicable taxes)</b>
1	Rs. 1 lakh	
2	Rs. 2 lakhs	
3	Rs. 3 lakhs	
4	Rs. 4 lakhs	
5	Rs. 5 lakhs	
6	Rs. 6 lakhs	
7	Rs. 7 lakhs	
8	Rs. 8 lakhs	
9	Rs. 9 lakhs	
10	Rs. 10 lakhs	
11	Rs. 11 lakhs	
12	Rs. 12 lakhs	
13	Rs. 13 lakhs	
14	Rs. 14 lakhs	
15	Rs. 15 lakhs	
16	Rs. 16 lakhs	
17	Rs. 17 lakhs	
18	Rs. 18 lakhs	
19	Rs. 19 lakhs	
20	Rs. 20 lakhs	



## Annexure-I

### Age-Wise Statistics of Employees and Their Dependents(as on 03 May 2024)

AGE BREAKUP	SERVING	DEPENDENTS OF SERVING	RETIRED	DEPENDENTS OF RETIRED	SERVING/ RETIRED	DEPENDENTS OF SERVING AND RETIRED
	(1)	(2)	(3)	(4)	(5=1+3)	(6=2+4)
0-10 Yrs		548			0	548
11-15 Yrs		198			0	198
16-18 YRS.		120			0	120
19 Yrs		37			0	37
20 Yrs		37			0	37
21-25 yrs	5	126		1	5	127
26-30 yrs	86	128			86	128
31-35 yrs	211	183		4	211	187
36-40 yrs	229	191	1	2	230	193
41-45 Yrs	170	138		3	170	141
46-50 Yrs	149	120	1	9	150	129
51-55 Yrs	109	168	9	45	118	213
56-60 Yrs	164	137	63	213	227	350
61-65 Yrs	42	120	332	258	374	378
66-70 Yrs		105	415	211	415	316
71-75 Yrs		77	285	156	285	233
76-80 Yrs		40	278	99	278	139
>80 Yrs		42	237	48	237	90
Total	1165	2515	1621	1049	2786	3564

N.B.: Please visit following web link for all the details, including year wise claim-ratio of the employees and students

<https://owncloud.iitd.ac.in/nextcloud/index.php/s/AtL8D5cQ3zCy23Y>

## Annexure II

### Provisional Age-Wise Statistics of Students(as on 10.05.2024)

The age wise distribution of student population is placed below. The final distribution, although not exact, will be very close (i.e., indicative) to this table.

Category	Total
Number of Student	13,042 (UG, PG and PhD regular students)

Age distribution of students :

Srl	AGE BREAKUP	Number of students
1	18-20	3105
2	21-25	4197
3	26-30	3355
4	31-35	1167
5	> 35 years	635

N.B.: Please visit following weblink for all the details, including year wise claim-ratio of the employees and students

<https://owncloud.iitd.ac.in/nextcloud/index.php/s/AtL8D5cQ3zCy23Y>

## Annexure III

### Day Care procedures

#### **Day Care Procedure - Day care procedures will include following day care surgeries and day care treatment**

Relaxation to 24 hours minimum duration of hospitalization is allowed in Specified Day Care procedures / Surgeries where such treatment is taken by an Insured Person in a Hospital / Day Care Centre (but not the Out-Patient department of a hospital), below are the list of the procedures which is not exhaustive and can include any other procedure done as Day Care procedure which does not fall under exclusion category.

- **Microsurgical operations on the middle ear**

1. Stapedotomy
2. Stapedectomy
3. Revision of a stapedectomy
4. Other operations on the auditory ossicles
5. Myringoplasty (Type -I Tympanoplasty)
6. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
7. Revision of a tympanoplasty
8. Other microsurgical operations on the middle ear

- **Other operations on the middle and internal ear**

9. Myringotomy
10. Removal of a tympanic drain
11. Incision of the mastoid process and middle ear
12. Mastoidectomy
13. Reconstruction of the middle ear
14. Other excisions of the middle and inner ear
15. Fenestration of the inner ear
16. Revision of a fenestration of the inner ear
17. Incision (opening) and destruction (elimination) of the inner ear
18. Other operations on the middle and inner ear

- **Operation on the nose and the nasal sinuses**

19. Excision and destruction of diseased tissue of the nose
20. Operations on the turbinates (nasal concha)
21. Other operations on the nose
22. Nasal sinus aspiration

- **Operations on the eyes**

23. Incision of tear glands
24. Other operations on the tear ducts
25. Incision of diseased eyelids
26. Excision and destruction of diseased tissue of the eyelid
27. Operations on the canthus and epicanthus
28. Corrective surgery for entropion and ectropion
29. Corrective surgery for blepharoptosis
30. Removal of a foreign body from the conjunctiva
31. Removal of a foreign body from the cornea
32. Incision of the cornea
33. Operations for pterygium
34. Other operations on the cornea
35. Removal of a foreign body from the lens of the eye
36. Removal of a foreign body from the posterior chamber of the eye
37. Removal of a foreign body from the orbit and eyeball
38. Operation of cataract
- **Operations on the skin and subcutaneous tissues**
39. Incision of a pilonidal sinus
40. Other incisions of the skin and subcutaneous tissues
41. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
42. Local excision of diseased tissue of the skin and subcutaneous tissues
43. Other excisions of the skin and subcutaneous tissues
44. Simple restoration of surface continuity of the skin and subcutaneous tissues

45. Free skin transplantation, donor site
46. Free skin transplantation, recipient site
47. Revision of skin plasty
48. Other restoration and reconstruction of the skin and subcutaneous tissues
49. Chemosurgery to the skin
50. Destruction of diseased tissue in the skin and subcutaneous tissues
- **Operations on the tongue**
  51. Incision, excision and destruction of diseased tissue of the tongue
  52. Partial glossectomy
  53. Glossectomy
  54. Reconstruction of the tongue
  55. Other operations on the tongue
- **Operations on the salivary glands and salivary ducts**
  56. Incision and lancing of a salivary gland and a salivary duct
  57. Excision of diseased tissue of a salivary gland and a salivary duct
  58. Resection of a salivary gland
  59. Reconstruction of a salivary gland and a salivary duct
  60. Other operations on the salivary glands and salivary ducts
- **Other operations on the mouth and face**
  61. External incision and drainage in the region of the mouth, jaw and face
  62. Incision of the hard and soft palate
  63. Excision and destruction of diseased hard and soft palate
  64. Incision, excision and destruction in the mouth
  65. Plastic surgery to the floor of the mouth
  66. Palatoplasty
  67. Other operations in the mouth
- **Operations on the tonsils and adenoids**
  68. Transoral incision and drainage of a pharyngeal abscess
  69. Tonsillectomy without adenoidectomy
  70. Tonsillectomy with adenoidectomy
  71. Excision and destruction of a lingual tonsil
  72. Other operations on the tonsils and adenoids
- **Trauma surgery and orthopaedics**
  73. Incision on bone, septic and aseptic
  74. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
  75. Suture and other operations on tendons and tendon sheath
  76. Reduction of dislocation under GA
77. Arthroscopic knee aspiration
- **Operations on the breast**
  78. Incision of the breast
  79. Operations on the nipple
- **Operations on the digestive tract**
  80. Incision and excision of tissue in the perianal region
  81. Surgical treatment of anal fistulas
  82. Surgical treatment of haemorrhoids
  83. Division of the anal sphincter (sphincterotomy)
  84. Other operations on the anus
  85. Ultrasound guided aspirations
  86. Sclerotherapy etc.
- **Operations on the female sexual organs**
  87. Incision of the ovary
  88. Insufflation of the Fallopian tubes
  89. Other operations on the Fallopian tube
  90. Dilatation of the cervical canal
  91. Conisation of the uterine cervix
  92. Other operations on the uterine cervix
  93. Incision of the uterus (hysterotomy)
  94. Therapeutic curettage
  95. Culdotomy
  96. Incision of the vagina
  97. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
  98. Incision of the vulva
  99. Operations on Bartholin's glands (cyst)
- **Operations on the prostate and seminal vesicles**
  100. Incision of the prostate
  101. Transurethral excision and destruction of prostate tissue
  102. Transurethral and percutaneous destruction of prostate tissue
  103. Open surgical excision and destruction of prostate tissue
  104. Radical prostatovesiculectomy
  105. Other excision and destruction of prostate tissue
  106. Operations on the seminal vesicles
  107. Incision and excision of periprostatic tissue
  108. Other operations on the prostate
- **Operations on the scrotum and tunica vaginalis testis**
  109. Incision of the scrotum and tunica vaginalis testis
  110. Operation on a testicular hydrocele
  111. Excision and destruction of diseased scrotal tissue

requires Hospitalisation for less than 24 hours will require prior approval from Company/TPA.  
iii. The standard Exclusions and Waiting Periods are applicable to all of the above Day Care Procedures / Surgeries depending on the medical condition / disease under treatment. Only 24 hours Hospitalisation is not mandatory.

- 112. Plastic reconstruction of the scrotum and tunica vaginalis testis
- 113. Other operations on the scrotum and tunica vaginalis testis

● **Operations on the testes**

- 114. Incision of the testes
- 115. Excision and destruction of diseased tissue of the testes
- 116. Unilateral orchidectomy
- 117. Bilateral orchidectomy
- 118. Orchidopexy
- 119. Abdominal exploration in cryptorchidism
- 120. Surgical repositioning of an abdominal testis
- 121. Reconstruction of the testis
- 122. Implantation, exchange and removal of a testicular prosthesis
- 123. Other operations on the testis

● **Operations on the spermatic cord, epididymis and ductus deferens**

- 124. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
- 125. Excision in the area of the epididymis
- 126. Epididymectomy
- 127. Reconstruction of the spermatic cord
- 128. Reconstruction of the ductus deferens and epididymis
- 129. Other operations on the spermatic cord, epididymis and ductus deferens

● **Operations on the penis**

- 130. Operations on the foreskin
- 131. Local excision and destruction of diseased tissue of the penis
- 132. Amputation of the penis
- 133. Plastic reconstruction of the penis
- 134. Other operations on the penis

● **dermatological treatments**

● **Operations on the urinary system**

- 135. Cystoscopic removal of stones Other Operations
- 136. Lithotripsy
- 137. Coronary angiography
- 138. Hemodialysis
- 139. Radiotherapy for Cancer
- 140. Cancer Chemotherapy

Note:

- i. Day Care Treatment will include above Day Care Procedures
- ii. Any surgery/procedure (not listed above) which due to advancement of medical science

## Annexure IV

### List of exclusions under IIT Delhi Medical Insurance policy

- (1) **War invasion etc.:** War, invasion, the act of a foreign enemy, warlike operations, nuclear weapons, ionizing radiation, contamination by radioactivity, by any nuclear fuel or nuclear waste, or from the combustion of nuclear fuel.
- (2) **Cosmetic etc.:** Cosmetic or aesthetic treatment devices, circumcision without disease or emergency, e.g., in the pediatric patient, plastic surgery unless required to treat the injury, illness, or burns.
- (3) **Vaccination & Inoculation**
- (4) **Cost of braces etc.:** Cost of braces, equipment or external prosthetic, non-durable implants, eyeglasses, cost of spectacles and contact lenses, and durable medical equipment.
- (5) **Deliberate exposure to danger etc.:** Bodily injury or sickness due to willful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted injury, attempted suicide, arising out of non-adherence to medical advice. This condition, however, shall not be applicable to the patient undergoing psychiatric treatment.
- (6) **Injury due to hazardous sports:** Treatment of any bodily injury sustained whilst or as a result of active participation in any hazardous sports of any kind excluding normal sports activities of the Insured.
- (7) **Sexually transmitted diseases:** Sexually transmitted diseases, any condition directly or indirectly caused due to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or Lymphopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
- (8) **Vitamins etc.:** Vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.

- (9) **The instrument used in the treatment of Sleep Apnea Syndrome (C.P.A.P.) and Oxygen Concentrator for Bronchial Asthmatic condition.**
- (10) **Genetic disorders.**
- (11) **Outside India:** Treatment undertaken outside India.
- (12) **Experimental treatments:** Unproven treatment (not recognized by Indian Medical Council).
- (13) **Anti-obesity treatment:** Unless forming part of treatment for disease as certified by the attending physician, treatment of obesity or condition arising therefrom (including morbid obesity) and any other weight control program, services or supplies, etc.
- (14) **Convenience items:** All non-medical expenses including personal comfort and convenience items or services such as telephone, television, ayah, private nursing/barber or beauty services, diet charges, baby food, cosmetics, tissue paper, napkins, diapers, sanitary pads, toiletry items, etc., guest services and similar incidental expenses or services, etc.
- (15) Expenses incurred at Hospital or Nursing Home primarily for evaluation/ diagnostic purposes, which is not followed by active treatment for the ailment during the hospitalized period.
- (16) Convalescence/ General debility, "run-down" condition or rest cure, sterility, any fertility, sub-fertility or assisted conception procedure, venereal diseases, intentional self-injury/ suicide, and diseases/accident due to and or use, misuse or abuse of drugs/alcohol or use of intoxicating substances or such abuse or addiction, etc. Any treatment received in the convalescent home, convalescent hospital, health hydro, nature care or similar establishments.
- (17) Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine, and related treatment including acupressure, acupuncture, magnetic and such other therapies, etc.
- (18) Expenses incurred for investigation or treatment irrelevant to the diseases diagnosed during hospitalization or primary reasons for admission. Private nursing charges, Referral fees to family doctors, outstation consultants/surgeons fees, etc.
- (19) External and or durable Medical / Non-medical equipment of any kind used for diagnosis and or treatment. Ambulatory devices, i.e., walker, crutches, belts, collars, caps, splints, slings, braces, stockings, etc. of any kind, diabetic footwear,

glucometer/thermometer and similar related items, etc. and also any medical equipment which is subsequently used at home, etc.

- (20) Change of treatment from one type of system to another type of system unless being agreed/allowed and recommended by the consultant under whom the treatment is taken. For example, change of treatment from homeopathy to Allopathy.
- (21) Any stay in the hospital for any domestic reason or where no active regular treatment is given by the specialist.
- (22) Out-patient Diagnostic, Medical and Surgical procedures or treatments are not covered unless it leads to a hospitalization or day care procedure.
- (23) Non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.
- (24) Massages, Steam bathing, Shirodhara and alike treatment under Ayurvedic treatment.
- (25) Treatment, which is continued before hospitalization and continued during and after discharge for an ailment / disease / injury different from the one for which hospitalization was necessary.
- (26) Admission fee/Registration fee. Doctor's home visit charges, Attendant / Nursing charges during pre- and post-hospitalization period.



### Annexure V

**List of expenses generally excluded ('Non-admissible Expenses') in  
Hospitalization Policy. Guidelines on standardization in health  
insurance – IRDA Circular No. IRDA/HLT/CIR/036/02/2013  
DATED 20.02.2013**

Sl. No.	Items	Suggestions / Remarks
	<b>(A) Toiletries/ Cosmetics/ Personal Comfort or Convenience Items</b>	
1	Hair Removing Cream	Not Payable
2	Baby Charges (unless specified/indicated)	Not Payable
3	Baby Food	Not Payable
4	Baby Utilities Charges	Not Payable
5	Baby Set	Not Payable
6	Baby Bottles	Not Payable
7	Brush	Not Payable
8	Cosy Towel	Not Payable
9	Hand Wash	Not Payable
10	Moisturizer Paste Brush	Not Payable
11	Powder	Not Payable
12	Razor	Payable
13	Shoe Cover	Not Payable
14	Beauty Services	Not Payable
15	Belts/ Braces	Essential and Should be Paid at least Specifically for Cases who have undergone surgery of Thoracic or Lumbar Spine.
16	Buds	Not Payable
17	Barber Charges	Not Payable
18	Caps	Not Payable
19	Cold Pack/Hot Pack	Not Payable
20	Carry Bags	Not Payable
21	Cradle Charges	Not Payable
22	Comb	Not Payable
23	Disposable Razor Charges (For Site Preparations)	Payable
24	Eau-De-Cologne / Room Fresheners	Not Payable

25	Eye Pad	Not Payable
26	Eye Shield	Not Payable
27	Email / Internet Charges	Not Payable
28	Food Charges (other than Patient's Diet Provided by Hospital)	Not Payable
29	Foot Cover	Not Payable
30	Gown	Not Payable
31	Leggings	Essential in Bariatric and Varicose Vein Surgery and may be considered for at least these conditions where Surgery itself is Payable.
32	Laundry Charges	Not Payable
33	Mineral Water	Not Payable
34	Oil Charges	Not Payable
35	Sanitary Pad	Not Payable
36	Slippers	Not Payable
37	Telephone Charges	Not Payable
38	Tissue Paper	Not Payable
39	Tooth Paste	Not Payable
40	Tooth Brush	Not Payable
41	Guest Services	Not Payable
42	Bed Pan	Not Payable
43	Bed Under Pad Charges	Not Payable
44	Camera Cover	Not Payable
45	Cliniplast	Not Payable
46	Crepe Bandage	Not Payable/ Payable by the Patient
47	Curapore	Not Payable
48	Diaper Of Any Type	Not Payable
49	DVD, CD Charges	Not Payable (However if CD is specifically sought by Insurer/TPA then Payable)
50	Eyelet Collar	Not Payable
51	Face Mask	Not Payable
52	Flexi Mask	Not Payable
53	Gause Soft	Not Payable
54	Gauze	Not Payable
55	Hand Holder	Not Payable
56	Hansaplast/ Adhesive Bandages	Not Payable
57	Infant Food	Not Payable
58	Slings	Reasonable costs for one sling in case of Upper Arm Fractures may be considered

	<b>(B) Items Specifically Excluded in Policies</b>	
59	Weight Control Programs/ Supplies/Services	Exclusion in Policy unless otherwise specified
60	Cost Of Spectacles/ Contact Lenses/Hearing Aids Etc.,	Exclusion in Policy unless otherwise specified
61	Dental Treatment Expenses that do not require Hospitalization	Exclusion in Policy unless otherwise specified
62	Hormone Replacement Therapy	Exclusion in Policy unless otherwise specified
63	Home Visit Charges	Exclusion in Policy unless otherwise specified
64	Infertility/ Subfertility/ Assisted Conception Procedure	Exclusion in Policy unless otherwise specified
65	Obesity (including Morbid Obesity) Treatment if Excluded in Policy	Exclusion in Policy unless otherwise specified
66	Psychiatric & Psychosomatic Disorders	Exclusion in Policy unless otherwise specified
67	Corrective Surgery for Refractive Error	Exclusion in Policy unless otherwise specified
68	Treatment of Sexually Transmitted Diseases	Exclusion in Policy unless otherwise specified
69	Donor Screening Charges	Exclusion in Policy unless otherwise specified
70	Admission/Registration Charges	Exclusion in Policy unless otherwise specified
71	Hospitalization for Evaluation/ Diagnostic Purpose	Exclusion in Policy unless otherwise specified
72	Expenses for Investigation/ Treatment irrelevant to the Disease for which admitted or diagnosed	Exclusion in Policy not payable unless otherwise specified
73	Any Expenses when the Patient is diagnosed with Retro Virus + or suffering from /HIV/ Aids etc. is detected/ directly or indirectly	Not Payable as per HIV/ AIDS Exclusion
74	Stem Cell Implantation/ Surgery & Storage	Not Payable except Bone Marrow Transplantation where covered by Policy
	<b>(C) Items which form Part of Hospital Services where Separate Consumables are not Payable but the Service is</b>	
75	Ward and Theatre Booking Charges	Payable Under OT Charges, Not Payable Separately

76	Arthroscopy & Endoscopy Instruments	Rental Charged By The Hospital Payable.Purchase of Instruments Not Payable.
77	Microscope Cover	Payable Under OT Charges, Not PayableSeparately
78	Surgical Blades, Harmonic Scalpel,Shaver	Payable Under OT Charges, Not PayableSeparately
79	Surgical Drill	Payable Under OT Charges, Not PayableSeparately
80	Eye Kit	Payable Under OT Charges, Not PayableSeparately
81	Eye Drape	Payable Under OT Charges, Not PayableSeparately
82	X-Ray Film	Payable Under Radiology Charges, Not asConsumable
83	Sputum Cup	Payable Under Investigation Charges, Notas Consumable
84	Boyles Apparatus Charges	Part Of Ot Charges, Not Separately
85	Blood Grouping and Cross Matching ofDonors Samples	Part Of Cost Of Blood, Not Payable
86	Antiseptic & Disinfectant Lotions	Not Payable-Part of Dressing Charges
87	Band Aids, Bandages, Sterile Injections,Needles, Syringes	Not Payable - Part of Dressing Charges
88	Cotton	Not Payable-Part of Dressing Charges
89	Cotton Bandage	Not Payable-Part of Dressing Charges
90	Micropore/ Surgical Tape	Not Payable-payable by the Patient when Prescribed, otherwise included as DressingCharges
91	Blade	Not Payable
92	Apron	Not Payable -Part of Hospital Services/Disposable Linen to be Part of OT/ICU Charges
93	Torniquet	Not Payable (service is charged by Hospitals, Consumables cannot be separately charged)
94	Orthobundle, Gynaec Bundle	Part of Dressing Charges
95	Urine Container	Not Payable
	<b>(D) Elements of Room Charge</b>	
96	Luxury Tax	Policy Exclusion - Not Payable. If there is no Policy Exclusion, then Actual Tax Levied by Government is Payable - Part ofRoom Charge for Sub Limits
97	HVAC	Part of Room Charge Not PayableSeparately

98	House Keeping Charges	Part of Room Charge Not Payable Separately
99	Service Charges where Nursing Charge also charged	Part of Room Charge Not Payable Separately
100	Television & Air Conditioner Charges	Payable Under Room Charges Not if separately levied
101	Surcharges	Part of Room Charge Not Payable Separately
102	Attendant Charges	Not Payable - Part of Room Charges
103	IM/ IV Injection Charges	Part of Nursing Charges, Not Payable
104	Clean Sheet	Part of Laundry/housekeeping Not Payable Separately
105	Extra Diet of Patient (other than that which forms part of Bed Charge)	Not Payable. Patient Diet Provided by Hospital is Payable
106	Blanket/Warmer Blanket	Not Payable- Part of Room Charges
	<b>(E) Administrative or Non-medical Charges</b>	
107	Admission Kit	Not Payable
108	Birth Certificate	Not Payable
109	Blood Reservation Charges and Ante Natal Booking Charges	Not Payable
110	Certificate Charges	Not Payable
111	Courier Charges	Not Payable
112	Conveyance Charges	Not Payable
113	Diabetic Chart Charges	Not Payable
114	Documentation Charges / Administrative Expenses	Not Payable
115	Discharge Procedure Charges	Not Payable
116	Daily Chart Charges	Not Payable
117	Entrance Pass / Visitors Pass Charges	Not Payable
118	Expenses Related to Prescription on Discharge	To be Claimed by Patient under Post -Hospitalization where admissible
119	File Opening Charges	Not Payable
120	Incidental Expenses / Misc. Charges (not Explained)	Not Payable
121	Medical Certificate	Not Payable
122	Maintenance Charges	Not Payable
123	Medical Records	Not Payable
124	Preparation Charges	Not Payable
125	Photocopies Charges	Not Payable
126	Patient Identification Band / Name Tag	Not Payable

127	Washing Charges	Not Payable
128	Medicine Box	Not Payable
129	Mortuary Charges	Payable Up to 24 Hrs, Shifting Charges Not Payable
130	Medico Legal Case Charges (MLC Charges)	Not Payable
	<b>(F) External Durable Devices</b>	
131	Walking Aids Charges	Not Payable
132	Bipap Machine	Not Payable
133	Commode	Not Payable
134	CPAP/ CPAD Equipment Device	Not Payable
135	Infusion Pump - Cost	Not Payable
136	Oxygen Cylinder (for Usage outside the Hospital)	Not Payable
137	Pulseoxymeter Charges Device	Not Payable
138	Spacer	Not Payable
139	Spirometer	Not Payable
140	SPO2 Probe	Not Payable
141	Nebulizer Kit	Not Payable
142	Steam Inhaler	Not Payable
143	Armsling	Not Payable
144	Thermometer	Not Payable (paid By Patient)
145	Cervical Collar	Not Payable
146	Splint	Not Payable
147	Diabetic Foot Wear	Not Payable
148	Knee Braces (Long/ Short/ Hinged)	Not Payable
149	Knee Immobilizer/Shoulder Immobilizer	Not Payable
150	Lumbo Sacral Belt	Essential and should be paid at least specifically for cases who have undergone Surgery of Lumbar Spine
151	Nimbus Bed or Water or Air Bed Charges	Payable for any ICU Patient requiring more than 3 Days in ICU; All Patients with Paraplegia/ Quadriplegia for any reason and at Reasonable Cost of approximately Rs 200/Day
152	Ambulance Collar	Not Payable
153	Ambulance Equipment	Not Payable
154	Microshield	Not Payable
155	Abdominal Binder	Essential and should be Paid at least in Post Surgery Patients of Major Abdominal Surgery Including TAH, LSCS, Incisional Hernia Repair,

		Exploratory Laparotomy for Intestinal Obstruction, Liver Transplant Etc.
	<b>(G) Items Payable If Supported By A Prescription</b>	
156	Betadine \ Hydrogen Peroxide\spirit\Disinfectants Etc.	May be Payable when prescribed for Patient, Not Payable for Hospital use in OT or Ward or for dressings ward or for dressings
157	Private Nurses Charges- Special Nursing Charges	Post Hospitalization Nursing Charges Not Payable
158	Nutrition Planning Charges - Dietician Charges- Diet Charges	Patient Diet provided by Hospital is Payable
159	Sugar Free Tablets	Payable -Sugar Free variants of admissible medicines are not Excluded
160	Cream Powder Lotion (Toiletries are Not Payable, only Prescribed Medical Pharmaceuticals Payable)	Payable when Prescribed
161	Digene Gel	Payable when Prescribed
162	ECG Electrodes	Up to 5 Electrodes are Required for every case visiting OT or ICU. For longer stay in ICU, may Require a Change and at least one set every second day must be Payable.
163	Gloves	Sterilized Gloves Payable / Unsterilized Gloves not payable
164	HIV Kit	Payable - Pre-Operative Screening
165	Listerine/ Antiseptic Mouthwash	Payable When Prescribed
166	Lozenges	Payable When Prescribed
167	Mouth Paint	Payable When Prescribed
168	Nebulization Kit	If used during Hospitalization is Payable Reasonably
169	Novarapid	Payable When Prescribed
170	Volini Gel/ Analgesic Gel	Payable When Prescribed
171	Zytee Gel	Payable When Prescribed
172	Vaccination Charges	Routine Vaccination Not Payable / Post Bite Vaccination Payable

	<b>(H) Part of Hospital's own Costs and not Payable</b>	
173	AHD	Not Payable - Part of Hospital's Internal Cost
174	Alcohol Swabes	Not Payable - Part of Hospital's Internal Cost
175	Scrub Solution/ Sterillium	Not Payable - Part of Hospital's Internal Cost
	<b>(I) Others</b>	
176	Vaccine Charges for Baby	Not Payable
177	Aesthetic Treatment / Surgery	Not Payable
178	TPA/ In-house Claim Management team Charges	Not Payable
179	Visco Belt Charges	Not Payable
180	Any Kit with no details mentioned [Delivery Kit, Orthokit, Recovery Kit, Etc.]	Not Payable
181	Examination Gloves	Not Payable
182	Kidney Tray	Not Payable
183	Mask	Not Payable
184	Ounce Glass	Not Payable
185	Outstation Consultant's/Surgeon's Fees	Not Payable, Except For Telemedicine Consultations Where Covered by Policy
186	Oxygen Mask	Not Payable
187	Paper Gloves	Not Payable
188	Pelvic Traction Belt	Should be Payable in case of PIVD requiring traction as this is generally not reused
189	Referral Doctor's Fees	Not Payable
190	Accu Check (Glucometry/ Strips)	Not Payable. Pre-Hospitalization or Post-Hospitalization / Reports and Charts Required/ Device Not Payable
191	Pan Can	Not Payable
192	Sofnet	Not Payable
193	Trolley Cover	Not Payable
194	Urometer, Urine Jug	Not Payable
195	Ambulance	Payable - Ambulance from home to Hospital or inter-hospital shifts is Payable/ RTA



		– As Specific Requirement for critical injury is Payable)
196	Tegaderm / Vasofix Safety	Payable - Maximum of 3 in 48 Hrs and then 1 in 24 Hrs
197	Urine Bag	Payable where medically necessary till a reasonable cost - Maximum 1 Per 24 Hrs
198	Softovac	Not Payable
199	Stockings	Essential for a case like CABG etc. Where it should be paid. Device Not Payable

N.B.: Please visit IIT Delhi Hospital webpage for all the details, including yearwise claim-ratio:  
[https://www.iitd.ac.in/medical/\\_\\_\\_\\_\\_ .htm](https://www.iitd.ac.in/medical/_____ .htm)

## Annexure VI

### List of Criteria for Technical Evaluation

Please ensure acceptance of the following conditions by writing ‘Yes/No’ against each of them

Srl	Item	Compliance (Yes/No)
1	Panel of recognized hospitals in NCR including all major specialties (All the hospitals in Annexure-VII are in the preferred list and they are empanelled by us)	
2	All India coverage in terms of recognized hospitals with cashless facility	
3	Coverage of ailments/surgeries etc. requiring one day or more of hospitalization	
4	Coverage of other procedures/surgeries/ailments etc that require day care procedures	
5	We are in medical insurance business for more than in India for five and more years. The turnover in the medical insurance business during each of the last three financial years (FY 2020-21 to FY 2022-23) should have been <u>Rs. 150 cores or higher. Relevant documents (Balance sheet, P&amp;L statement is attached)</u>	
6	We have underwritten Medical Insurance in minimum of three Indian Public Sector Undertakings (in catering to Health Insurance of 1500 families or more under one group) in the last five years. (Documentary evidence is attached below this table).	
7	We understand and accept the salient features of the Group Mediclaim policy of the institute as mentioned in the tender document.	
8	We understand and accept the definition of eligible dependents of IIT Delhi	
9	Coverage for pre-existing diseases/conditions without any waiting time	
10	Day one coverage for new employees and their dependents	
11	We agree to provide Day Care facility as per Annexure-III and cashless facility at NCR hospitals listed at Annexure-VII	
12	Day one coverage for the new born baby.	
13	The pre and post hospitalization reimbursement shall be for a minimum of 30 and 60 days respectively	
14	No age limit for the insured (serving, retired and students).	
15	Cashless facility up to the assured amount (i.e. Rs. SIX lakhs for employees (both serving and retired and Rs. TWO lakhs for students in all panel hospitals	
16	We are a registered Indian Insurer in accordance with the Insurance Act (registered and licensed by IRDA as Medical / Health Insurer and have a license to carry out Medical Insurance business on a Pan India basis.	

(Signature of the Authorized Official)

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Official Seal

## Annexure VII

### LIST OF PREFERRED HOSPITALS IN NCR REGION

**PLEASE CHECK IF ANY MORE HOSPITALS NEED TO BE INCLUDED IN THIS LIST**

- 1 All Government Hospitals in Delhi NCR and Outside.
- 2 Sita Ram Bhartiya Institute of Science & Research, Qutab Institutional Area, New Delhi.
- 3 Mool Chand KR. Hospital, Lajpat Nagar, New Delhi.
- 4 Batra Hospital and Research Centre, MB Road, New Delhi.
- 5 G. M. Modi Hospital, Saket, New Delhi.
- 6 Deepak Memorial Hospital & Medical Research Centre, 5 Institutional Area, VikasMarg, Delhi.
- 7 Kailash Hospital & Research Centre Ltd., Group of Hospitals in Delhi & NCR.
- 8 Mata Chanan Devi Hospital, Janakpuri, New Delhi.
- 9 Jaipur Golden Hospital, Rohini, New Delhi.
- 10 Sir Ganga Ram Hospital, New Rajinder Nagar, New Delhi.
- 11 Bensups Hospital, Sector 12 Dwarka, New Delhi-110075.
- 12 MedantaMedicity Sector-38, Gurgaon, Haryana 122001.
- 13 Dharmasila Cancer Hospital & Research Centre, DharmasilaMarg, Vasundhara Enclave, Delhi-110096.
- 14 Fortis Group of Hospital in Delhi & NCR.
- 15 Max Group of Hospital in Delhi & NCR.
- 16 National Heart Institute, 49-50, Community Centre, East of Kailash, New Delhi-110065.
- 17 Primus Ortho & Spine Hospital ChandraguptMargChanakyapuri, New Delhi-110021.
- 18 Escort Hospital in Delhi & NCR.
- 19 Narender Mohan Hospital Heart Centre, Mohan Nagar, Gaziabad-200117.
- 20 St. Stephen's Hospital, Tis Hazari Delhi.
- 21 Holy Family Hospital, New Delhi.
- 22 OrthonovaHospital(Opposite IIT Main Gate), Hauz Khas, New Delhi-16
- 23 Indrarastha Apollo Hospital, SaritaVihar, Delhi-Mathura Road, New Delhi.
- 24 PushpawatiSinghania Research Institute for Liver, Renal 7 Digestive Diseases, Press Enclave Marg, Sheikh Sarai-11, New Delhi-110017.
- 25 Rockland Hospital, B-33-34, Qutab Institute Area, New Delhi-110016.
- 26 Venu Eye Institute & Research Centre, Okhla, New Delhi.
- 27 VidyaSagarInstitue of Mental Health &Neuro-Science(VIMHANS).
- 28 Rajiv Gandhi Cancer Institute & Research Centre, Rohini, New Delhi.
- 29 RG. Stone Urological Research Institute, Group of Hospitals in Delhi & NCR.
- 30 Indian Spinal Injuries Centre Heart Command & Research Centre, Sector-C Vasant Kunj, New Delhi-110070.
- 31 Lions Kidney Hospital & Urology Research Institute, Opp. B. Block, New Friends Colony, New Delhi.
- 32 Centre for Sight, A-23 Green Park, AurobindoMarg, New Delhi-110016.
- 33 North Point Hospital, S-375, Panchsheel Park, New Delhi-110017.
- 34 Akash Hospital, 90/43, Malviya Nagar, New Delhi-110017.
- 35 Maharaja Agrasen, Panjabi Bagh

We certify that cashless medical insurance will be provided at all the hospitals above.

Annexure-VIII

**List of clients and Annual Turnover:**

Srl	Name of the PSU (in catering to Health Insurance of 1500 families or more under one group in the last five years)	Total number of families insured	Name of the contact person with mobile number	Year(s) of operation

Srl	Year of Assessments	Annual Turnover
	2017-18	
	2018-19	
	2019-20	
	2020-21	
	2021-22	

**(Relevant copies are attached)**

(Signature of the Authorized Official)

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Official Seal

## **ANNEXURE-IX**

The following declaration should be given on the letter head of the bidder

### **DECLARATION SHEET**

I \_\_\_\_\_ hereby certify that our offer no \_\_\_\_\_ dated \_\_\_\_\_ against \_\_\_\_\_ tender specification No. \_\_\_\_\_ does not amount to any breach of IRDA guidelines. I further confirm that in the event of disclosure at a later stage that the same are not in line with IRDA Guidelines and IIT DELHI is put to any disadvantage or face cancellation of the Policy or any claim becomes substandard/untenable, the whole liabilities arising out of this shall lie squarely on us.

I, \_\_\_\_\_ hereby certify that all the information and data furnished by me with regard to this tender specification are true and complete to the best of my knowledge. I have gone through the specification, conditions and stipulations in details and agree to comply with the requirements and intent of specification.

I, further certify that my company meets all the conditions of eligibility criteria laid down to take part in the tender.

I, further specifically certify that my company meets/is having underwritten Medical Insurance in minimum of three Indian Public Sector Undertakings in the last five years.

I, further specifically certify that my company has not been Black Listed/De Listed or put to any Holiday by any Institutional Agency/ Govt. Department/ Public Sector Undertaking in the last three years. And there is no adverse judgments by a consumer court against us.

I, further certify that I am the duly authorized representative of the Insurer and competent to agree as above.

(Signature of the Authorized Official)

Name : \_

Designation : \_

Official Seal

**ANNEXURE-X**

**Sub : Details of calculating Incurred Claim Ratio (ICR)**

[Bidder to provide complete details for ICR determination including illustrative examples where necessary] **(Details of Calculating Incurred Claim Ratio (ICR) and Bonus/Penalty terms for renewal for second and third year)**

Bonus given for renewal for subsequent year when  $ICR < 1$  : \_\_\_\_\_% (Enter Figure in numerals as well as in words)

Penalty level for renewal for subsequent year when  $ICR > 1$  : \_\_\_\_\_% (Enter Figure in numerals as well as in words)

(Signature of the Authorized Official)

Name : \_

Designation : \_

Official Seal

ANNEXURE-XI

**Sub : Top-Up quote**

Bidder must fill the following additional premium per family/student table for top-up optional coverage in various blocks. This will not be considered for determining the lowest quote (L1).

<b>Sl. No.</b>	<b>Top-Up Coverage (over and above the basic coverage)</b>	<b>Premium per family/ student (inclusive of all applicable taxes)</b>	<b>Amount in Figures</b>
1	Rs. 1 lakh		
2	Rs. 2 lakhs		
3	Rs. 3 lakhs		
4	Rs. 4 lakhs		
5	Rs. 5 lakhs		
6	Rs. 6 lakhs		
7	Rs. 7 lakhs		
8	Rs. 8 lakhs		
9	Rs. 9 lakhs		
10	Rs. 10 lakhs		
11	Rs. 11 lakhs		
12	Rs. 12 lakhs		
13	Rs. 13 lakhs		
14	Rs. 14 lakhs		
15	Rs. 15 lakhs		
16	Rs. 16 lakhs		
17	Rs. 17 lakhs		
18	Rs. 18 lakhs		
19	Rs. 19 lakhs		
20	Rs. 20 lakhs		

(Signature of the Authorized Official)

Name : \_

Designation : \_

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## ANNEXURE-XII

## Sub : Basic Technical Details

1	<b>Name of the Insurer:</b>		
	<b>Complete Address:</b>		
	<b>Phone No.</b>		<b>Email ID</b>
2	<b>Name of Contact Person / Representative of Insurer and Designation</b>		
	<b>Phone No.:</b>		<b>Mobile No.:</b>
3	<b>General Nationalized Insurance Company's registration Details:Under Companies' Act/Partnership Act: IRDAI: PAN No.: GST Registration No.: (Enclose relevant documents)</b>		
4	<b>Details of TPA/ In-house Claim Management team :</b> (Enclose the relevant documents. Eg. Agreement, Terms of TPA with the Insurer, etc. and provide a <b>list of all TPAs</b> withwhom Insurer has <b>tie-up.</b> )		
5	<b>i) List of Network Hospitals (Separate list be attached)</b>		
	<b>ii) List of Network Hospitals in Delhi (Separate list be attached).</b>  (Enclose relevant documents)		
6	<b>Names and Contact Details of two Clients against whom such group insurancepolicies have been issued:</b> (Enclose the relevant contract/policy documents) <b>i)</b> <b>ii)</b>		
7	<b>Any other information, Insurer wishes to provide in support of its credential:</b> (Details, if any, to be furnished separately)		

Signature of the Authorized person

Official)Name : \_

Designation : \_

Official Seal



## BID SUBMISSION

### Online Bid Submission:

The Online bids (complete in all respect) must be uploaded online in **two** Envelops as explained below: -

<b>Envelope – 1</b> (Following documents to be provided as single PDF file)			
Sl. No.	Document	Content	File Types
1.	Technical Bid	Age-Wise Statistics of Employees and Their Dependents (Annexure - I)	.PDF
2.		Provisional Age-Wise Statistics of Students(Annexure - II)	.PDF
3.		Day Care procedures (Annexure-III)	.PDF
4.		List of exclusions under IIT Delhi Medical Insurance policy Annexure-IV	.PDF
5.		List of expenses generally excluded (‘Non-admissible Expenses’) in Hospitalization Policy (Annexure - V)	.PDF
6.		List of Criteria for Technical Evaluation (Compliance Sheet) (Annexure-VI)	.PDF
7.		LIST OF PREFERRED HOSPITALS IN NCR REGION (Annexure-VII)	.PDF
8.		List of clients and Annual Turnover (Annexure-VIII)	.PDF
9.		DECLARATION SHEET (Annexure-IX)	.PDF
10.		Details of calculating Incurred Claim Ratio (ICR) (Annexure-X)	.PDF
11.		Top-Up quote (Annexure-XI)	.PDF
12.		Basic Technical Details (Annexure-XII)	.PDF
<b>Envelope – 2</b>			
Sl. No.	Document	Content	File Types
1.	Financial Bid	Price bid should be submitted in given BOQ_XXXX.xls format. <i>(Note: -Comparison of prices will be done ONLY on the bids submitted for the Main Equipment and anything asked as ‘Optional’ in the specs is not to be included for overall comparison.)</i> Bids for optional items are to be submitted in ‘sheet2_Quote for optional items’	.XLS