



राष्ट्रीय प्रौद्योगिकी संस्थान आंध्रप्रदेश
NATIONAL INSTITUTE OF TECHNOLOGY ANDHRA PRADESH

Near National Highway No. 16, Kadakatla, Tadepalligudem – 534101

West Godavari District, Andhra Pradesh, India

Ref No: NITANP/SMMD/TENDER/2023-24/49-CORRIGENDUM1

DATE: 27.10.2023

CORRIGENDUM - I

Tender Ref No: NITANP/SMMD/TENDER/2023-24/49 Dated:13.10.2023

Tender ID: 2023_NITAP_730652_1

Title: "Group Medical Insurance for Students (Cash Less)"

With reference to the above tender, a few changes were made in the tender document. The revised tender document is enclosed herewith in this Corrigendum with the changes highlighted. The revised tender document can also be downloaded from the Institute website www.nitandhra.ac.in/main/tender.

M. Ravi
Associate Dean, P&D
(SMMD & GeM)

सह अधिष्ठाता / Associate Dean
CENTRAL STORES & PURCHASE SECTION
NIT Andhra Pradesh





राष्ट्रीय प्रौद्योगिकी संस्थान - आंध्र प्रदेश
NATIONAL INSTITUTE OF TECHNOLOGY ANDHRA PRADESH
TADEPALLIGUDEM

Near National Highway No. 16, Kadakatal,
TADEPALLIGUDEM – 534101 West Godavari District, Andhra Pradesh

CASHLESS MEDICAL INSURANCE SCHEME FOR STUDENTS

Schedule-A

1. Key Features

- i. The Key features for a health insurance plan include:
- ii. Health Insurance Scheme would be for about 2456 students (± 10 variation).
- iii. Premiums for insurance coverage: NIT Andhra Pradesh will pay a regular insurance premium for Health insurance during the coverage period.
- iv. Direct billing to service providers: The Insurer will ensure direct settlement of bills and claims with hospitals and medical service providers.
- v. Accessibility to health insurance services: The administrative set-up should ensure access to health insurance information and services to all the beneficiaries of NIT Andhra Pradesh.
- vi. The scheme: The scheme will include the participation of all public & private sector health service providers.
- vii. The Insurance Company must be in the Group Medical Insurance business in India at least for Five years as on the scheduled date of tender opening.

2. Special terms and Conditions

- i. There shall be a dedicated helpline (24x7) from the TPA of Insurance Company available and the contact details including the name of the contact person, contact numbers, and postal/email address shall be furnished in the EOI.
- ii. If there is any reimbursement to the students/beneficiaries of the scheme, the same should be paid directly to the Students of NIT Andhra Pradesh within 30 days on receipt of bills, the service provider shall be responsible for ensuring the smooth process.
- iii. The response time by the TPA at the time of admission and discharge shall be a maximum of up to 4 hours.
- iv. Reports including the claim of the students and the details of the settlement are to be furnished to the institute on monthly basis or as and when required by the institute.
- v. The cashless facility should be provided in at least 3 hospitals in Tadepalligudem. Name of such hospitals to be provided.

- vi. The insurance company shall arrange to issue a membership card to each insured person/family directly directly at their cost.

3. Mandatory Documents to be furnished along with the Quotation

- i. Certified copy of IRDA accreditation certificate.
- ii. Details of Third Party Administrators (TPA). (preference will be given to direct agencies)
- iii. A draft copy of Group Health Insurance Policy.
- iv. List of Government/Semi-Government/Govt. of India Undertaking/Autonomous Body or Private Body for which such Insurance Scheme has been provided along with the proofs. A minimum of three such work orders with execution certificates need to be attached. Failing which the tender gets disqualified.
- v. The Tender/bidder has to mandatorily fill and submit the Annexures I, II, III, IV.

Eligibility Criteria
(To be Filled and Certified by the Tender)

Technical Requirements	Complied	Supporting Documents Enclosed
IRDA Accreditation Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Adequate Experience in providing Group Insurance during the past 5 Years (A minimum of 3 purchase/work orders need to be attached)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tender document duly signed on each page	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cashless treatment in at least 3 multispeciality or any 10-20 bedded hospitals located in Tadepalligudem. Name of such hospitals to be provided.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
24x7 helpline of TPA along with contact details of TPA	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
A dummy copy of Group Health Insurance Policy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

(Signature of the Authorised Person)

Date: _____

Name: _____

Designation: _____

Contact / Mob No. _____

Seal

Annexure-II

(To be printed on the official letterhead of the Insurance Agency)

To

The Registrar
National Institute of Technology Andhra Pradesh
Tadepalligudem-534101
Andhra Pradesh

Subject: Expressions of Interest for implementation of Group Health Insurance cover to the Students of NIT Andhra Pradesh

Dear Sir,

In reference to the above, I/We are enclosing our irrevocable Expression of Interest (EOI) for Group Health Insurance cover to the Students of NIT Andhra Pradesh, Tadepalligudem.

I/we hereby declare that I/we have carefully read and understood the above referred EOI document including instructions, terms and conditions, and all its contents stated there in, and accordingly we are showing our interest in providing the said services.

Thanking you,

Yours sincerely

(Signature of the Authorised Person)

Date: _____

Name: _____

Designation: _____

Contact/Mobile No. _____

Seal

**TECHNICAL BID FOR STUDENTS GROUP HEALTH INSURANCE POLICY FOR
NIT ANDHRA PRADESH TADEPALLIGUDEM**

Technical Details				Remarks
Group Name	National Institute of Technology			
Location	Tadepalligudem			
Commencement Date	From the day of contract awarded	Period	One Year	
Insured Group Details				
Students	2456 ±10			
Maximum age	16 to 51 yrs			
Floater/Individual	Individual			
Sum Insured bands	Rs.1.00 Lakhs (Students)			
Coverage & Benefits Details				Remarks
Domiciliary Hospitalization	Covered			
Coverage of Pre Existing diseases	Covered			
Exclusions	Nil			
Cashless facility	Applicable			
30 days waiting Period	Waived			
30 days Pre and 60 Days post hospitalization Expenses covered	Covered			
Day care Expenses	Covered			Insurer shall pay for Day Care expenses incurred on advance technological surgeries and procedures requiring less than 24 hours of hospitalization
Ambulance charges	Covered			Up to 2% of sum insured
Accident/Trauma	Covered			

Day one coverage	Covered	
Nature of non-empanelled hospitals where expenses are Reimbursable incase of emergency treatment	Yes/No	
Dental treatment	covered	
Out Patient Consultation	Up to 7,000	
Co-Payment	Not Applicable	
Room Rent Capping	Applicable. Cap should not be lower than as mentioned in corresponding table	2% of the sum assured for students
Other Conditions	New Students shall be included in policy from date of joining and passed out students will be deleted.	
	Monthly declaration will be given for Additions and Deletions by end of the following month	
	Pro rata Premium to be charged/refund in case of Addition/Deletion	
TPA	TPA Services Involved (if any) and Name and contact details to be submitted	List of Network of Authorized hospitals to be provided
Any Service Charges on Medical Bills	Should not be deducted from the individual Claim	

NATIONAL INSTITUTE OF TECHNOLOGY TADEPALLIGUDEM

Students Strength As on	19/10/2023
Students	2456

Name and Signature of Authorized Person



(To be Certified by the Tenderer/Bidder)

DISEASE-WISE CAPING

S.NO	Disease	Metro locations	Non-metro Locations
1	Appendix	50,000	35,000
2	Eye related	60,000	50,000
3	Gall bladder	60,000	50,000
4	Hernia	50,000	40,000
5	Hydrocele	25,000	20,000
6	Hysterectomy	50,000	40,000
7	Piles	45,000	35,000
8	Kidney stones (including DJ stent removal for same stone)	70,000	60,000

Sr No	Particulars	Total premium/Year/Student
1	Premium for coverage of Rs. 1.00 Lakh per student for a period of one year	
2	GST	
Total in Figures		
Total in Words		

Note:

1. All terms & conditions as stated in the Tender Document.
2. Conditional bids are not acceptable.
3. Bids submitted in the above format shall only accepted.

Name and Signature of Authorized Person

Seal

AGE PROFILE OF STUDENTS OPTED FOR MEDICAL INSURANCE

Age Band	Students (In No. s)
0-18 Years	674
19 Year	635
20 Year	599
21-35 Years	533
36-45 Years	14
51 Year	1
TOTAL	2456

Previous policy details

Policy Number	4015/X/273330497/00/000
Insurance company	ICICI lombard
Period of Insurance	2022-2023/01 year
Basic Premium	Rs. 928,486.00
Claim amount	Rs.185297
Claim ratio	20.025