



राष्ट्रीय प्रौद्योगिकी संस्थान - आंध्रप्रदेश
NATIONAL INSTITUTE OF TECHNOLOGY ANDHRA PRADESH
Near National Highway No. 16, Kadakatla, Tadepalligudem – 534101
West Godavari District, Andhra Pradesh

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

Date: 13.10.2023

Limited Tender Enquiry

Sub: Group Medical Insurance for Students (Cash less) –Quotation invited –Regarding.

Please send your lowest quotation to the above services as per the tender document.
The quotation is to be sent in a sealed envelope to the following address:

C/o Tender Box
Material Management & Disposal Section,
Sardar Vallabhbhai Patel Administrative Building
NATIONAL INSTITUTE OF TECHNOLOGY, ANDHRA PRADESH,
Near National Highway No. 16, Kadakatla,
TADEPALLIGUDEM – 534101
West Godavari District, Andhra Pradesh.

The quotation has to be sent by Post (Ordinary / Register / Speed Post) or drop in a drop box physically. (Any other mode will not be accepted)

The envelope must be superscribed as "**QUOTATION**" at the center of the envelope and the above **reference number at left top** along with the name of the tender on the envelope. Quotations without the above subscription **will not be accepted**.

The last date to receive the sealed quotation is **03.11.2023**

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 **2110** 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

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, and IV.

Supporting Documents Enclosed	Yes <input type="checkbox"/> No <input type="checkbox"/>	A dummy copy of Group Health Insurance Policy
Tender documents duly signed on each page	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of each hospital to be provided
A minimum of 3 purchase/work orders need to be attached	Yes <input type="checkbox"/> No <input type="checkbox"/>	SAXT helpline of TPA along with contact details of TPA
Adequate Experience in providing Group Insurance during the past 5 Years	Yes <input type="checkbox"/> No <input type="checkbox"/>	Costless treatment in at least 3 multiplicity or any 10-50 bedded hospitals located in Tadipatri
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

(Signature of the Authorized Person)



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

(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

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

To

The Registrar

National Institute of Technology Andhra Pradesh

Telakota - 534101

Andhra Pradesh

Subject: Expression 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 Introductory Expression of Interest (EOI) for Group Health Insurance cover to the Students of NIT Andhra Pradesh, Telakota.

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 Authorized Person)

Date: _____

Name: _____

Designation: _____

Contact No. _____

Seal

Annexure-III

**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	2110			
Maximum age	18 to 43 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	Yes/No	

emergency treatment		
Dental treatment	covered	
Out Patient Consultation	Up to 1000	
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	04.10.2023
Students	2110

Name and Signature of Authorized Person

Seal

Annexure-IV

(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

While sending your lowest quotation – please specify the following:

1. Taxes (as applicable) : Inclusive
2. Preferred terms of payment (institute rules permitted to pay on Receipt of services with satisfaction):
3. Discount offered, if any :
4. Validity of the offer :
5. Detailed drawings / catalogues / Leaflets / literature / samples may be furnished wherever feasible / required
6. Please indicate clearly whether the rates quoted herein are the same as applicable to DGS & D / Government Department / Other Public Sector Undertakings.
7. Please mention the Quotation number and name of the item/s (in brief) on your envelope when submitting your quotation to the Institute
8. Please note that the Director reserves the right to modify or alter the specifications and also to reject any or all the Quotations without assigning any reasons thereto.
9. The suppliers / firms are informed not to call on us without prior appointment.
10. The Institute is not responsible for delays / loss in postal transit or due to any other reasons.
11. Signature and Seal required on each and every page of the tender document

Yours faithfully,


Head of Department

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