

भारतीय प्रौद्योगिकी संस्थान गुवाहाटी

INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI



TENDER DOCUMENT

FOR

GROUP MEDICAL INSURANCE SCHEME

2023-24

NIT. NO. Ref: IITG/MS/GMIS/5/2023-24 Dt. 06th June 2023

Date:
Place:

Signature and Name of Authorized Representative of Insurer
along with official seal and address



भारतीय प्रौद्योगिकी संस्थान गुवाहाटी
Indian Institute of Technology Guwahati
Guwahati - 781 039

Ref: IITG/MS/GMIS/5/2023-24 Dt. 06th June 2023

TENDER NOTICE

Sub: Notice Inviting Tender for Group Medical Insurance Scheme

The Director, Indian Institute of Technology Guwahati, invites tenders to offer Group Medical Insurance from from experienced and eligible Insurance companies, registered with the Insurance Regulatory and Development Authority of India (IRDAI). The details of the terms and conditions are given in the schedules. The Tender Document is to be downloaded from the website: https://www.iitg.ac.in/iitg_tenders_all

The duly signed and sealed Tender document in a single bid may be either sent by speed post/courier or personally submitted to the drop box kept in IIT Guwahati Hospital addressing to “**Dr. Surojit Majumdar, Secretary, GMIS, Sr. Medical Officer, Medical Section, Indian Institute of Technology Guwahati, Guwahati-781039**” so as to reach **on or before 30 June 2023 at 16:00 Hrs.** Indian Institute of Technology Guwahati (IITG) will not be responsible for any delay or loss of tender sent by post/courier.

The tender documents are not transferable. All pages must be duly signed and sealed with the official stamp of the firm. The job requirements, along with the terms and conditions given in the schedules, are the basic essence of the tender. It must be ensured that the offers are strictly made as per these terms and conditions. No pre-printed conditions of the tenderer shall be accepted.

Thanking you

Sd/-

Dr. Surojit Majumdar,
Secretary, GMIS,
Sr. Medical Officer,
Medical Section,
Indian Institute of Technology Guwahati,
Guwahati – 781 039.
Assam, India.

Date:
Place:

Signature and Name of Authorized Representative of Insurer
along with official seal and address

GROUP MEDICAL INSURANCE SCHEME, IIT GUWAHATI

NIT. NO. Ref: IITG/MS/GMIS/5/2023-24 Dt. 06th June 2023

BID INSTRUCTIONS

(1) **Eligibility criteria:** Prior to preparing 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

(3) **Important Dates**

***Pre-bid meeting: 15 June 2023, 15:30 hrs**

Last date of submission: 30 June 2023, 16:00 hrs

Date of opening: 30 June 2023, 17:00 hrs

*Prior to the pre-bid meeting, all the interested bidders can send their queries, if any, related to tender to gmis@iitg.ac.in on or before **14 June 2023, 23:59 hrs**.

(4) **Submission of tender:** The tender must be submitted in a single bid with **two separate quotes** including and excluding the **Additional Specific Special cases as stated in 2.2.16**. It may be noted that submission of quote **excluding the Additional Specific Special cases as stated in 2.2.16 is mandatory to participate in the bidding, while the quote including the Additional Specific Special cases as stated in 2.2.16 is desirable**. **Bidders need to submit the bid as per the format attached in Schedule D**. The following must be clearly written on the envelope containing the bid:

Tender for Group Medical Insurance Scheme IITG

IITG/MS/GMIS/5/2023-24 Dt. 06th June 2023

To,
Dr. Surojit Majumdar,
Secretary, GMIS,
Sr. Medical Officer,
Medical Section,
Indian Institute of Technology Guwahati,
Guwahati – 781 039.
Assam, India.

From: M/s _____

Date:

Signature and Name of Authorized Representative of Insurer

Place:

along with official seal and address

Contact No.: _____

Date:
Place:

Signature and Name of Authorized Representative of Insurer
along with official seal and address

Schedule A

General Terms and Conditions

(1) Eligibility to participate in the tender:

A Firm, called Insurer, registered and approved with the Insurance Regulatory and Development Authority (IRDA), who is authorized to issue medical insurance policies. The insurer must have its policy issuing office in Guwahati city.

(2) Scope of the Insurer:

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

(3) Submission of tender:

A tender can be submitted on all working days. The due date for the tender submission is on or before **30 June 2023, 16:00 Hrs.** If this day is declared a holiday, the tenders can be submitted up to 16:00 hrs on the following working day.

(4) Authority to sign:

All pages of this tender document along with the enclosures must be duly signed by the authorized representative of the Insurer along with his/her full name, office seal, and address.

(5) Compliance/Consideration:

The Insurer should comply with all the terms and conditions given in all the schedules of this tender document. As a confirmation, the authorized representative of the Insurer should sign on all pages of this tender document.

(6) 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.

(7) Late submission of tender:

The tenders received after the due date and time will NOT be considered, and the same will be returned unopened to the Insurer.

(8) Acceptance and rejection:

IITG 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.

(9) Final selection:

Date:
Place:

Signature and Name of Authorized Representative of Insurer
along with official seal and address

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 IITG 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 I and II**. The formula used for calculating the lowest premium will be:

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

where, n_s = number of students less than 25 years of age

p_s = premium per student for students less than 25 years of age

n_o = number of students more than 25 years of age

p_o = premium per student for students more than 25 years of age

n_f = number of families

p_f = premium per family

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

(10) Agreement:

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

(11) Period of policy:

The policy shall be issued for a period of 1 (one) year. The policy shall be effective from 01 August 2023. 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.

(12) Grievance redressal and termination:

In case of grievances due to noncompliance with any of the provisions contained in this policy by the Insurer, IITG 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: IITG may approach the Insurance Ombudsman and get the grievance redressed.

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

(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 IITG.

(13) Premium payment terms:

The insurer shall quote the premium as per **Schedule D**. The IITG shall pay the quoted premium in advance for the final number of employees and students. IIT Guwahati

Date:

Signature and Name of Authorized Representative of Insurer

Place:

along with official seal and address

shall pay the premium on a pro-rata basis for employees and students who join after the policy start date.

(14) Performance Monitoring:

The insurer shall submit the monthly statement to the IITG 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.

(15) Canvassing:

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

(16) Modifications:

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

(17) Cancellation of tender:

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

(18) 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 Guwahati in Kamrup District Assam.

(19) Important dates:

Pre-bid meeting: 15 June 2023, 15:30 hrs

Last date of submission: 30 June 2023, 16:00 hrs

Date of opening: 30 June 2023, 17:00 hrs

(20) 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.

Date:
Place:

Signature and Name of Authorized Representative of Insurer
along with official seal and address

Schedule B

Basic Technical Details

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

Date:
Place:

Signature and Name of Authorized Representative of Insurer
along with official seal and address

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 Guwahati from the list given in **Schedule B**. If not the insurer must engage In-house Claim Management team.

1.1.2. Helpdesk at IITG: For smooth processing of claims, a staff of TPA/ In-house Claim Management team must be stationed at IITG on a regular basis, at least twice a week on Tuesday and Friday, during office hours. For this purpose, unless otherwise decided by IITG, a seating place/room with a table and chair shall be provided by IITG 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/ In-house Claim Management team, 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/ In-house Claim Management team, the modes of communication will be over 24x7 toll-free phone/email/SMS/website, etc. For reimbursement against such

Date:
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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 the Gauhati Medical College Hospital and the AIIMS, 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 IITG to its employees and students must be honored in all the Network hospitals. In the case of family members of IITG 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. 2 lakh** for employees per family and Rs. 1 lakh for students.

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 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.

1.7. Corporate Buffer:

It is a special provision formulated under these policies which is meant to meet contingency expenditure, which could not be met by an individual within the sum insured under the policies. The Corporate Buffer is to be provided by the Insurer as an incentive in lieu of the anticipated unutilized sum insured during the policies periods. The Corporate Buffer is fixed under this policy will either be **Rs. 30 lakhs, Rs. 40 lakhs or Rs. 50 lakhs**. Bidders need to submit separate price bids considering each cases in the format attached in **Schedule D**.

Date:
Place:

Signature and Name of Authorized Representative of Insurer
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1.7.1. Utilization of Corporate Buffer: The Corporate Buffer shall be at the discretion of the Director, IITG. In case the sum insured of a member is exhausted, but the continuation of the treatment is found inevitable, on case to case basis, the Director, IITG shall allot a certain amount from the Corporate Buffer and recommend the same to the Insurer for utilization of this fund.

(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/ In-house Claim Management team.

2.1. 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 IITG. 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 IITG. As per **Annexure II**, provisional age-wise statistics of students are provided. 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.

Date:
Place:

Signature and Name of Authorized Representative of Insurer
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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 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 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.

Date:
Place:

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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 addition Rs.10,000/- for every Rs. 1 lakh top-up.
- b) Maternity Benefit: Reimbursable maximum benefit up to Rs.75,000/- for b students and employees. Pre and post natal (up to 60 days) treatment (OPD basis) 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 dates 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. 25000/- injection upto a maximum of Rs. 75000/- per policy period.
- i) Chemotherapy: Oral Chemotherapy covered on an OPD basis (with hospitalization) upto a maximum of 50% Sum Insured opted by Insured. This 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.

Date:
Place:

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- 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.

2.2.16. Additional Specific Special cases: As additional specific special case 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.

Date:
Place:

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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.

I/We agree to the above terms and conditions under Schedules A, B & C of the tender document.

Date:
Place:

Signature and Name of Authorized Representative of Insurer
along with official seal and address

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. IITG 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, institute fellows (i.e., **970**), and the number of students is **8079**. Similarly, the average rate is calculated for **retirees** and students.

Format for Submission of Price Bid:

D1.0 Policy for employees, retirees, Institute fellow and family retirees: The premium must be quoted for basic coverage of Rs. 2,00,000/- (Rupees Two lakh only) per employee/family on a family floater basis. We are collecting quotes for six different scenarios. Quoting the bids for items 1,2 &3 under Price Bid A is mandatory to participate in the bid. Quoting the bids for items, 4,5 & 6 under Price Bid B is desirable. At present the total number of family is:

D1.1 Price Bid A

| Excluding the Additional Specific Special cases as stated in 2.2.16. | | |
|---|--|------------------|
| Item no | Details | Price per family |
| 1 | Considering Corporate Buffer amount is Rs. 30,00,000/- | |
| 2 | Considering Corporate Buffer amount is Rs. 40,00,000/- | |
| 3 | Considering Corporate Buffer amount is Rs. 50,00,000/- | |

D1.2 Price Bid B

| Including the Additional Specific Special cases as stated in 2.2.16. | | |
|---|---------|------------------|
| Item no | Details | Price per family |

Date:
Place:

Signature and Name of Authorized Representative of Insurer
along with official seal and address

| | | |
|---|--|--|
| 4 | Considering Corporate Buffer amount is Rs. 30,00,000/- | |
| 5 | Considering Corporate Buffer amount is Rs. 40,00,000/- | |
| 6 | Considering Corporate Buffer amount is Rs. 50,00,000/- | |

D1.3 Additional premium per family for top-up optional coverage in various blocks

| Sl. No. | Top-Up Coverage (over and above the basic coverage of Rs. 2 lakh) | Premium per family (inclusive of all applicable taxes) |
|---------|--|---|
| 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 | |

D2.0 Policy for students. The premium must be quoted for basic coverage of Rs. 1,00,000/- per student. We are collecting quotes for six different scenarios and two different age groups. Quoting the bids for items 1,2 &3 under Price Bid A is mandatory to participate in the bid. Quoting the bids for items, 4,5 & 6 under Price Bid B is desirable. At present the total number of students is:

D2.1 Price Bid A

Excluding the Additional Specific Special cases as stated in 2.2.16.

Date:
Place:

Signature and Name of Authorized Representative of Insurer
along with official seal and address

| Item no | Details | Price for age group 25 years and below | Price for age group above 25 years |
|---------|--|--|------------------------------------|
| 1 | Considering Corporate Buffer amount is Rs. 30,00,000/- | | |
| 2 | Considering Corporate Buffer amount is Rs. 40,00,000/- | | |
| 3 | Considering Corporate Buffer amount is Rs. 50,00,000/- | | |

D2.2 Price Bid B

| Including the Additional Specific Special cases as stated in 2.2.16. | | | |
|---|--|--|------------------------------------|
| Item no | Details | Price for age group 25 years and below | Price for age group above 25 years |
| 4 | Considering Corporate Buffer amount is Rs. 30,00,000/- | | |
| 5 | Considering Corporate Buffer amount is Rs. 40,00,000/- | | |
| 6 | Considering Corporate Buffer amount is Rs. 50,00,000/- | | |

D2.3 Additional premium per student for top-up optional coverage in various blocks

| Sl. No. | Top-Up Coverage (over and above the basic coverage of Rs. 2 lakh) | Premium per student for age group 25 years and below | Premium per student for age group above 25 years |
|---------|--|--|--|
| 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 | | |

Date:

Signature and Name of Authorized Representative of Insurer

Place:

along with official seal and address

| | | | |
|----|--------------|--|--|
| 17 | Rs. 17 lakhs | | |
| 18 | Rs. 18 lakhs | | |
| 19 | Rs. 19 lakhs | | |
| 20 | Rs. 20 lakhs | | |

Date:
Place:

Signature and Name of Authorized Representative of Insurer
along with official seal and address

Annexure I

Age-Wise Statistics of Employees and Their Dependents

(as on 10.02.2022)

The employee population is in flux as in any other group medical insurance policy. The final distribution, although not exact, will be very very close (i.e., indicative) to this table.

| Category | Total no. | Age-wise distribution(in years) | | | | | | | Avg. Age |
|------------------------|-----------|---------------------------------|-------|-------|-------|-------|-------|-----|----------|
| | | 0-25 | 26-35 | 36-45 | 46-55 | 56-65 | 66-75 | >75 | |
| Employees | 970 | 7 | 203 | 376 | 287 | 86 | 10 | 1 | 44 |
| Dependent of Employees | 2192 | 1001 | 256 | 354 | 218 | 151 | 131 | 81 | 32 |

Date:
Place:

Signature and Name of Authorized Representative of Insurer
along with official seal and address

Annexure II

**Provisional Age-Wise Statistics of Students
(as on 15.05.2023)**

The student population is in flux as in any other group medical insurance policy. The final distribution, although not exact, will be very very close (i.e., indicative) to this table.

| Category | 25 years and below | Above 25 years | Total |
|----------|--------------------|----------------|-------|
| Student | 5535 | 2544 | 8079 |

| Category | Total no. | Age-wise distribution | | | | | | | | | | Avg. Age |
|----------|-----------|-----------------------|-----|------|-------|-------|-------|-------|-------|-------|-----|----------|
| | | <1 | 1-5 | 6-15 | 16-25 | 26-35 | 36-45 | 46-55 | 56-65 | 66-75 | >75 | |
| Students | 8079 | 0 | 0 | 0 | 5535 | 2344 | 168 | 28 | 4 | 0 | 0 | 23.85 |

N.B.: Please visit GMIS webpage for all the details, including year wise claim-ratio:
<https://www.iitg.ac.in/medical/GMIS.htm>

Date:
Place:

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Annexure III

Day Care procedures

Treatment or Diseases Covered in Day Care

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.

A. Microsurgical Operations on the Middle Ear

1. Stapedotomy
 2. Stapedectomy
 3. Revision of a stapedectomy
 4. Myringoplasty (Type -I Tympanoplasty)
 5. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
 6. Revision of a tympanoplasty
-

B. Other operations on the middle & internal ear

7. Myringotomy
 8. Removal of a tympanic drain
 9. Incision of the mastoid process and middle ear
 10. Mastoidectomy.
 11. Reconstruction of the middle ear
 12. Fenestration of the inner ear
 13. Revision of fenestration of the inner ear
 14. Incision (opening) and destruction (elimination) of the inner ear
 15. Reconstruction and other procedures of the auditory ossicles
 16. Other microsurgical operations on the middle ear
 17. Other excisions of the middle & inner ear
 18. Other operations on the middle and inner ear
 19. Other operations of the auditory ossicles
 20. Removal of Keratosis Obturans
-

C. Operations on the nose & the nasal sinuses

21. Excision and destruction of diseased tissue of the nose
 22. Operations on the turbinates (nasal concha)
 23. Nasal sinus aspiration
 24. Quinsy drainage
 25. Other operations on the nose
 26. Foreign body removal from nose
-

D. Operations on the eyes

27. Incision of tear glands
28. Incision of diseased eyelids
29. Excision and destruction of diseased tissue of the eyelid
30. Operations on the canthus and epicanthus.

Date:

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Place:

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31. Corrective Surgery for entropion and ectropion
32. Corrective Surgery for blepharoptosis
33. Removal of a foreign body from the conjunctiva
34. Removal of a foreign body from the cornea
35. Incision of the cornea.
36. Operations for pterygium
37. Removal of a foreign body from the lens of the eye
38. Removal of a foreign body from the posterior chamber of the eye
39. Removal of a foreign body from the orbit and eyeball
40. Operation of cataract
41. Chalazion removal
42. Glaucoma surgery
43. Surgery for retinal detachment
44. Other operations on the cornea
45. Correction of Eyelids Ptosis by Levator Palpebrae Superioris Resection (bilateral)
46. Correction of Eyelids Ptosis by Fascia Lata Graft (bilateral)
47. Diathermy/ Cryotherapy to treat retinal tear
48. Anterior chamber Pancentesis/ Cyclodiathermy/ Cyclocryotherapy/
goniotomy/ Trabeculotomy and Filtering and Allied operations to treat glaucoma
49. Enucleation of the eye without implant
50. Dacryocystorhinostomy for various lesions of Lacrimal Gland
51. Laser photocoagulation to treat Retinal Tear
52. Other operations on the tear ducts

E. Operations on the skin & subcutaneous tissues

53. Incision of a pilonidal sinus
54. Free skin transplantation, donor site
55. Free skin transplantation, recipient site
56. Revision of skin plasty
57. Simple restoration of surface continuity of the skin and subcutaneous tissues
58. Destruction of diseased tissue in the skin and subcutaneous tissues
59. Local excision of diseased tissue of the skin and subcutaneous tissues
60. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
61. Chemo Surgery to the skin.
62. Local excision or destruction of diseased tissue of the skin and subcutaneous tissues
63. Simple restoration of surface continuity of the skin and subcutaneous tissues
64. Excision of Granuloma
65. Incision and drainage of abscess
66. Other incisions of the skin and subcutaneous tissues
67. Other excisions of the skin and subcutaneous tissues
68. Reconstruction of deformity/ defect in Nail Bed
69. Other restoration and reconstruction of the skin and subcutaneous tissues

F. Operations on the tongue

70. Incision, excision and destruction of diseased tissue of the tongue
71. Partial glossectomy
72. Glossectomy
73. Reconstruction of the tongue
74. Other operation on the tongue

Date:
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G. Operations on the salivary glands & salivary ducts

- 75. Incision and lancing of a salivary gland and a salivary duct
 - 76. Excision of diseased tissue of a salivary gland and a salivary duct
 - 77. Resection of a salivary gland
 - 78. Reconstruction of a salivary gland and a salivary duct
 - 79. Other operations on the salivary glands and salivary ducts
-

H. Other operations on the mouth & face

- 80. External incision and drainage in the region of the mouth, jaw and face
 - 81. Incision of the hard and soft palate
 - 82. Excision and destruction of diseased hard and soft palate
 - 83. Incision, excision and destruction in the mouth
 - 84. Plastic Surgery to the Floor of the mouth
 - 85. Palatoplasty
 - 86. Other operations in the mouth
-

I. Operations on the tonsils & adenoids

- 87. Transoral incision and drainage of a pharyngeal abscess
 - 88. Tonsillectomy without adenoidectomy
 - 89. Tonsillectomy with adenoidectomy
 - 90. Excision and destruction of a lingual tonsil
 - 91. Other operations on the tonsils and adenoids
-

J. Trauma Surgery and orthopedics

- 92. Incision on bone, septic and aseptic
 - 93. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
 - 94. Reduction of dislocation under GA
 - 95. Arthroscopic knee aspiration
 - 96. Suture and other procedures on tendons and tendon sheath
 - 97. Aspiration of hematoma
 - 98. Escisionofdupuytren’s contracture
 - 99. Carpal tunnel decompression
 - 100. Surgery for ligament tear
 - 101. Surgery for meniscus tear
 - 102. Surgery for hemoarthrosis/ pyoarthrosis
 - 103. Removal of fracture pins/nails
 - 104. Removal of metal wire
 - 105. Other Operations on the tonsil and adenoids
 - 106. Adenoidectomy
-

K. Operations on the breast

- 107. Incision of the breast
 - 108. Operations on the nipple
 - 109. Excision of breast lump/fibro adenoma
-

L. Operations on the digestive tract

- 110. Incision and excision of tissue in the perianal region
- 111. Surgical treatment of anal fistulas
- 112. Surgical treatment of haemorrhoids
- 113. Division of the anal sphincter (sphincterotomy)
- 114. Ultrasound guided aspirations
- 115. Sclerotherapy
- 116. Therapeutic Ascitic Tapping
- 117. Endoscopic ligation/banding

Date:
Place:

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118. Dilatation of digestive tract strictures
 119. Endoscopic ultrasonography and biopsy
 120. Other operations on the anus
 121. Laparotomy for grading Lymphoma WITH Splenectomy/Liver/LymphNode Biopsy
 122. Therapeutic laparoscopy with laser
 123. Cholecystectomy and choledoch- jejunostomy/ Duodenostomy/ Gastrostomy/ Exploration Common Bile Duct
 124. Esophagoscopy, gastroscopy, duodenoscopy with polypectomy/ removal of foreign body/ diathemy of bleeding lesions
 125. Lithotripsy/ Nephrolithotomy for renal calculus
 126. Excision of renal cyst
 127. Drainage of Pyonephrosis/ Perinephric Abscess
 128. Appendectomy with / without drainage
-

M. Replacement of Gastrostomy tube

129. Endoscopic decompression of colon
 130. Therapeutic ERCP
 131. Nissen fundoplication for Hiatus Hernia/Gastro esophageal reflux Disease
 132. Endoscopic Gastrostomy
 133. Laparoscopic procedures e.g. cholecystectomy, appendectomy etc.
 134. Endoscopic Drainage of Pseudopancreatic cyst
 135. Hernia Repair (herniotomy/hernioraphy/hernioplasty)
-

N. Operations on the female sexual organs

136. Incision of the ovary
 137. Insufflation of the Fallopian tubes
 138. Dilatation of the cervical canal
 139. Conisation of the uterine cervix
 140. Incision of the uterus (hysterotomy)
 141. Therapeutic curettage
 142. Culdotomy
 143. Incision of the vagina
 144. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
 145. Incision of the vulva
 146. Operations on Bartholin's glands (cyst)
 147. Endoscopic polypectomy
 148. Myomectomy, hysteroscopic or laparoscopic biopsy or removal
 149. Other operations on the Fallopian tube
 150. Other operations on the uterine cervix
 151. Laser therapy of cervix for various lesions of uterus
 152. Salpingo- Oophorectomy via laparoscopy
-

O. Operations on the prostate & seminal vesicles

153. Incision of the prostate
154. Transurethral excision and destruction of prostate tissue
155. Transurethral and percutaneous destruction of prostate tissue
156. Open surgical excision and destruction of prostate tissue
157. Radical prostatovesiculectomy
158. Incision and excision of peri prostatic tissue
159. Operations on seminal vesicles

Date:
Place:

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- 160. Other excision and destruction of prostate tissue
 - 161. Other operation on the prostate
-

P. Operations on the scrotum & tunica vaginalis testis

- 162. Incision of the scrotum and tunica vaginalis testis
 - 163. Operation on a testicular hydrocele
 - 164. Excision and destruction of diseased scrotal tissue
 - 165. Plastic reconstruction of the scrotum and tunica vaginalis testis
 - 166. Other operations on the scrotum and tunica vaginalis testis
-

Q. Operations on the testes

- 167. Incision of the testes
 - 168. Excision and destruction of diseased tissue of the testes
 - 169. Unilateral orchidectomy
 - 170. Bilateral orchidectomy
 - 171. Orchidopexy
 - 172. Abdominal exploration in cryptorchidism
 - 173. Surgical repositioning of an abdominal testis
 - 174. Reconstruction of the testis
 - 175. Implantation, exchange and removal of a testicular prosthesis
 - 176. Other operations on the testis
-

R. Operations on the spermatic cord, epididymis und ductus deferens

- 177. Surgical treatment of a varicocele and a hydrocele of the spermatic Cord
 - 178. Excision in the area of the epididymis
 - 179. Epididymectomy
 - 180. Reconstruction of the spermatic cord
 - 181. Reconstruction of the ductus deferens and epididymis.
 - 182. Other operations on the spermatic cord, epididymis and ductus deferens
 - 183. Reconstruction of the ductus deferens and epididymis
-

S. Operations on the penis

- 184. Operations on the foreskin
 - 185. Local excision and destruction of diseased tissue of the penis
 - 186. Amputation of the penis
 - 187. Plastic reconstruction of the penis
 - 188. Other operation on the penis
-

T. Operations on the urinary system

- 189. Cystoscopic removal of stones
 - 190. PCNS (percutaneous nephrostomy)
 - 191. PCNL (percutaneous Nephro Lithotomy)
 - 192. Tran urethral resection of bladder tumor
 - 193. Suprapubic cystostomy
 - 194. Catheterization of bladder
-

U. Respiratory system

- 195. Bronchoscopic treatment of the bleeding lesion
 - 196. Bronchoscopic treatment of fistula/ stenting
 - 197. Bronchoalveolar lavage & biopsy
 - 198. Direct Laryngoscopy with biopsy
 - 199. Therapeutic Pleural Tapping
-

V. Heart & Blood Vessels

- 200. Coronary angiography (CAG)

Date:

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201. Coronary angioplasty (PTCA)
 202. Insertion of filter in inferior vena cava
 203. TIPS procedure for portal hypertension
 204. Blood transfusion for recipient
 205. Therapeutic phlebotomy
 206. Pericardiocentesis
 207. Insertion of gel foam in artery or vein
 208. Carotid angioplasty
 209. Renal angioplasty
 210. Varicose vein stripping or ligation
-

W. Operation of bone & joints

211. Surgery for ligament tear
 212. Surgery for meniscus tear
 213. Surgery for hemoarthrosis/ pyoarthrosis
 214. Removal of fracture pins/ nails
 215. Removal of metal wire
 216. Closed reduction on fracture, luxation
 217. Reduction of dislocation under GA
 218. Epiphysealosteosynthesis
 219. Excision of Bursitis
 220. Tennis elbow release
 221. Excision of various lesions in Coccyx
 222. Arthroscopic knee aspiration
-

X. Other Operations

223. Lithotripsy
 224. Coronary angiography
 225. Haemodialysis
 226. Radiotherapy for Cancer
 227. Cancer Chemotherapy
 228. True cut Biopsy
 229. Endoscopic foreign body removal
 230. Vaccination/Inoculation - post dog bite or snake bite
 231. Endoscopic placement/ removal of stents
 232. Tumour embolization
 233. Aspiration of an internal abscess under ultrasound guidance
 234. Biopsy of temporal artery for various lesions
 235. External arterio-venous shunt
 236. Endoscopic polypectomy
 237. Burn cases.
-

Date:
Place:

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Annexure IV

List of exclusions under GMIS 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.

Date:
Place:

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- (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.

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- (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.

Date:
Place:

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Annexure V

List of expenses generally excluded ('Non-admissible Expenses') in Hospitalization Policy.

Guidelines on standardization in health insurance – IRDAI circular No. IRDA/HLT/CIR/036/02/2013 DATED 20.02.2013

| Sl. No. | Items | Suggestions / Remarks |
|---------|---|--|
| | (A) Toiletries/ Cosmetics/ Personal Comfort or Convenience Items | |
| 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 |

Date:
Place:

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| | | |
|----|---|---|
| 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) Items Specifically Excluded in Policies | |

Date:
Place:

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along with official seal and address

| | | |
|----|---|--|
| 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 |
| | (C) Items which form Part of Hospital Services where Separate Consumables are not Payable but the Service is | |
| 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 Payable Separately |

Date:
Place:

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| 78 | Surgical Blades, Harmonic Scalpel, Shaver | Payable Under OT Charges, Not Payable Separately |
| 79 | Surgical Drill | Payable Under OT Charges, Not Payable Separately |
| 80 | Eye Kit | Payable Under OT Charges, Not Payable Separately |
| 81 | Eye Drape | Payable Under OT Charges, Not Payable Separately |
| 82 | X-Ray Film | Payable Under Radiology Charges, Not as Consumable |
| 83 | Sputum Cup | Payable Under Investigation Charges, Not as Consumable |
| 84 | Boyles Apparatus Charges | Part Of Ot Charges, Not Separately |
| 85 | Blood Grouping and Cross Matching of Donors 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 Dressing Charges |
| 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 |
| | (D) Elements of Room Charge | |
| 96 | Luxury Tax | Policy Exclusion - Not Payable. If there is no Policy Exclusion, then Actual Tax Levied by Government is Payable - Part of Room Charge for Sub Limits |
| 97 | HVAC | Part of Room Charge Not Payable Separately |
| 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 |

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| 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 |
| | (E) Administrative or Non-medical Charges | |
| 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 |

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| | (F) External Durable Devices | |
|-----|---|---|
| 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 | Microsheild | 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. |
| | (G) Items Payable If Supported By A Prescription | |
| 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 |

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| 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 |
| | (H) Part of Hospital's own Costs and not Payable | |
| 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 |
| | (I) Others | |
| 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 |

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| 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 GMIS webpage for all the details, including yearwise claim-ratio:
<https://www.iitg.ac.in/medical/GMIS.htm>

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