



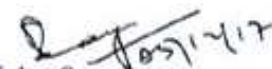
No.1225 /KMDA/ Health Scheme-2/2016

Date: 05.12.2017

**Notice inviting rate quotation for Group Floater Medical Insurance Facility  
for the Employees and pensioners of KMDA**

Sealed quotations are hereby invited only from the Public Sector Insurance Companies for Group Floater Medical Insurance facility for the employees & their dependent family members and for the pensioners of the Kolkata Metropolitan Development Authority. The financial bid should be submitted as per format given in Annexure-I & Annexure-II (those are available at this office on demand) in its official letter head with signature and seal.

Sealed Offer/rate quotation are to be submitted at a drop box kept in the chamber of Section Officer, Establishment Section at the 3<sup>rd</sup> floor of KMDA, HQ, Unnayan Bhavan, Block - DJ-11, Sector-1, Salt lake, Kolkata - 91 on or before 20<sup>th</sup> December, 2017 by 3 PM. The Quotation should remain valid for next 90 days. KMDA reserves the right to accept or reject any offer without assigning any reason thereof & to amend the terms & Conditions after negotiation, if required before going for execution of contract. Required documents for submission of rate quotations and requisite terms & conditions may be collected from the Establishment Section, KMDA by any PSIC directly or through agents / representatives within working hours till 19<sup>th</sup> December, 2017. We reserve the right of placement of our business and hence, your quotation should be inclusive of all possible expenses.

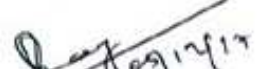
  
Joint Secretary,  
Establishment, KMDA

No.1225/KMDA/ Health Scheme-2/2016

Date: 05.12.2017

Copy forwarded for information and necessary action to:

✓ The Deputy Secretary, PR Cell, KMDA with the request to upload the same in the official website of KMDA for making its wide publicity.

  
Joint Secretary,  
Establishment, KMDA

**ANNEXURE-I**

**To**  
**The Joint Secretary(Estb),KMDA**  
**Unnayan Bhavan, DJ-11, Sector-I, Saltlake – 91**

**Sub : Offer for Group Floater Mediclaim Insurance Policy**  
**for KMDA Employees and their families**

Dear Sir,

We are submitting following offer/rate quotations for Group Floater Mediclaim Insurance Policy for employees of KMDA. Annual premium per employee family (Spouse + dependent children + dependent parents, may be taken P+4 in average) for different Sum Insured as per table below:

| <b>Sum Insured</b>             | <b>3 Lakh</b> | <b>4 Lacs</b> | <b>5 Lacs</b> |
|--------------------------------|---------------|---------------|---------------|
| Annual Premium (Including S.T) |               |               |               |

We will abide by all terms & condition mentioned at Annexure - III

**Date :**

**Signature & Office seal of authorized Officer**  
**of concerned Insurance Company.**

### Annexure - III

#### Terms & Conditions:

1. **Class of Insurance:** Tailor made Group Floater Mediclaim Insurance.
2. **Period of Insurance:** 12 month with effect from date of commencement of policy.
3. **No. of employees:** 2000(+/-10%) of age limit ranging from 18 to 60 years, where the average age of the employees comes around 46yrs (approx.). Data regarding date of birth of the existing employees may be supplied on demand.
4. **Policy type :** Cashless floater type with the network hospital or nursing home all over India through PPN basis. Otherwise reimbursement basis.
5. **Family Size :** Average family size 1+4 (Employee + spouse+ dependent children + dependent parents)
6. **Geographical limit:** All over India
7. **Policy Coverage :**
  - i) Includes coverage of Pre-existing diseases from day one, no age bar for entering mediclaim membership without any prior medical examination. All new employees with their dependent family members and all existing insured with their new born baby or newly wedded spouse are to be considered for mid-term inclusion from day 1 (one). Such addition to be informed by the members within one month of the events along with an authorization from KMDA. Premium to be charged on pro rata basis after every quarter.
  - ii) Policy covers cashless facility in approved list of hospitals / nursing homes etc. and reimbursement of hospitalization expenses in other cases. Minimum 24 hrs. hospitalization is mandatory except in certain specified cases.
  - iii) In the event of any claim becoming admissible under the proposed policy the insurance company will pay to the hospitals (for cashless treatment) and to the insured person for non-cashless treatment.
8. **Hospitalization (IPD):**
  - i) Room rent including nursing care, RMO charges, administration charges for IV fluid, blood transfusion / injection charges including their cost in non - ICU / HDU / ITU / ICCU bed will have maximum limit of 1% of the opted sum insured.
  - ii) Room rent including nursing care, RMO charges, administration charges for IV fluid, blood transfusion / injection, ventilator, infusion, pump, bi-pap, monitor, oxygen charges including their cost in ICU / HDU / ITU / ICCU bed will have maximum limit of 2% of the opted sum insured.
  - iii) No Other Restriction is applicable including Incremental Clause.
  - iv) Surgeon, Anesthetist, consultant's fees, nursing charges and physiotherapy charges (on doctor's advice only) will have maximum limit up to the respective family floater sum insured.
  - v) Hospital charges like investigations, OT charges, medicine, oxygen, blood, diagnostic material, dialysis, chemotherapy, radiotherapy and cost of pacemaker or any implant will have maximum limit up to the respective Family Floater sum insured.
  - vi) All types of treatments/ procedure/ investigations done in hospital/ nursing home including day care treatment subject to OT has to be used and a certificate to be obtained from the treating doctor that day care is necessary due to advancement of medical science, including dialysis, chemotherapy, radiotherapy, ENT surgery, eye surgery including cataract shall be covered.
  - vii) The PPN package rate, wherever applicable, shall be applied.

- viii) **Pre-hospitalization:** Relevant medical expenses incurred during the period up to 30 days prior to hospitalization will be considered as part of claims mentioned under hospitalization expenses.
- ix) **Post-hospitalization:** Relevant medical expenses incurred during the period up to 60 days after the date of discharge shall be considered as part of claims mentioned under hospitalization expenses.
- x) Ambulance cost for emergency transportation - 1% of sum insured for emergency & accidental hospitalization.
- xi) Relevant expenses, as mentioned in (a) and (b) above, will include the cost of physiotherapy subject to treating doctor's advice, dressing charges, investigation charges, medicines, doctor's fees including the doctor's home visit charges as required should be covered.

#### **9. Out Patient Treatment (OPD)**

**Animal Bite:** Animal bite treatment will be covered including vaccination on OPD basis up to the limit of 10% of the Sum Insured. However this restriction shall not apply if Hospitalization (IPD) treatment is required. Any such treatment claim shall be processed in Reimbursement basis only.

#### **10. Special Condition**

- i) **Maternity related Coverage:** Maternity is not covered however any complication related to maternity where the hospitalization treatment is required will be covered including accidental abortion. But voluntary termination of Pregnancy is not covered.
- ii) **Stem cell Surgery:** This procedure will be covered only for the terminal diseases/ conditions like terminal cancer, Brain & Spinal cord injury etc.

#### **11. Claim submission for hospitalization treatment on cashless / reimbursement basis**

- i) The reimbursement claim (Pre/Post/IPD) is ordinarily required to be submitted to insurance Company within 45 days from the date of discharge.
- ii) After receiving the claim documents, which are eligible towards admissibility of claims, the processed amount shall be credited to the bank of the claimant within 30 days from the date of receipt of complete set of claim documents in original.
- iii) No Co-payment is applicable for delay intimation or submission.

#### **12. Helpdesk :**

One authorized person of insurance company will required to be present two days in each week during fixed time schedule in the helpdesk to be provided by KMDA at its corporate office for interaction / providing required information including submission of documents to the beneficiaries of this scheme.

**Date :**

**Signature with office seal of authorized  
Employee of Insurance Company**

**ANNEXURE-II**

**To**  
**The Joint Secretary(Estb),KMDA**  
**Unnayan Bhavan, DJ-11, Sector-I, Saltlake – 91**

**Sub : Offer for Group Floater Mediclaim Insurance Policy**  
**for the Pensioners of KMDA**

Dear Sir,

We are submitting following offer/rate quotations for Group Floater Mediclaim Insurance Policy for the pensioners of KMDA. Annual premium per pensioner's family (Pensioner + Spouse) for different Sum Insured as per table below:

| <b>Sum Insured</b>             | <b>1 Lakh</b> | <b>2 Lacs</b> | <b>3 Lacs</b> | <b>4 Lacs</b> | <b>5 Lacs</b> |
|--------------------------------|---------------|---------------|---------------|---------------|---------------|
| Annual Premium (Including S.T) |               |               |               |               |               |

We will abide by all terms & condition mentioned at Annexure - IV

**Date :**

**Signature & Office seal of authorized Officer**  
**of concerned Insurance Company.**

## Annexure - IV

### Terms & Conditions:

1. **Class of Insurance:** Tailor made Group Floater Mediclaim Insurance.
2. **Period of Insurance:** 12 month with effect from date of commencement of policy.
3. **No. of pensioners:** 6000 (+/-10%) of age limit ranging from 60 to 80 years, where the average age of the employees comes around 64 yrs (approx.). Data regarding date of birth of the existing employees may be supplied on demand.
4. **Policy type :** Cashless floater type with the network hospital or nursing home all over India through PPN basis. Otherwise reimbursement basis.
5. **Family Size :** Average family size 1+1 (Pensioner + spouse)
6. **Geographical limit:** All over India

### 7. **Policy Coverage :**

- i) Includes coverage of Pre-existing diseases from day one, no age bar for entering mediclaim membership without any prior medical examination. All new employees with their dependent family members and all existing insured with their new born baby or newly wedded spouse are to be considered for mid-term inclusion from day 1 (one). Such addition to be informed by the members within one month of the events along with an authorization from KMDA. Premium to be charged on pro rata basis after every quarter.
- ii) Policy covers cashless facility in approved list of hospitals / nursing homes etc. and reimbursement of hospitalization expenses in other cases. Minimum 24 hrs. hospitalization is mandatory except in certain specified cases.
- iii) In the event of any claim becoming admissible under the proposed policy the insurance company will pay to the hospitals (for cashless treatment) and to the insured person for non-cashless treatment.
- iv) Capping applicable for other than PPN hospital –
  - a) Coronary angiogram – Rs. 20000/- per case.
  - b) Tonsillitis & Sinusitis – Rs. 25000/- per case.
  - c) Cataract – Rs. 25000/- per eye.
  - d) Piles, Fistula & Fissure – Rs. 40000/- per case.
  - e) Gall bladder stone, Cholelythiasis, Lithotripsy and Uni hernia – Rs. 60000/- per case.
  - f) Bi hernia, Benign prostate, Hypertrophy, Hysterectomy – Rs. 60000/- per case.

### 8. **Hospitalization (IPD):**

- i) Room rent including nursing care, RMO charges, administration charges for IV fluid, blood transfusion / injection charges including their cost in non – ICU / HDU / ITU / ICCU bed will have maximum limit of 1% of the opted sum insured.
- ii) Room rent including nursing care, RMO charges, administration charges for IV fluid, blood transfusion / injection, ventilator, infusion, pump, bi-pap, monitor, oxygen charges including their cost in ICU / HDU / ITU / ICCU bed will have maximum limit of 2% of the opted sum insured.
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**Date :**

**Signature with office seal of authorized  
Employee of Insurance Company**