

**Expression of Interest (EOI)
For
Group Health Insurance Policy**

23rd December, 2022

Centre for Development Of Imaging Technology, C-DIT

Chithranjali Hills, Thiruvallom

Thiruvannathapuram – 695027

Tel No: 0471- 2380910/ 912, Fax : 0471- 2380681

INVITATION FOR EXPRESSION OF INTEREST

No. C-DIT/ADMN-GHIP/EOI-01/22-23 Date: 23/12/2022

Centre for Development of Imaging Technology, C-DIT an autonomous institution registered under the Travancore-Cochin Literary, Scientific and Charitable Societies Registration Act XII of 1955, having its registered Office at Chitranjali Hills, Thiruvallom, Thiruvananthapuram. Centre for Development of Imaging Technology (C-DIT) was established in the year 1998, with a vision to ensue advancement of research, development and training in imaging technology with an implied role in socially relevant science & development communication. C-DIT has a City office in Thiruvananthapuram and have Regional Centers at Kayamkulam, Ernakulam and Kannur.

C-DIT is making efforts to provide medical and health services to its employees within the overall framework of the institution. The Group Health Insurance Plan could be a way of overcoming financial handicaps, improving access to quality medical care and providing financial protection against high end medical expenses. The Group Health plan for the welfare of C-DIT Employees attempts to address such issues.

In view of this, the C-DIT invites Expressions of Interest (Eoi) from the insurance companies (licensed and registered with IRDA) or Agencies (enabled by central legislation to undertake Insurance related activities) dealing with "Group Health Insurance Plan" for implementation for providing cover to the employees of C-DIT

The EOI Document containing the details of qualification criteria, submission requirement, brief objective & scope of work and evaluation criteria etc. can be downloaded from the website www.cditi.org.

Last date for submission of EOI is on or before **13th January, 2023**.

Interested companies or agencies/ TPA may submit their Proposals/ EOIs in sealed envelope to "The Registrar, Centre for Development of Imaging Technology (C-DIT), Chitranjali Hills, Thiruvallom PO, Thiruvananthapuram, Kerala- 695027" so as to reach this office on or before the last date for submission.

Sd-

Registrar, C-DIT

Note: C-DIT or any of its designates reserves the right to cancel this request for EOI and/or invite a fresh one with or without amendments, without liability or any obligation for such request for EOI and without assigning any reason thereof. Information provided at this stage is indicative only and CDIT reserves the right to amend/add further details in the EOI.

Expression of Interest (EOI) is invited from reputed companies/ agencies/TPA for providing for "Group Health Insurance Policy" for C-DIT employees. The objectives and other requirements are as given below:-

1. Key Features

The key features of the health insurance plan envisaged are as follows.

- a) Health insurance scheme would be for the employees and their dependents. Now there are approximately 600 employees (+or – 10% variation) including regular and temporary contract staff.
- b) Premiums for insurance coverage : C-DIT will pay a regular insurance premium for health insurance during the coverage period, on a monthly basis.
- c) Direct billing to service providers : The insurer will ensure direct settlement of bills and claims with hospitals and medical service providers to cover up to the floater sum and settlement of bills through the centre for the maintenance component
- d) Accessibility to health insurance services : The administrative setup should ensure access to health information and services to all the beneficiaries of C-DIT.
- e) The scheme will include the participation of all public and private sector health service providers.
- f) The scheme shall conform to the tentative guidelines attached to this notice as Annexure-III. If there is any deviation/ additions/ deletions/ suggestions to the prescribed guidelines for coverage, the same shall be indicated in the EOI submitted.

2. Terms and conditions

- a) Submission procedure: Sealed envelope sealed and superscribed as "EOI for Group Health Insurance Policy for C-DIT employees".
- b) The sealed envelope should be submitted to the office of the Registrar by the deadline. Those who send the documents by post must ensure that the documents reach this office before the prescribed time and date. The centre will not take any responsibility under any circumstances for courier / postal delays.
- c) C-DIT shall assess the ability and credentials of the service provider, before deciding on the EOI and financial documents will be issued to only those firms who will be recommended by the said committee for the said purpose.
- d) The authorized representative of the bidder should sign on each page of the document, affixing office seal.
- e) EOI which are not in conformity with the requirements specified shall be rejected, without assigning any reason whatsoever.
- f) EOI sent by FAX or mail shall not be considered for evaluation.
- g) All the employees of C-DIT irrespective of their age shall be eligible to join the scheme.
- h) The scheme should have provision for addition / deletion of beneficiaries to the list throughout the year on pro rata basis.
- i) The qualified insurance company/ TPA shall at its own cost, comply with the provisions of orders & notifications issued by IRDA and Government, from time to time.

- j) In case of any unsatisfactory service, suitable penalty as deemed fit to be decided by the competent authority of C-DIT shall be levied after issuing notice/ giving chance to the service provider for rectification.
- k) In case of any failure for settlement of any claim as agreed upon by the service provider, within a reasonable time frame to be decided by the competent authority of C-DIT, suitable penalty shall be instituted. The period of contract shall be initially for one year extendable further on mutually agreed terms and conditions, which is also liable to be terminated in case of any unsatisfactory services or lapses of any kind, with one months' notice.
- l) An agreement in the mutually approved format shall be entered in to between C-DIT and the insurance company/ TPA. C-DIT reserves the right to modify/change/alter any terms and conditions prior to signing of the agreement.
- m) The Insurance Company shall have to continue the policy till the policy completion date without asking any additional premium, except addition of members on pro rata basis.
- n) Any dispute or difference which may arise shall be resolved through conciliation and arbitration proceedings, even after which there exists any dispute, the same shall be referred to the Secretary, E&IT, Govt. of Kerala for settlement whose decision shall be final and binding. Any dispute raised are subject to the first jurisdiction of the courts in Thiruvananthapuram only.

3. Special terms and Conditions

- a) There shall be a dedicated helpline (24 x7) from the TPA of Insurance Company available and the contact details including the name of contact person, contact numbers and postal/email address, shall be furnished in theEOI document.
- b) If there is any reimbursement to the employees/beneficiaries of the scheme, the same should be paid directly to the employees within 30 days on receipt of bills. The insurance company/ TPA shall be responsible for ensuring thesmooth process.
- c) The response time by the TPA at the time of admission and discharge shallbe maximum upto 6 hours.
- d) Reports including claim of the employees and the details of settlement are to be furnished to the centre on monthly basis or as and when required by the centre.

4. Selection Procedure

A meeting will be held with the participating firms to finalize the requirements and terms &conditions. The participating bidders who confirms to the requirements will be short listed. Based on the final requirements price proposals will be invited from the shortlisted bidders.

5. Documents to be furnished along with the EOI

- a) Certified copy of IRDA accreditation certificate.
- b) Details of Third-Party Administrators (TPA).
- c) A draft copy of Group Health Insurance Policy.

(To be printed on office letter head)

To

The Registrar

Centre for Development of Imaging Technology (C-DIT),
Chithranjali Hills,
Thiruvallom PO,
Thiruvananthapuram,
Kerala- 695027.

Sub: Expressions of Interest for implementation of Group Health Insurance cover to Employees of C-DIT

Dear Sir,

In reference to above, I/We are enclosing our irrevocable Expression of Interest (EOI) for Group Health Insurance cover to Employees of C-DIT.

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 for providing the said services.

Thankingyou,

Yours sincerely

(Signature of the Authorised Person)

Date:_____

Name:_____

Designation:_____

Contact / Mobile No. _____

Centre for Development of Imaging Technology (C-DIT),
Thiruvananthapuram

Employee strength as on - **23-12-2022**
No. of Employees - **600** (Includes regular and temporary staff)
No. of Dependents - **Optional, as per the preference of employee**
Total No. of Lives -

Primary member Age Band	Approx no. of Employees
21 -30	98
31 -40	252
41 -50	183
51 -58	65
59 -70	02
TOTAL	600

REGISTRAR, C-DIT

Centre for Development of Imaging Technology (C-DIT),
Thiruvananthapuram

Requirements/ Guidelines For Submitting EOI

(Bidders may indicate any deviation from these requirements)

C-DIT proposes to implement a new Health Insurance Scheme for the employees of the Centre and their dependents on annual subscription mode. The policy envisaged will have two components. They are:

- a) A floater sum of Rs. 3 Lakhs per family per annum for the employee and dependents
- b) A Corporate Buffer of Rs. 5 Lakhs per annum for maintenance medicines for critical illnesses with a maximum amount of Rs. 50000/- per person per annum which will be reimbursed monthly on submission and scrutiny of medical bills. This has been included as a special case to extend a helping hand to those employees who have to spend a huge amount of money every month for their maintenance medicines to life threatening diseases. However, this component is limited to the employees of the C- DIT only and not to their dependents .

For Component-A

The following are to be included in the proposal:

- a) Room / Boarding Expenses as provided by the hospital including Nursing charges upto 1% of Sum Insured per day.
- b) Intensive Care Unit (ICU) Intensive Cardiac Care Unit (ICCU) expenses - Actual ICU charges or Rs. 5000/- whichever is lower per day.
- c) Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees.
- d) Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs & Cost of Organs and similar expenses.
- e) Pre-hospitalization medical charges up to 30 days period.
- f) Post-hospitalization medical charges up to 60 days period.

- g) LIMIT ON PAYMENT FOR CATARACT: Centre's liability for payment of any claim relating to Cataract shall be limited to the actual amount or maximum of Rs.24000 (inclusive of all charges, excluding service tax), for each eye, whichever is less.
- h) Expenses incurred for Ayurvedic/Homeopathic./Unani Treatment up to 25% of the sum insured provided the treatment for illness/disease and accidental injuries, was taken in a Government hospital or in any institute recognized by Government and /or accredited by Quality Council Of India/ National Accreditation Board on Health, (excluding centres for spas, massage and health rejuvenation procedures not to be covered).
- i) CONGENITAL ANOMALY to be included in the policy.
- j) Admission in a Hospital for a minimum period of 24 Inpatient Care consecutive hours except for specified procedures/ treatments listed below, where such admission could be for a period of less than 24 consecutive hours.

Anti-Rabies Vaccination	Hysterectomy
Appendectomy	Inguinal/Ventral/Umbilical/Femoral Hernia
Coronary Angiography	Lithotripsy (Kidney Stone Removal)
Coronary Angioplasty	Parenteral Chemotherapy
Dental surgery following an accident	Piles/ Fistula
Dilatation & Curettage (D&C) of Cervix	Prostate
Eye surgery	Radiotherapy
Fracture/ dislocation excluding hairline	Sinusitis
Gastrointestinal Tract system	Stone in Gall Bladder, Pancreas, and Bile Duct
Haemo-Dialysis	Tonsillectomy,
Hydrocele	Urinary Tract System
Laryngeal Procedures	Nasal Polyp Removal

OR any other Surgeries/ Procedures agreed by TPA/Centre which require less than 24 hours hospitalization due to advancement in Medical Technology.

k) Maternity expenses to be included and shall include:

- Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization),
- Expenses towards lawful medical termination of pregnancy during the Policy Period.
- The maximum benefit allowable under this clause to be up to Rs.50,000/- except in cases where multiple gynecological procedures are done in which the actual amount upto the sum insured is payable..
- Maternity waiting period to be waived off.

l) PRE-EXISTING CONDITION/DISEASE to be included *without any waiting period*.

m) PORTABILITY: Portability of insurance to be included.

n) 30 Days Exclusion to be waived

o) Waiting period for all diseases/ailments/conditions to be waived

p) No unnecessary deductible on claims

q) NOTICE OF CLAIM: Preliminary notice of claim with particulars relating to Policy Number, name of insured person in respect of whom claim is to be made, nature of illness/injury and Name and Address of the Attending Medical Practitioner/Hospital/Nursing Home to be given to the TPA/Centre within 10 days from the date of hospitalization in respect of reimbursement claims.

r) Final claim along with hospital receipts, original Bills/Cash memos, claim form and documents as listed in the claim form below to be submitted to the Policy issuing Office/TPA not later than 30 days of discharge from the hospital.

- Bill, Receipt and Discharge certificate /card from the Hospital.
- Cash Memos from the Hospitals(s) / Chemists(s), supported by proper prescriptions.
- Receipt and Pathological test reports from Pathologist supported by the note from the attending Medical Practitioner/ Surgeon recommending such Pathological tests.
- Surgeon's certificate stating nature of operation performed and Surgeons' bill and receipt.

- Attending Doctor's/ Consultant's/ Specialist's/ Anaesthetist's bill and receipt, and certificate regarding diagnosis.
 - Certificate from attending Medical Practitioner/ Surgeon that the patient is fully cured.
- s) **Waiver:** Waiver of period of intimation to be considered in extreme cases of hardships where it is proved to the satisfaction of the Centre/TPA that under the circumstances in which the insured was placed it was not possible for him/her or any other related person to give such notice or file claim within the prescribed time limit.
- t) **CONTRIBUTION:** If two or more policies are taken by Insured Person during a period from one or more insurers to indemnify treatment costs, Centre shall not apply the contribution clause, but the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies.
- u) **PERIOD OF POLICY:** The insurance policy is to be issued for a period of one year.
- v) **NEWBORN BABY** to be covered from the day one.
- w) **GENETIC DISORDER:** Persons with genetic disorder to be covered
- x) **ORAL CHEMOTHERAPY** The cost of oral chemotherapy to be payable under the policy
- y) **Illness wise limits** to be waived off.
- z) **Age Limit for dependent children including adopted children:** 25 years or entering a job whichever is earlier for boy child. For girl child, until she gets married or enters in a job. *There will be no age limit for differently abled children*

For Component -B

Prescription by a registered medical practitioner with bills duly certified overleaf unless issued by a recognized hospital / clinic to be submitted to the Centre within one month.

EXCLUSIONS

Permanent Exclusions: Any medical expenses incurred for or arising out of:

- a) Vaccination & Inoculation.
- b) War Invasion, Act of Foreign enemy, War Like Operations, nuclear weapons, ionizing radiation, contamination by radio activity, by any nuclear fuel or nuclear waste or from the combustion of nuclear fuel.
- c) Circumcision, cosmetic or aesthetic treatment, plastic surgery unless required to treat injury or illness.
- d) Cost of braces, equipment or external prosthetic devices, non-durable implants, eyeglasses, cost of spectacles and contact lenses, hearing aids excluding cochlear implants, durable medical equipment.
- e) All types of Dental treatments except arising out of an accident.
- f) Convalescence, general debility, 'Run-down' condition or rest cure, obesity treatment and its complications, treatment relating to all psychiatric and psychosomatic disorders, infertility & sterility.
- g) 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.
- h) Treatment of any bodily injury sustained whilst or as a result of active participation in any hazardous sports of any kind.
- i) Treatment of bodily injury sustained whilst or as a result of participating in any criminal act.
- j) Sexually transmitted diseases, any condition directly or indirectly caused due to or associated with Human T-cell Lymphotropic Virus Type III (HTLB-III) or Lymphography Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of similar kind commonly referred to as AIDS.
- k) Diagnosis, X-Ray or Laboratory examination not consistent with or incidental to the diagnosis of positive existence and treatment of any ailment, sickness or injury, for which confinement is not required at a Hospital.

- l) Vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Medical Practitioner.
- m) Stem Cell Implantation/Surgery.
- n) Accident due to Alcohol/Drunken Driving not included.
- o) Treatment taken outside India
- p) Experimental Treatment, Unproven Treatment
- q) Naturopathy Treatment
- r) Instrument used in treatment of Sleep Apnoea Syndrome (C.P.A.P.) and Continuous Peritoneal Ambulatory Dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition.
- s) Domiciliary Hospitalization.
- t) Treatment for Age Related Macular Degeneration (ARMD) , treatments such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy.

REGISTRAR, C-DIT