

Request for proposal (RFP)
For
Selection of Insurance Company for
Group Mediciam Policies for Employees & Dependent family members



IREL (India) Limited

(CIN- U15100MH1950GOI008187)

(A Govt. of India Undertaking – Dept. of Atomic Energy)

Plot No. 1207, Veer Savarkar Marg,

Near Siddhi Vinayak Temple,

Prabhadevi, Mumbai- 400028. Website: <http://irel.co.in>

INDEX

Sr. No.	DESCRIPTION	SECTION	PAGE NOS.
TECHNICAL BID			
1	NOTICE INVITING TENDER	SECTION-1	3 to 4
2			
2	SUMMARY	SECTION-2	5
3			
3	GENERAL INSTRUCTIONS TO BIDDERS	SECTION-3	6 to 16
4			
4	SPECIAL CONDITIONS TO BIDDERS	SECTION-4	17
5			
5	POLICY OVERVIEW	SECTION-5	28
6			
6	CLAIMS ADMINSTATION UNDER THE POLICY	SECTION-6	29 to 32
7			
7	FORMS & ANNEXURES	SECTION -7	33 to 37
PRICE BID			
8			
8	COMMERCIAL BIDS	SECTION-8	38
9			
9	DAY CARE PROCEDURES	SECTION-9	39 to 42

SECTION-1
NOTICE INVITING TENDER

- I. IREL India Ltd. (in short “IREL”) invites e-tender in two parts bid system (Technical and Commercial Bid) for selection of Insurance Company towards Group Mediciam Insurance Policy for Employees towards Day care & Hospitalisation. Part 1 – Technical Bid, involves qualifications of interested parties in accordance with those stipulated in the tender and Part 2 – Commercial Bid, is the” Price Offer”.
- II. The evaluation will be based on LCS (Least Cost System) and work will be awarded to the lowest Bidder (L1).
- III. The above RFP will be valid for a period of 60 days from last date of submission of RFP.
- IV. RFP which do not fulfil all or any of IREL’s terms & conditions and/or incomplete in any respect are liable to be rejected. Any discrepancies, omission, ambiguities in the RFP format may be brought to the notice of IREL officials during Pre-Bid meeting to get necessary clarifications in the matter. IREL shall not be responsible if any discrepancies, omission, ambiguities in the RFP format or any doubts are brought to the notice of IREL after pre-bid meeting. Queries may be sent on e-mail id deepti.s@irel.co.in; purchase-ho@irel.co.in on or before on the scheduled date as mentioned in SECTION-2.
- V. Pre-bid meeting will be on the scheduled date as mentioned in SECTION-2.
- VI. The RFP (Technical Bid) duly completed in all respects giving all required information is required to be submitted online on GEM portal on or before on the scheduled date as mentioned in SECTION-2.
- VII. **Process for evaluation of RFP;**
 - I. Initially technical bids will be opened on the scheduled date as mentioned in SECTION-2. In case of any variations / conditions / deviations stipulated by the Bidders in their technical bid, the same will not be accepted by IREL. Commercial Bids of Bidders who fail to comply with the terms and conditions of the technical bid will not be opened. IREL will not accept any conditional RFP.
 - II. The commercial bids of the above RFP will be opened on a stipulated date. Evaluation of lowest rate should be done on lowest premium basis.

VIII. IREL reserves the right to accept/reject any RFP or to annul the bidding process at any time prior to award of the contract, without assigning any reason thereof or without incurring any liability to the affected Bidder (s) or any obligation to inform the affected Bidder(s) of the grounds of IREL's action. Any decision in this regard by IREL shall be final, conclusive and binding on the Bidder.

For any clarification the applicants may contact at telephone Nos:- **022-24211630 (extn 266)**

Mumbai

S/d

Date:

GM- Technical

SECTION-2

REQUEST FOR PROPOSAL (RFP) SUMMARY:-

1.	Name of Work	<i>Selection of Insurance Company for Group Mediclaim Policies for Employees & Dependent family members</i>
2	RFP Shall remain valid for	60 days from the date of opening of RFP
3	Payment terms	Premium payment in advance.
4	Availability of RFP Documents	RFP Document to be sent to pre-qualified Insurance Companies on registered email ids.
5	RFP Document float Date	27 th March 2026 Bid is available at website Gem Portal link www.gem.gov.in and https://www.irel.co.in The bids are to be submitted online in Gem Portal
6	Query submission for Pre-bid Meeting	03 rd April 2026, 17.00 Hrs
7	Pre-Bid Meeting	06 th April 2026, 1500 Hrs (through Video Conference will be held at IREL's Corporate Office, Mumbai) VC link: https://meet.mgovcloud.in/0MfQI3JVr7
9	Last date and time of submission of RFP documents	20 th April 2026, 1500 Hrs
10	Date & time of opening of Technical bid	20 th April 2026, 1530 Hrs
11	Coverage Period	One year
12	Validity of offer	<i>60 days from the last date of submission of RFP viz. 20th April 2026</i>
13	Contact Details	Shri S Acharjya, GM(Tech) & Head(REPM) IREL (India) Limited Plot No. 1207, V.S.Marg, ECIL Building, Opp. Siddhi Vinayak Temple, Prabhadevi, Mumbai-400 028 Email: purchase-ho@irel.co.in Phone: 022-24211630 (Extn 266)

SECTION-3

GENERAL INSTRUCTIONS TO BIDDERS

1. BACKGROUND :-

IREL (India) Limited (the “IREL”), a Mini-Ratna Category-I company, is a public sector enterprise of the Government of India under the administrative control of the Department of Atomic Energy. The company is engaged in mining and separation of atomic minerals and produces different rare earth compounds. The operating units of the company are located at Chavara, Kerala; Manavalakurichi, Tamil Nadu; Chatrapur, Odisha, Bhopal (Madhya Pradesh), Visakhapatnam (Andhra Pradesh) and Aluva, Kerala. The Corporate Office is located at Mumbai. IREL is an ISO 9001:2015, ISO 14001:2015 & OHSAS 45001 certified company.

2. PURPOSE OF THIS RFP :-

Presently, IREL is having its own Medical Scheme for coverage of employees and dependent family members for their in-patient treatment.

IREL intends to cover its regular employees and & their dependent family members (spouse, daughter, son, father/father-in-law, mother/mother-in-law) under Group Mediciam Insurance Policy - Family Floater Sum Insured of Rs.3,00,000/- (Three Lakhs only). IREL, vide this tender, is inviting bids for aforesaid coverage from IRDAI Licensed General Insurance Companies operating in India for the period 01.04.2026 to 31.03.2027 under two bid-systems viz. Technical bid and Commercial bid. The commercial bid of only qualified bidders of technical bids will be opened for comparison of premium.

DUE DILIGENCE :-

The Bidders are expected to examine all instructions, forms, terms and specifications in this RFP and study the Bid Document carefully. The Bids shall be deemed to have been submitted after careful study and examination of this RFP with full understanding of its implications. Each Bidder should, at its own costs without any right to claim reimbursement, conduct its own investigations, analysis and should check the accuracy, reliability and completeness of the information in this RFP and wherever felt necessary obtain independent advice. The Bid should be precise, complete and in the prescribed format as per the requirement of this RFP. Failure to furnish all information required by this RFP or submission of a Bid not responsive to this RFP in each and every respect shall be at the Bidder's own risk and may result in rejection of the Bid and for which IREL shall not be held responsible. Any decision taken by IREL as to

completeness of the Bid and/or rejection of any / all Bid(s) shall be final, conclusive and binding upon the Bidder(s) and shall not be question / challenged by the Bidder(s).

3. Pre-qualification (PQ) criteria for the Insurance Companies who are eligible for bidding

Sl. No	Pre-qualification Criteria	Document required (as applicable)
1	The bidder should have been in operation in Indian Insurance Market for a period of at least 5 years ending March 2026 and should have valid IRDAI License on the date of submission of bids.	IRDAI license to be to be provided by bidders
2	The bidder should have underwriting experience of (single policy) Employees' Group Mediciam policy of a Public Sector / Central Government / State Government/ Private organizations client during the last 5 years ending FY 2024-2025 having minimum lives not less than 2,000 lives	Name of the Client, total number of lives covered to be confirmed. Policy copies to be submitted with year marking
3	Bidder should have underwritten health insurance premium of not less than Rs. 500 Crores during FY 2024-25.	Relevant audited statement to be submitted as proof. (self-attested)

Note: The bidders are required to submit adequate documentary proof along with their bids in support of above PQ criteria.

4. PAYMENT TERMS :-

The premium payment of policy will be made in the advance during starting of policy. GST will be paid extra on actuals/ as applicable.

5. PROCEDURE FOR SUBMISSION OF BIDS :-

A. Part I - The Technical Bid comprising of Annexures – 1, 2, 3, 4, 5 & 6 are to be submitted on-line.

- a. A copy of tender document duly signed and stamped on each page as a token of acceptance of all terms and conditions.
- b. Documentary evidence on proof of fulfilling Pre-Qualification Criteria as desired in Pre-qualification criteria.
- c. Technical bid (Annexures – 1, 2, 3, 4, & 5 details mentioned in the table below) duly filled and signed by authorized signatories of the bidders.

- B. Part II – Commercial Bid Format (Annexure – 6) duly filled and signed by authorized signatory are to be uploaded online in compatible format of the GEM portal. The price should not be indicated in Part – I (Technical) bid otherwise the bid is liable to be rejected.

Annexures	Details
1	Bidder Details
2	No Deviation Certificate
3	Category wise Demography
4	Ethics in tendering
5	Power of Attorney

- C. The bidders have to confirm and agree each and every points of Technical Bid in affirmative to be a qualified bidder. Any deviation and/or imposition of any condition /counter offer etc. will render the quotation invalid as ‘Disqualified bidder’. The Commercial Bid of the disqualified bidder will not be opened by IREL.
- D. Before bidding, the Bidders are requested to carefully examine the Bid Documents and the terms and conditions of the contract thereof, and if there appears to be any ambiguity, gap(s) and/or discrepancy between any of the Bid Documents they should forthwith refer the matter to IREL for necessary clarifications and / or confirmation.
- E. The Bidders shall complete in all respects, form(s) annexed to the Bid Documents, quote the prices, furnish the information called for therein, and sign with date and stamp each of the documents in the relevant space provided therein for the purpose. **The Bidders shall seal & signed each page of the Bid Documents and upload in the GeM portal.**
- F. The Bid shall be signed by an authorized person or persons duly authorized by the Bidder with signature duly attested. In the case of a body corporate, the Bid shall be signed by the duly authorized officers and supported by requisite internal corporate authorizations.
- G. The Bid shall contain the full name, address, telephone no.(mobile no and landline), fax no. and E-mail ID, if any, of the Bidder for facilitating communications including notices to be given to the Bidder in connection with the Bid.

- H. The Bidder, irrespective of his/her participation in the bidding process, shall treat the details of the documents as secret and strictly confidential.
- I. The Bid prepared by the Bidder, as well as all correspondence and documents relating to the Bid exchanged by the Bidder and IREL and supporting documents and printed literature shall be in English.
- J. The Bidder shall submit their offers strictly in accordance with the terms and conditions of the Bid Documents. Any Bid, which stipulates conditions contrary to the terms and conditions given in the Bid Documents, shall be rejected. Any decision in this regard by IREL shall be final, conclusive and binding on the Bidder.
- K. IREL is not bound to accept the lowest or any Bid and has the right to reject any Bid without assigning any reason whatsoever. IREL also reserves the right to re-issue/re-commence the Bid/bid process. Any decision in this regard by IREL shall be final, conclusive and binding on the Bidder.
- L. The Bidder is expected to examine and follow all instructions, forms and terms & conditions of the Bid Document. Failure to furnish complete information in all respects required by the Bid Document or submission of a Bid not substantially responsive to the Bid Document in every respect will be at the Bidder's risk and may result in the rejection of the Bid by IREL . Any decision in this regard by IREL shall be final, conclusive and binding on the Bidder.
- M. IREL reserves the sole right to itself for including any addendum to this entire bid process. The Bidders shall not claim as a right for requiring IREL to do the aforesaid.
- N. Each page should be stamped and initialed by authorized signatory.
- O. All Schedules, Formats and Annexure should be stamped and signed by the authorized signatory of the Bidder.
- P. The Technical Bid should be complete in all respects and contain all information asked for, except prices. The Technical bid should not contain any price information. The Technical Bid should be complete and submitted in the specified format online via the GEM portal.
- Q. The Commercial Bid should be submitted on GEM portal only.
- R. The Bidder shall ensure that the Selection for Insurance Company for Group Mediclaim Policy for Employees towards Day Care and Hospitalization shall be available for a minimum period of one year.

6. CLARIFICATION OF BID DOCUMENT

- A. Any prospective Bidder requiring clarification of the Bid Document may notify IREL in writing at the email ids mentioned below.

IREL mail ids (TO)	purchase-ho@irel.co.in deepti.s@irel.co.in
--------------------	--

IREL will respond in writing, to any request for clarification of the Bid Document, received not later than the dates prescribed in RFP Summary. IREL's response will be given through e-mail only.

- B. It may be noted that notice regarding corrigenda, addenda, amendments, time-extensions, clarifications, response to Bidders' queries etc., if any to RFP document, will not be published through any advertisement in newspapers or any other media. Prospective Bidders will get the revert through e-mail id and the e-tender GEM portal.

7. LANGUAGE OF BIDS :-

The Bids prepared by the Bidder and all correspondence and documents relating to the Bid exchanged by the Bidder and IREL, shall be written in the English language only.

8. BID PRICES:-

- a. The bidder needs to indicate the premium & GST separately against the respective Annexure -6 as per Price Break-up (excel format provided in Price Bid).
- b. SELECTION SHALL BE DONE ON OVERALL LOWEST COST BASIS.
- c. The total premium of the policy inclusive of GST shall be the basis of price comparison.
- d. Any points not covered or details not given by the bidder will render the bid invalid.
- e. The Price Bid (BOQ) should be uploaded ONLINE. No physical copy of Price Bid is to be submitted along with the Technical Bid(Part-I), otherwise bid will be considered void.
- f. Unpriced Price Bid format duly signed is to be submitted confirming that the bidder has quoted for all the items as per prescribed format.
- g. The bid should comply with the terms as specified in the tender and Annexures(s). Any bidder submitting deviation/ alteration and /or counter/ alternate offer/ quote, such bids shall be summarily rejected.

9. PERIOD OF VALIDITY OF BIDS:-

Bids should be valid for 60 (Sixty) days from the last date for submission. A Bid valid for a shorter period may be rejected by IREL as non-responsive. Any decision in this regard by IREL shall be final, conclusive and binding on the Bidder. The validity period is required to hold the prices till the selection of the Bidder for entering into a contract. In exceptional circumstances, IREL may solicit the Bidder's consent to an extension of the period of validity. The request and the responses thereto shall be published on the GEM portal and via registered email ids. A Bidder granting the request will not be permitted to modify its Bid. Any decision in this regard by IREL shall be final, conclusive and binding on the Bidder.

10. FORMAT AND SIGNING OF BID :-

The Bidder shall submit only online via the GEM portal. Documents should be stamped and signed by authorized signatory.

11. LAST DATE FOR RECEIPT OF BIDS :-

The Bidder shall submit only online via the GEM portal as per the timeline published in the tender.

12. OPENING OF BIDS :-

Opening of Technical Bids: IREL will open the Technical Bids of participating Bidders, electronically on the GEM Portal

Bids not considered for evaluation: Bids that are rejected in the technical evaluation shall not be considered for further evaluation, irrespective of the circumstances.

Opening of Commercial Bids: Commercial Bids of technically qualified Bidders only, as decided by IREL, shall be opened.

CLARIFICATIONS: -

When deemed necessary, IREL may seek clarifications on any aspect from the Bidder. However, that would not entitle the Bidder to change or cause any change in the substance of the Bid submitted or price quoted.

13. EVALUATION AND COMPARISON OF BIDS:-

Preliminary check

- a. The RFP document will not be construed as any contract or arrangement which may result from the issue of this RFP document, or any investigation or review carried out by any Bidder. The Bidder acknowledges by submitting their response to this RFP document that it has not relied on any information, representation, or warranty given in this RFP document.
- b. IREL will examine the Bids to determine whether they are complete, whether any computational/arithmetical errors have been made, whether the Bid Documents have been properly signed, and whether the Bids are generally in order.
- c. A Bid determined as not substantially responsive will be rejected by IREL and may not subsequently be made responsive by the Bidder by correction of the non-conformity. Any decision in this regard by IREL shall be final, conclusive and binding on the Bidder.
- d. IREL may waive any minor infirmity or nonconformity or irregularity in a Bid, which does not constitute a material deviation, provided such waiver, does not prejudice or affect the relative ranking of any Bidder.

Technical Bid Evaluation: -

Screening committee constituted by IREL for the purpose of selection of the successful Bidder, would evaluate Bids. The proposals will be evaluated in two stages. In the first stage, i.e. Technical Evaluation, of the Bidders will be done. In the second stage, the Commercial Bids would be evaluated.

Each Bidder acknowledges and accepts that IREL may, in its absolute discretion, apply whatever criteria it deems appropriate in the selection of Bidder, not limited to those selection criteria set out in this RFP document. Any decision in this regard by IREL shall be final, conclusive and binding on the Bidder.

There shall not be any information or indication regarding commercials / cost in the Technical Bid. The same will lead to disqualification of the bidders.

Commercial Evaluation

1. Commercial Bid will be opened only if the Technical Bid is cleared and accepted.
2. L1 vendor will be arrived on the basis of lowest amount quote (L1). IREL reserves the right to negotiate the price with the finally Successful Bidder before awarding the

contract. IREL's decision in respect of evaluation methodology will be final and binding and no claims whatsoever in this respect will be entertained.

14. IREL'S RIGHT TO ACCEPT ANY BID AND TO REJECT ANY OR ALL BIDS

IREL reserves the right to accept / reject any bid and to annul the Bid process at any time prior to award of Contract, without thereby incurring any liability to the affected Bidder or Bidders or any obligation to inform the affected Bidder or Bidders of the grounds for IREL 's action. Any decision in this regard by IREL shall be final, conclusive and binding on the Bidder.

15. ACCEPTANCE OF BID

Prior to the expiration of the period of Bid validity, IREL will notify the Successful Bidder in writing, that its bid has been accepted.

16. SIGNING OF CONTRACT

After IREL notifies the Successful Bidder that its bid has been accepted; the Bidder should sign the Contract and complete the execution of all other legal documents within 15 days of the acceptance of PO / LOI. The Service Level Agreement/ Contract form and all other documents would be signed at Mumbai only (Refer Section-5) within 15 days of receipt of notification of award of contract. Payment of stamp duty would be as per laws applicable in the State of Maharashtra. The Bidder shall bear all costs and expenses for the execution, stamp duty and submission of the contract and agreements. IREL shall not be responsible or liable for reimbursing / compensating these costs and expenses.

17. STANDARD OF PERFORMANCE

The Successful Bidder shall carry out its obligations under the Contract with due diligence, efficiency and economy, in accordance with generally accepted techniques and practices used in industry and with professional standards and shall observe sound management, technical practices. It shall employ appropriate advanced technology, procedures and methods. The Successful Bidder shall always act, in respect of any matter relating to the Contract, as faithful advisors to IREL and shall, at all times, support and safeguard IREL's legitimate interests in any dealing with third parties.

18. DISPUTE RESOLUTION

The Parties shall use their best efforts to amicably settle all disputes arising out of or in connection with this Contract in the following manner:

- a. The Party raising the dispute shall address to the other Party a notice requesting an amicable settlement of the dispute within ten (10) days of receipt of the notice.
- b. The matter will be referred for negotiation between nominated official(s) of IREL and Authorized representative(s) of the Insurance Company. The matter shall then be resolved by them and the agreed course of action documented within a further period of thirty (30) days.

The Parties agree that any dispute between the Parties, which cannot be settled by negotiation in the manner, described above, may be resolved exclusively by arbitration and such dispute may be submitted by either party to arbitration within thirty (30) days of the failure of negotiations. Arbitration shall be held in Mumbai, India and conducted in accordance with the provision of the Arbitration and Conciliation Act, 1996 or any statutory modification or re-enactment thereof. Each Party to the dispute shall appoint one (1) arbitrator each and the two (2) arbitrators shall jointly appoint the third or the presiding arbitrator. The arbitration proceedings shall be conducted in the English language. Subject to the above, the courts of law at Mumbai alone shall have the jurisdiction in respect of all matters connected with the Contract. The arbitration award shall be final, conclusive and binding upon the Parties and judgment may be entered thereon, upon the application of either party to a court of competent jurisdiction. Each Party shall bear the cost of preparing and presenting its case, and the cost of arbitration, including fees and expenses of the arbitrators, shall be shared equally by the Parties unless the award otherwise provides. The provision under this section survives the contract.

19. ADDRESSES FOR NOTICES

All notices, requests, consents, waivers or other communication required or permitted hereunder shall be in writing and shall be deemed properly served: (i) if delivered by hand and received by an authorized employee or officer of the Party, (ii) upon receipt of confirmation receipt when sent by facsimile; or (iii) 14 (fourteen) days after the date of dispatch by certified or registered mail, postage prepaid, return receipt requested; (iv) when sent by electronic mail. All notices and other communication shall be addressed as follows:

GM Technical & Head(REPM),
IREL (India) Limited
Plot No. 1207, V.S.Marg, ECIL Building,
Opp. Siddhi Vinayak Temple, Prabhadevi,
Mumbai-400 028

A party may change its address and/or addressee for notification purposes at any time during the term hereof by giving the other Party written notice in accordance with the terms hereof and the date on which such change will become effective.

20. SUCCESSFUL BIDDER'S INTEGRITY

The Successful Bidder is responsible for and obliged to conduct all contracted activities strictly in accordance with Contract using state-of-the-art methods and economic principles and exercising all means available to achieve the performance specified in the Contract.

21. The Bidder, irrespective of its participation in the Bid process, shall treat the details of the Bid Documents as secret and confidential at all times.

22. No alterations/modifications or changes to entries in the online Bid Documents shall be entertained.

23. Evaluation of Commercial Bids

The last date for submission of offer online is on the scheduled date as mentioned in SECTION-2.

Part-I (Technical bid) shall be opened on the scheduled date as mentioned in SECTION-2.

Encl.: Annexure 1, 2, 3, 4, 5, 6

Part-II (Commercial bid) shall be opened at a later date after evaluation and bidders will be intimated through GeM.

Encl.: Annexure 6

Annexures	Details
1	Bidder Details
2	No Deviation Certificate
3	Category wise Demography
4	Ethics in Tendering
5	Power of Attorney
6	Commercial Bid – Premium

Gross premium quotation of only the qualified bidders of the Technical Bids will be considered for evaluation. The basis of evaluation for determination of L1 bidder shall be as stated below:

The bidder should note that premium of Group Mediciam Insurance Policy (GMP Policy) inclusive of GST will be aggregated to arrive at the lowest bidder. The bidders are required to submit their Gross Quote considering all loading and discounts including GST as per the Price-Bid Annexure -6.

24. Main Features of the Group Mediciam Insurance Policy (GMP) for Employees and their Dependent family members:

The Health Insurance Scheme will cover regular and trainee employee and their dependent family members.

- 25.** For details of numbers of employees to be covered including spouse, bidders may kindly refer Demography as attached.
- 26.** Besides, the employees who will be joining/retiring during the currency of the policy will also be covered/excluded respectively vide mid-term inclusions and mid-term deletions from time to time.
- 27.** Premium payment should be adjusted accordingly. In case of new employee addition the proportionate premium will be paid by IREL according to the family size based on the per unit premium quoted by bidder considering the overall floater limit of Rs3 lakhs per family.
- 28.** Addition due to child birth also to be made based on additional payment in line with the unit rate provided by the bidder as per the demographic data (Page No. 26)

SECTION-4

SPECIAL CONDITION TO BIDDERS

1. List of Additions and Deletions of Members would be declared before the 15th of the subsequent month.
2. The policy will remain in force for the entire policy period. The insurance company will not cancel the policy mid-way till its expiry.
3. The monthly MIS on the last day of the month to be as per requirement and should be submitted to IREL before 10th of every month.
4. All other terms and conditions of the policy will be as per the policy wordings of the Company and in conformity with IRDAI Guidelines. Please note that any other terms and conditions whether implicitly or explicitly stated in any of your responses will be ignored. Any other change/ modifications/ amendments etc., if desired, in the terms & conditions governing the policy may be agreed upon with the mutual consent of IREL and the Insurance Company.
5. Please note that IREL reserves the right to reject one or all of the RFP received in this connection without assigning any reason.
6. IREL intends to cover all employees including trainees, bidders needs to offer DND clause (data not declared) for 50 lives.

SECTION-5
POLICY OVERVIEW

IREL requires a Group Medclaim Base policy for all Employees including trainees towards Day care and Hospitalization.

Background

The Coverage & Premium Details for each sum insured Band that is offered, is mentioned below for your referral.

MEDI-CLAIM INSURANCE POLICY COVERAGES

<i>RFQ for Group Medclaim Policy for Employees - IREL (India) Ltd</i>	
Policy Conditions	Terms proposed
Policy Type	Group Medclaim Policy for Employees and dependent family members (Floater)
Name of the Insured	IREL (India) Ltd
Insured Address	Plot No. 1207, V.S.Marg, ECIL Building, Opp. Siddhi Vinayak Temple, Prabhadevi, Mumbai-400 028
Policy Period	One year
Sum Insured (Family floater)	INR 300,000/-
Age Limit	Up to 60 years for employee and dependents , parent age at actuals as the case may be.
TPA	To be decided

<i>Coverage / Terms & Conditions</i>		
1	<u>Hospital charges for:</u> Operating theatre, OT Consumables and Recovery Room. Prescribed medicines, drugs and dressings for in-patient. Expenses incurred during the Pre-hospitalization and Post-hospitalization period will be covered for 30 days prior to hospitalization and 90 days after discharge respectively. Hospitalization Expenses incurred in connection with accident are covered.	Covered without any Capping up to a Sum Insured Limit
2	Family Size/Definition (serving employee dependant) etc.	Family size maximum 6 Nos. – 1(Self) + 5(dependent family members) (a) Self (b) Spouse (c) Max 2 dependent children up to age 25 years (specially disabled can be added as dependent even if above 25 years' age) (Daughter shall be considered dependent till she starts earning or gets married, whichever is earlier) (d) Mother & Father (or) Mother-in-law & Father-in- law (if their total monthly income (both parents put together) does not exceed Rs.9,000/- +DR p.m from all sources)
3	Age Limit	(a) Regular Employee: Up to 60 years (b) Dependent family members: i. Male children – up to age of 25 years or till starts earning/marriage ii. Female child – till starts earning/marriage iii. Parents / In-Laws – No age limit
4	Maternity (with wavier of 9 months waiting period)	Waiting period waived; Maternity with capping limit of Rs. 1,50,000/- No age restriction for maternity benefit Up to 2 Deliveries, the Maternity expenses to be covered (Miscarriage & MTPs should not be counted as Delivery). Maternity expenses/treatment shall include: • Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization). • Expenses towards medical termination of pregnancy during the policy period.

		<ul style="list-style-type: none"> • Complications on Maternity would be covered up to the Sum Insured plus the Corporate Buffer. • Missed Abortions, Miscarriage or abortions induced by accidents are covered under the limit of Maternity. • Complications in Maternity including operations for extra uterine pregnancy ectopic pregnancy would be covered in the up to the Sum Insured + Corporate Buffer
5	New-born baby coverage	To be Covered from Day-1
6	Pre & post-Natal expenses within maternity limit	To be Covered
7	Kidney / Liver / Bone-Marrow Transplant Surgeries (procedures)	To be Covered for surgeries & procedures with no capping
8	All Surgical /Laparoscopic Procedures	No capping
9	Sterilization Operations/ Reversal Sterilization/ Abortions	To be Covered
10	Congenital Diseases	To be Covered for all internal congenital diseases. For external congenital diseases – only for life threatening cases.
11	Dialysis	To be Covered No Capping
12	Chemotherapy/Cancer Modern Treatments	Chemotherapy / Immunotherapy / Modern Treatments related to cancer treatment to be covered up to Sum Insured + Corporate Buffer without any capping.
13	Thalassemia Blood Transfusions	To be Covered No Capping
14	COVID-19 & its complications	To be Covered
15	Psychiatric Illness	Up to Rs. 30,000/- per family within family sum insured.
16	AYUSH treatment	To be Covered as per Standard Group Mediclaim Policy
17	Mid-term additions during policy period without additional premium	Newborn child from day one and spouse, parents (Mother & Father) or In-Laws (Mother-in-law & Father-in-law) in case of Female Employees, from date of joining or from the date of declaration by employee.
18	Dependents missed out due to clerical/data entry error or oversight	To be covered from the date of informing the Insurance company
19	Mid-term Inclusions on additional premium payment on pro-rata basis	New joinees from the date of joining (Intimation will be done within one week from the date of Joining)
20	Intimations and submissions clause	(a) Within 48 Hours for intimation after admission (b) Fifteen (15) days for submission of documents after discharge

21	Injuries at Factory / Office	To be Covered
22	Co Pay	No Co pay
23	All Pre-Existing Diseases & its complications	Covered with all waiting period waived off
24	Waiver of 30 days exclusion.	
25	Waiver of first, second and fourth year exclusion	
26	Congenital Diseases:	Internal Disease covered and External is covered only in life threatening situation
27	Treatment of Congenital Internal / External Diseases /to be covered.	
28	Surgeons' - Surgeon / Team of Surgeons / Assistant Surgeon and Anaesthetist's Fees in case of Hospitalization is covered	Covered
29	Specialist Physician's Fees: This benefit is paid in full for regular visits by a specialist physician during stays in the hospital including intensive care by a specialist physician for as long as is required by medical necessity.	Covered
30	Surgical Procedures in case of Hospitalization is covered	Covered
31	Radiology and Pathology in case of Hospitalization is covered	Covered
32	Alternative systems of treatments other than treatment under Allopathy or modern medicine shall include Ayurveda, Unani, Siddha, Naturopathy and Homeopathy in the Indian context, for Hospitalization.	Covered in a government hospital or in any institute recognized by government and/or accredited by QCI or NABH in line with IRDAI guidelines upto sum insured / corporate buffer.
33	Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to the insured.	Covered
34	Ambulance Charges	Ambulance charges are payable up to Rs. 5,000/- per trip to hospital and / or transfer to another hospital or transfer from hospital to home if medically advised.
35	During hospitalization, charges for Surgeon, Anesthesia, blood, Oxygen, Operation theatre charges, Surgical Appliances, Resident medical officer (RMO), Medicines, and Drugs, Diagnostic material, X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of pace maker, Cost of artificial limbs, and cost of artificial organs and similar expenses are reimbursable.	Covered
36	Chemotherapy including Adjuvant Chemo / Immune modular hormonal therapy monoclonal antibodies and / or Chemo in any form like OPD, day care, oral or through injection.	Covered

37	Medical Practitioner & Consultants in case of Hospitalization is covered	Covered
38	Advance Medical Treatment like Stemcell / Robotic Surgery / Cyber knife/Psychiatric treatment and other such Modern Treatment Methods/Procedures	Cover modern treatment (details given below) methods- 1. Uterine Artery Embolization and HIFU 2. Balloon Sinuplasty 3. Deep Brain Stimulation 4. Oral Chemotherapy 5. Immunotherapy -monoclonal antibody to be given as injection 6. Intra vitreal injections 7. Robotic surgeries 8. Stereotactic radio surgeries 9. Bronchical Thermoplasty 10. Vaporization of the prostate (Green laser treatment or holmium laser treatment) 11. IONM (Intra Operative Neuro Monitoring) 12. Stem cell therapy 13. External Counter Pulsation (ECP/EECP) 14. Treatment for osteoporosis via injection (Romosozumab (Evenity), Denosumab injection)-
39	Lasik Surgery for +/- 7.5	Covered
40	Physiotherapy within post hospitalisation up to 90 days	Covered
41	Treatment of fracture on OPD basis	Covered
42	Psychiatric treatment or mental illness	Treatment of mental illness, stress or psychological disorders, psychosomatic disorders and neurodegenerative disorders undertaken at a Hospital categorized as Mental Health Establishment or at a Hospital with a specific department for Mental Illness, under a Medical Practitioner qualified as Mental Health Professional. This should include the following: i. Mental disorders due to known physiological conditions ii. Mental and behavioural disorders due to psychoactive substance use iii. Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders iv. Disorders of adult personality and behaviour Intellectual disabilities
Day Care Benefits		
43	Expenses on Hospitalization for less than a day are admissible. However, 24 hrs hospitalization limit will not applied in case of stay in hospital of less than a day for those ailments listed as per Standard Annexure.	Covered as per day care list of insurers – Day Care Procedures attached

44	If the surgery is undertaken under General or Local Anaesthesia in a hospital / day care centre in less than a day because of technological advancement and which would have otherwise required hospitalization of more than a day	Covered
45	Expensive/Diagnostic tests	In case of Emergency upto Sub-Limit of Rs.30,000 Per Family. Day care procedure list to include expensive diagnostic tests / invasive investigations / procedures limited to colonoscopy, excision biopsy, CT Scan, USG, MRI, PET Scan
46	GIPSA PPN / Pre-negotiated package rates (PSU/Private insurers)	Applicable
47	In case of death during hospitalisation, no deduction in the bill amount subject to sum insured limit (including IRDAI non payable).	Covered
48	Cataract Limits	The charge for surgery and treatment of cataract shall be allowed up to sum insured. Insured person can opt for any type of cataract surgery, (monofocal or multifocal) subject to his limit of insured amount as mentioned above type/similar, as approved by the attending eye specialist at the time of surgery. Lens pricing will not be restricted in GIPSA/PPN hospitals.

49 Room Rents and ICU Rents

Room rent to be capped as per the table below per day and ICU/ICCU charges to be capped at 3% of the Sum Insured per day for all categories except for CMD and Functional Directors for whom it will be at actuals.

Grade	Ward Entitlement	City Class		
		X	Y	Z
CMD/ Director	Private	At Actuals	At Actuals	At Actuals
E-8	Private	6800	4000	2800
E-7	Private	5100	3000	2100
E-6	Private	5100	3000	2100
E-5	Private	5100	3000	2100
E-4	Semi-private	5100	3000	2100
E-3	Semi-private	5100	3000	2100
E-2	Semi-private	3400	2000	1400
E-1	Semi-private	3400	2000	1400
E-0	Semi-private	3400	2000	1400
Non-Unionized Supervisory	Semi-private	3400	2000	1400
W-1 to W-10	Semi-private	3400	2000	1400

50	The sum insured shall not have any separate caps or sub-limits under different heads, except those prescribed for room rents/ICU/ICCU, ambulance charges and cataract surgery expenses as mentioned above	Covered
51	The midterm inclusion shall be allowed effective date of joining in the Group Medclaim Policy (GMP) for those employees joining during the currency of the Group Medclaim Policy (GMP) and/or their dependents till its expiry on the next March 31 with the same Sum Insured.	Covered
52	The claims for hospitalization under the Group Medclaim Policy (GMP) shall be intimated to Insurer/TPA by the insured person or by the hospital concerned immediately after admittance in the hospital and in any case not later than 7 days after admittance in the hospital.	Covered
53	The medical benefits to the employees and their dependents under the Scheme will be admissible for the treatment taken only in India	Covered
54	Family Floater Sum Insured. Coverage on floater basis means the hospitalised treatment expenditure of employee individually and/or together with dependents shall not exceed the Sum Insured.	Rs.3,00,000/- (Three Lakhs only).
55	Genetic diseases or disorders	Covered
56	Treatment for alcoholism, drug and substance abuse or any addictive conditions.	Not Covered.
57	Diseases arising out of Alcohol consumption, Smoking or Drugs History	Covered
58	Zolendronic acid injection	Covered
59	Exclusions for specific drugs / injections in Cancer treatment	Nil (all covered)
60	First, the Group Medclaim Policy (GMP) will be utilized and fully exhausted; thereafter Corporate Buffer will be utilized.	Applicable
61	TPA Service Should Be Available 24x7. Cashless Hospitalization should happen within 2-3 hours TAT	
62	Complaints Nos and Escalations Matrix in TPA Office Should Be Furnished.	
63	Mobile Nos of at Least 3 Persons in TPA Office, at the locations where IREL Units/Office are operating will be made available.	
64	TPA should provide login credentials to access real-time data of the cashless hospitalizations/claims for reimbursements and corporate buffer, etc.	
65	TPA should submit quarterly status report covering No. of claims, amount claimed, amount allowed, full / partial rejection cases with reasons, etc.	
66	TPA Charges shall be limited to 3.5%.	
	Note: All new employees to be covered from the date of joining as per their appointment letter. For additions /deletions during policy period, premium to be charged /refunded or adjusted on a pro rate basis.	

Corporate Buffer:

Corporate Buffer of INR 50,00,000 shall be utilized for all ailments/treatments.

Corporate Buffer shall be available to members without any sublimit subject to approval of IREL Nodal Officer.

Demographic Data

<u>Age Group</u>	<u>No. of lives</u>
0-18	432
19-25	250
26-35	394
36-45	306
46-60	805
<u>60 above</u>	<u>396</u>
Grand Total	2583

General terms & condition of servicing of policy including Claims servicing:

- A. Cashless Facility for admission of covered member in network hospital will be extended under the policies within 24 hours of application received by TPA from the hospital.
- B. In case of emergency hospitalization, cashless approval is to be extended in less than 24 hours by TPA.
- C. For hospitalization claims related to non-network hospitals, settlement will be through reimbursement process vide submission of original claims related documents to the TPA.
- D. Appointed TPA to issue Health cards in E-format and in physical form as required by IREL.

In-patient expenditure during last 5 years and current year's are provided are as under :

Medical expenditure details for Past 5 years and Present year under IREL's Medical Policy

Medical Expenditure	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26*
	(Value in Lakhs)					
IPD	207	257	240	276	287	315 #

approximate data.

* Data as on 13.01.2026

SECTION-6

CLAIMS ADMINISTRATION UNDER THE POLICY

Annexure I: CLAIMS PROCESS -

Cashless –

1. Cashless Treatment:

Cash less treatment is available on the Network Hospital of the TPA. One should check the list of Network Hospital either from the website of the concerned TPA or from the booklet provided along with the physical card. It is always suggested to go for Cash less as the open billing system in case of reimbursement claim is much higher than the negotiated rate under cash less arrangement.

2. Planned Admission

1. In the case of planned admissions, the patient needs to submit the pre-authorization form to the TPA help desk at least 7 days prior to the date of admission.

The pre-authorization form has two parts:

- General Information – The first part of the form to be filled in by the employee (TPA Help Desk will assist the employee in case of any difficulty)
- Medical information – The second part which is the treatment recommended for the employee has to be filled in and duly signed by the treating doctor

2. Approach Network Hospital with Copy of E-Card & ID Proof
3. Treating Doctor & Hospital shall send necessary details to TPA via Fax/ Email for pre-authorization
4. Hospital / Patient to comply with the requirements raised by the TPA, if there is any, for grant of cash less
5. Once the treatment is complete and the patient is to be discharged, the final bill has to be sent by the Hospital to the TPA for final authorization.
6. Patient to pay charges for those items which are non-admissible or beyond the Policy T & C and go home. TPA to settle the agreed amount directly with the Hospital.

In case of Denial

- On denial of Cashless Hospitalisation by the TPA / insurance Company the patient will be treated as a cash paying patient.
- The denial of authorization for cashless access does not mean denial of treatment and does not in any way prevent you from seeking necessary medical attention or hospitalisation.
- On denial of any claim please reach out to IREL. IREL will check the same before confirming the same to employees

Reimbursement Process

1. Admission Process-

- a. Notify / inform TPA calling the call centre number (land line no)/ (Toll free no) numbers are also mentioned on the back side of your TPA card prior to the date of admission or within 7 days from the time of Hospitalisation. TPA will provide the claim number which can be used for future reference

2. Documents submission to the appointed TPA

- Duly filled & signed claim form of Insurance Company which attached herewith. For every submission of pre-post expenses, Claim Form “A” is mandatory to submit along with the respective bills. Claim form part-B & PPN Network declaration should be signed & stamp by Hospital Authority (Mandatory)
- Original discharge card / Discharge Summary duly signed by treating doctor and with hospital stamp.
- Original hospital bill with break-up details with serial no. duly sealed & signed.
- Original pre-numbered hospital payment receipts duly sealed & signed.
- Original prescription.
- Original pharmacy bills (please make sure patient name is mentioned on the bill).
- Original advance paid receipt if any,
- Original investigation reports along with original bills & payment receipts for the investigations done within & outside hospitals
 - In case of Accidental Injury, submit FIR copy (if any) or Medical certificate from doctor about intoxication of Alcohol / Drugs
 - Claim Documents should be submitted within 30 days of discharge, if documents submitted after stipulate time period then provide letter for delay submission with reason.
 - Invoice / IOL implant stickers required for Cataract claim submission
 - Cancel Cheque is required with signature
 - Submission of Pre-post documents / Bills within 30/60 days from the date of discharge
 - Indoor case papers (ICP's)

DOCUMENT CHECK LIST

Duly filled & signed claim form of Insurance Company which attached herewith. For every submission of pre-post expenses, Claim Form “A” is mandatory to submit along with the respective bills. Claim form part-B & PPN Network declaration should be signed & stamp by Hospital Authority (Mandatory)

2. Original discharge card / Discharge Summary duly signed by treating doctor and with hospital stamp.

3. Original hospital bill with break-up details with serial no. duly sealed & signed.

4. Original pre-numbered hospital payment receipts duly sealed & signed.
5. Original prescription.
6. Original pharmacy bills (please make sure patient name is mentioned on the bill).
7. Original advance paid receipt if any,
8. Original consultation papers, if any,
9. Original investigation reports along with original bills & payment receipts for the investigations done within & outside hospitals
10. In case of Accidental Injury, submit FIR copy (if any) or Medical certificate from doctor about intoxication of Alcohol / Drugs
11. Claim Documents should be submitted within 30 days of discharge, if documents submitted after stipulate time period then provide letter for delay submission with reason.
12. Invoice / IOL implant stickers required for Cataract claim submission
13. Cancel Cheque is required with signature
14. Submission of Pre-post documents / Bills within 30/60 days from the date of discharge
15. Indoor case papers (ICP's)

Note- (Additional documents as and when required by Insurance Co on case to case basis if any)

- Original advance paid receipt if any,
- Original investigation reports along with original bills & payment receipts for the investigations done within & outside hospitals

Note: (Additional documents as and when required by Insurance Co on case to case basis if any)

1. TPA to give proper acknowledgement of the receipt of documents, if submitted in person, along with the number of documents received.
2. TPA to raise query for deficiencies 'if there is any, within 5 working days of the receipt of documents. If the documents are not forthcoming 2 reminders to be sent by mail / post at an interval of 7 days. Even then if the documents are coming, then final reminder giving them 15 days' notice failing which the file would be closed is to be sent by Regd. Post
3. TPA to process & upload the claims on Insurance Co.'s Portal within 7 working days on receipt of all documents to enable the Insurance Co. to release the payment.

In case of Denial

- On denial of any claim please reach out to IREL. IREL will check the same before confirming the same to the beneficiary.

The Insurance Company will have to settle the claims only considering the policy framework and conditions and the process as mentioned above with the required set of documents. NO other terms and conditions will be quoted in an event of the claim settlement.

SECTION-7

ANNEXURE -1

Bidder Details

Name of the Insurance Company & address	
Corporate Office Address	
IRDAI registration detail	
Details of contact person along with designation, contact no and email address	
Insurer account details: Name Address Account No IFSC Code	
GST Details of the Bidder	
PAN no.	
Branch office details: Mumbai/Odisha/Kerala/Tamil Nadu (if any)	

Name of the Bidder:

Authorized Signatory

NO DEVIATION CERTIFICATE

(To be typed submitted in the Letter Head of Bidder)

To

GM (Technical)

IREL (India)Limited

Plot No 1207, Veer Savarkar Marg,

Near Siddhi Vinayak Temple,

Prabhadevi, Mumbai – 400 028

Dear Sir,

Sub: Declaration by Authorized Signatory

Ref: i) Title of the RFP and No,

ii) All other pertinent issues till date

I/We hereby confirm that I/we have not changed/modified/materially altered any of the tender documents as issued by IREL and in case of such observance at any stage, it shall be treated as null and void and my/our tender shall deemed to be withdrawn.

I/We also hereby confirm that I/we have neither set any Terms and Conditions and nor I/we have taken any deviation from the Tender conditions together with other references applicable for the above referred NIT/Tender Specification.

I/We further confirm our unqualified acceptance to all Terms and conditions, unqualified compliance to Tender Conditions, Integrity Pact and acceptance to bidding process.

I/We confirm to have submitted offer in accordance with tender instructions and as per aforesaid reference.

Yours faithfully,

(Signature, Date & Seal of Authorized Signatory of the Bidder)

Date

Place

ANNEXURE –3

Row Labels	SE LF	WIFE	HUSBAND	DAUGHTER	SON	FATHER	MOTHER	FATHER-IN-LAW	MOTHER-IN-LAW	Grand Total
0-18				219	213					432
19-25	27	11		94	118					250
26-35	202	144	3	43			2			394
36-45	162	126	8			2	8			306
46-60	350	239	13			64	139			805
60 above			10			140	240			396
Grand Total	741	521	34	356	331	206	386			2583

- ** The total lives are tentative and it may vary depending the actual counts on the date of renewal of policy.
- Policy will be booked as per the numbers of lives published in the tender. Any revision in Numbers of Lives can be done via Endorsement post policy booking and Premium will be Pro Rata adjusted to Policy.

ANNEXURE –4

Undertaking on Ethics by the Bidder (on letter head of Bidder)

Date:

To,

M/s. IREL (India) Limited,
1207, V.S. Marg, Prabhadevi, Mumbai 400028.

I / We..... am / are a Vendor / Customer of
IREL (now onwards to be referred as Company).

I / We agree and undertake:

Not to provide any gift and / or inducement to any employee of the Company in connection with securing / being granted favour (s) in my / our dealings with the Corporate office of the company and / or its any field units namely OSCOM, MK, Chavara, RED & IRERC.

To immediately report any gift and / or inducement sought by any employee of the Company granting favour(s) to me / us in my / our dealings with the Company and / or its field units.

Signature.....

Name.....

Title.....

Name of the Company and Address (with Seal)

.....

Annexure-5

(To be executed on a stamp paper of Rs 100/-)

Power of Attorney for signing of Bid

Know all men by these presents, We, _____ (name of the Bidder and address of the registered office) do hereby irrevocably constitute, nominate, appoint and authorize Mr. / Ms (Name) _____ Son/daughter/wife of _____ and presently residing at _____, who is presently employed with us and holding the position of _____, as our true and lawful attorney (hereinafter referred to as the "Attorney") to do in our name and on our behalf, all such acts, deeds and things as are necessary or required in connection with or incidental to submission of our bid for the "Renewal of Insurance policies for Group Medclaim Policies for units and offices for FY 2026-27 of IREL (India) Ltd. including but not limited to signing and submission of all bids and other documents and writings, and providing information / responses to IREL, representing us in all matters before IREL, signing and execution of all contracts, undertakings, SLA consequent to acceptance of our Bid, and generally dealing with IREL in all matters in connection with or relating to or arising out of our Bid for the said insurance renewal and/or upon award thereof to us and/or till the entering into of the Agreement with IREL.

AND we hereby agree to ratify and confirm and do hereby ratify and confirm all acts, deeds and things lawfully done or caused to be done by our said Attorney pursuant to and in exercise of the powers conferred by this Power of Attorney and that all acts, deeds and things done by our said Attorney in exercise of the powers hereby conferred shall and shall always be deemed to have been done by us.

IN WITNESS WHEREOF WE, _____, THE ABOVE NAMED PRINCIPAL HAVE EXECUTED THIS POWER OF ATTORNEY ON THIS _____ DAY OF _____, 2026.

For _____ (Signature)

(Name, Title and Address) Witnesses:

1.

2.

Accepted

[Notarised]

(Signature)

(Name, Title and Address of the Attorney)

Notes:

- The mode of execution of the Power of Attorney should be in accordance with the procedure, if any, laid down by the applicable law and the charter documents of the executant(s) and when it is so required, the same should be under common seal affixed in accordance with the required procedure.

SECTION-8

ANNEXURE –6

Price Bid of Group Mediclaim Policy Employees & Dependent family members

Sl. No	Description	Premium Excluding GST (Rs.) for total lives as per Demographic data	GST @ 18% (Rs.)	Total Premium Amount (Rs.) for total lives as per Demographic data
1	Group Mediclaim Policy			
	Total			**

**Premium amount to be quoted

Price quoted in summary sheet should match with the breakup statement total submitted on GeM Portal (Total Lump-sum basis)

Note:

- a) The bidders are required to quote the Premiums for sum insured amount
- b) The bidders should also note that Group Mediclaim Premium plus GST shall be basis of determination of L-1 bidder, as stated in RFQ.
- c) The basis of placement of policies as stated above, shall be the exclusive decision of IREL management which will be final.
- d) No price Bid is to be submitted along with Technical Bid else the offer shall be rejected.

Table 2. Unit Rate for additional premium (excluding GST)	
Sum insured Rs 30000	
Age	Additional premium Per Person/Family in Rs
0-18	
19-25	
26-25	
36-45	
46-60	
>60	

Date:

.....
(Authorized Signatory of Bidder with Seal)

SECTION-9

DAY CARE PROCEDURES

Day Care Procedure - Day care procedures will include following day care surgeries and day care treatment

Microsurgical operations on the middle ear

- 1 Stapedotomy
- 2 Stapedectomy
- 3 Revision of a stapedectomy
- 4 Other operations on the auditory ossicles
- 5 Myringoplasty (Type -I Tympanoplasty)
- 6 Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
- 7 Revision of a tympanoplasty
- 8 Other microsurgical operations on the middle ear

Other operations on the middle and internal ear

- 9 Myringotomy
- 10 Removal of a tympanic drain
- 11 Incision of the mastoid process and middle ear
- 12 Mastoidectomy
- 13 Reconstruction of the middle ear
- 14 Other excisions of the middle and inner ear
- 15 Fenestration of the inner ear
- 16 Revision of a fenestration of the inner ear
- 17 Incision (opening) and destruction (elimination) of the inner ear
- 18 Other operations on the middle and inner ear

Operations on the nose and teh nasal sinuses

- 19 Excision and destruction of diseased tissue of the nose
- 20 Operations on the turbinates (nasal concha)
- 21 Other operations on the nose
- 22 Nasal sinus aspiration

Operations on the eyes

- 23 Incision of tear glands
- 24 Other operations on the tear ducts
- 25 Incision of diseased eyelids
- 26 Excision and destruction of diseased tissue of the eyelid
- 27 Operations on the canthus and epicanthus
- 28 Corrective surgery for entropion and ectropion
- 29 Corrective surgery for blepharoptosis
- 30 Removal of a foreign body from the conjunctiva
- 31 Removal of a foreign body from the cornea
- 32 Incision of the cornea
- 33 Operations for pterygium
- 34 Other operations on the cornea

- 35 Removal of a foreign body from the lens of the eye

- 36 Removal of a foreign body from the posterior chamber of the eye
- 37 Removal of a foreign body from the orbit and eyeball
- 38 Operation of cataract

Operations on the skin and subcutaneous tissues

- 39 Incision of a pilonidal sinus
- 40 Other incisions of the skin and subcutaneous tissues
Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and
- 41 subcutaneous tissues
- 42 Local excision of diseased tissue of the skin and subcutaneous tissues
- 43 Other excisions of the skin and subcutaneous tissues
- 44 Simple restoration of surface continuity of the skin and subcutaneous tissues
- 45 Free skin transplantation, donor site
- 46 Free skin transplantation, recipient site
- 47 Revision of skin plasty
- 48 Other restoration and reconstruction of the skin and subcutaneous tissues
- 49 Chemosurgery to the skin
- 50 Destruction of diseased tissue in the skin and subcutaneous tissues

Operations on the tongue

- 51 Incision, excision and destruction of diseased tissue of the tongue
- 52 Partial glossectomy
- 53 Glossectomy
- 54 Reconstruction of the tongue
- 55 Other operations on the tongue

Operations on the salivary glands and salivary ducts

- 56 Incision and lancing of a salivary gland and a salivary duct
- 57 Excision of diseased tissue of a salivary gland and a salivary duct
- 58 Resection of a salivary gland
- 59 Reconstruction of a salivary gland and a salivary duct
- 60 Other operations on the salivary glands and salivary ducts

Other operations on the mouth and face

- 61 External incision and drainage in the region of the mouth, jaw and face
- 62 Incision of the hard and soft palate
- 63 Excision and destruction of diseased hard and soft palate
- 64 Incision, excision and destruction in the mouth
- 65 Plastic surgery to the floor of the mouth
- 66 Palatoplasty
- 67 Other operations in the mouth

Operations on the tonsils and adenoids

- 68 Transoral incision and drainage of a pharyngeal abscess
- 69 Tonsillectomy without adenoidectomy
- 70 Tonsillectomy with adenoidectomy
- 71 Excision and destruction of a lingual tonsil
- 72 Other operations on the tonsils and adenoids

Trauma surgery and orthopaedics

- 73 Incision on bone, septic and aseptic
- 74 Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
- 75 Suture and other operations on tendons and tendon sheath
- 76 Reduction of dislocation under GA
- 77 Arthroscopic knee aspiration

Operations on the breast

- 78 Incision of the breast
- 79 Operations on the nipple

Operations on the digestive tract

- 80 Incision and excision of tissue in the perianal region
- 81 Surgical treatment of anal fistulas
- 82 Surgical treatment of haemorrhoids
- 83 Division of the anal sphincter (sphincterotomy)
- 84 Other operations on the anus
- 85 Ultrasound guided aspirations
- 86 Sclerotherapy etc.

Operations on the female sexual organs

- 87 Incision of the ovary
- 88 Insufflation of the Fallopian tubes
- 89 Other operations on the Fallopian tube
- 90 Dilatation of the cervical canal
- 91 Conisation of the uterine cervix
- 92 Other operations on the uterine cervix
- 93 Incision of the uterus (hysterotomy)
- 94 Therapeutic curettage
- 95 Culdotomy
- 96 Incision of the vagina
- 97 Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
- 98 Incision of the vulva
- 99 Operations on Bartholin's glands (cyst)

Operations on the prostate and seminal vesicles

- 100 Incision of the prostate
- 101 Transurethral excision and destruction of prostate tissue
- 102 Transurethral and percutaneous destruction of prostate tissue
- 103 Open surgical excision and destruction of prostate tissue
- 104 Radical prostatovesiculectomy
- 105 Other excision and destruction of prostate tissue
- 106 Operations on the seminal vesicles
- 107 Incision and excision of periprostatic tissue
- 108 Other operations on the prostate Operations on the scrotum and tunica vaginalis testis
- 109 Incision of the scrotum and tunica vaginalis testis
- 110 Operation on a testicular hydrocele
- 111 Excision and destruction of diseased scrotal tissue
- 112 Plastic reconstruction of the scrotum and tunica vaginalis testis

113 Other operations on the scrotum and tunica vaginalis testis

Operations on the testes

114 Incision of the testes

115 Excision and destruction of diseased tissue of the testes

116 Unilateral orchidectomy

117 Bilateral orchidectomy

118 Orchidopexy

119 Abdominal exploration in cryptorchidism

120 Surgical repositioning of an abdominal testis

121 Reconstruction of the testis

122 Implantation, exchange and removal of a testicular prosthesis

123 Other operations on the testis

Operations on the spermatic cord, epididymis and ductus deferens

124 Surgical treatment of a varicocele and a hydrocele of the spermatic cord

125 Excision in the area of the epididymis

126 Epididymectomy

127 Reconstruction of the spermatic cord

128 Reconstruction of the ductus deferens and epididymis

129 Other operations on the spermatic cord, epididymis and ductus deferens

Operations on the penis

130 Operations on the foreskin

131 Local excision and destruction of diseased tissue of the penis

132 Amputation of the penis

133 Plastic reconstruction of the penis

134 Other operations on the penis

Operations on the urinary system

135 Cystoscopic removal of stones

Other Operations

136 Lithotripsy

137 Coronary angiography

138 Hemodialysis

139 Radiotherapy for Cancer

140 Cancer Chemotherapy

Others

141 Occipital Neuralgia

142 Incisional biopsy under LA

143 TRUB biopsy

144 Animal bite

145 Co-ordial neo vascular membrane

146 Rotational field quantum magnetic resonance

147 Hyperbic Oxygen therapy,

148 Angiography

149 Angioplasty