



INDIAN INSTITUTE OF SCIENCE EDUCATION AND RESEARCH PUNE

PREBID CLARIFICATION ON TENDER NUMBER -IISER/PUR/0165/22

GROUP HEALTH INSURANCE POLICY FOR STUDENTS

Refer tender published on Institute website www.iiserpune.ac.in and on CPP Portal on **09/06/2022**.

Pre-Bid meeting was held on **16/06/2022** at 3.00 PM and minutes of meeting is as under:

At the outset, the Chairman welcomed all the Members and the representative of the Prospective Bidders and briefed in general the scope of the tender and thereafter requested Assistant Registrar (S&P) to brief the bidders on the salient features of the tender.

The representatives present were satisfied with the replies given and it was informed that the corrections / additions / clarifications given, as discussed during the Pre-Bid Conference would be hosted on the website of IISER Pune and all the Prospective Bidders are required to take cognizance of the proceedings of the Pre-Bid Conference before submitting their bids as stipulated in the Bidding Documents.

The other terms & conditions of the notice issued on our IISER website www.iiserpune.ac.in will remain unchanged. No more correspondence in this regard will be entertained

The meeting ended with vote of thanks to the Chair

16/06/2022

Assistant Registrar (S&P)

IISER PUNE
PRE-BID CONFERENCE FOR PREBID CLARIFICATION ON TENDER NUMBER -IISER/PUR/0165/22

GROUP HEALTH INSURANCE POLICY FOR STUDENTS

QUERIES AND CLARIFICATION

S. No	Query/Clarification Sought	Clarification / Amendment
1	Current lives are 1500 & any chance to increase the lives	Now the number of students is amended from 1500 to 1800 approx.
2	Request you to please share previous insurance policies for understand the policy start & end date	The Insurance policy would normally commence from the 23rd August 2022.
3	Inception total lives for GMC & GPA	Minimum is 1800
4	Latest Claim dump for both policies	https://www3.iiserpune.ac.in/phdadmissions/purchase/claimdataforstudents.xlsx
5	Corporate Buffer mentioned in tender is 10 L , If it's possible can you confirm the How its trigger	The corporate Buffer is to be adjusted as per the instructions of the IISER medical committee only after exhaustion of Rs 2.00 lakh coverage per student.
6	Please confirm the Expiring Terms & Required proposed terms	Please check the attached policy copy.
7	Average Age or maximum age of students	17 years to 35 years
8	Current GMC & GPA claim ratio	https://www3.iiserpune.ac.in/phdadmissions/purchase/claimdataforstudents.xlsx

9	Detailed MIS for GMC & GPA Policies	https://www3.iiserpune.ac.in/phdadmissions/purchase/claimdataforstudents.xlsx
10	Please confirm the Domiciliary Limit also confirm the expiring	https://www3.iiserpune.ac.in/phdadmissions/purchase/claimdataforstudents.xlsx
11	Also confirm the Claim Beneficiary its Self or IISER	The students itself
12	We would like to know if you will accept quotation form Insurance Companies through insurance broker	No
13	Whether direct brokers can participate in this above tender by providing the authorization letter from the Insurance Company?	No
14	Documents Request to quote the tender- Data for 1500 students in excel sheet with DOB or age and claim dump which will help us to quote best price for your tender.	Data of the students will be shared only to the successful bidder.
15	instruct the concerned to upload the files in your website or please provide the claim dump, pyp (previous year policy) and DOB or age limit of students in excel sheet to the above email address.	17 years to 35 years
16	Existing insurer details	SBI General Insurance
17	Existing TPA details	Paramount Health Services & Insurance TPA Pvt. Ltd.
18	Whether any intermediary will be involved	No
19	% of TPA charges in expiring policy	It is under purview of existing insurer.

20	Claims MIS and summary latest is required	https://www3.iiserpune.ac.in/phdadmissions/purchase/claimdataforstudents.xlsx
21	Expiring policy copy is required	Latest Policy copy attached for reference
22	Age demography of students / Active data	17 years to 35 years
23	Mandate to be issued for insurance company in case of direct business?	Mandate will be issued to the insurance company.
24	Lives at Inception and expiry	Approximate 1800 may increase based on actual admission.
25	Psychiatric disorder - whether covered in expiring policy	Psychiatric disorder cover of Rs 30,000 per student.
26	History of Psychiatric disorder claims (count and amount) in previous policy / previous year.	Nil
27	Corporate buffer utilization details	Attached
28	Room rent on actuals - whether this was available in expiring policy	Room Rent Capping At Actual.
29	Number of new students added / deleted in previous policy as endorsement	307
30	Extending policy to 3 years is not allowed as per IRDAI guidelines.	Not applicable.



CORPORATE PREMIUM DETAILS				
Corporate Name	INDIAN INSTITUTE OF SCIENCE EDUCATION AND RESEARCH PUNE			
Insurance Company	Sbi General Insurance Company Ltd.			
Broker/Agent Name	DIRECT BUSINESS			
Policy Number	4101210800000167-00	Policy Period	Policy From	25/08/2021
Policy Run Days	273		Policy upto	24/08/2022
Inception Lives	1,557	Inception Premium	1	
Lives Added	307	Additional Premium	0	
Lives Deleted	0	Deletion Premium	0	
Present Lives Covered	1,864	Current Total Premium	0	
		Premium Type	FULL PREMIUM	

CORPORATE PREMIUM VS CLAIMS RATIO			
Earned Premium	0	Premium Per Life (Per Capita Premium)	00
Incurred Amt IPD	44,40,525	Incurred Amt OPD	0
Claim Frequency IPD	7%	Average Claim Size - IPD	32,761
Claim Frequency OPD	0%	Average Claim Size - OPD	0
Claim Ratio (Actual) - IPD	0%	Claim Ratio (Pro-rata) - IPD	0%
Claim Ratio (Actual) - OPD+IPD	0%	Claim Ratio (Pro-rata) - OPD+IPD	0%
CORPORATE FLOAT SUM INSURED ALLOTTED			10,00,000
CORPORATE FLOAT SUM INSURED UTILISED			0
BALANCE AMOUNT OF CORPORATE FLOAT SUM INSURED			10,00,000

CLAIMS REPORTED SUMMARY								
Type of Claims	Cashless		Reimbursement		OPD		Total No. of Claims	Total Amt of Claims
Claims Status	No. of Claims	Amt of Claims	No. of Claims	Amt of Claims	No of Claims	Amt of Claims		
Paid	124	40,83,874	3	76,718	0	0	127	41,60,592
Declined	0	0	1	33,242	0	0	1	33,242
Outstanding	4	2,64,933	1	15,000	0	0	5	2,79,933
Reported	128	43,48,807	5	1,24,960	0	0	133	44,73,767

CLAIMS PAID SUMMARY								
Claims Status	Cashless		Reimbursement		OPD		Total No. of Claims	Total Amt of Claims
	No. of Claims	Amt of Claims	No. of Claims	Amt of Claims	No of Claims	Amt of Claims		
Paid Main	124	40,56,033	3	76,718	0	0	127	41,32,751
Paid Pre Post	4	27,841	0	0	0	0	4	27,841
Total	124	40,83,874	3	76,718	0	0	127	41,60,592

CLAIMS DECLINED SUMMARY								
Claims Status	Cashless		Reimbursement		OPD		Total No. of Claims	Total Amt of Claims
	No. of Claims	Amt of Claims	No. of Claims	Amt of Claims	No of Claims	Amt of Claims		
Rejected Main	0	0	1	33,242	0	0	1	33,242
Rejected Pre Post	0	0	0	0	0	0	0	0
Deficient, Closed Main	0	0	0	0	0	0	0	0
Deficient, Closed Pre Post	0	0	0	0	0	0	0	0
Total	0	0	1	33,242	0	0	1	33,242

CASHLESS DENIAL SUMMARY								
Cashless Request Denied	5	2,71,228	0	0	0	0	5	2,71,228
Cashless Request Closed	0	0	0	0	0	0	0	0
Total	5	2,71,228	0	0	0	0	5	2,71,228

CLAIMS OUTSTANDING SUMMARY								
Claims Status	Cashless		Reimbursement		OPD		Total No. of Claims	Total Amt of Claims
	No. of Claims	Amt of Claims	No. of Claims	Amt of Claims	No of Claims	Amt of Claims		
Processed	1	33,015	0	0	0	0	1	33,015
Under Deficiency	0	0	1	15,000	0	0	1	15,000
Under Process	1	2,00,000	0	0	0	0	1	2,00,000
Bills Not Received	2	31,918	0	0	0	0	2	31,918
Pre Post	0	0	0	0	0	0	0	0
Total	4	2,64,933	1	15,000	0	0	5	2,79,933

GUIDELINES FOR CORPORATE OVERVIEW	
Earned Premium	Net Premium/Policy Period x Policy Run Days
Premium Per Life (Per Capita premium)	Net Premium/ No. of Lives as on report date
Claim Frequency	No. of Reported Claims/ No. of Lives as on report date
Average Claim Size	Amt of Claims Paid (OPD/IPD)/ No. of Claims Paid
Claim Ratio (Actual)	Amt of Incurred Claims (OPD/IPD)/ Net Premium
Claim Ratio (Pro-rata)	Amt of Incurred Claims (OPD/IPD) / Earned Premium

GUIDELINES FOR CORPORATE SUMMARY	
"Declined" claims in "Claims Reported Summary" includes Rejected and Closed deficient claims.	
"Deficient, Closed" claims in "Claims Declined Summary" includes claims closed due to deficient documents not received within stipulated time period.	
"Cashless Requests Denied" and "Cashless Requests Closed" are not included under "Reported Claims".	
"Cashless Requests Closed" under "Cashless Denial Summary" includes cashless requests issued but not utilised by the member.	
"Processed" in "Claim Outstanding Summary" includes Claims processed and awaiting confirmation or approval from insurance company and awaiting payout from insurance company.	
"Under Deficiency" claims in "Claims Outstanding Summary" includes deficient claims and claims awaiting for confirmation from insurance company, corporate, broker.	
"Under Process" claims in "Claims Outstanding Summary" includes under process with PHS, under investigation and pending for PHS interdepartmental confirmation.	
"Bill Not Received" in "Claims Outstanding Summary"includes cashless claims for which hospital bill is not received.	
Total of "Claims Paid Summary", "Claims Declined Summary" and "Claims Outstanding Summary" respectively does not include the number of Pre-post claims, however amount of pre-post claims is included in total.	

To
INDIAN INSTITUTE OF SCIENCE EDUCATION AND RESEARCH PUNE
IISER, IISER CAMPUS, DR. HOMI BHABHA ROAD,
Pashan, MAHARASHTRA - 411008, INDIA

Date : 28-08-2021

Subject : Policy Number : 4101210800000167-00

Dear Customer,

Welcome to SBI General. Thank you for choosing SBI General's Group Health Insurance Policy. We are delighted to have you as our esteemed Customer.

We enclose the following documents pertaining to your Policy :

- Policy Schedule
- Policy Clauses & Wordings
- Grievance Redressal Letter

We have taken care that the documents reflect details of risk and cover as proposed by you. We request you to verify and confirm that the documents are in order. Please ensure safety of these documents as they form part of our contract with you. For all your future correspondence you may have with us, kindly quote your Customer ID and Policy Number.

Customer ID : C09202

Policy Number : 4101210800000167-00

The Postal Address of your SBI General Branch that will service you in future is :
SBI GENERAL INSURANCE CO LTD - JAIPUR, SBI General Insurance Co LTD, 1st Floor 9, Kailash
Puri, Dwarka Niwas, Opp-BMW Showroom, Tonk Road, Jaipur -302018, Rajasthan,, RAJASTHAN, INDIA-
0, INDIA.

In case of any queries or suggestions, please do not hesitate to get in touch with us. You can contact us at customer.care@sbigeneral.in or call our Customer Care Number 1800-102-1111 / 1800-22-1111.

We look forward to a continuing and mutually beneficial relationship.

Yours sincerely,



Authorized Signatory

SBI General Insurance Company Ltd., Registered Office: & Corporate Office: SBI General Insurance Company Ltd. 301, Natraj, Junction of Western Express Highway & Andheri Kurla Road, Andheri (East), Mumbai - 400069.

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE
UIN - SBIHLGP21330V022021

SCHEDULE

Policy No : 4101210800000167-00	Servicing Branch Office : SBI GENERAL INSURANCE CO LTD - JAIPUR, SBI General Insurance Co LTD, 1st Floor 9, Kailash Puri, Dwarka Niwas, Opp-BMW Showroom, Tonk Road, Jaipur -302018, Rajasthan, RAJASTHAN, INDIA-0, INDIA.	Issue Date : 28-08-2021
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Intermediary Details :

Intermediary Name	SBI GENERAL INSURANCE DIRECT CODE	
Intermediary Code	144892	
Intermediary Contact Details	Mobile No.	Landline No. 9999999999

Insured Details :

Name of the Insured/Proposer	:	INDIAN INSTITUTE OF SCIENCE EDUCATION AND RESEARCH PUNE
Address	:	IISER, IISER CAMPUS, DR. HOMI BHABHA ROAD, Pashan, MAHARASHTRA - 411008, INDIA
Period of Insurance	:	From 25-08-2021 (00:00:00 Hrs) to 24-08-2022 (23:59:59 Hrs)
Previous insurance policy no, if any	:	N/A
Name of the Administrator / TPA	:	PARAMOUNT HEALTH SERVICES & INSURANCE TPA PVT. LTD
No of Primary Insured Persons covered	:	1557 Employees
Total No of Insured Persons Covered	:	1557 [Commencement of Policy]
Total Sum Insured	:	311,400,000.00
Details of Insured Persons	:	As per annexure attached
Compulsory Co-pay (If Applicable)	:	As per Category Sheet (Annexure A)
Add on Covers Opted	:	As per Category Sheet (Annexure A)
GST No	:	27AAAI1546E1Z1
Coinsurance Details	:	100.00%

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101210800000167-00

Additional Conditions : Subject to the following additional Conditions and attached Clauses / Endorsements / Warranties :

- * Pre/Post Hospitalisation of 30/60 days respectively.
 - * Cashless and Reimbursement Policy.
 - * Pre-Existing Diseases exclusion waiver waived for all members, First 30 Days Exclusion waiver waived for all members. 1st Year exclusion waiver waived for all members.
 - * Employees shall be covered from DOJ subject to availability of sufficient CD balance being maintained with insurer.
 - * Addition/deletion shall be done on prorata basis once in a month only subject to data being provided to us by 15th of succeeding month.
 - * Mid term increase in SI is not allowed.
 - * Genetic Disorder covered upto 25% of Individual or Family SI Limit or Rs. 2 Lakhs per insured which ever is lower subject to available Balance SI. Corporate Buffer not to be utilised for these claims
 - * HIV/AIDS/Mental Illness 10% of Individual or Family SI limit or Rs 1 lac per insured whichever is lower subject to available Balance SI. Corporate Buffer not to be utilised for these claims
 - * Treatment for Refractive Error Covered with refractive error +/- 7.5
 - * No individual can be covered more than once in the policy. In case at the time of claim it is found that the member is covered more than once, a deletion endorsement (without any refund) of such member will be effected to ensure he/she is covered only once.
 - * The policy excludes treatment with or coverage of Cochlear Implant Procedure, Femtolaser, Retrograde intra renal surgery, Quantum magnetic resonance therapy, Toric Lens covered upto 30,000/- per eye, Holter monitoring unless otherwise specifically covered as per Policy Schedule.
 - * Special Condition :- 1. 50% Co-pay for Cyber Knife Treatment, Gamma Knife Treatment, Femto Laser treatment for eye. 2. Psychiatric disorder cover of Rs 30,000 per student
 - * 1. All Hospital Service Charges covered 2. Any Service Charges on Medical Bills - Should not be deducted from the individual Claim.
 - * All Hospital Service Charges covered
 - * Administration/ Registration & Misc. Charges are not payable
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- * Minimum and Maximum age at entry for Student is 17 years and 35 years respectively.
 - * Domiciliary Hospitalization covered upto 20% of SI to a maximum of Rs. 20000
 - * Congenital internal disease cover Covered for within floater SI
 - * Ambulance charges Covered upto Rs.2,000 per case
 - * Ayurvedic Cover covered upto 15% of SI or Rs. 20000 whichever is less
 - * Homeopathic Medicine & Unani Treatment Cover covered upto 10% of SI or Rs. 15000 whichever is less
 - * Corporate Buffer Annual Limit : 10 lacs subject to restriction of max Sum Insured Upto 2 lacs. Corporate buffer cannot be utilised for non allopathic treatment. Utilization of Corporate buffer limit shall be allowed after exhaustion of base Sum Insured
 - * Room Rent Capping At Actual
 - * Advance Procedures Covered wherever Medically Indicated either as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured? for below mentioned procedure A. Uterine Artery Embolization and HIFU (High Intensity Focused Ultrasound) B. Balloon Sinuplasty C. Deep Brain Stimulation D. Oral Chemotherapy E. Immunotherapy - Monoclonal Antibody to be given as

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101210800000167-00

injection F. Intra Vitreal Injections G. Robotic Surgeries H. Stereotactic Radio Surgeries I. Bronchial Thermoplasty J. Vaporisation of the Prostrate (Green Laser Treatment or Holmium Laser Treatment)K. IONM - (Intra Operative Neuro Monitoring) L. Stem Cell Therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered Corporate Buffer not to be utilised for above ailments/ Procedure

* Coverage applicable is as per the benefit chart, annexure A attached along with.

* All other terms and conditions as per Group Health Insurance Policy wordings as attached

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101210800000167-00

Premium Computation


Particulars	Amount (INR)
Gross Premium	3,945,438.00
CGST : @9.00%	355,089.42
SGST : @9.00%	355,089.42
Final Premium	4,655,616.84

Collection Details: Receipt No. 4401210800000334

Receipt Date. 28-08-2021

Consolidated Stamp Duty paid INR 20.0/- towards Insurance Policy Stamps vide Order No. CSD/360/2019/917/19 Dated 13-03-2019 of General Stamps Office Mumbai.

P.S. If premium paid through cheque, the policy is void abinitio in case of dishonour of cheque.

Signed at : Mumbai HO	For SBI General Insurance Company Limited
Date : 28-08-2021	Signatory : 

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101210800000167-00

Important Note :

Please examine this Policy including its attachment Schedule/ Annexure if any. In the event of any discrepancy, contact the office of the Company immediately, it being noted that this Policy shall be otherwise considered as being entirely in order.

In case of payment by cheque, in the event dishonor of cheque for any reason whatsoever, insurance provided under this document automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not. Any claim arising or related to consequences of the pre-existing disease is excluded from the scope of policy cover unless the same is covered on payment of premium and coverage terms mentioned in the schedule.

This is a Contract between the Company and the Insured Person(s). The Insured Person(s) shall not transfer, assign, alienate or in any way pass the benefits and /or liabilities to any other person, institution, hospital, company or body corporate without specific approval in writing by a duly authorised officer of the company. However, if the Insured Person(s) is permanently incapacitated or deceased, the legal heirs of the insured may represent him in respect of claim under the policy.

All terms, conditions and exclusions as per standard policy wordings attached with this schedule.

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101210800000167-00

ANNEXURE 'A' (Category Chart)

Group	SI 2 LACS
Covers	LIMITS
Family Definition	Individual option SELF.
Type of Cover	Individual
Sum Insured	200,000.00
CORPORATE BUFFER	Maximum limit : 1,000,000.00 Per Member : 200,000.00
IN-PATIENT	Maximum limit : 200,000.00
AYURVEDIC	Maximum limit : 20,000.00
HOMEOPATHIC & UNANI COMBINED	Maximum limit : 15,000.00
CONGENITAL DISEASE	Maximum limit : 200,000.00
PRE-EXISTING DISEASE	Maximum limit : 200,000.00
DOMICILIARY	Maximum limit : 20,000.00
BED LIMIT	Maximum limit : 200,000.00
INTENSIVE CARE UNIT	Maximum limit : 200,000.00
AMBULANCE ONLY	Maximum limit : 2,000.00
First year exclusion waiver	Yes
30 Days exclusion waiver	Yes
Pre Hospitalization	Yes 30.0 day(s)
Post Hospitalization	Yes 60.0 day(s)
COPAY	Network/Non-Network copay not applicable

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101210800000167-00

ANNEXURE 'B'

Sr No	Name of the Insurance Company	Co-Insurance Share (%)	Base Premium (In INR)	Tax (In INR)	Final Premium (In INR)
1	SBI General Insurance Co. Ltd.-SBI	100.00			
Total		100.00			

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101210800000167-00

INTIMATING A CLAIM

For Intimating a Claim with us please contact us through the following channels :

Phone : 1800-102-1111/1800-22-1111(Toll Free 8:00 am to 8:00 pm from Monday to Saturday)

Email - customer.care@sbigeneral.in

Facsimile - 1800-102-7244/1800-22-7244(Toll Free)

CLAIM SETTLEMENT

The Company will settle the claim under this policy within 30 days from the date of receipt of necessary documents required for assessing the claim. In the event that the Company decides to reject a claim made under this policy, the Company shall do so within a period of thirty days of the Survey Report or the additional Survey Report, as the case may be, in accordance with the provisions of Protection of Policyholder's Interest Regulations 2017.