



SBI General Insurance Company Ltd

Quotation for Group Medclaim Facility & Personal Accident

Prepared on August 9, 2017

R E Q U E S T F O R Q U O T A T I O N

Table of Contents

SCHEDULE OF EVENTS.....	3
INTRODUCTION AND BACKGROUND	4
PURPOSE OF THE RFQ	4
TECHNICAL CONTACT AND CONTRACTUAL CONTACT	4
MEDICLAIM COVER LIMITS :	5
GENERAL TERMS AND GUIDELINES	5
TERMS & CONDITIONS OF THE MEDICLAIM FACILITY (FEATURES)	6
BID SUBMISSION	8
EXISTING DEMOGRAPHIES/INPUTS FOR INFORMATION	8
EVALUATION FACTORS	9
RATE SUBMISSION-GMC	10
RATE SUBMISSION-GMC	11
RATE SUBMISSION-GMC	12
Annexure 1: Format of Letter of Offer	13
ANNEXURE - B.....	14
ANNEXURE - C.....	19

SCHEDULE OF EVENTS

Event	Date
1. Issuing of RFQ	09-Aug-2017
2. Quotation Due Date & Opening of Price Bid	18-Aug-2017
3. Target Date for Review of Proposals	21-Aug-2017
4. Final Vendor Selection Discussion(s)	21-Aug-2017
5. Anticipated decision and Release of Payment	23-Aug-2017
6. Anticipated commencement date of work / Delivery	28-Aug-2017

INTRODUCTION AND BACKGROUND

SBI General Insurance Company Limited (“SBI General” or “Company”) is a joint venture between State Bank of India (SBI) and Insurance Australia Group (IAG) and is having its business operations in India with 111+ branches with over 2600 employees.

SBI General Insurance has developed this Request for Quotation (“RFQ”) template to facilitate the HR Operations Team to identify and select excellent vendor to provide Group Mediclaim Facility to its employees PAN India for both Cashless & Reimbursements.

PURPOSE OF THE RFQ

We would need a service provider who will provide Group Mediclaim Facility for our employees and their dependents, for which we are expecting the quotation from you as, per our below mentioned requirements:

This RFQ is framed with different sections to provide with a better understanding of the business and technical needs of the Company to vendors, to have the best bids / quotes.

TECHNICAL CONTACT AND CONTRACTUAL CONTACT

Any questions concerning technical specifications or Statement of Work (SOW) requirements and/or terms of Contract must be directed on or before 16.00 hours of 16-Aug-2017:

Designation	Chief Manager – HR Operations & ER
Address	SBI General Insurance Co. Ltd. 101-201-301, Natraj, Junction of Western Express Highway and Andheri-Kurla Road, Andheri(East), Mumbai-400069
Email	niranjan.parida@sbigeneral.in
Tele.	022-42412616
Fax	022-42412617
Mobile	09619240070

MEDICLAIM COVER LIMITS :

Members :

Only employees and their family members are covered i.e. self, spouse, upto 02 children & parents

Group Medical Cover (GMC)

Limits

AVP & Above	: 5.0 Lacs
Manager to Chief Manager	: 3.0 Lacs
Dy. Manager & Below	: 2.5 Lacs

Existing Cover: SBI General employees are covered under Group medicaliam policy . Comparison of current benefits and proposed changes is furnished under annexure C”.

GENERAL TERMS AND GUIDELINES

SBI General reserves the right to:

- Consider bids for technical specifications better than the invited specs within competitive pricing among all bids received;
- Carry reference check with Vendor’s existing customers on service quality
- Reject any or all offers and discontinue this RFQ process without obligation or liability to any potential Vendor;
- Accept other than the lowest priced offer;
- Accept more than one Vendor and create a panel for its future needs;
- Release the order / contract on the basis of initial offers received, without discussions or requests for best and final offers.
- Penalty clauses in case non - adherence on delivery and service TAT.

Order / Contract resulting from this RFQ will be based upon the most responsive Vendor whose offer will be the most advantageous for SBI General in terms of cost, functionality, and other factors as specified elsewhere in this RFQ.

Vendor’s quotation in response to this RFQ will be incorporated into the final agreement between SBI General and the selected Vendor. The quotation is expected to include each of the following sections:

1. Details of Key Personnel who will be associated with this contract in the event of the Vendor qualifying for the contract.
2. References: Current three corporate deals (2016 – 17).
3. Complete escalation chart.
4. With acceptance of RFQ , the vendor agrees that there will not be any adhoc/additional premium sought based on the loss ratio during the course of the policy period.
5. Quotations to be received from the insurers directly and should be inclusive of all the costs except applicable taxes. No additional cost to be paid by SBI General whatsoever.
6. Conditional offer from the prospective insurer will be rejected outright.
- 7. Mid term policy cancellation will not be allowed**

The Vendor will confine its submission to those matters sufficient to define its proposal and to provide an adequate basis for SBI General's evaluation of the Vendor's quotation.

TERMS & CONDITIONS OF THE MEDICLAIM FACILITY (FEATURES)

This facility can be given in both ways i.e. cashless hospitalization with network hospitals or reimbursement. A dedicated resource will be provided for SBI General for co-ordination of all claims and the said resource will have to visit SBI General Office in Mumbai on alternate days for collection of documents, discussions on pending issues and any other matters related to Mediclaim.

1. The sum insured will be on a family floater basis which covers Self, Spouse, 2 dependent children below 25 years of age and 2 dependent parents.
2. All the employees & their dependants shall be covered from the date of joining for which we will keep sufficient balance in the deposit premium A/c.
3. Pre-Existing diseases to be covered under the policy.
4. 1st year waiting for maternity and 30 day waiting period for hospitalization to be waived off under the policy. In other words Insurance cover will be from the date of joining of the employee and dependents.
5. Maternity claims: Waiting period of 9months waived off. Maternity expenses for delivery of the first 2 children. Limit for normal delivery is Rs 30,000/- & for cesarean Rs. 50,000/-.and pre & post natal complications requiring hospitalization are covered under the policy up to Rs. 5,000/= **excluded** in the maternity limits.
6. A new born baby is covered from day-one. All hospital expenses of the new born baby will be covered under the family floater sum insured. A new born baby will be initially enrolled as

“baby of *name of the mother*”. Within 1 month of the birth of the child, SBI General will provide the name of the baby so that the same can be updated in the master list. Third child to be covered in case of second maternity claim is for twins.

7. Policy covers for emergency ambulance charges up to Rs 1500/- only in each transportation and **cardiac ambulance at actual**.
8. Pre & Post hospitalization expenses are covered for 30 & 60 days respectively.
9. Policy covers Ayurvedic/Homoeopathic, Unani (AYUSH) treatment in government recognized hospital.
10. Accidental dental treatment is covered.
11. Day care procedures are covered. The list of day care procedure is enclosed herewith for your ready reference. Annexure B enclosed.
12. Room rent & ICU rent limit is 1% & 2% of the Sum Insured respectively.
13. Policy works on Family Floater Basis.
- 14 Genetic Disorders, Psychiatric treatment , Stem Cell Therapy, infertility and Obesity are excluded under the policy.
15. Robotic Surgery is included
16. The cashless facility shall be provided through Network Hospitals.
17. Insurance Company to provide Mediclaim Cards to our employees.
18. Corporate Buffer **of Rs.30.0 Lacs** to be included while submitting the Quotation.

BID SUBMISSION

The duly filed sealed bids document including complete set of supporting documents shall be submitted on or before 18-Aug-2017 upto 16:00 Hours. Any bid documents received thereafter will not be considered:

Designation	Chief Manager – HR Operations & ER
Address	SBI General Insurance Co. Ltd. 101-201-301, Natraj, Junction of Western Express Highway and Andheri-Kurla Road, Andheri(East), Mumbai-400069
Email	niranjan.parida@sbigeneral.in
Telephone	022-42412616

EXISTING DEMOGRAPHIES/INPUTS FOR INFORMATION

Attached in a separate sheet

Existing Insurer : M/s. United India Insurance Co. Ltd.

Existing TPA : M/s. Mediassist India Pvt. Ltd.

GRADE WISE SUM INSURED AND AGE BAND

Grade	Sum Insured	0-18	18-30	30-40	40-50	50-60	60-70	70-80	Above 80	Grand Total
Assistant Vice President	500000	40	6	28	30	8	26	18	3	159
Deputy Senior Vice President		6	4		8	4	2	6	1	31
Deputy Vice President		26	10	15	29	8	14	15	7	124
Senior Vice President		4	2	1	7	6	3	5	4	32
Vice President		11	3	7	11	7	7	10	4	60
Chief Manager	300000	58	12	57	42	14	49	24	3	259
Manager		148	18	214	36	54	126	34	3	633
Senior Manager		136	13	159	56	38	96	33	5	536
Assistant Manager	250000	249	161	374	75	214	225	46	1	1345
Deputy Manager		192	46	293	43	99	164	40	4	881
Executive		304	322	487	105	359	295	55	1	1928
Executive Assistant		209	518	384	213	453	279	46	2	2104
Senior Executive		340	206	519	81	296	291	52	6	1791
Grand Total		1723	1321	2538	736	1560	1577	384	44	9883

GRADEWISE COUNT OF EMPLOYEES WITH RELATIONSHIP

Grade	Avg Age	Self	Spouse	Child 1	Child 2	Father	Mother	Grand Total
Assistant Manager	32.51	339	234	142	108	244	278	1345
Assistant Vice President	42.09	33	32	21	25	18	30	159
Chief Manager	40.69	55	52	30	39	39	44	259
Deputy Manager	35.08	201	169	105	88	145	173	881
Deputy Senior Vice President	48.67	6	6	4	6	4	5	31
Deputy Vice President	44.31	26	25	16	20	19	18	124
Executive	31.84	511	325	174	129	363	426	1928
Executive Assistant	28.97	654	262	117	94	460	517	2104
Manager	36.28	137	131	77	72	96	120	633
Senior Executive	33.30	427	341	195	145	318	365	1791
Senior Manager	37.67	115	110	86	52	80	93	536
Senior Vice President	49.00	9	6	2	4	5	6	32
Vice President	45.92	13	12	5	9	9	12	60
Grand Total		2526	1705	973	791	1800	2087	9883

EVALUATION FACTORS

Any order to be made pursuant to this RFQ will be based upon the proposal with appropriate consideration given to operational, technical, cost, and management requirements. Evaluation of offers will be based upon the Vendor's responsiveness to the RFQ and the total price quoted for all items covered under the RFQ.

The following elements will be the primary considerations in evaluating all submitted proposals and in the selection of a Vendor or Vendors:

1. Completion of all required responses in the correct format.
2. The extent to which Vendor's proposed solution fulfills SBI General's stated requirements as set out in this RFQ.
3. An evaluation of the Vendor's ability to deliver the indicated service in accordance with the requirements set out in this RFQ.
4. The Vendor's stability, experiences, and record of past performance in delivering such services as per their references.
5. Availability of sufficient high quality Vendor personnel with the required skills and experience for the specific approach proposed.

6. Overall cost of Vendor's proposal.
7. Conditional Offer will be technically rejected.

SBI General may, at their discretion and without explanation to the prospective Vendors, at any time choose to discontinue this RFQ without obligation to such prospective Vendors.

RATE SUBMISSION-GMC

The Insurer is required to submit their rates on the following format with **three options**

Option1 : On Existing Terms & Conditions

Grade	Category	No. of Emp	Total Life including dependents	Per Life Premium	Total Premium	Remarks if any
AVP & Above	500000.00	87	406			
Mgr To Chief Mgr	300000.00	307	1428			
Dy Mgr & Below	250000.00	2130	8048			

Total Premium Quoted Excluding GST : Rs. _____

In Words : _____

Signature & Seal of the Insurer
 Date :

RATE SUBMISSION-GMC

The Vendor is required to submit their rates on the following format.

Option2: Corporate buffer sum insured limited to 50% of family floater sum insured for Parental Claims.

Grade	Category	No. of Emp	Total Life including dependents	Per Life Premium	Total Premium	Remarks if any
AVP & Above	500000.00	87	406			
Mgr To Chief Mgr	300000.00	307	1428			
Dy Mgr & Below	250000.00	2130	8048			

Total Premium Quoted Excluding GST : Rs. _____

In Words : _____

Signature & Seal of the Insurer

Date :

RATE SUBMISSION-GMC

The Vendor is required to submit their rates on the following format.

Option 3: Corporate Buffer will be available for Employee claims only

Grade	Category	No. of Emp	Total Life including dependents	Per Life Premium	Total Premium	Remarks if any
AVP & Above	500000.00	87	406			
Mgr To Chief Mgr	300000.00	307	1428			
Dy Mgr & Below	250000.00	2130	8048			

Total Premium Quoted Excluding GST : Rs. _____

In Words : _____

Signature & Seal of the Insurer

Date :

Annexure 1: Format of Letter of Offer

Date:

To,

SBI General Insurance Company Limited
101-201-301, Natraj
Junction of Western Express Highway & Andheri-Kurla Road
Andheri (East), Mumbai – 400 069

Dear Sir,

Sub: Bid for providing Group Mediclaim Cover

With reference to your RFQ Document for providing Group Mediclaim Facility to your employees and their dependents on Pan India basis and as per your scope of work requirements mentioned in RFQ document publicized by SBI General Insurance Co. Ltd., we hereby offer to execute the subject work, which we have quoted for **item wise**. In the event of this bid being accepted, we agree to deliver the services within the agreed period as per bid conditions and specifications.

As required by you, I/we are returning herewith the bid documents duly signed by us at each page in token of our acceptance of the provisions in the documents. Should this bid be accepted, We hereby agree to abide by and fulfill the terms and provisions of the said conditions of RFQ Document annexed hereto and the rates as quoted in the schedules.

Thanking you,

Yours faithfully,

Name

Designation

Seal:

Address:

Place-

Date-

ANNEXURE - B

DAY CARE PROCEDURES COVERED UNDER MEDICLAIM

Sr. n. List of Day Care Treatment

- 1 Suturing – CLW –under LA or GA
- 2 Surgical debridement of wound
- 3 Therapeutic Ascitic Tapping
- 4 Therapeutic Pleural Tapping
- 5 Therapeutic Joint Aspiration
- 6 Aspiration of an internal abscess under ultrasound guidance
- 7 Aspiration of hematoma
- 8 Incision and Drainage
- 9 Endoscopic Foreign Body Removal - trachea /- pharynx-larynx/bronchus/esophagus/stomach / rectum
- 10 True cut Biopsy – breast/- liver/- kidney-Lymph Node/-Pleura/-lung/-Muscle biopsy/- Nerve biopsypsy /-Synovial biopsy/-Bone trephine bio/-Pericardial biopsy
- 11 Endoscopic ligation/banding
- 12 Sclerotherapy
- 13 Dilatation of digestive tract strictures
- 14 Endoscopic ultrasonography and biopsy
- 15 Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux disease
- 16 Endoscopic placement/removal of stents
- 17 Endoscopic Gastrostomy
- 18 Replacement of Gastrostomy tube
- 19 Endoscopic polypectomy
- 20 Endoscopic decompression of colon
- 21 Therapeutic ERCP
- 22 Brochosopic treatment of bleeding lesion
- 23 Brochosopic treatment of fistula /stenting
- 24 Bronchoalveolar lavage & biopsy
- 25 Tonsillectomy without Adenoidectomy
- 26 Tonsillectomy with Adenoidectomy
- 27 Excision and destruction of lingual tonsil
- 28 Foreign body removal from nose
- 29 Myringotomy
- 30 Myringotomy with Grommet insertion
- 31 Myringoplasty / Tympanoplasty
- 32 Antral wash under LA
- 33 Quinsy drainage

- 34 Direct Laryngoscopy with or w/o biopsy
- 35 Reduction of nasal fracture
- 36 Mastoidectomy
- 37 Removal of tympanic drain
- 38 Reconstruction of middle ear
- 39 Incision of mastoid process & middle ear
- 40 Excision of nose granuloma
- 41 Blood transfusion for recipient
- 42 Therapeutic Phlebotomy
- 43 Haemodialysis/Peritoneal Dialysis
- 44 Chemotherapy
- 45 Radiotherapy
- 46 Coronary Angioplasty (PTCA)
- 47 Pericardiocentesis
- 48 Insertion of filter in inferior vena cava
- 49 Insertion of gel foam in artery or vein
- 50 Carotid angioplasty
- 51 Renal angioplasty
- 52 Tumor embolisation
- 53 TIPS procedure for portal hypertension
- 54 Endoscopic Drainage of Pseudopancreatic cyst
- 55 Lithotripsy
- 56 PCNS (Percutaneous nephrostomy)
- 57 PCNL (percutaneous nephrolithotomy)
- 58 Suprapubic cystostomy
- 59 Tran urethral resection of bladder tumor
- 60 Hydrocele surgery
- 61 Epididymectomy
- 62 Orchidectomy
- 63 Herniorrhaphy
- 64 Hernioplasty
- 65 Incision and excision of tissue in the perianal region
- 66 Surgical treatment of anal fistula
- 67 Surgical treatment of hemorrhoids
- 68 Sphincterotomy/Fissurectomy
- 69 Laparoscopic appendicectomy
- 70 Laparoscopic cholecystectomy
- 71 TURP (Resection prostate)
- 72 Varicose vein stripping or ligation
- 73 Excision of dupuytren's contracture
- 74 Carpal tunnel decompression
- 75 Excision of granuloma

- 76 Arthroscopic therapy
- 77 Surgery for ligament tear
- 78 Surgery for meniscus tear
- 79 Surgery for hemoarthrosis/pyoarthrosis
- 80 Removal of fracture pins/nails
- 81 Removal of metal wire
- 82 Incision of bone, septic and aseptic
- 83 Closed reduction on fracture, luxation or epiphyseolysis with osetosynthesis
- 84 Suture and other operations on tendons and tendon sheath
- 85 Reduction of dislocation under GA
- 86 Cataract surgery
- 87 Excision of lachrymal cyst
- 88 Excision of pterigium
- 89 Glaucoma Surgery
- 90 Surgery for retinal detachment
- 91 Chalazion removal (Eye)
- 92 Incision of lachrymal glands
- 93 Incision of diseased eyelids
- 94 Excision of eyelid granuloma
- 95 Operation on canthus & epicanthus
- 96 Corrective surgery for entropion & ectropion
- 97 Corrective surgery for blepharoptosis
- 98 Foreign body removal from conjunctiva
- 99 Foreign body removal from cornea
- 100 Incision of cornea
- 101 Foreign body removal from lens of the eye
- 102 Foreign body removal from posterior chamber of eye
- 103 Foreign body removal from orbit and eyeball
- 104 Excision of breast lump /Fibro adenoma
- 105 Operations on the nipple
- 106 Incision/Drainage of breast abscess
- 107 Incision of pilonidal sinus
- 108 Local excision of diseased tissue of skin and subcutaneous tissue
- 109 Simple restoration of surface continuity of the skin and subcutaneous tissue
- 110 Free skin transportation, donor site
- 111 Free skin transportation recipient site
- 112 Revision of skin plasty
- 113 Destruction of the diseases tissue of the skin and subcutaneous tissue
- 114 Incision, excision, destruction of the diseased tissue of the tongue
- 115 Glossectomy
- 116 Reconstruction of the tongue
- 117 Incision and lancing of the salivary gland and a salivary duct

- 118 Resection of a salivary duct
- 119 Reconstruction of a salivary gland and a salivary duct
- 120 External incision and drainage in the region of the mouth, jaw and face
- 121 Incision of hard and soft palate
- 122 Excision and destruction of the diseased hard and soft palate
- 123 Incision, excision and destruction in the mouth
- 124 Surgery to the floor of mouth
- 125 Palatoplasty
- 126 Transoral incision and drainage of pharyngeal abscess
- 127 Dilatation and curettage
- 128 Myomectomies
- 129 Simple Oophorectomies
- 130 Mac Donald stitch for cervical incompetence
- 131 Stapedectomy
- 132 Revision of a stapedectomy
- 133 Other operations of the auditory ossicles
- 134 Other excisions of the middle and inner ear
- 135 Fenestration of the inner ear
- 136 Revision of a Fenestration of the inner ear
- 137 Incision (opening) and destruction (elimination) of the inner ear
- 138 Other operations on the middle and inner ear
- 139 Operations on the turbinates (nasal concha)
- 140 Other operations on the nose
- 141 Nasal sinus aspiration
- 142 Chemosurgery to the Skin
- 143 Excision of diseased tissue of a salivary gland and a salivary duct
- 144 Other operations on the surgery glands and salivary ducts
- 145 Other operations in the mouth
- 146 Transoral incision and drainage of a pharyngeal abscess
- 147 Other operations on the Tonsils and Adenoids
- 148 Other operations on the anus
- 149 Ultrasound guided aspirations
- 150 Sclerotherapy
- 151 Other operations on the Uterine Cervix
- 152 Incision of the uterus (hysterotomy)
- 153 Operations on Bartholin's gland (cyst)
- 154 Incision of the prostate
- 155 Open surgical excision and destruction of prostate tissue
- 156 Radical Prostatovesicolectomy
- 157 Other excision and destruction of prostate tissue
- 158 Operations on the seminal vesicles
- 159 Incision and excision of periprostatic tissue

- 160 Other operations on the prostate
- 161 Excision and destruction of diseased scrotal tissue
- 162 Plastic reconstruction of the scrotum and tunica vaginalis testis
- 163 Other operations on the scrotum and tunica vaginalis testis
- 164 Incision of the testes
- 165 Excision and destruction of diseased tissue of the testes
- 166 Reconstruction of the testis
- 167 Implantation, exchange and removal of a testicular prosthesis
- 168 Other operations on the testis
- 169 Excision in the area of the epididymis
- 170 Epididymectomy
- 171 Reconstruction of the spermatic cord
- 172 Reconstruction of the ductus deferens and epididymis
- 173 Other operations on the spermatic cord, epididymis and ductus deferens
- 174 Operations of the foreskin
- 175 Local excision and destruction of diseased tissue of the penis
- 176 Amputation of the penis
- 177 Plastic reconstruction of the penis
- 178 Simple fracture
- 179 Oral Chemotherapy
- 180 Coronary Angiography
- 181 Angiography of the Eye

ANNEXURE - C

COMPARISON OF EXISTING POLICY WITH RESPECT TO PROPOSED POLICY

Sr. No.	Particulars	Existing Policy Conditions	Proposed Changes
1	Sum Insured Limit	AVP & Above : 5 Lacs, Mgr to CM:3 Lacs, DM to EA : 2.5 Lacs,	No Changes
2	Coveragae	Self, Spouse, 2 Dependent Children below 25 years, Parents	Same. However if the second child birth is twins, 3rd Child to be covered
3	Age Band	0 - 90 Years	No Changes
4	Pre Existing Disease	Covered	No Changes
5	Maternity Waiting Period	Waived Off	No Changes
6	Maternity Limit	30000/- for normal Delivery & 50000/- for Cesearian Delivery	No Changes
7	Maternity Pre & Post Natal Expenses	5000/- Inclusive	5000/- Exclusive
8	New Born Baby Cover	From Day 1	No Changes
9	Ambulance Charges	Capped at 1500/- However Cardiac Ambulance charges to be included at actual	No Changes
10	Ayurvedic/Homoeopathy Treatment	Covered (Govt Recognized Hospital Only)	No Changes
11	Dental Treatment	Accidental Dental Coverage only	No Changes
12	Day Care Procedures	Covered	No Changes
13	Pre & Post Hospitalizaion Expenses	Pre 30 days & post 60 days	No Changes
14	Special Treatment	Genetic Disorders, Psychiatric treatment , Stem Cell Therapy, Cyberknife Treatment and Obesity are excluded under the policy	No Changes
15	Robotic Surgery	Not Covered	To be covered with special recommendation from the Doctor
16	Capping on Claims	No Capping	No Changes
17	Co-Payment	No Co-Payment	No changes
18	Room Rent Capping	1% for normal room & 2% for ICU	No Changes
19	Policy Quotations	Brokers are not involved	No Changes
20	Demise of Employee	Coverage to dependent will continue till policy expiry	No Changes