Reaching to Unreached

Tender No.BGGB:HO HRM:04:1798
Date : 21/10/2022

NOTICE INVITING TENDER (NIT)/ REQUEST FOR PROPOSAL (RFP) NAME OF THE WORK : STAFF GROUP MEDICLAIM POLICY UNDER MEDICAL INSURANCE SCHEME

Request for Proposals invited from IRDA licensed General Insurance Companies and Standalone Health Insurance companies for Group Mediclaim Insurance Policy for employees of Baroda Gujarat Gramin Bank (BGGB).

1	Name of the work and category	Group Mediclaim Insurance of Banks Existing Staff and their Dependent Family
2	Cost of application/ tender document.	Free of Cost.
3	Tender Details:	For details of RFQ, terms and conditions and other Information and queries pertaining to the policy
4	Tender Floated on	**21/10/2022**
5	Place & Address for submission of tender	The General Manager Baroda Gujarat Gramin Bank, Head Office : 3rd & 4th Floor, Suraj Plaza-I, Sayajiganji VADODARA : 390 005 (Gujarat)
6	Contact person/telephone no: (In case of any Queries)	Mr. B.J.Raval Chief Manager (HRM) Baroda Gujarat Gramin Bank, Head Office : 3rd & 4th Floor, Suraj Plaza-I, Sayajigunj, VADODARA : 390 005 (Gujarat) Email : hrm.ho@barodagujaratrrb.co.in
7	Date and Time for Submission of Tender	**Up to 28.10.2022 at 05:00 PM**
8	Date and Time of opening of Technical Bid	**29.10.2022 at 11:00 AM**
9	Date and Time of opening of Price Bid	**29.10.2022 at 01:00 PM**

10	Terms of payment of Bills, if any. Specify the minimum value of work for payment of running account bills.	One Single payment
11	Validity period of the tender.	60 Days.
12	Taxes	Premium Rates quoted should be Excluding GST and GST will be paid by the bank.
13	Mode of Payment	Payment will be made through Electronic mode only.
14	Third Party Administration	Decision will be taken after Insurance Company finalization

Bank is in process of selecting insurance company through a bidding process (comprising of Technical Bid and Financial Bid) from IRDA Licensed General Insurance companies and Standalone Health Insurance Companies operating in India for Group Mediclaim Insurance Program for its employees and their Dependent Family.

Tender Procedure for Submission:

ENVELOPE 'A' : This envelope to be placed with below mentioned Annexure's and super scribed as **"TECHNICAL BID for Customized GMC Insurance Policy for BGGB Employees and their Dependent Family Members".**

- Annexure I : Declaration of acceptance from the Bidder
- Annexure II : Request for Quotation
- Annexure III : Medical Scheme for the Employees of BGGB
- Annexure IV : List of Diseases to be covered under Domiciliary Treatment
- Annexure V : List of Diseases to be covered under Day Care Procedures.
- Annexure VI : Self-Declaration
- Annexure VIII : Integrity Pact

ENVELOPE 'B' : This envelope should contain only the Price Bid and super scribed as **"PRICE BID for Customised Group MediClaim Insurance Policy for BGGB Employees and their Dependant Family Members".**

- Annexure VII : The Price Bid stating the Net Premium quoted

Sealed Envelopes A & B (as stated above) to be placed in a single cover (sealed) and super scribed as **"Tender for Group Medical Insurance Policy for BGGB Employees and their Dependent Family Members".** The sealed envelope should be submitted at Head Office : Vadodara before the Tender due date and time. Those who send the tender documents by post, have to ensure that the documents reach the office on or before the prescribed time & date. The Bank will not take any responsibility under any circumstances for courier/ postal delays.

Eligibility Criteria:

SN	Parameters	Documents required
1	IRDAI (Insurance Regulatory Development Authority of India) registered Insurance Companies are eligible to participate in the Bid.	Copies of valid license issued by IRDAI.
2	The Insurance Company should have been in the line of business for at least -05- years.	Self-Declaration of underwriting medical insurance policy in last five years. (Annexure VI – Self-Declaration)
3	The insurance company should not have been blacklisted / barred / disqualified by any regulator / statutory body in the past 3 years	Self-Declaration(in Annexure VI – Self Declaration)
4	The bidder should have experience of managing Group Insurance Policies for Public Sector Banks / RRBs (Regional Rural Bank) for a group size of at least 10000 lives per year covered during the last 3 financial years	Copies of relevant Work Orders clearly stipulating the group size

Terms and conditions:

1. The Bidder has to submit the relevant & readable files completely duly signed including covering letter as indicated in the tender document (including issued corrigendum if any. In case of any irrelevant or non-readable files, the bid may be rejected.

2. Bidders are invited to submit their proposal in accordance with the enclosed Request for Proposal (RFP) terms.

3. Bidder shall sign stamp and seal each and every page of the original bid documents including all annexures. The authorization to sign bid form shall be in any other form evidencing that the signatory has been dully authorized to sign.

4. Bidders shall mention their valid email address and mobile numbers which shall be used for any communication.

5. The Bank reserves the right to reject any or all offers without assigning any reason.

6. The Bank reserves the right to change the schedule mentioned above or elsewhere mentioned in the document, which will be communicated by placing the same as corrigendum on Bank's Website (www.bggb.in).The bidder is required to read the tender document in conjunction with the corrigendum if any issued by BGGB.

7. The copy of this document may be downloaded from the Bank website free of cost.

8. Complete confidentiality should be maintained. Information provided here should be used for its intended scope and purpose. Retention of this RFP signifies your agreement to treat the information as confidential.

9. All communication with regards to this request for proposal needs to be directed to BGGB directly.

10. BGGB reserves the right to relax/ amend/ withdraw any of the terms and conditions contained in the tender document at any stage of the Tender process without assigning any reason thereof.

11. The bidders should agree to all the above-mentioned terms and conditions and they should submit a statement to that effect on the letterhead of the bidder along with the technical bid; otherwise the offer shall be rejected. The Technical bid will be opened first. The Price bids of the Companies whose Technical bids are disqualified, will not be opened.

12. Bidder should submit quote **as per Annexure VII only.**

13. During the tender opening one authorized representative of the bidder must be present.

14. The offers containing erasures or alterations will not be considered. There should be no hand-written material, corrections or alterations in the offer. Technical details must be completely filled. No columns of the tender should be left blank. Offers with insufficient information and Offers which do not strictly comply with the stipulations given in this document, are liable for rejection. Correct technical information of the insurance product being offered must be filled in. Filling in of the information using terms such as "OK", "accepted", "noted" may not be acceptable. The bank may treat offers not adhering to these guidelines as unacceptable.

15. Period of validity of Bids: The Rate / Commercial / Technical Offer of the bidder should remain valid for 60 days from the due date of submission of bids. The bidder should ensure that all necessary approvals from their Regional Offices/Head Offices/Competent Authority obtained before bidding. BGGB is well within their right to seek those approvals in case a bidder is selected as L1. In case the bidder is unable to provide the same, BGGB reserves the right to reject the L1 bidder.

16. Bids which are late/ vague/ conditional/ incomplete/ not confirming to the laid down procedure in any respect will be rejected.

17. In case of any inconsistency between the terms of this RFP and any of its appendices, annexures or attachments then, unless the contrary is explicitly stated in this RFP, the terms of the RFP will prevail to the extent of any inconsistency.

18. Governing Laws & Dispute Resolution - The RFP and selection process shall be governed by and construed in accordance with the laws of India. Any dispute arising out of the RFP process shall be referred to arbitration under the Arbitration & Conciliation Act, 1996. The arbitral tribunal shall consist of three arbitrators - one each to be appointed by B G G B and Bidder and the two appointed arbitrators shall select a third Arbitrator (Referee). The venue of arbitration shall be Vadodara.

19. BGGB reserves the right to cancel or postpone the tenders at any stage without assigning any reason.

20. BGGB reserves the right to negotiate with L1, L2 & L3 bidders in case the premiums are on the higher side and the bidder by bidding thus confirms to negotiate in such an eventuality.

21. Successful bidder confirms and shall ensue to cover the medical scheme for employees as provided in Annexures- III, IV & V in conjunction with the RFP in Annexure II.

22. Successful Bidders shall enter into agreement with the Bank which will be termed as Service Level Agreement and the terms and conditions of the RFQ shall be treated as part of SLA.

23. Integrity Pact (IP)

    Bidders responding to this RFP need to sign ((Dully Signed and Stamped by Authorized Signatory on proper stamp paper) the Integrity Pact (IP) which will be also signed by Banks representative as per “Annexure-VII”.

Annexure - I

To **Date:**

Baroda Gujarat Gramin Bank,
Head Office : 3rd & 4th Floor
Suraj Plaza-I, Sayajiganj
VADODARA : 390 005 (Gujarat)

Dear Sir,

Sub : Tender for Tailor Made GMC Insurance Policy for Self and their Dependent Family Members of Baroda Gujarat Gramin Bank

Ref : Notice inviting Tender No. ……..

With reference to the above, I am/ we are offering our competitive terms prices for Tailor Made GMC Insurance Policy for Self and their dependents Family Members of BGGB

I/We hereby reconfirm and declare that I/ We have carefully read and understood the above referred tender document including instructions, Annexure Terms &Conditions, Coverage's, Specifications, Schedule and all the contents stated therein and corrigendum if any published on BGGB website.

I/We confirm that all necessary approvals from our competent authority at Regional Offices/Head Offices have been taken before submitting the Technical as well as the Financial Bid.

Thanking you,

Yours faithfully,

(Signature of the Tenderer)

Name: _____

Designation_____
Stamp:

Mobile No._____

a)
Signature & Seal of the Bidder

Annexure-II

TAILOR MADE GMC FOR EXISTING EMPLOYEES OF BGGB

S.No	INSURANCE COVERAGES	
1	Family Floater	Yes
2	Coverage	Employees and their dependent family members
3	No of Families	Officers 867 Office Assistants & 724 Office Attendants 215 **Total 1806**
4	Family Definition	Staff + Spouse+ wholly Dependent Children+ any two of the Dependent Parents/ Parents-in-law. No age limit for dependent children or dependent Parents or Parents in Laws i). The employee's spouse, wholly dependent unmarried children (including step children and legally adopted children) wholly dependent physically and mentally challenged brother / sister with 40% or more disability, widowed daughters and dependent divorced / separated daughters, sisters including unmarried / divorced / abandoned or separated from husband / widowed sisters, as also parents wholly dependent on the employee. Provided that in case of physically and mentally challenged children, they shall be construed as dependents even after their marriage including spouse and children subject to fulfilling income criteria. ii). The term wholly dependent family member shall mean such member of the family having a monthly income not exceeding Rs,12,000/- p.m. If the income of one of the parents exceeds Rs.12,000/- p.m or the aggregate income of both the parents exceeds Rs.12,000/- p.m, both the parents shall not be considered as wholly dependent on the employee. iii) A married female employee may include her natural / legal parents or parents-in-law under the definition of family, but not both, provided that the parents/parents-in-law are wholly dependent on her.

a)
Signature & Seal of the Bidder

		Note: For the purpose of medical expenses reimbursement scheme, for all employees any two of either of the dependent parents / parents-in-law shall be covered.
5	The Officers/ Employees in service would be continued beyond their retirement for existing policy period.	Yes
6	Sum Insured	Officers : Rs. 4,00,000/- Office Assistants & Office Attendants : Rs. 3,00,000/-
7	Additional Sum Insured for Critical Illness	Rs. 1,00,000/- (Only for Self)
8	Corporate Buffer	Rs. 20 Lakhs
9	Pre-existing Diseases and Waiting period Waivers i.e. 30 days, 1, 2, &4 years.	Yes
10	Room Rent for normal	Not exceeding Rs. 5,000/- Per day
11	Room Rent for ICU	Not exceeding Rs. 7,500/- Per Day
12	Proportionate Deductions	Waived off
13	Expenses on Major surgeries/ Illnesses	No capping
14	Maternity cover	Yes (Not applicable to Retired Staff)
	a) for Normal	Rs. 50,000/-
	b) For Caesarean Section	Rs. 75,000/-
15	Waiver of Nine Months Waiting period	Waived off
16	New Born Baby Cover	Yes
17	New Born Baby expenses	Within the Family Floater SI
18	Termination of Pregnancy	Yes, if recommended by the Doctor
19	Pre and Post Hospitalization	30 and 90 days
20	Domiciliary treatment and OPD Cover	Yes, Treatment taken for Accidents can be payable even on OPD basis in Hospital up to Sum Insured. Max up to the limit as per BPS in the Policy Year (As per Annexure IV)
21	AYUSH Cover	Yes (Mentioned in Annexure III)
22	Advanced Medical Treatment	Yes (Mentioned in Annexure III)
23	Charges for Hiring a Nurse / attendant in ICU/CCU & Neo Natal Nursing cases	Yes, if the patient is critical and recommended by the Doctor

a)
Signature & Seal of the Bidder

24	Ambulance & Auto Charges	Auto and taxi max up to Rs. 750/- per trip. Ambulance max up to Rs. 2,500/- per trip.
25	Congenital anomalies cover	Both External & Internal diseases/defect anomalies are covered
26	CORONA COVER	All Expenses related to Corona (COVID-19) and its variants with respect to PPEs, Masks, Gloves and any other expenses related to the treatment shall be covered.
27	Addition & Deletion of Employee(s)	Premium will be paid on Pro rata basis (Date of Joining & Date of discharge from the Bank is considered)
28	Day care Procedures to be Covered	Yes (Annexure V attached)
29	Cataract Surgery	As per BPS.
30	Taxes, Surcharges Payable	Yes
31	Genetic, Psychiatric, Neurological, Muscular Degenerative & Age related Disorders	Yes
32	Physiotherapy treatment	Yes, for the period specified by the recommended
33	Organ Donor cover	Yes (excluding organ cost)
34	Rental Charges for External and Durable medical equipment	Only rental charges are payable. (Mentioned in Annexure III)
35	Ambulatory Devices	Yes (Mentioned in Annexure III)
36	Submission of claim documents for reimbursement	Within 90 days from the date of discharge in case of hospitalization and within 90 days of purchase of medicines in case of domiciliary treatment, If submitted beyond 90 Days, 10% reduction in claims.
37	Intimation of claim	Within 90 days from the date of occurrence

a)
Signature & Seal of the Bidder

Annexure- III

Medical Scheme for the Officers/ Employees of Baroda Gujarat Gramin Bank & Policy Wordings which shall form part of the Policy

The scheme covers expenses of the officers / employees and dependents in cases he/she shall contract any disease or suffer from any illness (hereinafter called DISEASE) or sustain any bodily injury through accident (hereinafter called INJURY) and if such disease or injury shall require any such insured Person, upon the advice of a duly qualified Physician/ Medical Specialist/ Medical practitioner (hereinafter called MEDICAL PRACTITIONER) or of a duly qualified Surgeon (hereinafter called SURGEON) to incur hospitalization/ domiciliary hospitalization and domiciliary treatment expenses as defined in the Scheme, for medical/ surgical treatment at any Nursing Home/ Hospital / Clinic (for domiciliary treatment)/ Day care Centre which are registered with the local bodies, in India as herein defined (hereinafter called HOSPITAL) as an inpatient or otherwise as specified as per the scheme, to the extent of the sum insured + Corporate buffer.

1. The Scheme Covers

For Existing Employees: Self + Spouse + Dependent Children + Dependent Parents / Parents-in-law.

- The employee's spouse, wholly dependent unmarried children (including step children and legally adopted children) wholly dependent physically and mentally challenged brother / sister with 40% or more disability, widowed daughters and dependent divorced i separated daughters, sisters including unmarried / divorced / abandoned or separated from husband / widowed sisters as also parents wholly dependent on the employee.
- Provided that in case of physically and mentally challenged children, they shall be construed as dependents even after their marriage including spouse and children subject to fulfilling income criteria.
- The term wholly dependent family member shall mean such member of the family having a monthly income not exceeding Rs,12,000/- p.m. If the income of one of the parents exceeds Rs.12,000/- p.m or the aggregate income of both the parents exceeds Rs.12,000/- p.m, both the parents shall not be considered as wholly dependent on the employee.
- A married female employee may include her natural / legal parents or parents-in-law under the definition of family, but not both, provided that the parents/parents-in-law are wholly dependent on her.

Note: For the purpose of medical expenses reimbursement scheme, for all employees, i.e male / female any two dependent parents / parents-in-law shall be covered. The officer employee will have the choice to substitute either of the dependents or both.

(The definition of family and monthly income criteria for arriving dependency shall be undergo a change as decided by IBA and the same is deemed to be followed as and when the respective change is affected).

a)

Signature & Seal of the Bidder

All New Officers / employees to be covered from the date of joining as per their appointment letter subject to availability of premium in CD balance. For additions /deletions during policy period, premium to be charged /refunded on pro rata basis. After inception of the policy, NO midterm inclusion of any employee unless he/her is a new joinee and dependents of the already insured employee unless they are newly married spouse or new born child. Further inclusion is also subject to within family premium only.

Continuity benefits coverage to officers / employees on retirement and also to the Retired Officers / employees, who are to be inducted in the Scheme.

SUM INSURED: Hospitalization and Domiciliary Treatment coverage as defined in the scheme per annum

Officers	**: Rs. 4,00,000/-**
Office Assistants & Office Attendants	: **Rs. 3,00,000/-**

Change in sum insured after commencement of policy to be considered in case of promotion of the employee or vice versa.

CRITICAL ILLNESS : Rs. 1.00 Lakh (Only for Self)

CORPORATE BUFFER : Rs. 20.00 lakhs.

In the event of any claim becoming admissible under this scheme, the company will pay through Third Party Administrator to the Hospital / Nursing Home or insured the amount of such expenses as would fall under different heads mentioned below and as are reasonably and medically necessary incurred thereof by or on behalf of such insured, may be decided by bank independently but not exceeding the Sum Insured in aggregate mentioned in the schedule hereto.

A. Room and Boarding expenses as provided by the Hospital/ Nursing Home not exceeding Rs. 5000 per day or the actual amount whichever is less.

B. Intensive Care Unit (ICU) expenses not exceeding Rs. 7500 per day or actual amount whichever is less.

C. Surgeon, team of surgeons, Assistant surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.

D. Nursing Charges , Service Charges, IV Administration Charges, Nebulization Charges, RMO charges, Anaesthetic, Blood, Oxygen, Operation Theatre Charges, surgical appliances, OT consumables, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like pacemaker, Defibrillator, Ventilator, orthopaedic implants, Cochlear Implant, any other implant, Intra-Ocular Lenses,

infra cardiac valve replacements, vascular stents, any other valve replacement, laboratory/diagnostic tests, X-ray CT Scan, MRI, any other scan, scopies and such similar expenses that are medically necessary, or incurred during hospitalization as per the advice of the attending doctor.

E. Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to the insured also covered.

PRE AND POST HOSPITALISATION: Pre and Post Hospitalization expenses payable in respect of each hospitalization shall be the actual expenses incurred subject to 30 days prior to hospitalization and 90 days after discharge. Pre & Post maternity expenses also covered subject to within the maternity limit and 30 days prior to hospitalization and 90 days after discharge.

2 DEFINITIONS:

ACCIDENT: An accident is a sudden, unforeseen and involuntary event caused resulting in injury –

A. **"Acute condition"** – Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

B. **"Chronic condition"** – A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics –

- **i.** It needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests.
- **ii.** It needs ongoing or long-term control or relief of symptoms
- **iii.** It requires rehabilitation or for to be specially trained to cope with it
- **iv.** It continues indefinitely
- **v.** It comes back or is likely to come back.

ALTERNATIVE TREATMENTS:

Alternative Treatments are forms of treatment other than treatment "Allopathy" or "modern medicine and includes Ayurveda, unani, siddha, homeopathy and Naturopathy in the Indian Context, for Hospitalisation only and Domiciliary for treatment only under ailments mentioned under clause number 3.1 (Ref: 3.4 Alternative Therapy)

ANY ONE ILLNESS:

Any one illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital / Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.

CASHLESS FACILITY:

Cashless facility "means a facility extended by the insurer to the insured where the payments, of the cost of treatment undergone by the employee and the dependent family members of the insured in accordance with the policy terms and conditions, or directly made to the network provider by the insurer to the extent pre-authorization approved.

CONGENITAL ANOMALY:

Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

a. Internal Congenital Anomaly which is not in the visible and accessible parts of the body

b. External Congenital Anomaly which is in the visible and accessible parts of the body

CONDITION PRECEDENT:

Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

CONTRIBUTION:

The Officers / employees will not share the cost of an indemnity claim on a ratable proportion from their personal Insurance Policies.

DAYCARE CENTRE:

A day care centre means any institution established for day care treatment of illness and/ or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under;-

- has qualified nursing staff under its employment
- has all qualified medical practitioner(s) in charge
- has a fully equipped operation theatre of its own where surgical procedures are carried out.
- maintains daily records of patients and will make these accessible to the insurance companies authorised personnel.

DAY CARE TREATMENT:

Day care Treatment refers to medical treatment and or surgical procedure which is

i. undertaken under general or local anesthesia in a hospital/day care Centre in less than a day because of technological advancement, and

ii. Which would have otherwise required a hospitalisation of more than a day.

Treatment normally taken on an out patient basis is not included in the scope of this definition.

a)

Signature & Seal of the Bidder

DOMICILIARY HOSPITALIZATION:

Domiciliary Hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

a) The condition of the patient is such that he/she is not in a condition to beremoved to a hospital or
b) The patient takes treatment at home on account of non-availability of room in a hospital.

DOMICILIARY TREATMENT

Treatment taken for specified diseases which may or may not require hospitalization as mentioned in the Scheme under clause Number 3.1

HOSPITAL / NURSING HOME:

A Hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under the Clinical establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under

- Has qualified nursing staff under its employment round the clock.
- Has at least 10 in-patient beds in towns having a population of less than 10 lacs and at least 15 in-patient beds in all other places;
- Has qualified medical practitioner(s) in charge round the clock;
- Has a fully equipped Operation Theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

The term 'Hospital / Nursing Home' shall not include an establishment which is a place of rest, a place for the aged, a place for drug-addicts or place for alcoholics, a hotel or a similar place.

This clause will however be relaxed in areas where it is difficult to find such hospitals.

HOSPITALIZATION:

Hospitalization means admission in a Hospital/Nursing Home for a minimum period of 24 consecutive hours of inpatient care except for specified procedures/treatments, where such admission could be for a period of less than a day, as mentioned in clauses 2.9 and 2.10

ID CARD:

ID Card means the identity card issued to the insured person by the THIRD PARTY ADMINISTRATOR to avail cashless facility in network hospitals.

ILLNESS:

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.

INJURY:

Injury means accidental physical bodily harm excluding illness or disease which is verified and certified by a medical practitioner.

However all types of Hospitalization is covered under the Scheme.

IN PATIENT CARE:

In Patient Care means treatment for which the insured person has to stay in a hospital for more than a day for a covered event.

INTENSIVE CARE UNIT:

Intensive Care Unit means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated medical practitioner(s) and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

MATERNITY EXPENSES:

Maternity expenses/treatment shall include:

a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).
b) Expenses towards medical termination of pregnancy during the policy period.
c) Complications on Maternity would be covered up to the Sum Insured plus the Corporate Buffer.

MEDICAL ADVICE:

Any consultation or advice from a medical practitioner/doctor including the issue of any prescription or repeat prescription.

MEDICAL EXPENSES:

Medical Expenses means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of illness or accident on the advice of a medical practitioner, as long as these are no more than would have been payable if the insured person had not been insured.

MEDICALLY NECESSARY:

Medically necessary treatment is defined as any treatment, test, medication or stay in hospital or part of a stay in a hospital which

- is required for the medical management of the illness or injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
- must have been prescribed by a medical practitioner;
- must confirm to the professional standards widely accepted in international medical practice or by the medical community in India.

MEDICAL PRACTITIONER:

Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or the homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The term medical practitioner would include physician, specialist and surgeon.

(The Registered practitioner should not be the insured or close family members such as parents, parents-in-law, spouse and children.)

NETWORK PROVIDER:

Network Provider means hospitals or health care providers enlisted by an insurer or by a Third Party Administrator and insurer together to provide medical services to an insured on payment by a cashless facility.

The list of network hospitals is maintained by and available with the THIRD PARTY ADMINISTRATOR and the same is subject to amendment from time to time.

NEW BORN BABY:

A new born baby means baby born during the Policy Period aged between one day and 90 days, both days inclusive.

NON NETWORK:

Any hospital, day care Centre or other provider that is not part of the network.

NOTIFICATION OF CLAIM

Notification of claim is the process of notifying a claim to the Bank, insurer or Third Party Administrator as well as the address/telephone number to which it should be notified.

OPD TREATMENT:

OPD Treatment is one in which the insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medical practitioner. The insured is not admitted as a day care or in-patient.

PRE-EXISTING DISEASE:

Pre Existing Disease is any condition, ailment or injury or related condition(s) for which he/ she had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment, prior to the first policy issued by the insurer.

PRE – HOSPITALISATION MEDICAL EXPENSES:

Medical expenses incurred immediately 30 days before the insured person is hospitalized will be considered as part of a claim as mentioned under Item 1.2 above provided that;

i. such medical expenses are incurred for the same condition for which the insured person's hospitalization was required and

ii. the inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

POST HOSPITALISATION MEDICAL EXPENSES:

Relevant medical expenses incurred immediately 90 days after the Insured person is discharged from the hospital provided that;

a. Such Medical expenses are incurred for the same condition for which the Insured Person's Hospitalization was required; and

b. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

QUALIFIED NURSE:

Qualified Nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India and/or who is employed on recommendation of the attending medical practitioner.

REASONABLE AND CUSTOMARY CHARGES:

Reasonable Charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness/injury involved.

ROOM RENT:

Room Rent shall mean the amount charged by the hospital for the occupancy of a bed on per day basis.

SUBROGATION:

Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source. It shall exclude the medical / accident policies obtained by the insured person separately.

SURGERY:

Surgery or surgical procedure means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care Centre by a medical practitioner.

THIRD PARTY ADMINISTRATIOR:

Third Party Administrator means a Third Party Administrator who holds a valid License from Insurance Regulatory and Development Authority to act as a THIRD PARTY ADMINISTRATOR and is engaged by the Company for the provision of health services as specified in the agreement between the Company and Third Party Administrator.

UNPROVEN/EXPERIMENTAL TREATMENT:

Unproven/Experimental treatment is treatment, including drug Experimental therapy, which is not based on established medical practice in India.

3. COVERAGES:

DOMICILIARY HOSPITALISATION/ DOMICILIARY TREATMENT:

Medical expenses incurred in case of the following diseases which need Domiciliary Hospitalization /domiciliary treatment as may be certified by the attending medical practitioner and / or bank's 'medical officer shall be deemed as hospitalization expenses and reimbursed to the extent of 100%

Cancer , Leukemia, Thalassemia, Tuberculosis, Paralysis, Cardiac Ailments , Pleurisy , Leprosy, Kidney Ailment , All Seizure disorders, Parkinson's diseases, Psychiatric disorder including schizophrenia and psychotherapy , Diabetes and its complications, hypertension, Hepatitis –B , Hepatitis - C, Hemophilia, Myasthenia gravis, Wilson's disease, Ulcerative Colitis , Epidermolysis bullosa, Venous Thrombosis(not caused by smoking) Aplastic Anaemia, Psoriasis, Third Degree burns, Arthritis , Hypothyroidism , Hyperthyroidism expenses incurred on radiotherapy and chemotherapy in the treatment of cancer and leukemia, Glaucoma, Tumor, Diptheria, Malaria, Non-Alcoholic Cirrhosis of Liver, Purpura, Typhoid,

Accidents of Serious Nature , Cerebral Palsy, , Polio, All Strokes Leading to Paralysis, Haemorrhages caused by accidents, All animal/reptile/insect bite or sting , chronic pancreatitis, Immuno suppressants, multiple sclerosis / motorneuron disease, status asthamaticus, sequalea of meningitis, osteoporosis, muscular dystrophies, sleep apnea syndrome(not related to obesity), any organ related (chronic) condition, sickle cell disease, systemic lupus erythematous (SLE), any connective tissue disorder, varicose veins, thrombo embolism venous thrombosis/venous thrombo embolism (VTE)], growth disorders, Graves' disease, Chronic obstructive Pulmonary Disease, Chronic Bronchitis, Asthma, Physiotherapy and swine flu shall be considered for reimbursement under domiciliary treatment.

The cost of Medicines, Investigations, and consultations, etc.in respect of domiciliary treatment shall be reimbursed for the period stated by the specialist and / or the attending doctor and / or the bank's medical officer, in Prescription. If no period stated, the prescription for the purpose of reimbursement shall be valid for a period not exceeding 90 days.

CRITICAL ILLNESS:

To be provided to the employee only subject to a sum insured of Rs. 1,00,000/- . Cover starts on inception of the policy. In case an employee contracts a Critical Illness as listed below, an additional insurance coverage of Rs.1,00,000/- is covered in addition to the actual Sum Insured. This benefit is provided on first detection/diagnosis of the Critical Illness.

- Cancer including Leukemia
- Stroke
- Paralysis
- By Pass Surgery
- Major Organ Transplant
- End Stage Liver Disease
- Heart Attack
- Kidney Failure
- Heart Valve Replacement Surgery

Hospitalization is not required to claim this benefit. Further the Employee must claim the cost of hospitalization on the same from the Group Mediclaim Policy as cashless / reimbursement of expenses for the treatment taken by him.

There would be no waiting period for the payment of the claim on the inception of the policy, not any survival period for the payment of the claim on the individual contracting any of the above mentioned Critical Illness.

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Expenses on Hospitalization for minimum period of a day are admissible. However,this time limit is not applied to specific treatments, such as

1	Adenoidectomy	20	Haemo dialysis
2	Appendectomy	21	Fissurectomy / Fistulectomy
3	Ascitic / Plueral tapping	22	Mastoidectomy
4	Auroplasty not Cosmetic in nature	23	Hydrocele
5	Coronary angiography /Renal	24	Hysterectomy
6	Coronary angioplasty	25	Inguinal/ ventral/ umbilica/ femoral hernia
7	Dental surgery	26	Parenteral chemotherapy
8	D&C	27	Polypectomy
9	Excision of cyst/ granuloma/lump/tumor		
10	Eye surgery	28	Septoplasty
11	Fracture including hairline fracture /dislocation	29	Piles/ fistula
12	Radiotherapy	30	Prostate surgeries
13	Chemotherapy including parental chemotherapy	31	Sinusitis surgeries
14	Lithotripsy	32	Tonsillectomy
15	Incision and drainage of abscess	33	Liver aspiration
16	Varicocelectomy	34	Sclerotherapy
17	Wound suturing	35	Varicose Vein Ligation
18	FESS	36	All scopies along with biopsies
19	Operations/Micro surgical operations on the nose, middle ear/internal ear, tongue, mouth, face, tonsils & adenoids, salivary glands & salivary ducts, breast, skin & subcutaneous tissues, digestive tract, female/male sexual organs.	37	Lumbar puncture

This condition will also not apply in case of stay in hospital of less than a day provided –

a. The treatment is undertaken under General or Local Anesthesia in a hospital / day care Centre in less than a day because of technological advancement and
b. Which would have otherwise required hospitalization of more than a day.

ALTERNATIVE THERAPY:

Reimbursement of Expenses for hospitalization or domiciliary treatment (under clause 3.1)under the recognized system of medicines, viz, Ayurvedic ,Unani, Sidha, Homeopathy , Naturopathy , if such treatment is taken in a clinic /hospital registered, by the central and state government .

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MATERNITY EXPENSES BENEFIT EXTENSION

The hospitalization expenses in respect of the new born child can be covered within the Mother's Maternity expenses. The maximum benefit allowable under this clause will be up to Rs. 50,000/- for Normal Delivery and Rs. 75,000/- for C- Section.

Special conditions applicable to Maternity expenses Benefit Extension:

- **i.** 9 months waiting period under maternity benefit will be waived from the policy.
- **ii.** Pre-natal & post natal charges in respect of maternity benefit are covered under the policy up to 30 days and 60 days only, unless the same requires hospitalization.
- **iii.** Missed Abortions , Miscarriage or abortions induced by accidents are covered under the limit of Maternity
- **iv.** Complications in Maternity including operations for extra uterine pregnancy ectopic pregnancy would be covered up to the Sum Insured + Corporate Buffer
  - A. Expenses incurred for Medical Termination of Pregnancy
  - B. Claim in respect of delivery to be given irrespective of the number of children

BABY DAY ONE COVER:

New born baby is covered from day one. All expenses incurred on the new born baby during maternity will be covered in addition to the limit up to Rs, 20000/-

However if the baby contacts any illness the same shall be considered in the Sum Insured + Corporate buffer. Baby to be taken as an additional member within the normal family floater.

AMBULANCE CHARGES :

Ambulance charges are payable up to Rs 2500/- per trip to hospital and /or transfer to another hospital or transfer from hospital to home if medically advised. Taxi and Auto expenses in actual maximum up to Rs.750/- per trip.

Ambulance charges actually incurred on transfer from one center to another center due to Non availability of medical services/ medical complication shall be payable in full.

PRE- EXISTING DISEASES/ AILMENTS:

Pre-existing diseases are covered under the scheme.

CONGENITAL ANOMOLIES:

Expenses for Treatment of Congenital Internal / External diseases, defects/ anomalies are covered under the policy

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PSYCHIATRIC DISEAES:

Expenses for treatment of psychiatric and psychosomatic diseases be payable with or without hospitalization.

ADVANCED MEDICAL TREATMENT:

All new kinds of approved advanced medical procedures for e.g. laser surgery, stem cell therapy for treatment of a disease is payable on hospitalization /day care surgery.

Treatment taken for Accidents can be payable even on OPD basis in Hospital up to Sum Insured.

TAXES AND OTHER CHARGES:

All taxes , Surcharges , Service Charges , Registration charges , Admission Charges Nursing , and Administration charges to be payable.

Charges for diapers and sanitary pads are payable if necessary as part of the treatment

Charges for Hiring a nurse / attendant during hospitalization will be payable only in case of recommendation from the treating doctor in case ICU / CCU, Neo natal nursing care or any other case where the patient is critical and requiring special care.

GENETIC DISORDERS:

Treatment for Genetic Disorder and stem cell therapy is covered under the scheme.

DEGENRATIVE DISORDRS:

Treatment for Age related Macular Degeneration (ARMD), treatment such as Rotational Field Quantum magnetic Resonance (RFQMR), Enhanced External Counter Pulsation (EECP), etc. are covered under the scheme. Treatment for all neurological/ macular degenerative disorders shall be covered under the scheme.

RENTAL CHARGES :

Rental Charges for External and or durable Medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Bi-PAP, Infusion pump etc. will be covered under the scheme. However purchase of the above equipment to be subsequently used at home in exceptional cases on medical advice shall be covered.

AMBULATORY DEVICES:

Ambulatory devices i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, elastocrepe bandages, external orthopaedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer (including Glucose Test Strips)/ Nebulizer/ prosthetic devise/ Thermometer, alpha / water bed and similar related items etc., will be covered under the scheme.

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PHYSIOTHERAPY TREATMENT:

Physiotherapy charges shall be covered for the period specified by the Medical Practitioner even if taken at home.

All claims admitted in respect of any/all insured person/s during the period of insurance shall not exceed the Sum Insured stated in the schedule and Corporate Buffer if allocated.

3.18. All COVID related expenses inclusive of PPE, Gloves, masks and any other protective devices/equipments shall be covered, including home treatment within the overall limits of the basic sum insured.

4. EXCLUSIONS:

The company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

Injury / disease directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy, War like operations (whether war be declared or not).

a. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.
b. Vaccination or inoculation.
c. Change of life or cosmetic or aesthetic treatment of any description is not covered.
d. Plastic surgery other than as may be necessitated due to an accident or as part of any illness.

Cost of spectacles and contact lenses, hearing aids. Other than Intra-Ocular Lenses and Cochlear Implant.

Dental treatment or surgery of any kind which are done in a dental clinic and those that are cosmetic in nature.

Convalescence, rest cure, Obesity treatment and its complications including morbid obesity, , treatment relating disorders, Venereal disease, intentional self-injury and use of intoxication drugs / alcohol.

All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB - III) or lymphadinopathyAssociated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.

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Charges incurred at Hospital or Nursing Home primarily for diagnosis x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home, unless recommended by the attending doctor.

Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician

Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials.

All non-medical expenses including convenience items for personal comfort such as charges for telephone, television, barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items and similar incidental expenses, unless and otherwise they are necessitated during the course of treatment.

5. CONDITIONS:

Contract: the proposal form, declaration, and the policy issued shall constitute the complete contract of insurance.

Every notice or communication regarding hospitalization or claim to be given or made under this Policy shall be communicated to the office of the Bank, dealing with Medical Claims, and/or the THIRD PARTY ADMINISTRATOR office as shown in the Schedule. Other matters relating to the policy may be communicated to the policy issuing office.

The premium payable under this Policy shall be paid in advance. No receipt for Premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance and fulfillment of the terms, provisions, conditions and endorsements of this Policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to any liability of the Company to make any payment under this Policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorised official of the Company.

Notice of Communication: Upon the happening of any event which may give rise to a claim under this Policy notice with full particulars shall be sent to the Bank or

Regional Office or THIRD PARTY ADMINISTRATOR named in the schedule at the earliest in case of emergency hospitalization within 7 days from the time of Hospitalisation/Domiciliary Hospitalisation .

All supporting documents relating to the claim must be filed with the office of the Bank dealing with the claims or THIRD PARTY ADMINISTRATOR within 30 days from the date of discharge from the hospital. In case of post-hospitalisation, treatment (limited to 90 days), (as mentioned in para 2.32) all claim documents should be submitted within 30 days after completion of such treatment.

Note: Waiver of these Conditions 5.4 and 5.5 may be considered in extreme cases of hardship where it is proved to the satisfaction of the Bank that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or deliberate or file claim within the prescribed time-limit. The same would be waived by the TPA without reference to the Insurance Company.

The Insured Person shall obtain and furnish to the office of the Bank dealing with the claims / THIRD PARTY ADMINISTRATOR with all original bills, receipts and other documents upon which a claim is based and shall also give such additional information and assistance as the Bank through the THIRD PARTY ADMINISTRATOR/ Insurance Company may require in dealing with the claim.

Any medical practitioner authorised by the Bank / Third Party Administrator / shall be allowed to examine the Insured Person in case of any alleged injury or disease leading to Hospitalisation, if so required.

The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.

DISCLOSURE TO INFORMATION NORM

The claim shall be rejected in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Claims will be managed through the same Office of the Bank from where it is managed at present. The Insurance Companies third party administrator will be setting up a help desk at that office and supporting the bank in clearing all the claims on real time basis.

In case of rejection of claims it would go through a Committee set up of the Bank, Third Party Administrator and Insurance Company. Unless rejected by the committee in real time the claim should not be rejected.

There would be a continuity of this Scheme / benefits to the Officers / Employees in service and would be continued beyond their retirement for existing policy period.

a)

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Annexure-IV

	Domiciliary Hospitalization / Domiciliary Treatment
Sr. No.	**Treatments**
1	Cancer
2	Leukemia
3	Thalassemia
4	Tuberculosis
5	Paralysis
6	Cardiac Ailments
7	Pleurisy
8	Leprosy
9	Kidney Ailment
10	All Seizure disorders
11	Parkinson's diseases
12	Psychiatric disorder including schizophrenia and psychotherapy
13	Diabetes and its complications
14	Hypertension
15	Asthma
16	Hepatitis –B
17	Hepatitis – C
18	Hemophilia
19	Myasthenia gravis
20	Wilson's disease
21	Ulcerative Colitis
22	Epidermolysis bullosa
23	Venous Thrombosis(not caused by smoking) Aplastic Anaemia
24	Psoriasis
25	Third Degree burns
26	Arthritis
27	Hypothyroidism
28	Hyperthyroidism and Expenses incurred on radiotherapy and chemotherapy in the treatment of cancer and leukemia
29	Glaucoma
30	Tumor
31	Diptheria
32	Malaria
33	Non-Alcoholic Cirrhosis of Liver

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34	Purpura
35	Typhoid
36	Accidents of Serious Nature
37	Cerebral Palsy
38	Polio
39	All Strokes Leading to Paralysis
40	Haemorrhages caused by accidents
41	All animal/reptile/insect bite or sting
42	Chronic pancreatitis
43	Immuno suppressants
44	Multiple sclerosis / motor neuron disease
45	Status asthamaticus
46	Sequalea of meningitis
47	Osteoporosis
48	Muscular dystrophies
49	Sleep apnea syndrome(not related to obesity)
50	Any organ related (chronic) condition
51	Sickle cell disease
52	Systemic lupus erythematous (SLE)
53	Any connective tissue disorder
54	Varicose veins
55	Thrombo embolism venous thrombosis/venous thrombo embolism (VTE)]
56	Growth disorders
57	Graves' disease
58	Chronic Pulmonary Disease
59	Chronic Bronchitis
60	Physiotherapy and swine flu shall be considered for reimbursement under domiciliary treatment.
61	Type 1 Diabetes
62	Rheumatoid Arthritis
63	Psoriasis / Psoriatic Arthritis
64	System lupus Erythematous
65	Inflammatory Bowel Disease
66	Additions Disease
67	Sjogren's Disease
68	Hashimoyos Thyroiditis
69	Auto Immune vacuities
70	Pernicious Anemia
71	Celiac disease
72	Auto Immune myositis

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Annexure V

Day care procedures	
ENT: Operation of the ear	
1	Stapedotomy or Stapedectomy
2	Myringoplasty (Type -I Tympanoplasty)
3	Tympanoplasty (closure of an eardrum perforation)
4	Reconstruction and other Procedures of the auditory ossicles
5	Myringotomy
6	Removal of a tympanic drain
7	Mastoidectomy
8	Reconstruction of the middle ear
9	Fenestration of the inner ear
10	Incision (opening) and destruction (elimination) of the inner ear
ENT: Procedures on the nose & the nasal sinuses	
11	Excision and destruction of diseased tissue of the nose
12	Procedures on the turbinates (nasal concha)
13	Nasal sinus aspiration
ENT: Procedures on the tonsils & adenoids	
14	Transoral incision and drainage of a pharyngeal abscess
15	Tonsillectomy and / or adenoidectomy
16	Excision and destruction of a lingual tonsil
17	Quinsy drainage
OPTHALMOLOGY: Procedures on the eyes	
18	Incision of tear glands
19	Excision and destruction of diseased tissue of the eyelid
20	Procedures on the canthus and epicanthus
21	Corrective surgery for entropion and ectropion
22	Corrective surgery for blepharoptosis
23	Removal of a foreign body from the conjunctiva
24	Removal of a foreign body from the cornea
25	Incision of the cornea
26	Procedures for pterygium
27	Removal of a foreign body from the lens of the eye
28	Removal of a foreign body from the posterior chamber of the eye
29	Removal of a foreign body from the orbit and eyeball
30	Operation of cataract
31	Chalazion removal
32	Glaucoma Surgery
33	Surgery of Retinal Detachment
Procedures on the skin & subcutaneous tissues	

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34	Incision of a pilonidal sinus
35	Other incisions of the skin and subcutaneous tissues
36	Surgical wound toilet (wound debridement)
37	Local excision or destruction of diseased tissue of the skin and subcutanous tissues
38	Simple restoration of surface continuity of the skin and subcutanous tissues
39	Free skin transplantation, donor site
40	Free skin transplantation, recipient site
41	Revision of skin plasty
42	Restoration and reconstruction of the skin and subcutaneous tissues
43	Chemosurgery to the skin
44	Excision of Granuloma 17
45	Incision and drainage of abscess
Procedures on the tongue	
46	Incision, excision and destruction of diseased tissue of the tongue
47	Partial glossectomy
48	Glossectomy
49	Reconstruction of the tongue
Procedures on the salivary glands & salivary ducts	
50	Incision and lancing of a salivary gland and a salivary duct
51	Excision of diseased tissue of a salivary gland and a salivary duct
52	Resection of a salivary gland
53	Reconstruction of a salivary gland and a salivary duct
Procedures on the mouth & face	
54	External incision and drainage in the region of the mouth, jaw and face
55	Incision of the hard and soft palate
56	Excision and destruction of diseased hard and soft palate
57	Incision, excision and destruction in the mouth
58	Plastic surgery to the floor of the mouth
59	Palatoplasty
Trauma surgery and orthopaedics	
60	Incision on bone, septic and aseptic
61	Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
62	Suture and other Procedures on tendons and tendon sheath
63	Reduction of dislocation under GA
64	Arthroscopic knee aspiration
65	Aspiration of hematoma
66	Excision of dupuytren's contracture
67	Carpal tunnel decompression
68	Surgery for ligament tear
69	Surgery for meniscus tear
70	Surgery for hemoarthrosis /pyoarthrosis
71	Removal of fracture pins/nails

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72	Removal of metal wire
73	Joint Aspiration - Daignostic / therapeutic
Procedures on the breast	
74	Incision of the breast
75	Procedures on the nipple
76	Excision of breast lump /Fibro adenoma
Procedures on the digestive tract	
77	Incision and excision of tissue in the perianal region
78	Surgical treatment of anal fistulas
79	Surgical treatment of haemorrhoids
80	Division of the anal sphincter (sphincterotomy)
81	Ultrasound guided aspirations
82	Sclerotherapy
83	Therapeutic Ascitic Tapping
84	Endoscopic ligation /banding
85	Dilatation of digestive tract strictures
86	Endoscopic ultrasonography and biopsy
87	Replacement of Gastrostomy tube
88	Endoscopic decompression of colon
89	Therapeutic ERCP 18
90	Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux Disease
91	Endoscopic Gastrostomy
92	Laparoscopic procedures e.g. colecystectomy, appendicectomy etc.
93	Endoscopic Drainage of Pseudopancreatic cyst
94	Hernia Repair (Herniotomy / herniography / hernioplasty)
Procedures on the female sexual organs	
95	Incision of the ovary
96	Insufflation of the Fallopian tubes
97	Dilatation of the cervical canal
98	Conisation of the uterine cervix
99	Incision of the uterus (hysterotomy)
100	Therapeutic curettage
101	Culdotomy
102	Local excision and destruction of diseased tissue of vagina and Pouch of Douglas
103	Procedures on Bartholin’s glands (cyst)
104	Endoscopic polypectomy
105	Myomectomy , hysterscopic or laparascopic biopsy or removal
Procedures on the prostate & seminal vesicles	
106	Incision of the prostate
107	Transurethral excision and destruction of prostate tissue
108	Open surgical excision and destruction of prostate tissue
109	Radical prostatovesiculectomy

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110	Incision and excision of periprostatic tissue
Procedures on the scrotum & tunica vaginalis testis	
111	Incision of the scrotum and tunica vaginalis testis
112	Operation on a testicular hydrocele
113	Excision and destruction of diseased scrotal tissue
114	Plastic reconstruction of the scrotum and tunica vaginalis testis
Procedures on the testes	
115	Incision of the testes
116	Excision and destruction of diseased tissue of the testes
117	Orchidectomy- Unilateral / Bilateral
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
Procedures on the spermatic cord, epididymis and DuctusDeferans	
123	Surgical treatment of a varicocele and hydrocele of spermatic cord
124	Excision in the area of the epididymis
125	Epididymectomy
126	Reconstruction of the spermatic cord
127	Reconstruction of the ductus deferens and epididymis
Procedures on the penis	
128	Procedures on the foreskin
129	Local excision and destruction of diseased tissue of the penis
130	Amputation of the penis
131	Plastic reconstruction of the penis
Procedures on the urinary system	
132	Cystoscopical removal of stones
133	Lithotripsy 19
134	Haemodialysis
135	PCNS (Percutaneous nephrostomy)
136	PCNL (PercutanousNephro-Lithotomy)
137	Tran urethral resection of bladder tumor
138	Suprapubiccytostomy
Procedures of Respiratory System	
139	Brochoscopic treatment of bleeding lesion
140	Brochoscopic treatment of fistula /stenting
141	Bronchoalveolar lavage & biopsy
142	Direct Laryngoscopy with biopsy
143	Therapeutic Pleural Tapping
Procedures of Heart and Blood vessels	
144	Coronary angiography (CAG)

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145	Coronary Angioplasty (PTCA)
146	Insertion of filter in inferior vena cava
147	TIPS procedure for portal hypertension
148	Blood transfusion for recipient
149	Therapeutic Phlebotomy
150	Pericardiocentesis
151	Insertion of gel foam in artery or vein
152	Carotid angioplasty
153	Renal angioplasty
154	Varicose vein stripping or ligation
OTHER Procedures	
155	Radiotherapy for Cancer
156	Cancer Chemotherapy
157	True cut Biopsy
158	Endoscopic Foreign Body Removal
159	Vaccination / Inoculation - Post Dog bite or Snake bite
160	Endoscopic placement/removal of stents
161	Tumorembolisation
162	Aspiration of an internal abscess under ultrasound guidance

a)
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Annexure VI
Self-Declaration
(To be submitted on Bidder's letterhead)

Date:

To,
The Chairman
Baroda Gujarat Gramin Bank
Head Office : 3rd & 4th Floor Suraj Plaza-I
Sayajiganj,
VADODARA : 390 005

Dear Sir,

I on behalf of_____(bidder's name) declare the following:

1) We have not been suspended / delisted / blacklisted by any of IRDAI / Any Regulatory Body during the past 3 years.

2) We hereby undertake and confirm that we have understood the scope of work (insurance cover) properly and shall comply with the terms of engagement mentioned in Annexures I – VII.

3) We have been underwriting medical insurance policy in India for the last five years.

Date: Authorized Signatory

a)
Signature & Seal of the Bidder

Annexure-VII

BARODA GUJARAT GRAMIN BANK

(Sponsored & wholly owned by Govt.of India, Govt.of Gujarat & by Bank of Baroda)

PART- II - PRICE BID

Tailor Made GMC Insurance Policy for Self and their Dependent Family Members of Baroda Gujarat Gramin Bank

Ref No.:_____ Date :_____

We hereby declare and submit the financial bid for your GMC Insurance Policy as per your Tender dated.21/10/2022.

We hereby reconfirm and declare that we have carefully read and understood all the terms and conditions of RFP and Annexure-II to V and agree to all of them in totality including issued corrigendum if any.

We confirm that we have all the necessary approvals from the competent authorities of our company to participate in the bidding process.

Sr	Sum Insured	Net Premium Per family (excluding GST)
1	Rs. 3,00,000/-	
2	Rs. 4,00,000/-	

We hereby agree that the premium quoted here in has been arrived at taking into consideration all the terms and conditions of RFP and Annexure-II to V.

We confirm that the Bank shall not be put any inconvenience in the event of any wrong calculations of premium on interpretation of terms and conditions on our part or any internal approval processes not being complied. In such an instance the cost and consequences shall be the sole responsibility of ours.

Note:

1. Premium should be quoted for all coverage's, terms and conditions, features etc. as mentioned in the RFP and its accompanied Annexure II – V.
2. Premium should be quoted inclusive of TPA fees but exclusive of GST.
3. Conditional Bids are liable to be rejected.

SIGNATURE OF THE BIDDER
WITH SEAL & DATE

a)
Signature & Seal of the Bidder

Annexure– VIII - Integrity Pact

PRE CONTRACT INTEGRITY PACT

General

This pre-bid pre-contract Agreement (hereinafter called the Integrity Pact) is made on _____ day of _____ month, 20____, between, on one hand, Baroda Gujarat Gramin Bank, framed under RRB Act, 1976 having its head office at Vadodara (hereinafter called the "BUYER", which expression shall mean and include, unless the context otherwise requires, his successors in office and assigns) of the First Part and M/s _____ represented by Shri _____ , Chief Executive Officer (hereinafter called the "BIDDER/Seller" which expression shall mean and include, unless the context otherwise requires, his successors and permitted assigns) of the Second Part.

WHEREAS the BUYER proposes to procure (Name of the Stores/Equipment/Item/Services) and the BIDDER/Seller is willing to offer/has offered the said stores/equipment/item/services and

WHEREAS the BIDDER is a private company/public company/Government undertaking/partnership/registered export agency/Proprietary, constituted in accordance with the relevant law in the matter and the BUYER is a Regional Rural Bank performing its functions.

NOW, THEREFORE, To avoid all forms of corruption by following a system that is fair, transparent and free from any influence/prejudiced dealings prior to, during and subsequent to the currency of the contract to be entered into with a view to :-

Enabling the BUYER to obtain the desired said stores/equipment/service at a competitive price in conformity with the defined specifications by avoiding the high cost and the distortionary impact of corruption on public procurement, and

Enabling BIDDERs to abstain from bribing or indulging in any corrupt practice in order to secure the contract by providing assurance to them that their competitors will also abstain from bribing and other corrupt practices and the BUYER will commit to prevent corruption, in any form, by its officials by following transparent procedures.

The parties hereto hereby agree to enter into this Integrity Pact and agree as follows:

Commitments of the BUYER

1.1 The BUYER undertakes that no official of the BUYER, connected directly or indirectly with the contract, will demand, take a promise for or accept, directly or through intermediaries, any bribe, consideration, gift, reward, favour or any material or immaterial benefit or any other advantage from the BIDDER, either for themselves or for any person, organization or third party related to the contract in exchange for an advantage in the bidding process, bid evaluation, contracting or implementation process related to the contract.

1.2 The BUYER will, during the pre-contract stage, treat all BIDDERs alike, and will provide to all BIDDERs the same information and will not provide any such information to any particular BIDDER which could afford an advantage to that particular BIDDER in comparison to other BIDDERS.

1.3 All the officials of the BUYER will report to the appropriate Government office any attempted or completed breaches of the above commitments as well as any substantial suspicion of such a breach.
1.4 In case any such preceding misconduct on the part of such official(s) is reported by the BIDDER to the BUYER with full and verifiable facts and the same is prima facie found to be correct by the BUYER, necessary disciplinary proceedings, or any other action as deemed fit, including criminal proceedings may be initiated by the BUYER and such a person shall be debarred from further dealings related to the contract process. In such a case while an enquiry is being conducted by the BUYER the proceedings under the contract would not be stalled.

Commitments of BIDDERs

2 The BIDDER commits itself to take all measures necessary to prevent corrupt practices, unfair means and illegal activities during any stage of its bid or during any pre-contract or post-contract stage in order to secure the contract or in furtherance to secure it and in particular commit itself to the following:-

2.1 The BIDDER will not offer, directly or through intermediaries, any bribe, gift, consideration, reward, favour, any material or immaterial benefit or other advantage, commission, fees, brokerage or inducement to any official of the BUYER, connected directly or indirectly with the bidding process, or to any person, organization or third party related to the contract in exchange for any advantage in the bidding, evaluation, contracting and implementation of the contract.

a)
Signature & Seal of the Bidder

2.2 The BIDDER further undertakes that it has not given, offered or promised to give, directly or indirectly any bribe, gift, consideration, reward, favour , any material or immaterial benefit or other advantage , commission, fees, brokerage or inducement to any official of the BUYER or otherwise in procuring the Contract or forbearing to do or having done any act in relation to the obtaining or execution of the contract or any other contract with the Government for showing or forbearing to show favour or disfavor to any person in relation to the contract or any other contract with the Government.

2.3 BIDDERS shall disclose the name and address of agents and representatives and Indian BIDDERs shall disclose their foreign principals or associates.

2.4 BIDDERs shall disclose the payments to be made by them to agents/brokers or any other intermediary, in connection with this bid/contract.

2.5 The BIDDER further confirms and declares to the BUYER that the BIDDER is the original manufacturer/integrator/authorised government sponsored export entity and has not engaged any individual or firm or company whether Indian or foreign to intercede, facilitate or in any way to recommend to the BUYER or any of its functionaries, whether officially or unofficially to the award of the contract to the BIDDER, nor has any amount been paid, promised or intended to be paid to any such individual, firm or company in respect of any such intercession, facilitation or recommendation.

2.6 The BIDDER, either while presenting the bid or during pre-contract negotiations or before signing the contract, shall disclose any payments he has made, is committed to or intends to make to officials of the BUYER or their family members, agents, brokers or any other intermediaries in connection with the contract and the details of services agreed upon for such payments.

2.7 The BIDDER will not collude with other parties interested in the contract to impair the transparency, fairness and progress of the bidding process, bid evaluation, contracting and implementation of the contract.

2.8 The BIDDER will not accept any advantage in exchange for any corrupt practice, unfair means and illegal activities.

2.9 The BIDDER shall not use improperly, for purposes of competition or personal gain, or pass on to others, any information · provided by the BUYER as part of the business relationship, regarding plans, technical proposals and business details, including information contained in any electronic data carrier. The BIDDER also undertakes to exercise due and adequate care lest any such information is divulged.

2.10 The BIDDER commits to refrain from giving any complaint directly or through any other manner without supporting it with full and verifiable facts.

2.11 The BIDDER shall not instigate or cause to instigate any third person to commit any of the actions mentioned above.

2.12 If the BIDDER or any employee of the BIDDER or any person acting on behalf of the BIDDER, either directly or indirectly, is a relative of any of the officers of the BUYER, or alternatively, if any relative of an officer of the BUYER has financial interest/stake in the BIDDER's firm, the same shall be is closed by the BIDDER at the time of filing of tender. The term 'relative' for this purpose would be as defined in Section 6 of the Companies Act 1956.

2.13 The BIDDER shall not lend to or borrow any money from or enter into any monetary dealings or transactions, directly or indirectly, with any employee of the BUYER.

3 Previous Transgression

3.1 The BIDDER declares that no previous transgression occurred in the last three years immediately before signing of this Integrity Pact, with any other company in any country in respect of any corrupt practices envisaged hereunder or with any Public Sector Enterprise in India or any Government Department in India that could justify BIDDER's exclusion from the tender process.

3.2 The BIDDER agrees that if it makes incorrect statement on this subject, BIDDER can be disqualified from the tender process or the contract, if already awarded, can be terminated for such reason.

4 Earnest Money (Security Deposit)

4.1 While submitting commercial bid, the BIDDER shall deposit an amount (shall be specified in RFP) as Earnest Money/Security Deposit, with the BUYER through Bank Draft/ Banker Cheque in favour of Baroda Gujarat Gramin Bank

4.2 The Earnest Money/Security Deposit shall be valid up to a period of 12 Months or the complete conclusion of the contractual obligations to the complete satisfaction of both the BIDDER and the BUYER, including warranty period, whichever is later.

4.3 In case of the successful BIDDER a clause would also be incorporated in the Article pertaining to Performance Bond in the Purchase Contract that the provisions of Sanctions for Violation shall be applicable for forfeiture of Performance Bond in case of a

decision by the BUYER to forfeit the same without assigning any reason for imposing sanction for violation of this Pact.

4.4 No interest shall be payable by the BUYER to the BIDDER on Earnest Money/Security Deposit for the period of its currency.

5 Sanctions for Violations

5.1 Any breach of the aforesaid provisions by the BIDDER or any one employed by it or acting on its behalf (whether with or without the knowledge of the BIDDER) shall entitle the BUYER to take all or any one of the following actions, wherever required:-
5.1.1 To immediately call off the pre contract negotiations without assigning any reason or giving any compensation to the BIDDER. However, the proceedings with the other BIDDER(s) would continue.

5.1.2 The Earnest Money Deposit (in pre-contract stage) and/or Security Deposit/Performance Bond (after the contract is signed) shall stand forfeited either fully or partially, as decided by the BUYER and the BUYER shall not be required to assign any reason therefore.

5.1.3 To immediately cancel the contract, if already signed, without giving any compensation to the BIDDER.

5.1.4 To recover all sums already paid by the BUYER, and in case of an Indian BIDDER with interest thereon at 2% higher than the prevailing Base Rate of Bank of Baroda, while in case of a BIDDER from a country other than India with interest thereon at 2% higher than the LIBOR. If any outstanding payment is due to the BIDDER from the BUYER in connection with any other contract for any other stores, such outstanding payment could also be utilised to recover the aforesaid sum and interest.

5.1.5 To encash the advance bank guarantee and performance bond / warranty bond, if furnished by the BIDDER, in order to recover the payments, already made by the BUYER, along with interest. 5.1.6 To cancel all or any other Contracts with the BIDDER. The BIDDER shall· be liable to pay compensation for any loss ·or damage to the BUYER resulting from such cancellation/ rescission and the BUYER shall be entitled to deduct the amount so payable from the money(s) due to the BIDDER.

5.1.7 To debar the BIDDER from participating in future bidding processes of the Government of India for a minimum period of five years, which may be further extended at the discretion of the BUYER.

5.1.8 To recover all sums paid in violation of this Pact by BIDDER(s) to any middleman or agent or broker with a view to securing the contract.

5.1.9 In cases where irrevocable Letters of Credit have been received in respect of any contract signed by the BUYER with the BIDDER, the same shall not be opened.

5.1.10 Forfeiture of Performance Bond in case of a decision by the BUYER to forfeit the same without assigning any reason for imposing sanction for violation of this Pact.

5.2 The BUYER will be entitled to take all or any of the actions mentioned at para 6.1(i) to (x) of this Pact also on the Commission by the BIDDER or any one employed by it or acting on its behalf (whether with or without the knowledge of the BIDDER), of an offence as defined in Chapter IX of the Indian Penal code, 1860 or Prevention of Corruption Act, 1988 or any other statute enacted for prevention of corruption.

5.3 The decision of the BUYER to the effect that a breach of the provisions of this Pact has been committed by the BIDDER shall be final and conclusive on the BIDDER . However, the BIDDER can approach the Independent Monitor(s) appointed for the purposes of this Pact.

6 Fall Clause

The BIDDER undertakes that it has not supplied /is not supplying similar product/systems or subsystems at a price lower than that offered in the present bid in respect of any other Ministry/Department of the Government of India or PSU and if it is found at any stage that similar product/systems or sub systems was supplied by the BIDDER to any other Ministry/ Department of the Government of India or a PSU at a lower price, then that very price, with due allowance for elapsed time, will be applicable to the present case and the difference in the cost would be refunded by the BIDDER to the BUYER, if the contract has already been concluded. The BIDDER undertakes that it has not supplied /is not supplying similar (in quantity) product / systems or subsystems at a price lower than that offered in the present bid in respect of any other Ministry /Department of the Government of India or PSU and if it is found at any stage that similar (in quantity) product / systems or sub systems was supplied by the BIDDER to any other Ministry /Department of the Government of India or a PSU at a lower price within a period of one year before and after bid submission date, then that very price, with due allowance for elapsed time, will be applicable to the present case
and the difference in the cost would be refunded by the BIDDER to the BUYER, if the contract has already been concluded.

7 Facilitation of Investigation

a)
Signature & Seal of the Bidder

In case of any allegation of violation of any provisions of this Pact or payment of commission, the BUYER or its agencies shall be entitled to examine all the documents including the Books of Accounts of the BIDDER and the BIDDER shall provide necessary information and documents in English and shall extend all possible help for the purpose of such examination.

8 Law and Place of Jurisdiction

This Pact is subject to Indian Law. The place of performance and jurisdiction is the seat of the BUYER.

9 Other Legal Actions

The actions stipulated in this Integrity Pact are without prejudice to any other legal action that may follow in accordance with the provisions of the extant law in force relating to any civil or criminal proceedings.

10 Validity

The validity of this Integrity Pact shall be from date of its signing and extend upto 5 years or the complete execution of the contract to the satisfaction of both the BUYER and the BIDDER/Seller, including warranty period, whichever is later. In case BIDDER is unsuccessful, this Integrity Pact shall expire after six months from the date of the signing of the contract. Should one or several provisions of this Pact turn out to be invalid; the remainder of this Pact shall remain valid. In this case, the parties will strive to come to an agreement to their original intentions.

11. The parties hereby sign this Integrity Pact at _____ on _____

BUYER	BIDDER
Name of the Officer: Department:	Name of the Authorized Person: Designation:
Witness	Witness
1. _____	1._____
2. _____	2. _____

a) Signature & Seal of the Bidder