

zÁgP ÁqÀ ° Á a Āj ,UzUÀ a ĀvĀU GvĪPĒIqÀ f-Áè ,P PÁj ° Á®Ā
GvĀzPĪgÀ ,AWUĪĀ MPĒEII ᄡAiĀ«ĀvĀ

®PĒĒĒP Īzi ;.©. gĀ,θ «zĀVj ¥ĒĒĀ ,iŃ zÁgP ÁqÀ -580004
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ĈEĀAPĀ 01.04.2016 j AzĀ 31.03.2017 gĀ MAZĀ a ĪŃ CĀ ĪCĪUĒ
zÁgP ÁqÀ ° Á a Āj ,UzUÀ a ĀvĀU GvĪPĒIqÀ f-Áè ,P PÁj ° Á®Ā MPĒEII zĀ EĒPĪgĀ UĒ
a ĀvĀU CĀ ĪgĀ CĀ ĪPĀCĀVĪ UĒ Family Floater(Cashless) UĀA¥Ā DgĒĒĀUĀ « a ĀĀ
,Ē®ĪĪĒĒĒ MzV ,Ā a Ā SĪUĒ mĀqĪgĀ zĀ ĀP ĀdĀ.

Terms and Conditions for providing Family Floater Group Health Insurance for the employees of the Union and their dependents

Group Mediclaim Insurance Policy For Employees of Dharwad,Haveri,Gadag & Uttarkannada District Co-op Milk Union

The insurance company shall provide group health insurance for the employees of DHG&UK Cop-op Milk Union + Spouse + children's + dependent parents of the employee. The following is the age wise breakup details of the persons to be covered under the policy.

Sl. No.	Age Groups	No. of persons	No. of employees : 222
1	01 to 25	388	No. of dependents : 827
2	26 to 35	71	<u>Total</u> : 1049
3	36 to 45	108	
4	46 to 55	236	
5	56 to 65	87	
6	66 to 80	159	
	Total	1049	

New employees joining DHG&U Dist.Co.Op.Milk Union any addition among existing employees during the policy period shall be covered along with their dependents on receipt of additional premium which shall be on pro-rata basis of the existing rate of premium.

Premium Amount:-

Total premium amount for providing medi claim cover for (222 employees plus 827 dependents total 1049) a period of one year shall be mentioned in the tender. Premium agreed upon will be final and not subject to any change. Additional premium will be paid for additional number of employees subsequently enrolled during the policy period. Premium will be paid in advance by the Union and the policy will be effective from the date of 01-04-2016 to 31-03-2017 and claims if any from that date shall be paid / reimbursement by the Insurance Company. The Insurance Company shall issue policy in the name of the Union covering (222 employees plus 827 dependents total 1049) under Family Floater Group Health Insurance Policy.

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Period of insurance :

1 year from 00.00 on 01-04-2016 to midnight of 31-03-2017.

The period of insurance may be extended at the present rate or at the rate mutually agreed upon and in such an event the renewal payment shall be paid to the insurance company on or before the date of expiry of the policy. At the time of renewal the employees who are retired / left would be deleted and newly recruited employees if any would be included and premium shall be calculated proportionately. Renewal shall not normally be refused, unless the insurance company has reasonable justification to do so. The Insurance Company shall state whether it is willing to extend the period of insurance at the same rate offered at present or not. If the Insurance Company is not willing to do so, it shall state the revised rate and the basis for the same.

Sum insured per family :

Rs.50000/- per employee including their dependents on family floater sum insured basis. In other words the quote shall be for Rs.50000/- for coverage.

Scope of Hospitalization benefit :-

DHG&U Dist Milk Union intends to avail TAILOR MADE GROUP MEDICLAIM policy for our employees and their dependent family members. Which shall cover diseases and injuries which require hospitalization, medical/surgical treatment at any Nursing Home or Hospital as an inpatient in India. The Insurance Company should pay to the insured directly to the Union. The amount of such following expenses incurred by the insured person.

1. Room rent, Boarding and Nursing expenses as provided by the Nursing Home/Hospital to the extent of the actual amount. This also shall include nursing care, RMO charges, IV Fluids/Blood transfusion/injection administrative charges and similar expenses.
2. ICU expenses to the extent of the actual amount.
3. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees (as part of the Hospitalization bill).

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4. Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines and Drugs, Dialysis, Chemotherapy, Radiotherapy, Eye surgery, Kidney Stone removal, D&C, Tonsillectomy, Cost of Artificial Limbs, Cost of Prosthetic Devices implanted during surgical procedure like pacemaker, Orthopedic implants, Infra cardiac valve replacements, Vascular stents, relevant laboratory/diagnostic tests, X-ray, Cataract, Hernia, Hysterectomy, Major Surgeries include cardiac surgeries, Brain Tumor Surgeries, Pacemaker implantation for sick sinus syndrome, Cancer surgeries, Hip, Knee, Joint replacement surgery, Organ Transplant. (per Hospitalization/surgery and other medical expenses related to the treatment.
5. Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to the insured.
6. Hospitalization should cover expenses incurred for treatment for Asthma, Bronchitis, Chronic nephritis and nephritic syndrome, diarrhoea and insidious epilepsy, Hyper tension, influenza, cough and cold. All Psychiatric or psychosomatic disorders, pyrexia of unknown origin. Tonsillitis and upper respiratory tract infection including laryngitis and pharyngitis, arthritis, gout and rheumatism diabetes.
7. **Coverage of pre and post hospitalization expenses:-** Medical expenses incurred during period up to 30 days prior to hospitalization and medical expenses incurred during period up to 60 days after hospitalization subject to a maximum of 20% of the sum insured for disease/illness/injury sustained shall also be covered.
8. **Coverage of Maternity Benefit expenses:-** Treatment taken in Hospital/Nursing Home arising from or traceable to pregnancy, childbirth including normal/caesarean section shall be paid for two children only. Expenses on vitamins and tonics shall also be paid for this category. Waiver of 9 months for availing maternity benefits. No cover for voluntary termination of pregnancy.
9. Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these including caesarean section abdominal operation for extra uterine pregnancy (Ecto pic pregnancy), which is proved by submission of ultra Sono graphic report and Certification by Gynecologist that it is life threatening one if left untreated shall also be included under maternity benefit.

10. **Coverage of pre-existing health condition or disease or ailment/injuries :-**
Any ailment / disease / injuries / health condition which are pre-existing (treated / untreated, declared / not declared) shall also be covered.

11. Daycare expenses for advanced technological surgeries and procedures requiring less than 24 hours of hospitalization.

12. **Exclusions/ What is not covered under the policy shall also be stated clearly:** The company need not make any payments in respects of any expenses whatsoever incurred by any insured person in connection with or in respect of:

a) Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident or any illness), vaccination, inoculation or change of life or cosmetic or aesthetic treatment of any description, such as correction of eyesight,. etc., plastic surgery as may be necessitated due to an accident or any injury shall also be covered.

b) Cost of spectacles and contact lenses, hearing aids necessitated due to accident or any injury shall also be covered.

c) Dental treatment or surgery of any kind shall be covered only under medical emergency requiring hospitalization due to accident

d) Convalescence, general debility, “run-down” condition or rest cure, Obesity treatment and its complications including morbid obesity, congenital external disease/defects or anomalies, treatment relating to all psychiatric and psychosomatic disorders, infertility, Sterility, venereal disease, intentional self injury and use of intoxication drugs/alcohol.

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

f) Naturopathy Treatment, acupressure, acupuncture, magnetic therapies, experimental and unproven treatment/ therapies.

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- g) External and or durable Medical / Non-Medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Infusion pump etc. Ambulatory devises i.e. ., walker, crutches, Belts, Collars, caps, Splints, slings, Braces, Stockings, elastocrepe bandages, external orthopedic pads, sub coetaneous insulin pump, diabetic foot wear, Glucometer/ Thermometer, alpha/ water bed and similar related items etc., and also any medical equipment , which is subsequently used at home etc.
- h) Genetic discovered and Stem Cell implantation/ surgery.
- i) Change of treatment from one system of medicine to another unless recommended by the consultant/ hospital under whom the treatment is taken.The expenses related to treatment of Joint Replacement due to Degenerative Conditions and age-related Osteoarthritis and Osteoporosis shall also be covered.
- j) Treatment for Age Related Macular Degeneration (ARMD), treatment such as Rotational Field Quantum magnetic Resonance (RFQMR), Enhanced External Counter Pulsation(EECP) etc.
- k) All non-medical expenses including convenience items, personal comfort such as charges for telephone, television, ayah, private nursing/barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items and similar incidental expenses.
- l) Any kind of Service charges, Surcharges, admission Fees/registration Charges, Luxury Tax and similar charges levied by the hospital.
- m) All expenses arising out of any condition directly or indirectly caused to or associated with human T-Cell Lymph tropic Virus Type III (HTLD-III) or Lymphadinopathy Associated Viruses (LAV) or the Mutants Derivative or variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
- n) Charges incurred at Hospital or Nursing Home primarily for diagnosis x-ray or Laboratory examination 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.

Special conditions :

Waiver of 30 days waiting period to be provided.

Procedure for Settlement of claims

1. Communication regarding hospitalization shall be given with full particulars and in case of emergency hospitalization within 48 hours of admission or before discharge to the insurance company through FAX, e-mail etc. by the employee concerned.
2. The claim shall be submitted with all supporting documents (original bills, receipts, and other documents) relating to it to the insurance company within 15 days from the date of discharge from the hospital. In case of post-hospitalization treatment (limited to 6 days), all claim documents shall be submitted within 15 days after completion of such treatment. Waiver of this condition may be considered in extreme cases of hardship where it is shown 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 file claim within the prescribed time limit.
3. In any case/circumstances, hospital authorities not accepting Cashless Provisions, insured employee is at liberty to claim mediclaim expenses directly from insurance company.

Provision of TPA:

Tenderer must be able to identify the Third Party Administrator (TPA) which is acceptable by the Union and TPA should settle the claim by established office at Karnataka state.

Provision of Hospitals:

Since DHG&U Dharwad Head quarter is declared as Dharwad Tenderer must identify minimum 10 hospitals at 4 Districts Head Quarters Dharwad-Hubli, Gadag, Haveri & Uttarkannada District city with a provision of all type of medical treatment. i.e., Eye, Heart surgery, arthro etc.,

Claim Documents :

Final claim along with hospital receipted original bills, Cash memos / reports, claim form and the documents listed below should be submitted to the Company within 15 days of discharge from Hospital / completion of post hospitalization treatment by the employee concerned.

- a. Original bill, receipts and discharge certificate / card from the hospital.
- b. Medical history of the patient recorded by the Hospital.
- c. Original Cash-memo from the hospital(s)/ receipt(s) supported by proper prescription.
- d. Original receipt, pathological and other test reports from a pathologist / radiologist including film etc. supported by the note from attending medical practitioner / surgeon demanding such tests.
- e. Attending Consultants / Anesthetists / Specialist certificates regarding diagnosis and bill / receipts etc.
- f. Surgeon/s original certificate stating diagnosis and nature of operation performed along with bills / receipts etc.

The claim shall be settled by the Insurance Company within 30 days from the date of receipt of the claim either by the Hospital/Nursing Homes or clinic. In case of claim by the employee the claim amount shall be paid directly to the Union.

Grievance settlement. : Both the Union and the Insurance Company shall do their best efforts to settle amicably all disputes arising out of or in connection with group health insurance policy or the interpretation of conditions therein.

If the employee feels that his / her claim is payable then he/she shall have a right to appeal / approach the grievance cell of the Insurance Company through employer. The affected employer shall have a right to file complaint / dispute before the competent court if the company has disputed or not accepted its liability including the quantum of expenses. This can be resorted without recourse to arbitration.

Managing Director
Dharwad, Haveri, Gadag &
Uttarkannada, Dist. Co-op. Milk Union.

I/We have read and understood the above terms and conditions. We agree to the same.

Date :

Signature of the Tenderer with seal

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(Check list)

ದಯವಿಟ್ಟು ಟೆಂಡರಿನ ಷರತ್ತು ಮತ್ತು ನಿಬಂಧನೆಗಳಂತೆ ಅಗತ್ಯವಿರುವ ಈ ಕೆಳಕಂಡ ದಾಖಲೆ ಪತ್ರಗಳನ್ನು ಇ-ಪೋರ್ಟಲ್‌ಗೆ Upload ಮಾಡಲಾಗಿದೆಯೇ ? ಎಂಬ ಬಗ್ಗೆ ಪರಿಶೀಲಿಸಿ ದೃಢಪಡಿಸಿಕೊಳ್ಳುವುದು.

01	Tenderer BIO-DATA - Upload ಅಡ್ಡಲಾಗಿರಬೇಕೇ?	ಒಪ್ಪಿದರೆ : ಒಪ್ಪಿ
02	Company Registration Certificate - Upload ಅಡ್ಡಲಾಗಿರಬೇಕೇ?	ಒಪ್ಪಿದರೆ : ಒಪ್ಪಿ
03	IRDA ಫೀಚರ್‌ಶೀಟ್ - Upload ಅಡ್ಡಲಾಗಿರಬೇಕೇ?	ಒಪ್ಪಿದರೆ : ಒಪ್ಪಿ
04	ಸ್ವಾಮ್ಯಾಧಿಪತ್ಯದ ದಾಖಲೆ PAN CARD – Upload ಅಡ್ಡಲಾಗಿರಬೇಕೇ?	ಒಪ್ಪಿದರೆ : ಒಪ್ಪಿ
05	Latest Income Tax and Service Tax Clearance Certificate – Upload ಅಡ್ಡಲಾಗಿರಬೇಕೇ?	ಒಪ್ಪಿದರೆ : ಒಪ್ಪಿ
06	ಸ್ವಾಮ್ಯಾಧಿಪತ್ಯದ ದಾಖಲೆ TIN Certificate – Upload ಅಡ್ಡಲಾಗಿರಬೇಕೇ?	ಒಪ್ಪಿದರೆ : ಒಪ್ಪಿ
07	Last 3 years financial Turn Over – Upload ಅಡ್ಡಲಾಗಿರಬೇಕೇ?	ಒಪ್ಪಿದರೆ : ಒಪ್ಪಿ
08	ಪ್ರಸ್ತಾವನೆ ಅನ್ವಯಿಸುವಂತಹ ಮೌಲ್ಯಮಾಪನದ ದಾಖಲೆಗಳನ್ನು « ಅಡ್ಡಲಾಗಿರಬೇಕೇ? » Mz/M ¹ zÀ SUE ಸ್ವಾಮ್ಯಾಧಿಪತ್ಯದ ದಾಖಲೆಗಳನ್ನು ಏಕೀಕರಿಸಬೇಕೇ – Upload ಅಡ್ಡಲಾಗಿರಬೇಕೇ?	ಒಪ್ಪಿದರೆ : ಒಪ್ಪಿ
09	E-mAqj ಲೆಂಡರಿಂಗ್‌ನ ದಾಖಲೆ (PRICE QUOTE) ಲೆಂಡರಿಂಗ್‌ನ ದಾಖಲೆಗಳನ್ನು CAO ಅನ್ವಯಿಸುವಂತಹ ದಾಖಲೆಗಳನ್ನು ಏಕೀಕರಿಸಬೇಕೇ – Upload ಅಡ್ಡಲಾಗಿರಬೇಕೇ?	ಒಪ್ಪಿದರೆ : ಒಪ್ಪಿ

ಸ್ವಾಮ್ಯಾಧಿಪತ್ಯ :
ಒಪ್ಪಿದರೆ :

ಮಾನ್ಯತೆಗಳಿಗೆ ಸಂಬಂಧಿಸಿದಂತೆ ಅನ್ವಯಿಸಬೇಕೇ.

