



Call for tender from Government Insurance Companies
for
Goup Medi-Claim Policy in respect of Working and Retired
employees of APPCB and their families for a period of one year.



ANDHRA PRADESH POLLUTION CONTROL BOARD

Head Office

D.No. 33-26-14 D/2, Near Sunrise Hospital, Pushpa Hotel Centre,
Chelamalavari Street, Kasturibaipet, Vijayawada - 520 010.

Contact Person for Any Clarification:

Sri B. Siva Prasad
Joint Chief Environmental Engineer &
Senior Administrative Manager (FAC)
0866 – 2463200 / Extn. 207

INTRODUCTION

Andhra Pradesh Pollution Control Board has been providing Group Medi-Claim Insurance to the working and retired employees of the Board since 2001 without any break till 18.11.2019. At present the Board is having Group Medi-Claim policy with M/s. Oriental Insurance Company Ltd., M/s. Good Health Pvt. Ltd., is engaged as TPA for providing health administration services to APPCB employees.

Andhra Pradesh Pollution Control Board wishes to renew the Group Medi-Claim Policy for a further period of one year commencing from 19.11.2019 for the working & retired employees and their families.

Group Medi-claim Insurance Policy Coverage :

1. Coverage Description: Covering families of 165 employees (dependents 350) for a floater sum insured of Rs. 3.00 lakhs per family.
2. Family Definition: Family means self + legal spouse + dependent children + dependent parents.
3. All the Pre – existing diseases shall be covered under the policy.
4. Room rent for normal – 1.5% of Sum Insured and for ICU – 3% of Sum Insured per day.
5. Corporate buffer – overall buffer limit of Rs. 30 lakhs with restriction of Sum Insured of Rs. 3.00 lakhs per family. Buffer is available to all serving and retired employees and their family members and should be used for single buffer only.
6. Pre and post hospitalization cover for 30 and 60 days respectively.
7. The amount payable for any cataract surgery will be limited to actual or maximum of Rs. 24,000/- whichever is less either for cashless or for reimbursement.

Instructions to Bidder:

1. The sealed quotation in the prescribed proforma at Annexure should reach this office on or before 27.11.2019 upto 15.00 hrs.
2. The offers received after stipulated time and date shall be summarily rejected.
3. The quotations should be addressed to the Senior Administrative Manager (FAC), APPCB, Head Office, Vijayawada.
4. GST or any other Govt. duties etc., as applicable should be shown separately.
5. The Board shall not be responsible for non-receipt / non-delivery of the quotation due to any reasons whatsoever.
6. The quotation should be signed by the authorized person only.
7. No brokerage / agency / consultancy charge will be paid as this is a direct transaction of Board.
8. The Member Secretary has full rights to reject / accept any quotation at any time.
9. The Bidder should quote the rates after allowing discounts in accordance with IRDA guidelines.

ANNEXURE

QUOTATION

Name of the Firm:

Address of the Firm:

SCHEDULE OF RATE

Categories	Sum insured (Rs. In lakhs)	No. of Family Units	No. of dependents	Premium	Discount if any	Net Premium
Working & Retired employees	3.0 lakhs each employee	} 165	350			
Corporate Buffer	30 lakhs					
GST						
Total Premium with Tax						
{Rupees						}

Place:

(Authorized Signatory of the firm)

Date:

(with Authorized Seal)