



Punjab Thermal Power (Pvt) Limited



Tender Document

COMPREHENSIVE GROUP HEALTH INSURANCE



Punjab Thermal Power (Pvt.) Limited



Punjab Thermal Power (Pvt) Limited



Punjab Thermal Power (Pvt.) Limited invites sealed bids from financially sound authorized firms /organizations for provision of GROUP HEALTH INSURANCE FY 2020-2021 to its employees. The period of insurance cover will be of one year which may be extended on same terms, conditions and rates after mutual agreement of both parties for next 3 year on year to year basis.

The insurance companies fulfilling following criteria may participate in the bidding process.

- Minimum AA rated by PACRA/JCR-VIS.
- Providing Group Health Insurance to the employees of at least 20 well reputed National or International Companies.
- Dealing insured members more than 100,000 (individual & corporate clients, government organizations).
- GST and Income Tax registered company (tax exempted firms will have to provide tax exemption certificate).
- Any firm Blacklisted by the competent authority is not eligible to participate in bidding process.

Only authorized representatives of insurance companies having authority letter in their favour issued by their Head Office /Competent person can collect the details as per address given below. The details include salient features of benefits, list of employees and their dependents.

The insurance company can obtain details and terms and conditions from Ground Floor 7-C/1, Gulberg III, Lahore.

1. Bid

PTPL will follow Single Stage Single Envelope bidding process as provided in Punjab Procurement Rules, 2014 (“PPRA Rules, 2014”). The bid shall comprise of documentary proof of the following along-with Financial Proposal:-

1. Company rating evidence by PACRA/JCR.VIS.
2. Proof of company as legal entity.
3. List of present clients.
4. Copies of certificates for Income or Sales Tax registration or exemption to the Company.
5. Affidavit indicating that company is not blacklisted by any government, semi government or autonomous body.
6. Agreement containing Terms and Conditions for provision of Group Health Services (draft attached at Annex-A) on a stamp paper of Rs 100/-.



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7. A refundable bid security / CDR of Rs. 15,000/- to be submitted with the bids. The bid security is within 5% of the estimated amount i.e. PKR 1,200,000/- of the tender according to PPRA Rules 2014

8. Financial proposal:-

Financial proposal for GROUP HEALTH INSURANCE should be based on following:

1. **BENEFITS STRUCTURE** **(With Out Parents Coverage)**

| CATEGORY WISE HOSPITALIZATION RELATED LIMIT | A | B | C | D | E | F |
|--|---------------------------------------|-------------------------|-----------------------------------|--------------------------------|--|---|
| | CEO/COO | CFO/CTO/CMO/CLO/G Ms | Comp.Secy /Dy.CFO/CIA/Managers | Dy.Managers /Asst. Managers | Officers (Assistants/ Store Officer/Rece ptionist/MT Op/ Data Entry Operator) | Other Staff (Dispatcher/Dispat ch Rider/Naib Qasid/ Drivers etc) |
| | (in Rs.) | (in Rs.) | (in Rs.) | (in Rs.) | (in Rs.) | (in Rs.) |
| Max. Annual Limit (Per Person / Per Year) | 600,000 | 550,000 | 500,000 | 500,000 | 450,000 | 400,000 |
| Enhancement in Maximum Annual Limits in case of accidental injuries should be 100%. | | | | | | |
| Room & Board (per day) | 23,000 | 16,000 | 12,000 | 12,000 | 8,000 | 5,000 |
| Pre-Hospitalization Diagnostic Tests, Consultation and Medicines (within 30 days prior to Hospitalization) | | | | | | |
| Post-Hospitalization Diagnostic Tests, Consultation & Medicine (within 30 days after Hospitalization) | | | | | | |
| Daycare Surgeries & Specialized Investigations In Outpatient Settings | 100% | | | | | |
| Dialysis, MRI, CT Scan, Angiography, Cataract & Endoscopy from OPD; Treatment of fractures & Lacerated wounds; Local road ambulance for emergencies only; Emergency dental treatment due to accidental injuries (within 48 hours of pain relief only), Emergency room treatment for accidental emergencies | COVERED UPTO HOSPITAL RELATED LIMIT | | | | | |
| Congenital diseases, Hepatitis (B+C), and Pre-existing Conditions, | 20% OF HOSPITAL RELATED LIMIT COVERED | | | | | |
| Maternity Benefits for Normal Delivery (Other than Caesarian/ Multiple Births) | 250,000 | 150,000 | 120,000 | 120,000 | 90,000 | 70,000 |
| Maternity Benefits for complicated Delivery | 300,000 | 200,000 | 170,000 | 170,000 | 150,000 | 90,000 |
| Pre and post Natal will be covered 100% as per maternity limits available | | | | | | |

| MAXIMUM AGE LIMIT COVERAGE FOR | Son (in Years) | Daughter (in Years) |
|--|-------------------|------------------------|
| Coverage under hospitalization benefit | 25 | Till Marriage |

- 100 % Medical claim up to the limits mentioned in Benefit structure table must be paid.



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- Worldwide coverage should be provided.
- Only authorized representatives of insurance companies having authority letter in their favor issued by their Head Office can collect the list of employees and their dependents.
- Prices quoted shall remain valid for a period of 12 months from the signing of Agreement.
- The insurance company will be bound to provide the service immediately after signing of Agreement. Services contract will be for a period of 12 months subject to extension on same terms, conditions and rates upon mutual agreement of both parties.
- PTPL has right to increase or decrease the number of Staff depending upon new induction or deduction.

2. Procurement Procedure

- The sealed bids (marked bid title on envelope) along with CDR must be delivered to Company Secretary, PTPL, 7-C/1, Gulberg III, Lahore till **31.03.2020** before **3:00 PM** and will be publically opened on the same date i.e. **31.03.2020** at **03:30 PM** in the conference room of PTPL, Lahore Head Office, in the presence of the interested bidders or their authorized representatives who may wish to attend.
- Late received bids after due time will be rejected and returned to the bidders unopened.
- No alteration or amendment in the bids will be allowed in any case at the time of bid opening.
- Service providers shall submit their best possible lowest prices with their bids. No negotiations will be done.
- **Rates must be quoted as Per Person per Year no further loading during the year will be acceptable.**
- **All addition and deletion of employees will be charged on prorata basis as per agreed / accepted bidding rates.**
- PTPL will not be responsible for any cost or expenses incurred by bidders in connection with preparation or delivery of bids.
- All prices must be quoted in the proforma attached with Tender Document at Annex-B. Moreover, Pak Rupees and should include any Taxes applicable, such as GST, Income Tax, etc. If not specifically mentioned in the Quotation, it will be presumed that the prices include all the taxes. Any subsequent change in tax regime would be adjusted accordingly.
- The competent authority may reject all bids or proposals at any time prior to the acceptance of a bid or proposal. The procuring agency shall upon request communicate to any bidder, the grounds for its rejection of all bids or proposals, but shall not be required to justify those grounds.
- The Bid/Proposal must have a minimum validity period of ninety (90) days from the last date/opening date of Bid submission.
- Short Health Questioner form will not be entertained.



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- The bids should be submitted in sealed envelope clearly mentioned "TENDER FOR COMPREHENSIVE GROUP HEALTH INSURANCE"

Manager Administration

Punjab Thermal Power Pvt. Ltd

Ground Floor, 7/C-1, Gulberg III, Lahore.

Tel: +92 42 042-35711278-79



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Annex-A

AGREEMENT FOR GROUP HEALTH INSURANCE

This group health insurance agreement (hereinafter the "Agreement") is made at Lahore on this ____ - ____ /2020 by and between:

Punjab Thermal Power (Private) Limited, a company registered under the Companies Act, 2017 having its registered office at Ground Floor, 7-c1, Gulberg III, Lahore, which expression shall include successors, legal representatives and permitted assigns (hereinafter called the "Company"); and

[Name of Company], a company registered under the Companies Ordinance, 1984 (hereinafter called the "Insurer")

(The Company and the Insurer may herein individually be referred to as "Party" collectively as the "Parties")

WHEREAS

- (a) The Company floated advertisement and bidding documents, under the applicable Punjab Procurement Rules 2014 ("PPRA Rules") for procurement of Group Health Insurance /services for its employees and their dependents on ____ - ____ /2020.
- (b) The Insurer, amongst others, submitted his tender for the above-said invitation along with bids.
- (c) Upon evaluation of bids, the Insurer's bid was evaluated to be the lowest;
- (d) The Insurer hereby intends and covenants to provide group health insurance /services to the Company based on Terms and Conditions stipulated hereafter and in the bidding document.

NOW THEREFORE the Parties hereby agree as follows:

1. The following documents shall be treated as integral part of this Agreement:
 - (a) Bidding Documents and Advertisement by Company dated ____ - ____ /2020.
 - (b) Insurer's bid received on date ____ - ____ /2020.
 - (c) Letter by Insurer dated ____ - ____ /2020.
2. The Insurer shall provide employees of the Company, group health insurance services as agreed herein below. The price / rates for each item agreed herein shall be valid for 12 months starting from the date of signing of this Agreement.



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3. Procedural Covenants:

- i. The Company will raise the claim to the Insurer for a case when requested by its employee in writing.
- ii. The Insurer will respond efficiently for claim response in timely manner but in no case not later than seven working days after submission of claims.
- iii. Payment against such a claim raised by the Company will be made after the submission of bills in the name of the employee/dependents. The payments will be made in the name of employee.

4. Policy Terms and Conditions shall be as per this Agreement including bidding document as well as the conditions in insurer's bid acceptable to the Company.

5. The Company has right to increase or decrease the number of insured employees. Once such addition and/or deletion is made the Company shall duly inform the Insurer accordingly.

7. Without limitations to other covenants herein, the insurer will provide following benefits and services;

a. HOSPITAL & RELATED SERVICES

i. Hospital Treatment & Services

All medical necessary treatment and services provided by or on the order of a physician to the insured person when admitted as a registered in-patient to a hospital. Cover includes hospital accommodation (up to cost of the room & board sublimit stated in bidding document), nursing care, diagnostics, laboratory or other medically necessary facilitates and services, physician's/surgeon's/ anaesthetists's or physiotherapist's fees, operating theatre charges, intensive care charges, specialist's consultations or visits and all drugs, dressings or medications prescribed by the treating physician for in-hospital use. The cost of non-medically necessary goods or services including such items as telephone, television, newspapers or accommodation for the insured person's family members, are not covered.

ii. Day Care Surgery

The cover provided by the Hospital Treatment & Services benefit include Day Care Surgery. Day Care Surgery means all medically necessary surgical procedures and related treatment e.g. Lithotripsy (Kidney Stone), Dilation & Curettage (D&C), Tonsillectomy, Adenoidectomy, Varicose Veins, Cataract Surgery, Chemotherapy, Radiotherapy, Dialysis, Incision and drainage (I&D), sclerotherapy etc provided by or on the order of physician to the insured person at a hospital. Day care surgery cover excludes all non-surgery procedures and related treatment.

iii. Pre-Hospital Diagnostic Services

Laboratory, X-ray or other medically necessary diagnostic procedures ordered by a physician and as a result of which the insured person is admitted as a registered in-patient to a hospital for the treatment of the specific medical condition diagnosed,



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provided that such medical condition is covered by the policy and such diagnostic procedure is carried out within 30 days before admission to a hospital.

iv. **Post Hospital Follow-up Treatment**

The medically necessary follow-up treatment ordered by a physician to be rendered to the insured person within 30 days of discharge from hospital for one claim or event. Cover is restricted to follow-up treatment of specific medical conditions for which the insured person received in-hospital treatment covered by the policy.

v. **Local Ambulance Services**

The medically necessary transportation of the insured person by road vehicle to a local hospital.

vi. **Specialized Investigations**

The cover provided by the insurer under Hospital Treatment & Services benefit extends to and include specialized investigations provided by or on order of a physician to the Insured person. Specialized investigations mean all medically necessary hematological, radiological and other diagnostics investigations e.g. Endoscopy, Gastroscopy, MRI, Angiography, Thallium Scan, Colonoscopy, Echo, ETT, CT scan, Mammography, Barium Meal, Barium Enema etc, Biopsy, Carotid Doppler, EEG, EMG, HAULTER'S monitoring. Etc.

vii. **Accidental Injuries**

Injuries caused by an Accident are covered under Hospital & Related Services.

b. **MATERNITY BENEFIT OPTION**

Ante-natal, childbirth and post-natal treatment for the mother but only up to the sub-limit stated in bidding document for normal delivery. In the event that covered complications arise, the sub-limit is increased to the amount stated in the bidding document for complicated delivery. In this case covered complications are defined as:

- i. Charges for surgery and related medical care during hospitalization for caesarean section when a physician has certified in writing that a natural delivery will endanger the life of the mother and/or child(ren),
- ii. Charges for surgery and related medical care during hospitalization for the treatment of extra-uterine pregnancy or complications requiring intra-abdominal surgery after necessary termination of pregnancy for medical reasons,
- iii. Charges for the other necessary care which is provided during hospitalization for the pernicious vomiting in pregnancy, toxemia with convulsions or spontaneous abortion (miscarriage).

No other charges for complications of pregnancy, childbirth or ante-natal treatment are covered under the complicated delivery benefit. Operations upon unborn fetuses are not covered. No other type of benefit insured by the policy (including but not limited to Emergency Medical Evacuation) covers expenses incurred in connection with maternity or childbirth.



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When the Maternity benefit is in force and unless otherwise stated in the bidding document, it will apply only to pregnancies where the date of the birth of child is at least first (1) day after the mothers' first enrolment as an Insured person with the maternity in force and provided also that the Maternity Benefit is in force at the date of birth and has remained continuously in force from such first enrolment.

In the event the Maternity Benefit is deleted in respect of any Insured person and the company subsequently agrees to re-introduce such cover for the same Insured person, then for the purpose of the Maternity Benefit the date of the mother's first enrolment in the policy shall be deemed to be the date on which Maternity Benefit was re-introduced.

The Maternity Benefit limits stated over the bidding document shall apply on per pregnancy basis, whether the length of pregnancy shall last under same period of insurance or be continued into the following period of insurance. The Maternity Benefit limits per pregnancy shall be applied irrespective of renewal date and no new limit shall be available to insured under maternity benefit option on the renewal date of the policy for the pregnancy continued from the preceding period of insurance. A new limit however, shall be available to insured for a subsequent pregnancy.

The Parties shall make every effort to amicably resolve, by direct informal negotiation, any disagreement or dispute arising between them under or in connection with the Agreement. If after thirty days, from the commencement of such negotiations, the Parties have been unable to amicably resolve a dispute, either party may, require that the dispute be referred to Dispute Resolution Committee, which will be constituted by with one representative from each Party. The decision of committee shall be final and binding on the parties.

8. The Insurer shall be entitled to premium of Rs. _____ in lieu of the group health insurance services provided herein, based upon number of employees and dependents provided by the Company at the time of Agreement. The premium amount shall be subject to change (addition or deletion) in case the Company intimate's addition or deletion of the insured persons or other changes. The amounts pertaining to Premium shall be subject to applicable taxes etc.

9. The Premium paid by the Company will be settled on annually basis upon change of employee's data. The additions/deletions will be adjusted on monthly basis according to following policy statement "Premium may be adjusted by means of debit/credit note issued by the Company for insured persons added or deleted." The benefits structure limits agreed between the Parties is in bidding document.

10. Premiums of Hospital & Related Services as well as other benefits may be adjusted by means of a debit/credit note issued by the Company for Insured Persons added or deleted to or from the Policy by the Policyholder during the Period of Insurance. The company will be charged premium on number of days during which insured person remained covered and such premium will be adjusted for both additions and deletions in the subsequent billing. If a claim is paid in respect of an Insured Person during the Period of Insurance, then no premium refund will be given for that Insured Person.



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11. Exclusions:

Following are standard policy exclusions;

- i. Any Pre-Existing conditions, beyond the extent of cover agreed by the Company in writing.
- ii. Any Treatment not recommended by a legally licensed Physician or which is not medically necessary.
- iii. Routine physical check-ups, rest cures, services including immunization.
- iv. Treatment of mental illness, psychiatric disorders, self-inflicted injury, suicide, abuse of alcohol, drug addiction or its abuse.
- v. Cost of limbs of any other organ (Prostheses) or any kind of supporting equipment other than equipment used for heart and fracture of bones for revival or correction of the function of body.
- vi. Treatment of any refractive errors of the eyes including cost of procedures such as 'Radial Keratotomy' and 'Excimer Laser 'Treatment of Obesity, weight reduction/enhancement.
- vii. Cosmetic/plastic surgery, unless medically necessitated due to accidental injuries occurring while the Insured was covered under the scheme.
- viii. Treatment of infertility, impotency, sterilization & contraception including any complication relating hereto.
- ix. Any increase in the expenses incurred for the treatment on account of the Insured being admitted to a more expensive room than allowed by his daily room rent limit.
- x. Sexually transmitted disease and any treatment or test in connection with Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related conditions or diseases.

12. This Agreement shall take effect from date of its signing and shall be valid for a period of one year from the effective date which may be extended on same terms, conditions and rates after mutual agreement of both parties for next 03 years on year to year basis. This agreement may be terminated by either party, in case of the Company upon giving seven days' notice and in case of the Insurer upon giving 30 days' notice in writing to the other Party.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement to be signed in their respective names in two identical counterparts, each of which shall be deemed to be original as of the day and year first above written.



Punjab Thermal Power (Pvt) Limited



FOR AND ON BEHALF OF FOR AND ON BEHALF OF

**Punjab Thermal Power
Pvt. Limited**

[Insurance Company_____]

Signature: _____
Signed by: _____
Designation: _____
Date: _____

Signature: _____
Signed by: _____
Designation: _____
Date: _____

Witness:
Signature: _____
Signed by: _____
Designation: _____
Date: _____

Witness:
Signature: _____
Signed by: _____
Designation: _____
Date: _____



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BENEFITS STRUCTURE

| CATEGORY WISE HOSPITALIZATION RELATED LIMIT | A | B | C | D | E | F |
|--|---------------------------------------|-------------------------|-----------------------------------|--------------------------------|---|--|
| | CEO/COO | CFO/CTO/CMO/CLO /GMs | Comp.Secy /Dy.CFO/CIA/Managers | Dy.Managers /Asst. Managers | Officers (Assistants/ Store Officer/Receptionist/ Data Entry Operator/ MTOs) | Other Staff (Dispatcher/Dispatch Rider/Naib Qasid/ Drivers etc) |
| | (in Rs.) | (in Rs.) | (in Rs.) | (in Rs.) | (in Rs.) | (in Rs.) |
| Max. Annual Limit (Per Person / Per Year) | 600,000 | 550,000 | 500,000 | 500,000 | 450,000 | 400,000 |
| Enhancement in Maximum Annual Limits in case of accidental injuries should be 100%. | | | | | | |
| Room & Board (per day) | 23,000 | 16,000 | 12,000 | 12,000 | 8,000 | 5,000 |
| Pre-Hospitalization Diagnostic Tests, Consultation and Medicines (within 30 days prior to Hospitalization) | | | | | | |
| Post-Hospitalization Diagnostic Tests, Consultation & Medicine (within 30 days after Hospitalization) | | | | | | |
| Daycare Surgeries & Specialized Investigations In Outpatient Settings | 100% | | | | | |
| Dialysis, MRI, CT Scan, Angiography, Cataract & Endoscopy from OPD; Treatment of fractures & Lacerated wounds; Local road ambulance for emergencies only; Emergency dental treatment due to accidental injuries (within 48 hours of pain relief only), Emergency room treatment for accidental emergencies | COVERED UPTO HOSPITAL RELATED LIMIT | | | | | |
| Congenital diseases, Hepatitis (B+C), and Pre-existing Conditions, | 20% OF HOSPITAL RELATED LIMIT COVERED | | | | | |
| Maternity Benefits for Normal Delivery (Other than Caesarian/ Multiple Births) | 250,000 | 150,000 | 120,000 | 120,000 | 90,000 | 70,000 |
| Maternity Benefits for complicated Delivery | 300,000 | 200,000 | 170,000 | 170,000 | 150,000 | 90,000 |
| Pre and post Natal will be covered 100% as per maternity limits available | | | | | | |

| H&R Premium Detail | | | | | | | | | | | | | | | | | |
|--------------------|---------------|-------|--------------|---------------|-------|--------------|---------------|-------|--------------|---------------|-------|--------------|---------------|-------|--------------|---------------|-------|
| Plan A | | | Plan B | | | Plan C | | | Plan D | | | Plan E | | | Plan F | | |
| Age Band | No of Insured | Rates | Age Band | No of Insured | Rates | Age Band | No of Insured | Rates | Age Band | No of Insured | Rates | Age Band | No of Insured | Rates | Age Band | No of Insured | Rates |
| 0-17 | | | 0-17 | | | 0-17 | | | 0-17 | | | 0-17 | | | 0-17 | | |
| 18-29 | | | 18-29 | | | 18-29 | | | 18-29 | | | 18-29 | | | 18-29 | | |
| 30-39 | | | 30-39 | | | 30-39 | | | 30-39 | | | 30-39 | | | 30-39 | | |
| 40-49 | | | 40-49 | | | 40-49 | | | 40-49 | | | 40-49 | | | 40-49 | | |
| 50-59 | | | 50-59 | | | 50-59 | | | 50-59 | | | 50-59 | | | 50-59 | | |
| 60-64 | | | 60-64 | | | 60-64 | | | 60-64 | | | 60-64 | | | 60-64 | | |
| 65 and Above | | | 65 and Above | | | 65 and Above | | | 65 and Above | | | 65 and Above | | | 65 and Above | | |
| Total | | | Total | | | Total | | | Total | | | Total | | | Total | | |

| Plan G | | | | Plan H | | | |
|--------------|---------------|-------|--|--------------|---------------|-------|--|
| Age Band | No of Insured | Rates | | Age Band | No of Insured | Rates | |
| 0-17 | | | | 0-17 | | | |
| 18-29 | | | | 18-29 | | | |
| 30-39 | | | | 30-39 | | | |
| 40-49 | | | | 40-49 | | | |
| 50-59 | | | | 50-59 | | | |
| 60-64 | | | | 60-64 | | | |
| 65 and Above | | | | 65 and Above | | | |
| Total | | | | Total | | | |

Grand Total Premium