

**Andhra Pradesh
Industrial Infrastructure
Corporation Limited**
(A Govt. of Andhra Pradesh undertaking)



**NOTICE INVITING TENDERS FOR TAILORMADE GROUP
MEDICLAIM POLICY UNDER MEDICAL INSURANCE
SCHEME**

Request for Tenders invited from IRDAI registered Insurance companies for renewal of Tailor-made Group Mediclaim Insurance Policy or Andhra Pradesh Industrial Infrastructure Corporation Limited (Both regular and retired employees).

1	Purpose of Tenders	Renewal of Group Mediclaim Insurance policy of APIIC employees (Regular and Retired) along with their Dependent Family members.
2	Request for Tenders	For details of terms and conditions and other information pertaining to the policy, please visit our website: www.apiic.in
3	Tender floated on	25-02-2026
4	Place & Address for submission of Tenders	Chief General Manager(P&A) APIIC Towers, Plot No-1 (10 th floors), IT Park, Mangalagiri, Guntur(Dist.), AP-522503
5	Last Date and Time for Submission of Tenders	11-03-2026, 05:00 PM
6	Date and Time of opening of Tenders	12-03-2026, 02.30 PM
7	Terms of payment of premium amount.	One Single payment
8	Taxes	Premium Rates quoted should be excluding GST and GST will be paid by the Corporation.
9	Mode of Payment	Payment will be made through electronic mode only.

The Corporation is in process of selecting insurance company through a bidding process from IRDAI Licensed General Insurance companies and Standalone Health Insurance Companies operating in India for Group Mediclaim Insurance Policy for its employees.

Procedure for Submission of Tenders:

ENVELOPE'A':

This envelope should contain only the Price Bid and super scribed as "PRICE BID for Tailormade Group Mediclaim Insurance Policy for APIIC Regular Employees and their Dependent Family Members".

ENVELOPE'B':

This envelope should contain only the Price Bid and super scribed as "PRICE BID for Tailormade Group Mediclaim Insurance Policy for APIIC Retired Employees and their Dependent Family Members".

Sealed Envelopes A & B (as stated above) to be placed in a single cover (sealed) and super scribed as "**Tenders for Tailor made Group Mediclaim Insurance Policy for APIIC Regular and Retired Employees and their Dependent Family Members**". The sealed envelope should be handed over personally in our Head office before the Tender due date and time. Those who send the tender documents by courier/post and through mail, have to ensure that the documents reach the office on or before the prescribed time & date. The Corporation will not take any responsibility under any circumstances for courier/ postal delays.

Eligibility Criteria:

S. No.	Parameters	Documents required
1	IRDAI (Insurance Regulatory Development Authority of India) Registered Insurance companies (In-house) are eligible to participate in the Tender.	Copies of valid license issued by IRDAI
2	The Insurance Company should have been in the line of business for at least five years.	Self-Declaration of underwriting medical insurance policy in last five years.
3	The insurance company should not have been blacklisted / barred / disqualified by any regulator / statutory body in the past 3 years	Self-Declaration

TERMS & CONDITIONS

I. Policy Terms :

S. No	COVERAGE	Regular/ Deputation/ Contract/ Outsourcing Employees	Retired Employees
1	Family Definition	Self + Spouse + 3 Dependent Children (wherever applicable) + Mother/ Mother-in-law + Father/ Father-in-law (1+5)	Self + Spouse (1+1)
2	Sum Insured	₹ 5,00,000 (Five Lakhs)	
3	Corporate Buffer	Rs. 50 Lakhs across all types of employee families. Capped to Rs. 5 lakhs after exhausting Family Floater Sum Insured. No capping on utilization of Corporate Buffer for Chronic, Critical and Terminal Illness.	
4	Age	Self (Regular/ Deputation/ Contract/ Outsourcing Employees): 18 to 60 Years Dependents: No limit	Self (Retired Employees): above 60 years Dependents: No limit
5	Dependent Children	Male the children up to age of 25 years. In the case of female child, covered till marriage. No age limit for mentally challenged & physically handicapped children. In the case of female child, covered till marriage. Some employees who have more than 2 children, all such DEPENDENT children be covered within Family Sum Insured	Not applicable
6	Room Rent	2% & 4% of Family Floater Sum Insured for Normal (Rs. 10,000) and ICU (Rs. 20,000) respectively	
7	Proportionate Deductions	Waived Off	
8	Expenses on Major Surgeries/ Illness/ Diseases	No Capping	
9	Waiver of Room rent proportionate clause	Yes	
10	Waiver of Exclusion of Pre-existing diseases	Yes. Covered	
11	Waiver of time exclusions - (deletion of 1 month waiting period and 1st Year/ 2nd Year/ 3rd Year/ 4th year diseases exclusions)	Yes. No waiting period for any ailments/ diseases/ conditions etc.,	
12	30 Days Waiting Period - Waiver	Waived	Waived
13	Maternity with wavier of 9 months waiting period	Waived Off. Covered. Rs.40,000/- for Normal & Rs.60,000/- for caesarian delivery	
14	New-born baby cover from day one		
15	Pre & Post - Natal expenses within maternity limit		
16	Pre & Post Hospitalization Expenses	30 Days & 60 Days respectively	
17	Ambulance Charges	Rs. 5000/- per Family per Incident/Hospitalization	
18	Domiciliary Hospitalization	Covered	
19	Day Care Procedures	Covered	
20	Expenses pertaining to	No limit	

	organ donor	
21	Hernia & Hysterectomy	Rs. 50,000/- or PPN Rate/s based on type of hospital where patient was treated. Mesh charges, if any, are to be paid based on actuals.
22	Cataract Charges	Rs. 60,000/- Per Eye or PPN Rate/s based on type of hospital where patient was treated.
23	Critical/ Terminal Illness	Covered without sublimit
24	Ailment/Disease wise Capping and Sub-Limits	No capping and No Sub-Limits. If admitted in PPN hospital/s, then PPN rates are applicable
25	Congenital Internal Disease	As per T&C of Standard GMC Policy
26	Dialysis	Covered without sublimit. If admitted in PPN hospital/s, then PPN rates are applicable
27	Skin related treatments	Covered without time limit
28	Psychiatric Illness	Covered. Rs. 50,000/- with in Family Sum Insured
29	AYUSH	As per T&C of Standard GMC Policy
30	Cashless Facility	Yes
31	Additions & Deletions	On pro rata basis
32	Dependents missed out due to clerical mistake/ data entry error or oversight	To be informed to the Insurance Company within 180 days from commencement of policy for Final Declaration of Lives
33	Intimation & Submission Clause	i. 90 days ii. 180 days for submission of documents
34	Dental Treatment (Other than Accidental)	Policy Limit: Rs. 10,000/- Per Family Limit:
35	Annual Comprehensive Health Check-up	1. Dental: No limit. However, expenditure above Rs. 10,000/- should be approved by HR Department.
36	Hearing aids under ENT	2. Health Checkup: Rs. 10,000/- Per Family. a. Regular Employees: Any of the family members. b. Retired Employees: Self & Spouse 3. Hearing Aids: Per Family Limit applicable. a. Digital: Rs. 21,000/- b. Normal: Rs. 10,000/-
37	Total No. of Employees	Working Employees = 444 Retired Employees = 246
38	Total Group Size (Approximately)	Working Employees [444 + 1584] = 2028 Retired Employees [246 + 229] = 475

II. Other Terms & Conditions :

1) Addition & Deletion of Family Members during the policy period:

- i) Addition to the family is allowed in following contingencies during the policy:
 - a) Marriage of the beneficiary (requiring inclusion of spouse's name)
 - b) Child on birth within 90 days from birth
- ii) Deletion from Family is allowed in following contingencies:
 - a) Death of covered beneficiary
 - b) Divorce of the spouse
 - c) Member becoming ineligible (on condition of dependency)

2) Facility/Treatment:

The company has to provide cashless facilities to the beneficiary in all empaneled hospitals in an easier, hassle-free manner and reimburse the claimed amount within 15 days to the beneficiary wherever the cashless facility is not available. The Insurance Company has to accommodate / reimburse the claims on account of investigations/diagnostic tests necessary for the beneficiary for treatment as may be prescribed by the Consulting Doctor or the empaneled hospital. All expenses incurred for treatment of life consuming diseases if diagnosed after inception of the policy shall be reimbursed by the Insurance Company

3) Health Card Facility:

Health Cards should be issued by the Insurer to the Beneficiary Family Unit with validity period for utilization of the Cover available to such Beneficiary Family Unit on a cashless basis. The card shall have to be acceptable across the country, by all empaneled/ network hospitals / nursing homes/ Day care clinics in the insurer's panel

4) Insurance Coverage:

Expenses incurred for treatment of the insured person in any Hospital or Nursing Home on account or any accident or disease or injury upon advice of a Medical Practitioner then the hospitalization expenses shall be payable by the Insurer

5) Maternity and Newborn Benefits:

- a) Treatment taken in Empaneled Hospital/ Nursing Home arising from childbirth including Normal Delivery/Caesarean Section including miscarriage or abortion induced by accident or other medical emergency is covered.
- b) This benefit would be limited to only first two living children in respect of Dependent Spouse / female employee covered from day one under the policy, without any waiting period.
- c) Congenital diseases of newborn child shall be covered.
- d) Pre-Post Natal expenses are to be covered within the maternity limit.

6) Cashless Access Service:

The Insurer has to ensure that all policy members are provided with adequate facilities so that they do not have to pay any deposits at the commencement of the treatment or at the end of treatment to the extent as the Services are covered under the Scheme.

Cashless treatment shall be given without charging any money from the beneficiary.

The services have to be provided by the Empaneled Hospitals/Nursing Homes/Day Care Clinics to the beneficiary based on Health Card & Govt. ID viz., Aadhar card / Voter card/ driving license (for DOB authentication only) without any delay.

The beneficiaries shall be provided treatment free of cost for all such ailments covered under the Scheme within the limits/sub-limits of defined package rates and sum insured, that is not specifically excluded under the scheme.

Note: In cases where the beneficiary is admitted in a hospital during the current policy period but is discharged after the end of the policy period, the claim has to be paid by the insurance company under operating policy in which beneficiary was admitted.

- 7) TPA- Selection of TPA. is in the discretion of APIIC Management. But at the same time the TPA should be controlled by the insurer for better services.
- 8) Surgeries -All major & minor surgeries will be out of any capping limit.
- 9) Network Hospitals / Nursing Homes - Renowned & Major Hospitals/ Nursing homes pan India should be in the NWH/PPN Hospital list.
- 10) Coverage of benefits should be from the very first day of the inception of the policy.
- 11) Claim settlement on discharge - Settlement of claims on discharge should be done on priority without any delay. Responsibility against such settlement by the TPA should be borne by the Insurer.
- 11) Return of original documents -In some cases after the claims are submitted along with the original documents for reimbursement. where the patient is in need of getting back the original documents after the verifications are over by the TPA, should be returned on furnishing a request towards the same by the concerned employee.
- 12) Intimation of hospitalization-On admission of a patient in a network-hospital, intimation is required to be given to TPA within 24 hours, with reasonable flexibility in certain circumstances.
- 13) Inclusion/Exclusion - Provision for inclusion/ exclusion of members should be made on pro-rata basis. In this regard, the break-up figure of individual exclusion is to be specified by the insurance service provider.
- 14) Inclusion of rare & uncommon diseases - Certain diseases which are not covered in the common list of disease shall be covered in the policy documents.

III) Special Terms and Conditions

- 1) There shall be no Co-pay clauses in the Policy.
- 2) There should be a dedicated helpline (24x7) from the TPA or Insurance Company available and the contact details should be furnished after the finalization of the Policy.

- 3) If there is any reimbursement to be made to the employees by the TPA/Insurance Company, the same should be paid within 15 days to APIIC on receipt of bills.
- 4) Final cashless approvals during the time of discharge of members from hospitals should be sanctioned within a maximum period of four (04) hours.
- 5) If there is any delay in settlement of reimbursement claims/providing final cashless approvals, wherein there is no deficiency of documents, escalated billing amounts or any other reasonable grounds for the delay, a penalty at the rate of 0.05% on net premium paid will be imposed to the Insurance Service Provider by APIIC accordingly.
- 6) No Security Deposit will be paid by the insured members during the time of admission in any empaneled Hospital.
- 7) The response time by the TPA at the time of admission should be maximum of four hours.
- 8) Management Information System (MIS) Reports and Claim Dumps are to be furnished to the APIIC as and when requested.
- 9) In case of emergency hospitalization, the insured members can directly approach any Hospital/ Nursing Home with the Medclaim ID card provided by the Insurer.
- 10) 24x7 Cashless Facility will be given to the members for availing treatment from the network hospitals.
- 11) The Medclaim TD cards of the members should be issued by the Insurer within 15 days after uploading the Policy.
- 12) A representative from the Insurer/ TPA must visit APIIC once in a week for receiving claims and handling the grievances as a whole.

Chief General Manager (P&A)
APIIC Ltd.