



Pre-bid Meeting held on 24-04-2025 at 16:00 hours

Tender No.: IIT(BHU)/ACD/MIS/2024-25 dated: 15.04.2025

QUERIES AND CLARIFICATIONS

S.No.	Query	Clarification
1.	Kindly confirm whether this is a renewal of the existing policy or if IIT BHU is opting for medi-claim insurance for the student first time.	Existing policy has different terms and conditions while a new tender has been floated with changed terms and conditions.
2.	Additionally, provide the claims dump in Excel format and the inception policy copy for the last 3 years.	Claims dump is excel format is attached as Annexure "A".
3.	Whether TPA is mandatory?	In-house person is also allowed as resource person for expediting facilitating the claim settlement process.
4.	Any sub-limit for disease?	No sub-limit for disease.

The closing date and time of the tender is 07/05/2025 / 04:00 PM

All other Terms and Conditions of the Tender remains unchanged.

Sd/-

Dean of Student Affairs, Indian Institute of Technology (Banaras Hindu University), Varanasi– 221005, E-mail: dosa@itbhu.ac.in

Annexure !- A

2022-23

		Premium Type	FULL PREMIUM		
Present Lives Covered	7,714	Current Total Premium		18,43,510	
Lives Deleted	0	Deletion Premium			
Live's Added	0	Additional Premium			
Inception Lives	7,714	Inception Premium	18,43,510		
Policy Run Days	365	roney remod	Policy upto	20/11/2023	
Policy Number		Policy Period	Policy From	21/11/2022	

CORPORATE PREMIUM VS CLAIMS RATIO								
Earned Premium	18,43,516	Premium Per Life (Per Capita Premium)	235					
Incurred Amt IPD	2,88,123	Incurred Amt OPD	0					
Claim Frequency IPD	0%	Average Claim Size - IPD	26,193					
Claim Frequency OPD	0%	Average Claim Size - OPD	0					
Claim Ratio (Actual) - IPD	16%	Claim Ratio (Pro-rata) - IPD	16%					
Claim Ratio (Actual) - OPD+IPD	16%	Claim Ratio (Pro-rata) - OPD+IPD	16%					
CORPORATE FLOAT SUM INSURED ALLOTTED	-		20,00,000					
CORPORATE FLOAT SUM INSURED UTILISED	23,289							
BALANCE AMOUNT OF CORPORATE FLOAT SUM INS	19,76,711							

				CLAIMS REPORTE	D SUMMARY			
Type of Claims	Cash	Cashless Reimbursement OPD		PD				
Claims Status	No. of Claims	Amt of Claims	No. of Claims	Amt of Claims	No of Claims	Amt of Claims	Total No. of Claims	Total Amt of Claims
Paid	6	1,75,427	5	1,12,696	0	0	11	2,88,123
Declined	3	1,40,000	7	1,97,642	0 12 13	0	10	3,37,642
Outstanding	0	0	0	0	and the o	0	0	The state of the s
Reported	9	3,15,427	12	3,10,338	0	0	21	6,25,765

				CLAIMS PAID	SUMMARY			
Claims Status	Cashless		Reimbursement		OPD		Temperature and the second	Market Land
	No. of Claims	Amt of Claims	No. of Claims	Amt of Claims	No of Claims	Amt of Claims	Total No. of Claims	Total Amt of Claims
Paid Main	6	1,50,043	5	1,12,696	0	0	11	2,62,739
Paid Pre Post	2	25,384	- 0	0	0	0	2	25,384
Total	6	1,75,427	5	1,12,696	0	0	11	2,88,12

A PROBLEMS		2000	CLAII	MS DECLINED SUM	MARY	5.48		Contract of the second
Claims Status	Cashless		Reimbursement		OPD			Markow Real Res
	No. of Claims	Amt of Claims	No. of Claims	Amt of Claims	No of Claims	Amt of Claims	Total No. of Claims	Total Amt of Claims
Rejected Main	0	0	7	1,97,642	0	0	7	1,97,642
Rejected Pre Post	1	34,367	0	0	0	0	1	34,367
Deficient, Closed Main	0	0	0	0	0	0	0	0
Deficient, Closed Pre Post	0	0	0	0	0	0	0	0
Total	0	34,367	7	1,97,642	0	0	7	2,32,009

CASHLESS DENIAL SUMMARY										
Cashless Request Denied	3	1,40,000	0	0	0	0	3	1,40,000		
Cashless Request Closed	0	0	0	0	0	0	0	0		
Total	3	1,40,000	0	0	0	0	3	1,40,000		

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Claims Status	Cast	nless	Reimbursement		OPD			NEED FOR THE REAL PROPERTY.
Allo	No. of Claims	Amt of Claims	No. of Claims	Amt of Claims	No of Claims	Amt of Claims	Total No. of Claims	Total Amt of Claims
Processed	0	0	0	0	0	0	0	
Under Deficiency	0	0	0	0	0	0	0	0
Under Process	0	0	0	0	0	. 0	0	0
Bills Not Received	0	.0	0	0	0	0	0	0
Pre Post	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0

2023-24

		Premium Type	FULL PREMIUM		
Present Lives Covered	3,064	Current Total Premium		18,46,656	
Lives Deleted	0	Deletion Premium			
Lives Added	0	Additional Premium			
Inception Lives	8,064	Inception Premium		18,46,65	
Policy Run Days	366	rolley relied	Policy upto	20/11/2024	
Policy Number	3	Policy Period	Policy From	21/11/2023	

CORPORATE PREMIUM VS CLAIMS RATIO								
Earned Premium	18,46,656	Premium Per Life (Per Capita Premium)	229					
Incurred Amt IPD	48,168	Incurred Amt OPD	0					
Claim Frequency IPD	0%	Average Claim Size - IPD	0					
Claim Frequency OPD	0%	Average Claim Size - OPD	0					
Claim Ratio (Actual) - IPD	3%	Claim Ratio (Pro-rata) - IPD	3%					
Claim Ratio (Actual) - OPD+IPD	3%	Claim Ratio (Pro-rata) - OPD+IPD	3%					
CORPORATE FLOAT SUM INSURED ALLOTTED			0					
CORPORATE FLOAT SUM INSURED UTILISED								
BALANCE AMOUNT OF CORPORATE FLOAT SUM INSURE	SALANCE AMOUNT OF CORPORATE FLOAT SUM INSURED							

				CLAIMS REPORTE	D SUMMARY.				
Type of Claims	Cash	iless	Reimbu	rsement	0	PD	Total No. of Claims	Total Anna of Alice	
Claims Status	No. of Claims	Amt of Claims	No. of Claims	Amt of Claims	No of Claims	Amt of Claims		Total Amt of Claims	
Paid	0	-0	2	48,168	0	0	2	48,168	
Declined	1	5,43,308	0	0.0	0	0	1	5,43,308	
Outstanding	F-10-0	.0	O	0	0	0	0		
Reported	1	5,43,308	2	48,168	0	0	3	5,91,476	

				CLAIMS PAID	SUMMARY			
Claims Status	Cashless		Reimbursement		OPD		Total No. of Claims	
	No. of Claims	Amt of Claims	No. of Claims	Amt of Claims	No of Claims	Amt of Claims	total No. of Claims	Total Amt of Claims
Paid Main	0	0	2	48,168	0	0	2	48,168
Paid Pre Post	0	0	0	0	0	0	0	0
Total	0	0	2	48,168	0	0	2	48, 168

			CLAII	MS DECLINED SUM	MARY			
Claims Status	Casi	nless	Reimbursement		OPD		Total No. of Civins	Tabel Amb of Claims
Clamis Status	No. of Claims	Amt of Claims	No. of Claims	Amt of Claims	No of Claims	Amt of Claims	Total No. of Claims	Total Amt of Claims
Rejected Main	0	0	0	0	0	0	0	0
Rejected Pre Post	0	0	0	0	0	0	0	0
Deficient, Closed Main	0	0	0	0	0	0	0	0
Deficient, Closed Pre Post	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0

CASHLESS DENIAL SUMMARY										
Cashless Request Denied	1	5,43,308	0	- 0	0	0	1	5,43,308		
Cashless Request Closed	0	0	0	0	0	0	0	0		
Total	1	5,43,308	0	0	0	0	1	5,43,308		

			CLAIF	MS OUTSTANDING	SUMMARY			
Claims Status	Casi	hless	Reimbursement		OPD		and the latest and th	Sales Total Sales Services
Claims Status	No. of Claims	Amt of Claims	No. of Claims	Amt of Claims	No of Claims	Amt of Claims	Total No. of Claims	Total Amt of Claims
Processed	0	0	0	0	0	0	0	
Under Deficiency	0	0	0	0	0	0	0	(
Under Process	0	0	0	0	0	0	0	(
Bills Not Received	0	0	0	0	0	0	0	(
Pre Post	0	0	0	0	0	0		
Total	0	0	0	0	0	0	0	(

		Premium Type	INSTALLMENT PREM	MUM
Present Lives Covered	8,391	Current Total Premium		19,21,53
Lives Deleted	0	Deletion Premium		
Lives Added	0	Additional Premium		C
Inception Lives	8,391	Inception Premium		19,21,538
Policy Run Days	144	Policy Period	Policy upto	20/11/2025
Policy Number		Policy Period	Policy From	21/11/2024

, CORPORATE PREMIUM VS CLAIMS RATIO							
Earned Premium	7,58,086 Premium Per Life (Per Cap	ita Premium)	229				
Incurred Amt IPD	O Incurred Amt OPD		0				
Claim Frequency IPD	0% Average Claim Size - IPD		0				
Claim Frequency OPD	0% Average Claim Size - OPD		0				
Claim Ratio (Actual) - 1PD	0% Claim Ratio (Pro-rata) - IP	D	0%				
Claim Ratio (Actual) - OPD+IPD	0% Claim Ratio (Pro-rata) - OF	D+IPD .	0%				
CORPORATE FLOAT SUM INSURED ALLOTTED			0				
CORPORATE FLOAT SUM INSURED UTILISED							
BALANCE AMOUNT OF CORPORATE FLOAT SUM INSUR	D		0				

				CLAIMS REPORTE	DSUMMARY			
Type of Claims	Cash	Cashless		rsement	OPD		Total No. of Claims	Total Amt of Claims
Claims Status	No. of Claims	Amt of Claims	No. of Claims	Amt of Claims	No of Claims	Amt of Claims	total No. of Claims	rotal Amt of Claims
Paid	0	- 0	o	ó	0	0	0	
Declined	0	0	0	0	0	0	0	
Outstanding	0	- 0	0	0	0	0	0	300000000000000000000000000000000000000
Reported	0	0	0	0	0	0	0	- 0

				CLAIMS PAID	SUMMARY			
Cashle		iless	Relmbu	rsement	ement OPD			
Claims Status No.	No. of Claims	Amt of Claims	No. of Claims	Amt of Claims	No of Claims	Amt of Claims	fotal No. of Graims	Total Amt of Claims
Paid Main	0	0	0	0	0	0	0	
Paid Pre Post	0	0	0	0	0	0	0	
Total	0	0	0	0	0	0	0	

			CLAII	MS DECLINED SUM	IMARY			
Claims Status	Casi	nless	Reimbursement		OPD		Total No. of Claims	
	No, of Claims	Amt of Claims	No. of Claims	Amt of Claims	No of Claims	Amt of Claims	ns lotal No. of Craims	Total Amt of Claims
Rejected Main	0	0	0	0	0	0	0	0
Rejected Pre Post	0	0	0	0	0	0	0	0
Deficient, Closed Main	0	0	0	0	0	0	0	0
Deficient, Closed Pre Post	0	0	0	- 0	0	0	0	0
Total	0	0	0	0	0	0	0	0

CASHLESS DENIAL SUMMARY											
Cashless Request Denied	0	0	0	- 0	- 0	0	0	0			
Cashless Request Closed	0	0	0	0	0	0	0	0			
Total	0	0	0	0	0	0	0	0			

	erekan Penalts	STELLES LOS FE	CLAIF	MS OUTSTANDING	SUMMARY			
Claims Status	Casi	Cashless		Reimbursement		PD		
Claims Starus	No. of Claims	Amt of Claims	No. of Claims	Amt of Claims	No of Claims	ims Amt of Claims lotal No. of Clain	Total No. of Claims	Total Amt of Claims
Processed	0	0	0	0	0	0	0	6
Under Deficiency	0	0	0	0	0	0	0	6
Under Process	0	0	0	0	0	0	0	0
Bills Not Received	0	0	0	0	0	0	0	0
Pre Post	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0