

भारतीय प्रौद्योगिकी संस्थान गुवाहाटी

INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI



TENDER DOCUMENT

FOR

GROUP MEDICAL INSURANCE SCHEME

2025-26

NIT. NO. Ref: IITG/MS/GMIS/6/2025-26 Dt. 24th June 2025

Date:
Place:

Signature and Name of Authorized Representative of Insurer
along with official seal and address



भारतीय प्रौद्योगिकी संस्थान गुवाहाटी
Indian Institute of Technology Guwahati
Guwahati - 781 039

NIT. NO. Ref: IITG/MS/GMIS/6/2025-26 Dt. 24th June 2025

TENDER NOTICE

Sub: Notice Inviting Tender for Group Medical Insurance Scheme

The Director, Indian Institute of Technology Guwahati, invites tenders to offer Group Medical Insurance from PSU/ Nationalized General Insurance Companies under the Government of India, registered with the Insurance Regulatory and Development Authority of India (IRDAI). The details of the terms and conditions are given in the schedules. The Tender Document is to be downloaded from the website: https://www.iitg.ac.in/iitg_tenders_all

The duly signed and sealed Tender document in a single bid may be either sent by speed post/courier or personally submitted to the drop box kept in IIT Guwahati Hospital addressing to “**HoS, Medical Section, Indian Institute of Technology Guwahati, Guwahati-781039**” so as to reach **on or before 02 July 2025, 16:00 Hrs.** Indian Institute of Technology Guwahati (IITG) will not be responsible for any delay or loss of tender sent by post/courier.

The tender documents are not transferable. All pages must be duly signed and sealed with the official stamp of the firm. The job requirements, along with the terms and conditions given in the schedules, are the basic essence of the tender. It must be ensured that the offers are strictly made as per these terms and conditions. No pre-printed conditions of the tenderer shall be accepted.

Thanking you

Sd/-

HoS,

Medical Section,

Indian Institute of Technology Guwahati,

Guwahati – 781 039.

Assam, India.

Date:

Place:

Signature and Name of Authorized Representative of Insurer
along with official seal and address

GROUP MEDICAL INSURANCE SCHEME, IIT GUWAHATI

Ref: IITG/MS/GMIS/6/2025-26 Dt. 24th June 2025

BID INSTRUCTIONS

- (1) **Eligibility criteria:** Prior to preparing the tender, the bidder must ensure that the eligibility criteria, as mentioned in clause 1 of General Terms and Conditions, **Schedule A**, are completely fulfilled.
- (2) **The tender document consists of**
- i. Schedule A: General Terms and Conditions
 - ii. Schedule B: Basic Technical Details of the Insurer
 - iii. Schedule C: Terms and Conditions for Group Medical Insurance
 - iv. Schedule D: Premium Payment Terms
- (3) **Important Dates**
- *Pre-bid meeting: 26 June 2025, 11:00 Hrs**
- Last date of submission: 02 July 2025, 16:00 Hrs**
- Date of opening: 03 July 2025, 15:00 Hrs**
- *Bidders can email their query by 26 June 2025, 9:00 Hrs**
- (4) **Submission of tender:** The tender must be submitted in a single bid. ***Bidders need to submit the bid as per the format attached in Schedule D.*** The following must be clearly written on the envelope containing the bid:

Tender for Group Medical Insurance Scheme IITG NIT. NO. Ref: IITG/MS/GMIS/6/2025-26 Dt. 24th June 2025	
To, The HoS, Medical Section, Indian Institute of Technology Guwahati, Guwahati – 781 039. Assam, India.	From: M/s _____ Contact No.: _____

Date:
Place:

Signature and Name of Authorized Representative of Insurer
along with official seal and address

Schedule A

General Terms and Conditions

(1) Eligibility to participate in the tender:

PSU/ Nationalized insurance companies under the Government of India, registered with the Insurance Regulatory and Development Authority of India (IRDAI), who is authorized to issue medical insurance policies. The insurer must have its policy issuing office in Guwahati city. There should not be involvement of any intermediary/ broker/ agent.

(2) Scope of the Insurer:

The Insurer shall issue a single policy for the employees/ retirees and their families , institute fellow/R&D project staff who are posted in R&D Section and the students of IITG, which provide reimbursements against every hospitalization and domiciliary treatment within India.

(3) Submission of tender:

A tender can be submitted on all working days. The due date for the tender submission is on or before **02 July 2025, 16:00 Hrs.** If this day is declared a holiday, the tenders can be submitted up to **16:00 Hrs** on the following working day.

(4) Authority to sign:

All pages of this tender document along with the enclosures must be duly signed by the authorized representative of the Insurer along with his/her full name, office seal, and address.

(5) Compliance/Consideration:

The Insurer should comply with all the terms and conditions given in all the schedules of this tender document. As a confirmation, the authorized representative of the Insurer should sign on all pages of this tender document.

(6) Alternative proposals:

The Insurer shall submit the tender that strictly complies with the requirements of the schedules. Any alternatives or modifications shall render the tender invalid; tenders with conditional offers will be invalid.

(7) Late submission of tender:

The tenders received after the due date and time will NOT be considered, and the same will be returned un-opened to the Insurer.

(8) Acceptance and rejection:

IITG reserves the right to shortlist/reject any or all tenders and accept the whole or any part of the tender without assigning any reason. A tender that does not fulfill any of the

Date:
Place:

Signature and Name of Authorized Representative of Insurer
along with official seal and address

conditions as per the schedules or with incomplete documents in any respect will be rejected summarily.

(9) Final selection:

The Insurer who is in compliance with all the terms and conditions of the schedules and who has quoted the lowest premium for the required policy will be selected to come into a contract with IITG for issuing the said policies. For calculating the lowest premium, the number of students (individuals) and the number of employees (families), and age distribution are given in **Annexures I and II**. The formula used for calculating the lowest premium will be:

The formula for the lowest premium is: $n_s \times p_s + n_f \times p_f$

where, n_s = number of students

p_s = premium per student

n_f = number of families

p_f = premium per family

In case of a tie with the lowest premium, the lowest bidders will be asked to discount the quoted premiums in a sealed cover for final selection. This process will be repeated, if necessary, till the completion of the tendering process.

The committee reserves the right to negotiate the premium during the selection process with any of the bidders.

(10) Agreement:

The selected Insurer shall sign an agreement with IITG, which will be executed as per the provisions of the Stamp Act.

(11) Period of policy:

The policy shall be issued for a period of 1 (one) year. The policy shall be effective from 01 August 2025. Upon satisfactory performance of the Insurer, the policies may be extended for a further period of 1 year at a time up to a maximum period of 05 years on mutually acceptable terms and premium rates.

(12) Grievance redressal and termination:

In case of grievances due to noncompliance with any of the provisions contained in this policy by the Insurer, IITG may adopt one of the options given below.

(a) Grievance Machinery: Submit the matter to the Grievance Machinery of the Insurer by lodging the grievance on the portal of IRDAI.

(b) Ombudsman: IITG may approach the Insurance Ombudsman and get the grievance redressed.

In case of unsatisfactory redressal of grievance at these levels, IITG reserves the right to terminate the policy at any time and seek:

(a) Premium Refund: The Insurer shall return a proportion of premiums (corresponding to the unexpired period of insurance) of individuals in the group against whom no claims are made.

Date:

Signature and Name of Authorized Representative of Insurer

Place:

along with official seal and address

(b) Any other action as deemed fit by the competent authority of IITG.

(13) Premium payment terms:

The insurer shall quote the premium as per **Schedule D**. The IITG shall pay the quoted premium in advance for the final number of employees and students. IIT Guwahati shall pay the premium on a pro-rata basis for employees and students who join after the policy start date. An advance premium balance will be maintained for mid-term inclusion.

(14) Performance Monitoring:

The insurer shall submit the monthly statement to the IITG with the following details: (i) the claims made by the individuals of the group, (ii) the date-wise settlements, (iii) the respective amounts, and (iv) details of grievances received, disposed, and pending under the policy.

(15) Canvassing:

Any attempt to canvass for selection of an Insurer, directly or indirectly, will lead to disqualification of such Insurer from the selection process.

(16) Modifications:

IITG reserves the right to modify/add any clause to the policy/agreement before taking the policy.

(17) Cancellation of tender:

IITG reserves the right to cancel the tender any time without assigning any reason.

(18) Disputes and jurisdiction:

Any legal disputes arising out of any breach of contract pertaining to this tender during the tendering process or during the policy period shall be settled in the court of competent jurisdiction located within the local limits of Guwahati in Kamrup District Assam.

(19) Important dates:

***Pre-bid meeting: 26 June 2025, 11:00 hrs**

Last date of submission: 02 July 2025, 16:00 hrs

Date of opening: 03 July 2025, 15:00 hrs

(20) Acknowledgment:

It is hereby acknowledged that we have gone through all the Schedules as well as the conditions mentioned above, and we agree to abide by them.

Date:
Place:

Signature and Name of Authorized Representative of Insurer
along with official seal and address

Schedule B

Basic Technical Details

1	Name of the Insurer:			
	Complete Address:			
	Phone No.		Email ID	
2	Name of Contact Person / Representative of Insurer and Designation			
	Phone No.:		Mobile No.:	
3	General Nationalized Insurance Company's registration Details: Under Companies' Act/Partnership Act: IRDAI: PAN No.: GST Registration No.: (Enclose relevant documents)			
4	Details of TPA/ In-house Claim Management team : (Enclose the relevant documents. E.g. Agreement, Terms of TPA with the Insurer, etc. and provide a list of all TPAs with whom Insurer has tie-up.)			
5	i) List of Network Hospitals ii) List of Network Hospitals in Guwahati. (Enclose relevant documents)			
6	Names and Contact Details of two Clients against whom such group insurance policies have been issued: (Enclose the relevant contract/policy documents) i) ii)			
7	Any other information, Insurer wishes to provide in support of its credential: (Details, if any, to be furnished separately)			

Note: Please use separate sheets if the space is not sufficient and indicate the column number.
 Authenticated certificates are to be produced in support of respective items.

Date:
 Place:

Signature and Name of Authorized Representative of Insurer
 along with official seal and address

Schedule C

Terms and Conditions for Group Medical Insurance

(1) Terms of Policy Execution:

1.1. Third Party Administrator (TPA) / In-house Claim Management team:

1.1.1. Mandatory TPA/ In-house Claim Management: An agency licensed by Insurance Regulatory and Development Authority of India (IRDAI) must be engaged by the Insurer as TPA for providing Cashless facility and or reimbursement of claims to the insured persons under this policy. Choice of TPA must be with IIT Guwahati from the list given in **Schedule B**. If not the insurer must engage In-house Claim Management team.

1.1.2. Helpdesk at IITG: For smooth processing of claims, a staff of TPA/ In-house Claim Management team must be stationed at IITG on a regular basis, at least twice a week on Tuesday and Friday, during office hours. For this purpose, unless otherwise decided by IITG, a seating place/room with a table and chair shall be provided by IITG during the policy period.

1.2. Cashless Treatment:

1.2.1. Network Hospitals: TPA/ In-house Claim Management team must provide a list of its Network Hospitals.

1.2.2. Insurer must provide Cashless facility through its TPA/ In-house Claim Management team, which will help the insured to avail hospitalization benefits without any advance payment. Cashless treatment means a facility whereby the TPA/ In-house Claim Management team agrees, on the insured's request, to settle the admissible claim directly with the network hospital. Any expense in excess of the admissible claim amount will, however, be borne by the insured himself/herself.

1.2.3. Mode of Cashless Treatment: Claims in respect of Cashless access services will be through the agreed list of the network of hospitals/nursing homes provided by the Insurer/TPA. The TPA/ In-house Claim Management team shall, upon getting verbal or written requisition (over 24x7 toll-free phone/email/SMS/website, etc.) from the individual insured under this policy, will issue a pre-authorization letter/guarantee of payment letter to the hospital /nursing home mentioning the sum guaranteed as payable and also the ailment for which the person is seeking to be admitted as a patient.

1.3. Non-Network Hospitals or Non- Cashless Treatment:

In case of non-cashless treatment, as per the policy conditions, reimbursement shall be made by the Insurer/TPA. In case of planned hospitalization, the insured individuals shall intimate to TPA/ In-house Claim Management team prior to treatment. In case of emergency, the intimation shall be made within 24 hours of hospitalization. For all such contact with TPA/ In-house Claim Management team, the modes of communication will be over 24x7 toll-free phone/email/SMS/website, etc. For reimbursement against such treatment, the following documents are to be submitted to the TPA/ In-house Claim Management team within 30 (thirty) days from the date of discharge from the hospital.

Date:

Signature and Name of Authorized Representative of Insurer

Place:

along with official seal and address

- (a) Claim form filled and signed by the insured.
- (b) Copy of doctor's advice.
- (c) Copy of a discharge certificate from the hospital.
- (d) Bills/receipts/cash memos in originals from the hospitals supported by copies of doctor's prescriptions.
- (e) Copies of diagnostic test reports supported by the advice of the attending medical practitioner/ surgeon justifying such diagnostics.
- (f) Although the above documentation is customary for hospitalization, in the case of Government Hospitals like the Gauhati Medical College Hospital and the AIIMS, etc., the documents provided by the hospital should be considered as sufficient for reimbursement purposes.

1.4. ID card:

Identity Cards shall be issued by the Insurer/TPA to all the persons covered under the policy a week before the date of commencement of the policy. In the case of employees, a separate ID card must be issued to each member of the family. If there is a delay in the issuance of an ID Card by the Insurer/TPA, the ID card issued by IITG to its employees and students must be honored in all the Network hospitals. In the case of family members of IITG employees, any ID Card such as Driving License, Voter ID, PAN Card, Passport, Student ID Card accompanied by the employee's ID Card should be honored.

1.5. Hospital agreed tariff:

The rate of reimbursement under this policy shall be as per the Hospital's agreed tariff.

1.6. Sum Insured:

1.6.1. Basic Sum Insured: Basic sum insured is **Rs. 5 lakh** for employees per family and **Rs. 2 lakh** for students.

1.6.2. Top-Up Sum Insured: This shall be allowed for the employees and students. An employee/student may opt for a top-up in the blocks of **Rs 1 lakh**. They should have the option of going up to a maximum of **20 Lakh** in top-up, over and above the basic sum insured.

1.6.3. Floater Sum Insured: Under the employees' policy, the total sum insured (basic + top-up) of an individual family shall be utilized on a family floater basis. This means the sum insured is available for anyone or all members of the employee's family.

1.7. Corporate Buffer:

It is a special provision formulated under these policies which is meant to meet contingency expenditure, which could not be met by an individual within the sum insured under the policies. The Corporate Buffer is to be provided by the Insurer as an incentive in lieu of the anticipated unutilized sum insured during the policies periods. The Corporate Buffer is fixed under this policy will **Rs. 1 Crore**

1.7.1. Utilization of Corporate Buffer: The Corporate Buffer shall be at the discretion of the Director, IITG. The corporate Buffer will be sanctioned after the complete utilisation of Total Sum Insured of the family or student for the following critical illness cases only- Cancer of Specified Severity, Myocardial Infarction (First Heart Attack of

Date:

Signature and Name of Authorized Representative of Insurer

Place:

along with official seal and address

Specified Severity), Open Chest Coronary Artery Bypass Graft Surgery (CABG), Open Heart Replacement or Repair of Heart Valves, Coma of Specified Severity, Kidney Failure requiring Regular Dialysis, Stroke Resulting in Permanent Symptoms, Major Organ/Bone Marrow Transplant, Permanent Paralysis of Limbs, Motor Neurone Disease with Permanent Symptoms, Multiple Sclerosis with Persisting Symptoms, End Stage Liver Failure, Third Degree Burns, Goodpasture's Syndrome, Apallic Syndrome, Aplastic Anaemia, Systemic Lupus Erythematosus with Lupus Nephritis, Bacterial Meningitis, Multiple System Atrophy, Progressive Scleroderma, Aorta Graft Surgery, Pneumonectomy, Primary (Idiopathic) Pulmonary Hypertension, Primary Parkinson's Disease, Alzheimer's Disease, Benign Brain Tumour, Cardiomyopathy, End Stage Lung Failure, Brain Surgery, Progressive Supranuclear Palsy, Creutzfeldt-Jakob Disease (CJD), Permanent paralysis of limbs and blindness and any other life threatening disease.

(2) Coverage:

Subject to the terms/conditions, coverage, exclusions, and definitions contained herein or endorsed, the Insurer shall undertake that if during the period of contract or during the continuance of this policy by renewal, any Insured Person shall contract any disease or suffer from any illness or sustain any bodily injury through accident, the Insurer will pay for all such expenses as mentioned in the agreement to the hospital/nursing home or the insured person through the TPA/ In-house Claim Management team.

2.1. Persons Covered:

2.1.1. Employee and Family: The policy is based on the principle of Floater Sum Insured. The employee under this policy means both the current employees and the retirees and their respective families as recorded in the personnel file of the employee of IITG. Family means Self + Spouse + Children + Dependent Parents/Parent in Laws.

There will be a provision to include non-dependent parents.

The definition of **Non-Dependent** will be as follows:

- (a) For male employees, parents who are not Dependent as per IIT Guwahati Dependency Rule.
- (b) For female employees, either of parents or parents-in-law, if none of them are dependent as per IIT Guwahati Dependency Rule.

As per **Annexure I**, age-wise statistics of employees and their dependents are provided.

2.1.2. Inclusion of new employee: Subject to payment of pro-rata premium, coverage should be provided to the newly appointed employees and their families. The terms and conditions for these members shall be the same as other members of the policy. The premium for a new employee shall be fixed at the same rate as other employees. An advance premium balance will be maintained for mid-term inclusion.

2.1.3. Student: Student for the purpose of this policy shall mean registered student of IITG. As per **Annexure II**, provisional age-wise statistics of students are

Date:
Place:

Signature and Name of Authorized Representative of Insurer
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provided. The policy shall be extended to the students admitted during the policy period subject to the payment of pro-rata premium. The terms and conditions for these members shall be the same as other members of the policy. The premium for a new student shall be fixed at the same rate as other students.

2.1.4. Ex-Students and Ex-employees: If an employee leaves the Institution before retirement or a student finishes his/her course of study with the Institution, the policy shall continue to be in force until the end of the current policy period or utilization of sum insured, whichever is earlier. If the policy is renewed for further periods, these members will not be included in the policy.

2.2 Expenses Covered:

Following reasonable, customary & necessary expenses are reimbursable under the policy:-

2.2.1. Treatment system covered: Allopathic treatment covered. In the case of other systems of treatment such as Homeopathy, Ayurvedic, Siddha, and Unani, it covered only when the treatment is taken as in in-patient in a Government Hospital/Medical College Hospital.

2.2.2 Upper limit on reimbursements: Unless it is stated otherwise in any of the following clauses, the reimbursements shall be made as per actual without any upper limit up to the sum insured of the individuals.

2.2.3 Pre-existing diseases: All pre-existing conditions must be included.

2.2.4 Doctors' fee: Surgeon, Anaesthetist, Medical Practitioner, Consultants' Specialist fees, and any such fee paid to the doctor shall be reimbursed as per actual.

2.2.5 Investigation, Treatment, Drugs, etc. charges: MRI, PET Scan, CTscan, Endoscopy, Ultrasound, Anesthesia, Dialysis, Chemotherapy, Radiotherapy, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials, X-ray, Cost of Prosthetic devices implanted during the surgical procedure, relevant Laboratory/Diagnostic test, X-Ray and any such medical expenses related to the treatment shall be reimbursed as per actual.

2.2.6 Cost of artificial appliances: Cost of artificial appliances including artificial joints, pace maker, artificial limbs, etc. shall be reimbursed as per actual. The maximum admissible limit for cost of hearing aid is Rs. 60,000/- per family or per students **(on an OPD basis following hospitalization within policy period)** for this year's policy period.

2.2.7 Room and other charges:

- a) Room: Room expenses as provided by the Hospital/nursing home not exceeding 2.0 % of the total sum insured per day or Rs. 15000/- per day or actual, whichever is less.
- b) Nursing: 10% of room rent or actual whichever is less.

Date:
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- c) Dressing: 10% of room rent or actual whichever is less.
- d) Service Fee: 10% of room rent or actual whichever is less.

2.2.8 Intensive Care Unit (ICU): Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses not exceeding 4.0 % of the total sum insured per day, or actual, whichever is less.

2.2.9 Pre-hospitalization: Pre-hospitalization medical charges up to 30 days period immediately before the insured's admission to hospital for that illness shall be covered.

2.2.10 Post hospitalization: Post hospitalization medical charges up to 60 days period immediately after the insured's discharge from a hospital shall be covered.

** Pre and post hospitalization is a part of Hospitalization.*

2.2.11 Day Care Treatment: Coverage of daycare must include the treatment or diseases mentioned in **Annexure II** from day one of the dates of the effect of the policy. In addition to the said list, the Insurer may also include other treatment under the Day Care treatment as per their standard list.

2.2.12 Ambulance service: Ambulance service @ 1% of the total sum insured or Rs. 2500 per hospitalization or actual, whichever is less, for every shifting of a patient from residence to hospital vice-versa or from one Hospital/Nursing Home to another Hospital/Nursing Home in connection with hospitalization must be allowed.

2.2.13 Hospitalization of Organ donor: Hospitalization expenses incurred on the donor (not the cost of organ) during the course of organ transplant to the insured person shall be covered under corporate buffer.

2.2.14 Special cases: As a special case the following treatments/diseases/disorders also will be covered:

- a) Cataract: Operation cost as well as actual cost of intra ocular lens (not spectacle/contact lens) limited to Rs. 34,000/- (monofocal) per eye and additional Rs.10,000/- for every Rs. 1 lakh top-up.
- b) Maternity Benefit: Reimbursable maximum benefit upto Rs.75,000/- for both students and employees. Pre and post natal (up to 60 days) treatment (OPD basis) will be covered up to a maximum of Rs. 10,000/- which is in addition to the coverage of natal expenses. This will be applicable from day one of the dates of the effect of the policy.
- c) Domiciliary treatment: Any Domiciliary treatment upto 40% of Total Sum Insured (per family or per student).

Date:
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- d) New born babies shall be covered under a cashless facility from day one(1).
- e) Congenital/Psychiatric cases: Disorders under this category also will be covered.
- f) Peritoneal Ambulatory dialysis up to Rs 3,500/- per day.
- g) Robotic Surgery: 50% of total cost will be covered not exceeding the Total Sum Insured opted/available for each family or student.
- h) Intra vitreal injection for the eye: Reimbursable amount is Rs. 25000/- per injection upto a maximum of Rs. 75000/- per policy period (per family or per student).
- i) Chemotherapy: Oral Chemotherapy covered on an OPD basis (without hospitalization) upto a maximum of 50% Sum Insured opted by Insured not exceeding the Total Sum Insured opted/available for each family or student. The benefit is subject to overall limit of Rs. 15 lakhs for the entire policy period not exceeding the Total Sum Insured opted/available for each family or student.
- j) Stem cell therapy: 50% of total hospitalization cost shall be covered not exceeding the Total Sum Insured opted/available for each family or student .
- k) Refractive error: Expenses related to the treatment for correction of eyesight due to refractive error of more than 6.5d subject to a maximum of Rs. 30,000/- per eye per family member of the employee.
- l) Reimbursement of serology test (HIV, HbsAg, HCV) upto Rs. 5000.
- m) Reimbursement of Cyberknife surgery upto Rs. 2,00,000/- in a policy period not exceeding the Total Sum Insured opted/available for each family or student.
- n) OPD reimbursement of hearing aid, maximum upto Rs. 60,000/- in a policy period not exceeding the Total Sum Insured opted/available for each family or student.
- o) Reimbursement of RT-PCR test and Rapid Antigen test for Covid-19 in respect of any treatment as the current situations demand that before admitting in-patients, hospitals take the COVID test for the patients and their assistant(s) upto Rs. 5000.
- p) Reimbursements of Injections for autoimmune disorders/arthritis and spondylosis in both OPD and IPD cases at a maximum rate of Rs.25,000/- per injection and upto a maximum of Rs. 75,000/- in the policy period not exceeding the Total Sum Insured opted/available for each family or student.

2.2.15 Coverage for complications arising out of earlier surgery: Hospital treatment arising out of complications from an earlier surgery shall be covered.

Date:
Place:

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- (3) **3.1 Exclusions: See Annexure IV**
3.2 Non-admissible items: See Annexure V

(4) **Definitions:**

4.1. Pre-existing Disease/Condition: It means any sickness/illness which existed prior to the effective date of this insurance, whether or not the insured person had any knowledge of symptoms related to the sickness/illness. Complications arising from a pre-existing condition will also be considered as a part of that pre-existing condition.

4.2. Hospital/Nursing Home means any institution in India established for indoor care and treatment of sickness and injuries and which has been registered either as a hospital or nursing home with the local authorities and is under the supervision of a registered and qualified medical practitioner. For the purpose of this definition, the term Hospital/Nursing Home/Day Care Center shall not include an establishment, which is a place of rest, a place for the aged, a place for drug addicts or place for alcoholics, a hotel or any other like place.

4.3. Domiciliary hospitalization means Medical treatment for a period exceeding three days for such illness/disease/injury, which in the normal course would require care and treatment at a hospital/nursing home as an in-patient but actually taken whilst confined at home in India under any of the following circumstances namely:

(i) The condition of the patient is such that he/she cannot be moved to the Hospital/Nursing Home

(OR)

(ii.) The patient cannot be moved to Hospital/Nursing home due to lack of accommodation in any hospital in that city / town / village.

4.4. Network Hospital and Non-Network Hospital: Network Hospital shall mean the hospital, day care center, nursing home or such other medical aid provider that has agreed with the TPA/ In-house Claim Management team to provide cashless access services to policyholders. Non-network Hospital, on the other hand, means any other hospital/nursing home/day care center, or such other medical aid provider, who has not agreed to provide cashless access services but gives treatment.

4.5.5 Doctor/Medical Practitioner means a person who holds a degree/diploma of a recognized institution and is registered by the Medical Council of the respective State of India.

4.6. Surgical Operation means manual and/or operative procedures for correction of deformities/defects, repair of injuries, cure of diseases, relief of suffering, and prolongation of life.

Date:
Place:

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4.7. Hospitalization shall mean admission in any Hospital/Nursing Home in India upon the written advice of a Medical Practitioner for a minimum period of 24 consecutive hours. (The time limit of 24 hours will not be applicable for surgeries that require less than 24 hours of hospitalization due to advancement in Medical Technology- minor surgery & Day care surgery).

4.8. The documents and bills related to the rejected claims should be returned in original to the concerned person within 15 (fifteen) days directly by the TPA/ In-house Claim Management team.

I/We agree to the above terms and conditions under Schedules A, B & C of the tender document.

Date:
Place:

Signature and Name of Authorized Representative of Insurer
along with official seal and address

Schedule D
Premium Payment Terms

Premiums for both the categories shall be quoted by the insurer in the following format. The premium includes the corporate buffers **Rs. 1 Crore** (Refer. Clause 1.7 of **Schedule C**). Please indicate the taxes, if any, separately.

To quote the premium, please refer to **Annexure I** for the age-wise statistics of the employees/retirees and their dependents and **Annexure II** for the provisional age-wise statistics of students. IITG shall pay the premium in advance for the final number of employees and students on the average rate of quoted premium. The average rate of an employee is calculated on the basis of the total premium quoted for employees with respect to the declared number of employees, retirees, institute fellows (i.e., **932**), and the number of students is **7521**. Similarly, the average rate is calculated for **retirees** and students.

I. For employees, retirees, and family retirees.

- A. The premium must be quoted for basic coverage of Rs. 5,00,000/- (Rupees Five lakhs only) per employee/family on a family floater basis

Sl. No.	Category of Families	No. of Families	Total premium for basic coverage of Rs. 5 lakh per family (inclusive of all applicable taxes)
1	Employees/Retirees/ Family Retirees	932	

- B. Additional premium per family for Inclusion of Non-Dependent Parents.

Additional Premium for Inclusion of Non-Dependent Parents (Approx. 500-600 lives)	
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- C. Additional premium per family for top-up optional coverage in various blocks.

Sl. No.	Top-Up Coverage (over and above the basic coverage of Rs. 5 lakh)	Premium per family (inclusive of all applicable taxes)
1	Rs. 1 lakh	
2	Rs. 2 lakhs	
3	Rs. 3 lakhs	
4	Rs. 4 lakhs	
5	Rs. 5 lakhs	
6	Rs. 6 lakhs	
7	Rs. 7 lakhs	

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8	Rs. 8 lakhs	
9	Rs. 9 lakhs	
10	Rs. 10 lakhs	
11	Rs. 11 lakhs	
12	Rs. 12 lakhs	
13	Rs. 13 lakhs	
14	Rs. 14 lakhs	
15	Rs. 15 lakhs	
16	Rs. 16 lakhs	
17	Rs. 17 lakhs	
18	Rs. 18 lakhs	
19	Rs. 19 lakhs	
20	Rs. 20 lakhs	

- I. **A) Policy for students.** The premium must be quoted for basic coverage of Rs. 2,00,000/- per student.

Sl. No.	Category	No.	Total premium for basic coverage of Rs. 2 lakhs (inclusive of all applicable taxes)
1	Students		

- B) Additional premium per student for top-up optional coverage in various blocks.

Sl. No.	Top-Up Coverage (over and above the basic coverage of Rs. 2 lakh)	Premium per student (inclusive of all applicable taxes)
1	Rs.1 lakh	
2	Rs.2 lakhs	
3	Rs. 3 lakhs	
4	Rs. 4 lakhs	
5	Rs. 5 lakhs	
6	Rs. 6 lakhs	
7	Rs. 7 lakhs	
8	Rs. 8 lakhs	
9	Rs. 9 lakhs	
10	Rs. 10 lakhs	
11	Rs. 11 lakhs	
12	Rs. 12 lakhs	
13	Rs. 13 lakhs	
14	Rs. 14 lakhs	
15	Rs. 15 lakhs	
16	Rs. 16 lakhs	
17	Rs. 17 lakhs	
18	Rs. 18 lakhs	
19	Rs. 19 lakhs	
20	Rs. 20 lakhs	

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Annexure I

Age-Wise Statistics of Employees and Their Dependents
(as on 10.02.2022)

The employee population is in flux as in any other group medical insurance policy. The final distribution, although not exact, will be very very close (i.e., indicative) to this table.

Category	Total no.	Age-wise distribution(in years)							
		0-25	26-35	36-45	46-55	56-65	66-75	>75	Avg. Age
Employees	1,055	4	194	372	328	138	17	2	44
Dependent of Employees	2,330	1,038	235	363	251	200	149	94	32

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Ref: IITG/MS/GMIS/6/2025-26 Dt. 24th June 2025

Annexure II

**Provisional Age-Wise Statistics of Students
(as on 15.05.2023)**

The student population is in flux as in any other group medical insurance policy. The final distribution, although not exact, will be very very close (i.e., indicative) to this table.

Category	Total no.	Age-wise distribution										Avg. Age
		<1	1-5	6-15	16-25	26-35	36-45	46-55	56-65	66-75	>75	
Students	8,222	0	0	0	5,787	2,229	166	34	6	0	0	24

N.B.: Please visit GMIS webpage for all the details, including year wise claim-ratio:

<https://www.iitg.ac.in/medical/GMIS.htm>

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Annexure III

Day Care procedures

Treatment or Diseases Covered in Day Care

Relaxation to 24 hours minimum duration of hospitalization is allowed in Specified Day Care procedures / Surgeries where such treatment is taken by an Insured Person in a Hospital / Day Care Centre (but not the Out-Patient department of a hospital), below are the list of the procedures which is not exhaustive and can include any other procedure done as Day Care procedure which does not fall under exclusion category.

A. Microsurgical Operations on the Middle Ear

1. Stapedotomy
 2. Stapedectomy
 3. Revision of a stapedectomy
 4. Myringoplasty (Type -I Tympanoplasty)
 5. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
 6. Revision of a tympanoplasty
-

B. Other operations on the middle & internal ear

7. Myringotomy
 8. Removal of a tympanic drain
 9. Incision of the mastoid process and middle ear
 10. Mastoidectomy.
 11. Reconstruction of the middle ear
 12. Fenestration of the inner ear
 13. Revision of fenestration of the inner ear
 14. Incision (opening) and destruction (elimination) of the inner ear
 15. Reconstruction and other procedures of the auditory ossicles
 16. Other microsurgical operations on the middle ear
 17. Other excisions of the middle & inner ear
 18. Other operations on the middle and inner ear
 19. Other operations of the auditory ossicles
 20. Removal of Keratosis Obturans
-

C. Operations on the nose & the nasal sinuses

21. Excision and destruction of diseased tissue of the nose
 22. Operations on the turbinates (nasal concha)
 23. Nasal sinus aspiration
 24. Quinsy drainage
 25. Other operations on the nose
 26. Foreign body removal from nose
-

D. Operations on the eyes

27. Incision of tear glands
28. Incision of diseased eyelids
29. Excision and destruction of diseased tissue of the eyelid
30. Operations on the canthus and epicanthus.

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31. Corrective Surgery for entropion and ectropion
32. Corrective Surgery for blepharoptosis
33. Removal of a foreign body from the conjunctiva
34. Removal of a foreign body from the cornea
35. Incision of the cornea.
36. Operations for pterygium
37. Removal of a foreign body from the lens of the eye
38. Removal of a foreign body from the posterior chamber of the eye
39. Removal of a foreign body from the orbit and eyeball
40. Operation of cataract
41. Chalazion removal
42. Glaucoma surgery
43. Surgery for retinal detachment
44. Other operations on the cornea
45. Correction of Eyelids Ptosis by Levator Palpebrae Superioris Resection (bilateral)
46. Correction of Eyelids Ptosis by Fascia Lata Graft (bilateral)
47. Diathermy/ Cryotherapy to treat retinal tear
48. Anterior chamber Pancentesis/ Cyclodiathermy/ Cyclocryotherapy/ goniotomy/ Trabeculotomy and Filtering and Allied operations to treat glaucoma
49. Enucleation of the eye without implant
50. Dacryocystorhinostomy for various lesions of Lacrimal Gland
51. Laser photocoagulation to treat Retinal Tear
52. Other operations on the tear ducts

E. Operations on the skin & subcutaneous tissues

53. Incision of a pilonidal sinus
54. Free skin transplantation, donor site
55. Free skin transplantation, recipient site
56. Revision of skin plasty
57. Simple restoration of surface continuity of the skin and subcutaneous tissues
58. Destruction of diseased tissue in the skin and subcutaneous tissues
59. Local excision of diseased tissue of the skin and subcutaneous tissues
60. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
61. Chemo Surgery to the skin.
62. Local excision or destruction of diseased tissue of the skin and subcutaneous tissues
63. Simple restoration of surface continuity of the skin and subcutaneous tissues
64. Excision of Granuloma
65. Incision and drainage of abscess
66. Other incisions of the skin and subcutaneous tissues
67. Other excisions of the skin and subcutaneous tissues
68. Reconstruction of deformity/ defect in Nail Bed
69. Other restoration and reconstruction of the skin and subcutaneous tissues

F. Operations on the tongue

70. Incision, excision and destruction of diseased tissue of the tongue
71. Partial glossectomy
72. Glossectomy
73. Reconstruction of the tongue
74. Other operation on the tongue

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G. Operations on the salivary glands & salivary ducts

- 75. Incision and lancing of a salivary gland and a salivary duct
 - 76. Excision of diseased tissue of a salivary gland and a salivary duct
 - 77. Resection of a salivary gland
 - 78. Reconstruction of a salivary gland and a salivary duct
 - 79. Other operations on the salivary glands and salivary ducts
-

H. Other operations on the mouth & face

- 80. External incision and drainage in the region of the mouth, jaw and face
 - 81. Incision of the hard and soft palate
 - 82. Excision and destruction of diseased hard and soft palate
 - 83. Incision, excision and destruction in the mouth
 - 84. Plastic Surgery to the Floor of the mouth
 - 85. Palatoplasty
 - 86. Other operations in the mouth
-

I. Operations on the tonsils & adenoids

- 87. Transoral incision and drainage of a pharyngeal abscess
 - 88. Tonsillectomy without adenoidectomy
 - 89. Tonsillectomy with adenoidectomy
 - 90. Excision and destruction of a lingual tonsil
 - 91. Other operations on the tonsils and adenoids
-

J. Trauma Surgery and orthopedics

- 92. Incision on bone, septic and aseptic
 - 93. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
 - 94. Reduction of dislocation under GA
 - 95. Arthroscopic knee aspiration
 - 96. Suture and other procedures on tendons and tendon sheath
 - 97. Aspiration of hematoma
 - 98. Escisionofdupuytren's contracture
 - 99. Carpal tunnel decompression
 - 100. Surgery for ligament tear
 - 101. Surgery for meniscus tear
 - 102. Surgery for hemoarthrosis/ pyoarthrosis
 - 103. Removal of fracture pins/nails
 - 104. Removal of metal wire
 - 105. Other Operations on the tonsil and adenoids
 - 106. Adenoidectomy
-

K. Operations on the breast

- 107. Incision of the breast
 - 108. Operations on the nipple
 - 109. Excision of breast lump/fibro adenoma
-

L. Operations on the digestive tract

- 110. Incision and excision of tissue in the perianal region
- 111. Surgical treatment of anal fistulas
- 112. Surgical treatment of haemorrhoids
- 113. Division of the anal sphincter (sphincterotomy)
- 114. Ultrasound guided aspirations
- 115. Sclerotherapy
- 116. Therapeutic Ascitic Tapping
- 117. Endoscopic ligation/banding

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118. Dilatation of digestive tract strictures
119. Endoscopic ultrasonography and biopsy
120. Other operations on the anus
121. Laparotomy for grading Lymphoma WITH Splenectomy/Liver/LymphNode Biopsy
122. Therapeutic laparoscopy with laser
123. Cholecystectomy and choledocho- jejunostomy/ Duodenostomy/ Gastrostomy/ Exploration Common Bile Duct
124. Esophagoscopy, gastroscopy, duodenoscopy with polypectomy/ removal of foreign body/ diathemy of bleeding lesions
125. Lithotripsy/ Nephrolithotomy for renal calculus
126. Excision of renal cyst
127. Drainage of Pyonephrosis/ Perinephric Abscess
128. Appendectomy with / without drainage

M. Replacement of Gastrostomy tube

129. Endoscopic decompression of colon
130. Therapeutic ERCP
131. Nissen fundoplication for Hiatus Hernia/Gastro esophageal reflux Disease
132. Endoscopic Gastrostomy
133. Laparoscopic procedures e.g. cholecystectomy, appendectomy etc.
134. Endoscopic Drainage of Pseudopancreatic cyst
135. Hernia Repair (herniotomy/hernioraphy/hernioplasty)

N. Operations on the female sexual organs

136. Incision of the ovary
137. Insufflation of the Fallopian tubes
138. Dilatation of the cervical canal
139. Conisation of the uterine cervix
140. Incision of the uterus (hysterotomy)
141. Therapeutic curettage
142. Culdotomy
143. Incision of the vagina
144. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
145. Incision of the vulva
146. Operations on Bartholin's glands (cyst)
147. Endoscopic polypectomy
148. Myomectomy, hysteroscopic or laparoscopic biopsy or removal
149. Other operations on the Fallopine tube
150. Other operations on the uterine cervix
151. Laser therapy of cervix for various lesions of uterus
152. Salpingo- Oophorectomy via laparoscopy

O. Operations on the prostate & seminal vesicles

153. Incision of the prostate
154. Transurethral excision and destruction of prostate tissue
155. Transurethral and percutaneous destruction of prostate tissue
156. Open surgical excision and destruction of prostate tissue
157. Radical prostatovesiculectomy
158. Incision and excision of peri prostatic tissue
159. Operations on seminal vesicles

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- 160. Other excision and destruction of prostate tissue
- 161. Other operation on the prostate

P. Operations on the scrotum & tunica vaginalis testis

- 162. Incision of the scrotum and tunica vaginalis testis
- 163. Operation on a testicular hydrocele
- 164. Excision and destruction of diseased scrotal tissue
- 165. Plastic reconstruction of the scrotum and tunica vaginalis testis
- 166. Other operations on the scrotum and tunica vaginalis testis

Q. Operations on the testes

- 167. Incision of the testes
- 168. Excision and destruction of diseased tissue of the testes
- 169. Unilateral orchidectomy
- 170. Bilateral orchidectomy
- 171. Orchidopexy
- 172. Abdominal exploration in cryptorchidism
- 173. Surgical repositioning of an abdominal testis
- 174. Reconstruction of the testis
- 175. Implantation, exchange and removal of a testicular prosthesis
- 176. Other operations on the testis

R. Operations on the spermatic cord, epididymis und ductus deferens

- 177. Surgical treatment of a varicocele and a hydrocele of the spermatic Cord
- 178. Excision in the area of the epididymis
- 179. Epididymectomy
- 180. Reconstruction of the spermatic cord
- 181. Reconstruction of the ductus deferens and epididymis.
- 182. Other operations on the spermatic cord, epididymis and ductus deferens
- 183. Reconstruction of the ductus deferens and epididymis

S. Operations on the penis

- 184. Operations on the foreskin
- 185. Local excision and destruction of diseased tissue of the penis
- 186. Amputation of the penis
- 187. Plastic reconstruction of the penis
- 188. Other operation on the penis

T. Operations on the urinary system

- 189. Cystoscopical removal of stones
- 190. PCNS (percutaneous nephrostomy)
- 191. PCNL (percutaneous Nephro Lithotomy)
- 192. Transurethral resection of bladder tumor
- 193. Suprapubic cystostomy
- 194. Catheterization of bladder

U. Respiratory system

- 195. Bronchoscopic treatment of the bleeding lesion
- 196. Bronchoscopic treatment of fistula/ stenting
- 197. Bronchoalveolar lavage & biopsy
- 198. Direct Laryngoscopy with biopsy
- 199. Therapeutic Pleural Tapping

V. Heart & Blood Vessels

- 200. Coronary angiography (CAG)

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- 201. Coronary angioplasty (PTCA)
 - 202. Insertion of filter in inferior vena cava
 - 203. TIPS procedure for portal hypertension
 - 204. Blood transfusion for recipient
 - 205. Therapeutic phlebotomy
 - 206. Pericardiocentesis
 - 207. Insertion of gel foam in artery or vein
 - 208. Carotid angioplasty
 - 209. Renal angioplasty
 - 210. Varicose vein stripping or ligation
-

W. Operation of bone & joints

- 211. Surgery for ligament tear
 - 212. Surgery for meniscus tear
 - 213. Surgery for hemoarthrosis/ pyoarthrosis
 - 214. Removal of fracture pins/ nails
 - 215. Removal of metal wire
 - 216. Closed reduction on fracture, luxation
 - 217. Reduction of dislocation under GA
 - 218. Epiphysealosteosynthesis
 - 219. Excision of Bursitis
 - 220. Tennis elbow release
 - 221. Excision of various lesions in Coccyx
 - 222. Arthroscopic knee aspiration
-

X. Other Operations

- 223. Lithotripsy
 - 224. Coronary angiography
 - 225. Haemodialysis
 - 226. Radiotherapy for Cancer
 - 227. Cancer Chemotherapy
 - 228. True cut Biopsy
 - 229. Endoscopic foreign body removal
 - 230. Vaccination/Inoculation - post dog bite or snake bite
 - 231. Endoscopic placement/ removal of stents
 - 232. Tumour embolization
 - 233. Aspiration of an internal abscess under ultrasound guidance
 - 234. Biopsy of temporal artery for various lesions
 - 235. External arterio-venous shunt
 - 236. Endoscopic polypectomy
 - 237. Burn cases.
-

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Annexure IV

List of exclusions under GMIS policy

- (1) **War invasion etc.:** War, invasion, the act of a foreign enemy, warlike operations, nuclear weapons, ionizing radiation, contamination by radioactivity, by any nuclear fuel or nuclear waste, or from the combustion of nuclear fuel.
- (2) **Cosmetic etc.:** Cosmetic or aesthetic treatment devices, circumcision without disease or emergency, e.g., in the pediatric patient, plastic surgery unless required to treat the injury, illness, or burns.
- (3) **Vaccination& Inoculation**
- (4) **Cost of braces etc.:** Cost of braces, equipment or external prosthetic, non-durable implants, eyeglasses, cost of spectacles and contact lenses, and durable medical equipment.
- (5) **Deliberate exposure to danger etc.:** Bodily injury or sickness due to willful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted injury, attempted suicide, arising out of non-adherence to medical advice. This condition, however, shall not be applicable to the patient undergoing psychiatric treatment.
- (6) **Injury due to hazardous sports:** Treatment of any bodily injury sustained whilst or as a result of active participation in any hazardous sports of any kind excluding normal sports activities of the Insured.
- (7) **Sexually transmitted diseases:** Sexually transmitted diseases, any condition directly or indirectly caused due to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or Lymphopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
- (8) **Vitamins etc.:** Vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.
- (9) **The instrument used in the treatment of Sleep Apnea Syndrome (C.P.A.P.) and Oxygen Concentrator for Bronchial Asthmatic condition.**
- (10) **Genetic disorders.**
- (11) **Outside India:** Treatment undertaken outside India.

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- (12) **Experimental treatments:** Unproven treatment (not recognized by Indian Medical Council).
- (13) **Anti-obesity treatment:** Unless forming part of treatment for disease as certified by the attending physician, treatment of obesity or condition arising therefrom (including morbid obesity) and any other weight control program, services or supplies, etc.
- (14) **Convenience items:** All non-medical expenses including personal comfort and convenience items or services such as telephone, television, ayah, private nursing/barber or beauty services, diet charges, baby food, cosmetics, tissue paper, napkins, diapers, sanitary pads, toiletry items, etc., guest services and similar incidental expenses or services, etc.
- (15) Expenses incurred at Hospital or Nursing Home primarily for evaluation/ diagnostic purposes, which is not followed by active treatment for the ailment during the hospitalized period.
- (16) Convalescence/ General debility, “run-down” condition or rest cure, sterility, any fertility, sub-fertility or assisted conception procedure, venereal diseases, intentional self-injury/ suicide, and diseases/accident due to and or use, misuse or abuse of drugs/alcohol or use of intoxicating substances or such abuse or addiction, etc. Any treatment received in the convalescent home, convalescent hospital, health hydro, nature care or similar establishments.
- (17) Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine, and related treatment including acupressure, acupuncture, magnetic and such other therapies, etc.
- (18) Expenses incurred for investigation or treatment irrelevant to the diseases diagnosed during hospitalization or primary reasons for admission. Private nursing charges, Referral fees to family doctors, outstation consultants/surgeons fees, etc.
- (19) External and or durable Medical / Non-medical equipment of any kind used for diagnosis and or treatment. Ambulatory devices, i.e., walker, crutches, belts, collars, caps, splints, slings, braces, stockings, etc. of any kind, diabetic footwear, glucometer/thermometer and similar related items, etc. and also any medical equipment which is subsequently used at home, etc.
- (20) Change of treatment from one type of system to another type of system unless being agreed/allowed and recommended by the consultant under whom the treatment is taken. For example, change of treatment from homeopathy to Allopathy.
- (21) Any stay in the hospital for any domestic reason or where no active regular treatment is given by the specialist.

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- (22) Out-patient Diagnostic, Medical and Surgical procedures or treatments are not covered unless it leads to a hospitalization or day care procedure.
- (23) Non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.
- (24) Massages, Steam bathing, Shirodhara and alike treatment under Ayurvedic treatment.
- (25) Treatment, which is continued before hospitalization and continued during and after discharge for an ailment / disease / injury different from the one for which hospitalization was necessary.
- (26) Admission fee/Registration fee. Doctor's home visit charges, Attendant / Nursing charges during pre- and post-hospitalization period.

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Annexure V

List of expenses generally excluded (‘Non-admissible Expenses’) in Hospitalization Policy.

Guidelines on standardization in health insurance – IRDAI circular No. IRDA/HLT/CIR/036/02/2013 DATED 20.02.2013

Sl. No.	Items	Suggestions / Remarks
	(A) Toiletries/ Cosmetics/ Personal Comfort or Convenience Items	
1	Hair Removing Cream	Not Payable
2	Baby Charges (unless specified/indicated)	Not Payable
3	Baby Food	Not Payable
4	Baby Utilities Charges	Not Payable
5	Baby Set	Not Payable
6	Baby Bottles	Not Payable
7	Brush	Not Payable
8	Cosy Towel	Not Payable
9	Hand Wash	Not Payable
10	Moisturizer Paste Brush	Not Payable
11	Powder	Not Payable
12	Razor	Payable
13	Shoe Cover	Not Payable
14	Beauty Services	Not Payable
15	Belts/ Braces	Essential and Should be Paid at least Specifically for Cases who have undergone surgery of Thoracic or Lumbar Spine.
16	Buds	Not Payable
17	Barber Charges	Not Payable
18	Caps	Not Payable
19	Cold Pack/Hot Pack	Not Payable
20	Carry Bags	Not Payable
21	Cradle Charges	Not Payable
22	Comb	Not Payable
23	Disposable Razor Charges (For Site Preparations)	Payable
24	Eau-De-Cologne / Room Fresheners	Not Payable
25	Eye Pad	Not Payable
26	Eye Shield	Not Payable

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27	Email / Internet Charges	Not Payable
28	Food Charges (other than Patient's Diet Provided by Hospital)	Not Payable
29	Foot Cover	Not Payable
30	Gown	Not Payable
31	Leggings	Essential in Bariatric and Varicose Vein Surgery and may be considered for at least these conditions where Surgery itself is Payable.
32	Laundry Charges	Not Payable
33	Mineral Water	Not Payable
34	Oil Charges	Not Payable
35	Sanitary Pad	Not Payable
36	Slippers	Not Payable
37	Telephone Charges	Not Payable
38	Tissue Paper	Not Payable
39	Tooth Paste	Not Payable
40	Tooth Brush	Not Payable
41	Guest Services	Not Payable
42	Bed Pan	Not Payable
43	Bed Under Pad Charges	Not Payable
44	Camera Cover	Not Payable
45	Cliniplast	Not Payable
46	Crepe Bandage	Not Payable/ Payable by the Patient
47	Curapore	Not Payable
48	Diaper Of Any Type	Not Payable
49	DVD, CD Charges	Not Payable (However if CD is specifically sought by Insurer/TPA then Payable)
50	Eyelet Collar	Not Payable
51	Face Mask	Not Payable
52	Flexi Mask	Not Payable
53	Gause Soft	Not Payable
54	Gauze	Not Payable
55	Hand Holder	Not Payable
56	Hansaplast/ Adhesive Bandages	Not Payable
57	Infant Food	Not Payable
58	Slings	Reasonable costs for one sling in case of Upper Arm Fractures may be considered
	(B) Items Specifically Excluded in Policies	
59	Weight Control Programs/ Supplies/ Services	Exclusion in Policy unless otherwise specified

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60	Cost Of Spectacles/ Contact Lenses/ Hearing Aids Etc.,	Exclusion in Policy unless otherwise specified
61	Dental Treatment Expenses that do not require Hospitalization	Exclusion in Policy unless otherwise specified
62	Hormone Replacement Therapy	Exclusion in Policy unless otherwise specified
63	Home Visit Charges	Exclusion in Policy unless otherwise specified
64	Infertility/ Subfertility/ Assisted Conception Procedure	Exclusion in Policy unless otherwise specified
65	Obesity (including Morbid Obesity) Treatment if Excluded in Policy	Exclusion in Policy unless otherwise specified
66	Psychiatric & Psychosomatic Disorders	Exclusion in Policy unless otherwise specified
67	Corrective Surgery for Refractive Error	Exclusion in Policy unless otherwise specified
68	Treatment of Sexually Transmitted Diseases	Exclusion in Policy unless otherwise specified
69	Donor Screening Charges	Exclusion in Policy unless otherwise specified
70	Admission/Registration Charges	Exclusion in Policy unless otherwise specified
71	Hospitalization for Evaluation/ Diagnostic Purpose	Exclusion in Policy unless otherwise specified
72	Expenses for Investigation/ Treatment irrelevant to the Disease for which admitted or diagnosed	Exclusion in Policy not payable unless otherwise specified
73	Any Expenses when the Patient is diagnosed with Retro Virus + or suffering from /HIV/ Aids etc. is detected/ directly or indirectly	Not Payable as per HIV/ AIDS Exclusion
74	Stem Cell Implantation/ Surgery & Storage	Not Payable except Bone Marrow Transplantation where covered by Policy
	(C) Items which form Part of Hospital Services where Separate Consumables are not Payable but the Service is	
75	Ward and Theatre Booking Charges	Payable Under OT Charges, Not Payable Separately
76	Arthroscopy & Endoscopy Instruments	Rental Charged By The Hospital Payable. Purchase of Instruments Not Payable.
77	Microscope Cover	Payable Under OT Charges, Not Payable Separately
78	Surgical Blades, Harmonic Scalpel, Shaver	Payable Under OT Charges, Not Payable Separately

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79	Surgical Drill	Payable Under OT Charges, Not Payable Separately
80	Eye Kit	Payable Under OT Charges, Not Payable Separately
81	Eye Drape	Payable Under OT Charges, Not Payable Separately
82	X-Ray Film	Payable Under Radiology Charges, Not as Consumable
83	Sputum Cup	Payable Under Investigation Charges, Not as Consumable
84	Boyles Apparatus Charges	Part Of Ot Charges, Not Separately
85	Blood Grouping and Cross Matching of Donors Samples	Part Of Cost Of Blood, Not Payable
86	Antiseptic & Disinfectant Lotions	Not Payable-Part of Dressing Charges
87	Band Aids, Bandages, Sterile Injections, Needles, Syringes	Not Payable - Part of Dressing Charges
88	Cotton	Not Payable-Part of Dressing Charges
89	Cotton Bandage	Not Payable-Part of Dressing Charges
90	Micropore/ Surgical Tape	Not Payable-payable by the Patient when Prescribed, otherwise included as Dressing Charges
91	Blade	Not Payable
92	Apron	Not Payable -Part of Hospital Services/Disposable Linen to be Part of OT/ ICU Charges
93	Torniquet	Not Payable (service is charged by Hospitals, Consumables cannot be separately charged)
94	Orthobundle, Gynaec Bundle	Part of Dressing Charges
95	Urine Container	Not Payable
	(D) Elements of Room Charge	
96	Luxury Tax	Policy Exclusion - Not Payable. If there is no Policy Exclusion, then Actual Tax Levied by Government is Payable - Part of Room Charge for Sub Limits
97	HVAC	Part of Room Charge Not Payable Separately
98	House Keeping Charges	Part of Room Charge Not Payable Separately
99	Service Charges where Nursing Charge also charged	Part of Room Charge Not Payable Separately
100	Television & Air Conditioner Charges	Payable Under Room Charges Not if separately levied

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101	Surcharges	Part of Room Charge Not Payable Separately
102	Attendant Charges	Not Payable - Part of Room Charges
103	IM/ IV Injection Charges	Part of Nursing Charges, Not Payable
104	Clean Sheet	Part of Laundry/housekeeping Not Payable Separately
105	Extra Diet of Patient(other than that which forms part of Bed Charge)	Not Payable. Patient Diet Provided by Hospital is Payable
106	Blanket/Warmer Blanket	Not Payable- Part of Room Charges
	(E) Administrative or Non-medical Charges	
107	Admission Kit	Not Payable
108	Birth Certificate	Not Payable
109	Blood Reservation Charges and Ante Natal Booking Charges	Not Payable
110	Certificate Charges	Not Payable
111	Courier Charges	Not Payable
112	Conveyance Charges	Not Payable
113	Diabetic Chart Charges	Not Payable
114	Documentation Charges / Administrative Expenses	Not Payable
115	Discharge Procedure Charges	Not Payable
116	Daily Chart Charges	Not Payable
117	Entrance Pass / Visitors Pass Charges	Not Payable
118	Expenses Related to Prescription on Discharge	To be Claimed by Patient under Post - Hospitalization where admissible
119	File Opening Charges	Not Payable
120	Incidental Expenses / Misc. Charges (not Explained)	Not Payable
121	Medical Certificate	Not Payable
122	Maintenance Charges	Not Payable
123	Medical Records	Not Payable
124	Preparation Charges	Not Payable
125	Photocopies Charges	Not Payable
126	Patient Identification Band / Name Tag	Not Payable
127	Washing Charges	Not Payable
128	Medicine Box	Not Payable
129	Mortuary Charges	Payable Up to 24 Hrs, Shifting Charges Not Payable
130	Medico Legal Case Charges (MLC Charges)	Not Payable
	(F) External Durable Devices	

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131	Walking Aids Charges	Not Payable
132	Bipap Machine	Not Payable
133	Commode	Not Payable
134	CPAP/ CPAD Equipment Device	Not Payable
135	Infusion Pump - Cost	Not Payable
136	Oxygen Cylinder (for Usage outside the Hospital)	Not Payable
137	Pulseoxymeter Charges Device	Not Payable
138	Spacer	Not Payable
139	Spirometer	Not Payable
140	SPO2 Probe	Not Payable
141	Nebulizer Kit	Not Payable
142	Steam Inhaler	Not Payable
143	Armsling	Not Payable
144	Thermometer	Not Payable (paid By Patient)
145	Cervical Collar	Not Payable
146	Splint	Not Payable
147	Diabetic Foot Wear	Not Payable
148	Knee Braces (Long/ Short/ Hinged)	Not Payable
149	Knee Immobilizer/Shoulder Immobilizer	Not Payable
150	Lumbo Sacral Belt	Essential and should be paid at least specifically for cases who have undergone Surgery of Lumbar Spine
151	Nimbus Bed or Water or Air Bed Charges	Payable for any ICU Patient requiring more than 3 Days in ICU; All Patients with Paraplegia/ Quadriplegia for any reason and at Reasonable Cost of approximately Rs 200/Day
152	Ambulance Collar	Not Payable
153	Ambulance Equipment	Not Payable
154	Microsheild	Not Payable
155	Abdominal Binder	Essential and should be Paid at least in Post Surgery Patients of Major Abdominal Surgery Including TAH, LSCS, Incisional Hernia Repair, Exploratory Laparotomy for Intestinal Obstruction, Liver Transplant Etc.
	(G) Items Payable If Supported By A Prescription	
156	Betadine \ Hydrogen Peroxide\spirit\ Disinfectants Etc.	May be Payable when prescribed for Patient, Not Payable for Hospital use in OT or Ward or for dressings ward or for dressings
157	Private Nurses Charges- Special Nursing Charges	Post Hospitalization Nursing Charges Not Payable

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158	Nutrition Planning Charges - Dietician Charges- Diet Charges	Patient Diet provided by Hospital is Payable
159	Sugar Free Tablets	Payable -Sugar Free variants of admissible medicines are not Excluded
160	Cream Powder Lotion (Toiletries are Not Payable, only Prescribed Medical Pharmaceuticals Payable)	Payable when Prescribed
161	Digene Gel	Payable when Prescribed
162	ECG Electrodes	Up to 5 Electrodes are Required for every case visiting OT or ICU. For longer stay in ICU, may Require a Change and at least one set every second day must be Payable.
163	Gloves	Sterilized Gloves Payable / Unsterilized Gloves not payable
164	HIV Kit	Payable - Pre-Operative Screening
165	Listerine/ Antiseptic Mouthwash	Payable When Prescribed
166	Lozenges	Payable When Prescribed
167	Mouth Paint	Payable When Prescribed
168	Nebulization Kit	If used during Hospitalization is Payable Reasonably
169	Novarapid	Payable When Prescribed
170	Volini Gel/ Analgesic Gel	Payable When Prescribed
171	Zytee Gel	Payable When Prescribed
172	Vaccination Charges	Routine Vaccination Not Payable / Post Bite Vaccination Payable
	(H) Part of Hospital's own Costs and not Payable	
173	AHD	Not Payable - Part of Hospital's Internal Cost
174	Alcohol Swabes	Not Payable - Part of Hospital's Internal Cost
175	Scrub Solution/ Sterillium	Not Payable - Part of Hospital's Internal Cost
	(I) Others	
176	Vaccine Charges for Baby	Not Payable
177	Aesthetic Treatment / Surgery	Not Payable
178	TPA/ In-house Claim Management team Charges	Not Payable
179	Visco Belt Charges	Not Payable
180	Any Kit with no details mentioned [Delivery Kit, Orthokit, Recovery Kit, Etc.]	Not Payable
181	Examination Gloves	Not Payable
182	Kidney Tray	Not Payable

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183	Mask	Not Payable
184	Ounce Glass	Not Payable
185	Outstation Consultant's/Surgeon's Fees	Not Payable, Except For Telemedicine Consultations Where Covered by Policy
186	Oxygen Mask	Not Payable
187	Paper Gloves	Not Payable
188	Pelvic Traction Belt	Should be Payable in case of PIVD requiring traction as this is generally not reused
189	Referral Doctor's Fees	Not Payable
190	Accu Check (Glucometry/ Strips)	Not Payable. Pre-Hospitalization or Post-Hospitalization / Reports and Charts Required/ Device Not Payable
191	Pan Can	Not Payable
192	Sofnet	Not Payable
193	Trolley Cover	Not Payable
194	Urometer, Urine Jug	Not Payable
195	Ambulance	Payable - Ambulance from home to Hospital or inter-hospital shifts is Payable/ RTA – As Specific Requirement for critical injury is Payable)
196	Tegaderm / Vasofix Safety	Payable - Maximum of 3 in 48 Hrs and then 1 in 24 Hrs
197	Urine Bag	Payable where medically necessary till a reasonable cost - Maximum 1 Per 24 Hrs
198	Softovac	Not Payable
199	Stockings	Essential for a case like CABG etc. Where it should be paid. Device Not Payable

N.B.: Please visit GMIS webpage for all the details, including yearwise claim-ratio:
<https://www.iitg.ac.in/medical/GMIS.htm>

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