



DOW UNIVERSITY OF HEALTH SCIENCES KARACHI

*Baba-e-Urdu Road,
Karachi-74200*
Ph: (92-21) 99215754-7 Fax: (92-21) 99215763
www.duhs.edu.pk

BIDDING DOCUMENT

IFB NO: DUHS/HR/2016/01

DATED: 15th January 2016

HEALTH INSURANCE SERVICES

(Tender Fees: Rs. 2,000/- (Non-Refundable))

Closing Date: 30th January 2016 @ 11:00 a.m.
Opening Date: 30th January 2016 @ 11:30 a.m.
Opening Venue: Office of the Registrar, 4th Floor, Admin Block, Dow
University of Health Sciences, Baba-e-Urdu Road,
Karachi. 74200.



1. INVITATION FOR BIDS**DOW UNIVERSITY OF HEALTH SCIENCES, KARACHI**

Baba-e-Urdu Road, Karachi-74200, Pakistan

Phone: (92-21) 99215754-7, 38771000

Fax- (92-21) 99215763

www.duhs.edu.pk

NOTICE INVITING TENDERS (NIT)

IFB No. DUHS/HR/2016/01

Dated: 15th January 2016

The Dow University of Health Sciences, Karachi invites Tenders under sealed cover for providing "HEALTH INSURANCE SERVICES" to its employees and their dependent families from **SECP approved Insurance Companies rendering Health Insurance services.**

TENDER DESCRIPTIONS

TENDER REF NO.	DUHS/HR/2016/01
TENDER FEE	Rs. 2000/- (Rupees Two Thousand Only -Non-Refundable)
PURCHASING DATE FROM	15 th January, 2016
LAST PURCHASING DATE	29 th January, 2016
BID DELIVERY DATE AND TIME	30 th January, 2016 at 11:00 A.M.
BID OPENING DATE AND TIME	30 th January, 2016 At 11: 30 A.M
TENDER PROCEDURE	SINGLE STAGE ONE ENVELOPE

Bids must be delivered at the address mentioned below on or before **30th January 2016 at 11:00 a.m.** Bidding Documents containing detailed terms and conditions can be obtained by the authorized representative of the Company during office hours (10:00 A.m. to 02:00 P.M. except Friday from 10:00 A.m. to 12:00 P.M) from the Health Insurance Section, Registrar's Secretariat, 04th Floor, Admin Block, Dow University of Health Sciences, Baba-e-Urdu Road, Karachi or downloaded Bidding Documents from website www.duhs.edu.pk will be accepted on the above described payment (Tender fees) in shape of Call deposit / Pay Order in favor of Dow University of Health Sciences, Karachi. Copy of the following documents to be attached with the bids.

- Registration with FBR.
- Registration with Sindh Revenue Board (SBR).
- Detail Profile of the Company including Official Address & Contact Numbers.
- Complete details of Registered Offices.
- NTN Certificate
- Valid License

All bids must be accompanied with Bid Security not less than 03% of total value of the bid in shape of Call deposit / Pay Order / Bank Guarantee in favor of Dow University of Health Sciences, Karachi. The bids without or less than 03% Bid Security will not be considered and rejected. Bids with minimum Bid Validity of 90 days should be submitted. Bids without or less than 90 Days Bid Validity will not be considered and rejected

The bidders not registered with Sales Tax and Income Tax or do not fulfill the terms and conditions will not be considered and their offer will be rejected as non-responsive. Government notified black listed firms shall not be entertained.

NOTE:

In case of any unforeseen situation or Government Holiday resulting in closure of the Office on the date of opening, the Tenders shall be submitted / opened on the next working day at the same time and venue.

The Dow University of Health Sciences reserves the right to reject any or all the bids subject to the relevant provisions of the SPPRA Rules.

REGISTRAR

Dow University of Health Sciences
4th Floor, Admin Block, Baba-e-Urdu Road,
Karachi-74200, Pakistan
Phone: (92-21) 99215754-7, 38771000
Fax- (92-21) 99215763
E-mail: registrar@duhs.edu.pk



2. INTROUCTION

IFB NO: DUHS/HR/2016/01

DATED: 15th January 2016

- 2.1 The Dow University of Health Sciences, Karachi invites sealed **Single Stage One Envelope Bids under SPPRA Rules 2010** for providing Health Insurance services to its employees and their families from **SECP approved Insurance Companies rendering Health Insurance services.**
- 2.2 Employees and their dependents will be covered under the following policies:-
- 2.3 **PREMIUM POLICY**
For Hospitalization of Employees and their dependent spouses and children only. Out-Patient reimbursement for Employees and their dependent Spouses, Children and Parents also.
- 2.4 **PARENTS IN-PATIENT POOL POLICY**
For Hospitalization of dependent Parents only on ASO Pool Basis. **ASO Pool of Rs. 10,000,000/- (Initial Pool)**
- 2.5 **DOW ASO POOL POLICY**
For Hospitalization of Employees covered in Dow Pool Policy and their dependent spouses and children. Out-Patient reimbursement for Employees and their dependent Spouses, Children and Parents also. **ASO Pool of Rs. 1,225,000/- (Initial Pool)**
- 2.6 The Details of Employees and their dependents divided in 04 categories for different policies is in the following pages.
- 2.7 The Number of lives is subject to increase or decrease at the time of submission of list of lives to be covered at the time of Contract.



3. BENEFIT STRUCTURE

3.1 The benefits plan of DUHS for Premium Policy is as under:-

Sr. #	Benefits / Coverage	Categories and Annual Entitlements in Rs.			
		A	B	C	D
1	Hospitalization Coverage per Insured per Annum	650,000	500,000	350,000	250,000
2	Daily Room / Bed limit per Insured	Deluxe Room	Private Room	Semi Private Room	General Ward / Room
3	Maternity Limits for Normal Delivery / Forceps	50,000	30,000	25,000	20,000
4	Maternity Limits for C-Section / Multiple Births	80,000	45,000	40,000	30,000
5	Out-Patient Reimbursement per Family per Annum	35,000	20,000	15,000	12,000

3.2 The benefits plan of DUHS for its Parents In-Patient ASO Pool Policy is as under:-

Sr. #	Coverage	Categories and Annual Entitlements in Rupees			
		A	B	C	D
1	Hospitalization Coverage per Insured per Annum	150,000	125,000	75,000	50,000
2	Daily Room / Bed limit per Insured	Deluxe Room	Private Room	Semi Private Room	General Ward / Room

3.3 The benefits plan of DUHS for its Dow ASO Pool Policy is as under:-

Sr. #	Benefits / Coverage	Categories and Annual Entitlements in Rs.			
		A	B	C	D
1	Hospitalization Coverage per Insured per Annum	650,000	500,000	350,000	250,000
2	Daily Room / Bed limit per Insured	Deluxe Room	Private Room	Semi Private Room	General Ward / Room
3	Maternity Limits for Normal Delivery / Forceps	50,000	30,000	25,000	20,000
4	Maternity Limits for C-Section / Multiple Births	80,000	45,000	40,000	30,000
5	Out-Patient Reimbursement per Family per Annum	35,000	20,000	15,000	12,000



4. DETAILS OF LIVES TO BE INSURED

4.1 Category And Age Wise Detail Of Lives To Be Covered Under DUHS Premium Policy.

4.1.1 PLAN A

Age Band	Employees		Spouses		Children		Parents		Total
	Male	Female	Male	Female	Male	Female	Male	Female	
0-19	0	0	0	0	21	21	0	0	42
20-25	0	0	0	0	18	13	0	0	31
26-34	0	0	0	0	0	04	0	0	04
35-39	0	0	01	03	0	0	0	0	04
40-44	03	02	0	04	0	0	0	0	09
45-49	01	01	0	08	0	0	0	0	10
50-54	08	02	05	06	0	0	0	0	21
55-59	14	07	01	04	0	0	0	0	26
60-64	22	10	04	0	0	0	0	0	36
65-69	08	02	01	0	0	0	01	04	16
70-75	0	0	0	01	0	0	01	05	07
Above 75	0	0	0	0	0	0	13	08	21
Total	56	24	12	26	39	38	15	17	227

4.1.2 PLAN B

Age Band	Employees		Spouses		Children		Parents		Total
	Male	Female	Male	Female	Male	Female	Male	Female	
0-19	0	0	0	0	264	215	0	0	479
20-25	0	0	0	04	77	69	0	0	150
26-34	11	15	04	37	0	36	0	0	103
35-39	41	34	11	38	0	0	0	0	124
40-44	32	23	18	31	0	0	0	0	104
45-49	26	19	11	37	0	0	0	02	95
50-54	45	19	17	27	0	0	02	06	116
55-59	56	23	22	22	0	0	06	17	146
60-64	21	08	08	06	0	0	17	46	106
65-69	05	0	04	01	0	0	22	45	77
70-75	01	0	0	01	0	0	53	54	109
Above 75	0	0	0	0	0	0	62	60	122
Total	238	142	95	204	341	320	162	230	1731



4.1.3PLAN C

Age Band	Employees		Spouses		Children		Parents		Total
	Male	Female	Male	Female	Male	Female	Male	Female	
0-19	0	0	0	01	385	345	0	0	731
20-25	15	03	01	49	42	41	0	0	151
26-34	193	152	40	142	0	32	0	0	559
35-39	95	62	33	67	0	0	0	02	259
40-44	61	32	39	34	0	0	03	06	175
45-49	26	09	24	20	0	0	06	25	110
50-54	22	15	09	12	0	0	23	88	169
55-59	19	13	09	17	0	0	55	123	236
60-64	14	04	07	08	0	0	110	131	274
65-69	07	01	03	01	0	0	123	114	153
70-75	03	0	0	01	0	0	87	54	145
Above 75	0	0	0	0	0	0	57	27	84
Total	455	291	165	352	427	418	464	570	3142

4.1.4PLAN D

Age Band	Employees		Spouses		Children		Parents		Total
	Male	Female	Male	Female	Male	Female	Male	Female	
0-19	0	0	0	02	794	701	0	0	1497
20-25	73	12	02	61	236	188	0	0	572
26-34	305	48	06	224	0	67	0	0	650
35-39	125	16	14	127	0	0	0	0	282
40-44	113	22	15	126	0	0	07	18	301
45-49	160	15	09	104	0	0	12	63	363
50-54	152	18	13	70	0	0	47	100	400
55-59	73	05	04	22	0	0	102	156	362
60-64	17	03	05	12	0	0	106	148	291
65-69	03	01	0	05	0	0	112	135	256
70-75	03	0	01	02	0	0	87	112	205
Above 75	01	0	0	01	0	0	79	64	145
Total	1025	135	69	756	1030	956	552	796	5319



4.2 Category And Age Wise Detail Of Lives To Be Covered Under **DUHS ASO Pool Policy**.**4.2.1 PLAN A**

Age Band	Employees		Spouses		Children		Parents		Total
	Male	Female	Male	Female	Male	Female	Male	Female	
0-19	0	0	0	0	04	04	0	0	08
19-29	0	0	0	0	02	02	0	0	04
30-34	0	0	0	0	0	01	0	0	01
35-39	0	0	0	0	0	0	0	0	0
40-44	0	0	0	1	0	0	0	0	01
45-49	0	01	0	03	0	0	0	0	04
50-54	02	0	0	0	0	0	0	0	02
55-59	02	0	0	0	0	0	0	0	02
60-64	01	0	0	01	0	0	0	0	02
65-69	0	0	0	0	0	0	0	01	01
70-75	0	0	0	0	0	0	0	0	0
76-80	0	0	0	0	0	0	01	01	02
Total	05	01	0	05	06	07	01	02	27

4.2.2 PLAN B

Age Band	Employees		Spouses		Children		Parents		Total
	Male	Female	Male	Female	Male	Female	Male	Female	
0-19	0	0	0	0	03	02	0	0	05
19-29	0	0	0	0	02	03	0	0	05
30-34	0	0	0	0	0	01	0	0	01
35-39	0	0	0	01	0	0	0	0	01
40-44	0	0	0	0	0	0	0	0	0
45-49	01	0	0	02	0	0	0	0	03
50-54	02	0	0	01	0	0	0	0	03
55-59	01	0	0	01	0	0	0	0	02
60-64	01	0	0	0	0	0	0	0	01
65-69	0	0	0	0	0	0	0	0	0
70-75	0	0	0	0	0	0	0	01	01
76-80	0	0	0	0	0	0	0	01	01
Total	05	0	0	05	05	06	0	02	23



4.2.3 PLAN C

Age Band	Employees		Spouses		Children		Parents		Total
	Male	Female	Male	Female	Male	Female	Male	Female	
0-19	0	0	0	0	0	0	0	0	0
19-29	0	0	0	0	0	0	0	0	0
30-34	0	01	01	0	0	0	0	0	02
35-39	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0	0	0
55-59	0	0	0	0	0	0	0	0	0
60-64	0	0	0	0	0	0	0	01	01
65-69	0	0	0	0	0	0	0	0	0
70-75	0	0	0	0	0	0	01	0	01
76-80	0	0	0	0	0	0	0	0	0
Total	0	01	01	0	0	0	01	01	04

4.2.4 PLAN D

Age Band	Employees		Spouses		Children		Parents		Total
	Male	Female	Male	Female	Male	Female	Male	Female	
0-19	0	0	0	0	0	0	0	0	0
19-29	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0	0	0
55-59	0	0	0	0	0	0	0	0	0
60-64	0	0	0	0	0	0	0	0	0
65-69	0	0	0	0	0	0	0	0	0
70-75	0	0	0	0	0	0	0	0	0
76-80	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0

4.3 Category Wise Detail Of Lives To Be Covered Under Parents In-Patient ASO Pool Policy.

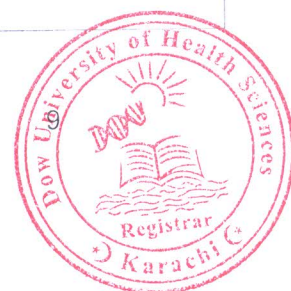
Sr.#	Coverage	Category and Number of Lives			
		A	B	C	D
1.	Parents IPD	35	394	1035	1348
				Total	2812



5. INSTRUCTIONS TO BIDDERS

- 5.1 **ELIGIBILITY:** Tender is open to the Insurance Companies (Bidders) who are incorporated & based in Pakistan & registered with SECP in rendering Health Insurance Services.
- 5.2 **INELIGIBILITY :** The Bidders must submit an Affidavit on Legal Stamp paper from the CFO of the company that they are not notified as Black-Listed. Government notified black listed firms will not be entertained & their bids will be rejected.
- 5.3 **EVALUATION / SCORING CRITERIA:** The DUHS will evaluate the Bids / Proposals using the following scoring criteria.

S.No	Description	Total Marks	Marks Obtained	Remarks (Attachments of relevant evidence in each case is mandatory. In case of non-compliance, no marks will be awarded.)
1	Should have an existing Health Insurance Portfolio	10		01 Billion & above
		7		500- 700 Million
		3		Below 500 Million
2	Number of Corporate / Group Health Insurance Clients	10		Above 200
		7		100 - 200
		3		Below 100
3	Experience in the field of Health Insurance in Pakistan	10		05 Years & above
		7		03-04 Years
		3		Less than 03 Years
4	Hospitals on Panel all over Pakistan	10		Above 150
		7		100 – 150
		3		Below 100
5	Hotline – 24 Hours Customer Service	10		Yes
		0		No
6	Medical Hotline – 24 Hours	10		Yes
		0		No
7	Call Center Facility from 9 am to 5 pm	10		Yes
		0		No
8	No. of Doctors in Medical & Claims Dept. of the Insurance Company.	10		Above 10
		7		05 – 10
		3		Below 05
9	Average Turn-Over for the last 05 Years of Health Insurance Portfolio	10		Above 800 Million
		7		500 - 800 Million
		3		Below 500 Million
10	Paid up Capital	10		250 Million & above
		0		Below 250 Million



S. No	Description	Total Marks	Marks Obtained	Remarks	Attachment of Relevant Evidence in each case is mandatory. In case of non-compliance, no marks will be awarded	Attach evidence as
11	Date of Incorporation of Insurance Company	10		Above 10 Years	Letter of Incorporation / Company Registration Letter / Letter of Declaration of Commencement of Business is required to be attached	Annex: A
		7		05 - 10 Years		
		3		Below 05 Years		
12	Total No. Of Branches / Offices in Pakistan	10		Above 25	Complete Address along with PTCL Landline Numbers to be attached	Annex: B
		7		10 -25		
		3		Below 10		
13	Renowned Clientele List receiving Health Insurance Services	10		Above 50	Letters duly issued from each concerned Client to be attached	Annex: C
		7		25 -50		
		2		10-25		
14	No. of Persons on the Company's Payroll	10		Above 500	Details of Employees to be attached	Annex: D
		7		100 -500		
		0		Below 100		
15	Gross Premium in 2015	10		Above 10 Billion	Certificate to be attached	Annex: E
		7		07 -10 Billion		
		5		05 – 07 Billion		
16	Total Gross Premium during last 03 Years	10		Above 25 Billion	Audit Report to be attached	Annex: F
		7		20 -25 Billion		
		5		10-19 Billion		
		0		Below 10 Billion		
17	Total Assets as on 31-12-2015	10		Above 10 Billion	Audit Report to be attached	Annex: G
		7		08 - 10 Billion		
		5		05- 10 Billion		
		0		Below 05 Billion		
18	IFS Rating	10		AA	Certificate to be attached	Annex: H
		8		A+		
		5		A-		
		0		Below A-		



- 5.4 **MANDATORY ENCLOSURES:** The following documents are Mandatory to enclose:-
- g) Registration with FBR.
 - h) Registration with Sindh Revenue Board (SBR).
 - i) Detail Profile of the Company including Official Address & Contact Numbers.
 - j) Complete details of Registered Offices.
 - k) NTN Certificate
 - l) Valid License
 - m) Details of Exclusions / Deviations on the Scoring Criteria, benefits & coverage.
- 5.5 Weightage for Final Score & Financial Proposal is 50:50.
- 5.6 **BID CURRENCY:** Currency of Bids shall be Pakistani Rupees on FOR Basis.
- 5.7 **BID VALIDITY:** Bids with minimum Validity Period of 90 days shall be submitted. The bid without or less than 90 days Validity will not be considered and rejected.
- 5.8 **BID SECURITY:** The bids should be accompanied with Bid Security not less than 03% of the total Bid in shape of Pay Order / Call Deposit or Bank guarantee in favor of "Dow University of Health Sciences, Karachi". Bids without or less than 03% Bid Security will not be considered and rejected.
- 5.9 The Bid Security will be returned to the unsuccessful bidders once the contract has been signed with the successful bidder.
- 5.10 In case the offer is withdrawn, amended or revised by the Bidder during the validity period of the offer, the Bid Security shall be liable to be forfeited.
- 5.11 **PERFORMANCE SECURITY:** The successful Bidder at the time of signing of Contract will also have to submit a Performance Security @ 07% of the Contract Price in shape of Pay Order / Bank Guarantee or Call Deposit in the name "Dow University of Health Sciences, Karachi". The Bid Security will be returned to the successful bidders after submission of the Performance Security.
- 5.12 If the Successful Bidder fails to provide the Performance Security of the Contract or execute the Contract Agreement, the Bid Security shall be liable to be forfeited and the Contract will be given to the next successful Bidder.
- 5.13 Bidders should quote their firm and final rates inclusive of all taxes and Misc. Charges (if applicable).
- 5.14 If there is a discrepancy between words and figures of the amount, the amount in words will prevail.
- 5.15 Bids must be duly filled in, stamped, signed and properly sealed in one envelope.



- 5.16 Envelopes shall also bear the word **“FINANCIAL PROPOSAL”** with complete Name & Address of the Procuring Agency.
- 5.17 **BID LANGUAGE:** The language of the Bids shall be English.
- 5.18 Any overwriting, cutting, crossing etc. is not acceptable.
- 5.19 Hand written Offers will not be accepted.
- 5.20 **CANCELLATION OF BIDS & REISSUANCE OF TENDERS:** The DUHS reserves the right to cancel the Bidding Process or reject any or all the Bids prior to acceptance subject to the relevant provisions of SPPRA Rules 2010.
- 5.21 **SUBMISSION OF BIDS :** All bids must be submitted / delivered to the Office of the Registrar, Dow University of Health Sciences, 4th Floor, Admin Block, Baba-e-Urdu Road, Karachi, on or before the prescribed deadline of 11:00 a.m. on 30th January 2016. Any bids submitted after the prescribed deadline will be rejected & returned unopened to the bidder.
- 5.22 **OPENING OF BIDS:** The bids will be opened on the same day at 11:30 a.m. at the Office of the Registrar, Dow University of Health Sciences, 4th Floor, Admin Block, Baba-e-Urdu Road, Karachi.
- 5.23 **In case of any unforeseen situation or Government Holiday resulting in closure of Office on bid opening date, the bids shall be submitted / opened on the next working day at the same time and venue.**
- 5.24 Incomplete, late and conditional bids will not be considered and will be rejected.
- 5.25 **ACCEPTANCE OF TERMS & CONDITIONS :** An Affidavit on Legal Paper confirming the acceptance of the Terms and Conditions of this Bidding Document must be provided with the Bid. Performa attached at Annexure - A.



6 TERMS & CONDITIONS FOR CONTRACT – HOSPITALIZATION COVER

- 6.1 The Period of Contract / Insurance Cover shall be effective with mutual consent at the time of agreement.
- 6.2 Direct Hospitalization through Insurance Card and Reimbursement.
- 6.3 Daily Room & Board Charges.
- 6.4 Miscellaneous Hospital Services and Supplies. Drugs, Dressings, Prescribed Medicines, Laboratory Examinations, Physiotherapy, intravenous injections & solutions, administration of blood and blood plasma including cost and any other fluids administered during surgery.
- 6.5 Emergency Room treatment for Accidental and Non-Accidental emergencies.
- 6.6 Doctor's visits. (Consultant, Specialist, etc.)
- 6.7 Surgical Operation Charges.
- 6.8 Local Ambulance Charges.
- 6.9 Pre-Post Hospitalization cover including Diagnostic Tests, Consultation Charges & prescribed Medicines within 30 days prior to or after Hospitalization.
- 6.10 ICU and Operation Theatre Charges.
- 6.11 Specialized Investigations & Day Care Surgeries. Dialysis, MRI, CT Scan, Thallium Scan, Angiography, Cataract, Endoscopy, Echo, Treatment for Fractures, Lacerated wounds, Emergency Dental Treatment due to accidental injuries, Day Care surgical Charges including medicines and investigations.
- 6.12 Declared / Undeclared Pre-Existing Conditions.
- 6.13 Psychiatric Treatments.
- 6.14 Congenital Birth Defects.
- 6.15 Interferon Therapy of Hepatitis 'B' and 'C'.
- 6.16 Maternity related complications.
- 6.17 Enhancement of Hospitalization Limit in case of Accidental Injuries. (50% of available limit).
- 6.18 Radiotherapy and Chemotherapy.
- 6.19 Any other Benefit / Cover with mutual consent.
- 6.20 Any Age restrictions or other exclusions for coverage must be clearly indicated.



5 TERMS & CONDITIONS FOR CONTRACT – MATERNITY COVER

- 7.1 The Period of Contract / Insurance Cover shall be effective with mutual consent at the time of agreement.
- 7.2 Direct Hospitalization through Insurance Card and Reimbursement.
- 7.3 Daily Room & Board Charges / Labor Room Charges.
- 7.4 Ante-Natal Care such as Ultrasound scans, Lab Tests and examinations.
- 7.5 Hospital Charges & Obstetricians Fee for Childbirth.
- 7.6 Midwife Charges if delivery takes place at home.
- 7.7 Operation Theatre /Physician's /Surgeon's Charges.
- 7.8 Prescribed Medical Supplies & Services during Hospitalization.
- 7.9 Anesthesia Charges.
- 7.10 Blood Transfusion including Cost of Blood.
- 7.11 ICU Charges.
- 7.12 Baby Nursing Care while the Mother is confined to the Hospital.
- 7.13 Circumcision Charges of Newborn Baby Boys.
- 7.14 Post- natal Care immediately following childbirth such as Stitches, Follow up Visits & Prescribed Medicines.
- 7.15 Secondary Conditions brought about by Pregnancy such as Backache, High BP, Vaginal Bleeding, Nausea & Vomiting etc requiring Hospitalization.
- 7.16 In the event of D&C, Normal delivery benefits as mentioned in Benefits Schedule.
- 7.17 Declared / Undeclared Pre-Existing Conditions.
- 7.18 Any other Benefit / Cover with mutual consent.
- 7.19 Any Age restrictions or other exclusions for coverage must be clearly indicated.



6 TERMS & CONDITIONS FOR CONTRACT – OUT-PATIENT COVER

- 8.1 The Period of Contract / Insurance Cover shall be effective with mutual consent at the time of agreement.
- 8.2 Reimbursement only.
- 8.3 Physician / Consultant's fees for consultations.
- 8.4 Psychiatrists and Psychologist's Fee for Psychiatric Treatment.
- 8.5 Prescribed Drugs and Dressings.
- 8.6 Pathology, Radiology and Diagnostic Tests, X-rays & Ultrasounds.
- 8.7 Vaccinations.
- 8.8 Out-Patient Surgical Operations.
- 8.9 Wellness Mammogram, PAP Smear, Prostate Cancer Screening or Colon Cancer Screening.
- 8.10 Dental Treatment including Extractions Teeth, Root Canaling or Caping or Similar Treatment.
- 8.11 Accident Related Dental Treatment.
- 8.12 Costs for Treatment by Therapists and Complementary Medicine Practitioners.
- 8.13 Declared / Undeclared Pre-Existing Conditions.
- 8.14 Coverage / Treatment from any Hospital / Clinic of the Patient's Choice.
- 8.15 Any other Benefit / Cover with mutual consent.
- 8.16 Any Age restrictions or other exclusions for coverage must be clearly indicated.



9 OTHER TERMS & CONDITIONS OF CONTRACT

- 9.1 The Contract will be for 01 Year, further extendable upon mutual consent & subject to relevant Rules.
- 9.2 Contract Price /Premium will be paid by DUHS in equal Quarterly Installments upon submission of Invoice & Claims Utilization Report. Payment Plan will be decided at the time of Contract.
- 9.3 All the Health Insurance Cards shall be provided by the Insurance Company within 15 days of award of contract. All the Health Insurance Cards in case of new Employees or Addition /Deletion / Plan Revision Correction cases shall be provided by the Insurance Company within 10 days from the submission of intimation.
- 9.4 Premium for New lives to be Added / Deleted or Plan Revise shall on the same rates as per Premium Rates quoted in the Bid.
- 9.5 Bidder must provide Hotline numbers of the Company's Representatives / Focal Person (s) in order to facilitate and provide necessary information to the patients in case of Hospitalization in Panel Hospitals.
- 9.6 Approval / Authorization of Hospitalization shall be provided to the Hospital / Patient in not more than 02 Days. All intimations of Approvals / Regrets must also be furnished to the Dow University of Health Sciences through email.
- 9.7 All the IPD and OPD Reimbursement Claims would be paid within 10 days from the date of submission of claims.
- 9.8 In case of IPD / Maternity Reimbursement Claim of a Non-Panel Hospital, a deduction of not more than 20% of the Total Claim may be made. This shall be waived if the treatment is unavailable at a Panel Hospital or is some Special or peculiar circumstances.
- 9.9 In case of return or withholding of Claim for Reimbursement, a formal intimation by letter or email would be required by the Insurance Company describing the reason for return or withholding.
- 9.10 If an Employee / Patient wishes not to disclose certain personal information such as Investigations Reports, the requirement in Reimbursement Cases shall be waived upon the request of the Employee / Patient.
- 9.11 Requirement of Prescriptions shall be waived in case the Employee / Patient is a Doctor/ Medical Practitioner upon request.
- 9.12 All the Health Insurance Cards must bear the DUHS Employee ID and Name of Institute / Department, provided in the list as and when the contract is awarded.
- 9.13 The Bidder will provide the Claims Utilization Report for Hospitalization and Reimbursement on Quarterly Basis.
- 9.14 In case of non-issuance of Insurance Card to an existing employee, due to non-provision of data required for issuance of Health Insurance Card, the employee or his dependent shall be provided Hospitalization Coverage after obtaining necessary approval / verification from the DUHS.



9.15 Any Age restrictions or other exclusions for coverage must be clearly indicated.

9.16 The Number of lives is subject to increase or decrease at the time of submission of list of lives to be covered at the time of Contract.

10 CLAIM RATIO OF LAST THREE YEARS

10.1 DUHS Premium Policy

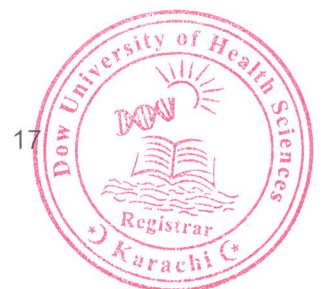
Year	Claim Ratio
2013	95.81
2014	105.44
2015	96.76

10.2 DUHS Parents IPD Pool Policy:-

Year	Claim Ratio
2013	86.0
2014	96.25
2015	93.25

10.3 DUHS ASO Pool Policy:-

Year	Claim Ratio
2013	87.50
2014	47.20
2015	59.30



ANNEXURE - A**CERTIFICATE**

(To be submitted on Affidavit).

1. We, _____ hereby confirm to have read carefully all the Clauses of the advertised Tender Notice **No. DUHS/HR/2016/01 dated 15th January 2016**, for the provision of **Health Insurance Services for Dow University of Health Sciences, Karachi**. We hereby agree to abide all the Instructions, Terms & Conditions mentioned in the Tender Notice and Tender/Bidding Documents.
2. That if any of the information submitted in accordance to this Tender / Bidding Document is found incorrect, our Contract if awarded, may be cancelled at any stage on our own cost and risk.

1.	Name	
2.	Official Add	
2.	In the Capacity of	
3.	Signature	
4.	Duly authorized to sign the Bid for and on behalf of	
4.	Stamp	
5.	Date	
6.	Contact Number	
7.	E-Mail Adress	



ANNEXURE - B**FINANCIAL PROPOSAL**

(To be submitted on Company Letterhead).

RATES PER CATEGORY

Sr.#	Coverage	Category and Rates in Rupees			
		A	B	C	D
1.	Hospitalization Coverage				
2.	Maternity Coverage				
3.	Out-Patient Coverage				
4.	Total				

Total Premium Calculations:

Gross Premium: Rs. _____

Admin Charges: Rs. _____

Stamp Duty: Rs. _____

Any Other: Rs. _____

Net Premium for Premium Policy: Rs. _____

Parents IPD ASO Pool: Rs. _____

Dow ASO Pool: Rs. _____

Total Net Premium: Rs. _____

Authorized Person Signature: _____

Authorized Person Name: _____

Company Stamp: _____

Date: _____

