



CIN: U60300UP2011594060836

# उत्तर प्रदेश मेट्रो रेल कॉर्पोरेशन लि०

## UTTAR PRADESH METRO RAIL CORPORATION LTD.

(Formerly Known as Lucknow Metro Rail Corporation Ltd.)

(भारत सरकार एवं उत्तर प्रदेश सरकार का एक संयुक्त उपक्रम)

(A JOINT VENTURE OF GOVT. OF INDIA & GOVT. OF U.P.)

No UPMRC/CE-Contract/ UPMRC/GMC & GPA/01/2023-24

Dated 11 09 2023

### ADDENDUM-01

**Tender Title/Name of work: Tender UPMRC/GMC & GPA/01/2023-24: PROVIDING GROUP MEDICAL INSURNACE (GMC) AND GROUP PERSONAL ACCIDENT (GPA) INSURANCE COVERAGE.**

Addendum-01 along with reply of prebid queries and other connected documents of above tender are being issued and uploaded on CPP Portal.

For any further modifications/changes (if any), bidders are advised to stay updated on e-tendering portal (<https://etenders.gov.in/e procure/app>) for information please

  
11/09/23  
AGM/ Contract

(AN ISO 9001 2015, ISO 14001 2015, OHSAS 18001 2007 Certified Company)

Administrative Building, Near Dr. Bhimrao Ambedkar Samajik Parvatan Sthal, Vipin Khand, Gomti Nagar, Lucknow, 226010

Tel: +91 522 2304011 Fax: +91 522 2304011

**Pre-Bid meeting Queries and their Replies**

S.No.	Reference Section	Reference to Tender document clause	Queries Received	UPMRC Reply to queries
1	NA	NA	These Group Health and Personal Accident Policies are being taken for the 1st time-Please confirm	Yes
2	Annexure-III	GPA Insurance Policy (B)	GPA policy shall be flat (15 Lakhs) basis-please confirm	Refer tender document. As per annexure -III (B): GPA's SI Rs. 15, 00,000/- per life.
3	BOQ	BOQ	As per BOQ (Accidental), family floater sum insured is mentioned as 15 Lakhs against each type of category. This cover is for employees only-please confirm	Refer BOQ, As per BOQ, Accidental Sum Insured is Rs. 15, 00,000/- per employee.
4	BOQ	BOQ	Excel sheet of BOQ member data and demography required in editable form, normal excel sheet-please provide	Excel Sheet of employee data being uploaded on CPP portal
5	Annexure-III	Clause 33 GMC Insurance Policy (A).	Condition No. 33 wrt prolong treatments is for 9 people, who are these 9 people-please provide if possible	Refer tender document, any addition and deletion is subject to prior approval from HR Department of UPMRCL.
6	Annexure-III	Clause 7 & 14 GMC Insurance Policy (A).	Corporate floater cover of 30 lakhs is bring provided. This won't be applicable for maternity, however would be double of family floater sum insured for critical illness and accidental claims, same sum insured of family floater for other ailments/illness-please confirm or clarify, if otherwise.	Refer tender document, Corporate Buffer is used upto family floater SI, except maternity benefits. However, in case of critical illness and accidental case, it may be extended upto two (2) times of family floater SI.

7	Claim Ratio of UPMRCL	Section H of Tender Document.	As per in-house claims records, please share the claims summary/analysis on parameters like below: . Count and amount under covid claims and non-covids claims: . Count and amount under various ailment types . Count and amount of claims for relationship wise i.e., Employee, Spouse, Children, Parents (Widow mother)	Refer the attachment
8	Claim Ratio of UPMRCL	Section H of Tender Document.	Claim MIS in excel format with bifurcation of OPD, IPD claim, maternity, critical illness, number of employees taking prolong treatment	Refer the attachment
9	BOQ	BOQ	Members demography in excel format with sum insured since BOQ demography is not editable.	Excel Sheet of employee data being uploaded on CPP portal
10	NA	NA	We understand that there was no prior GMC and GPA Insurances policies and is being taken for 1st time	Yes
11	BOQ	BOQ	We are unable to do premium calculations in attached BOQ having list of lives as same is protected. Kindly share list of lives and demography for both GMC and GPA	Excel Sheet of employee data being uploaded on CPP portal
12	Claim Ratio of UPMRCL	Section H of Tender Document.	In GMC, please share bifurcation of OPD and IPD claims from FY 20-21 till date	Refer the attachment
13	Annexure-III	Clause 26 GMC Insurance Policy (A).	Please confirm if OPD benefits is over and above the family sum insured or which the family floater sum insured	Refer the tender, OPD benefits is covered under the Family Floater Sum Insured.

14	Claim Ratio of UPMRCL	Section H of Tender Document.	We would request you to share claims details in below bifurcation ( No. and amount yearwise). 1. OPD and IPD 2. Ailment Wise 3. Realationshipwise 4. Maternity and Non-Maternity	Refer the attachment
15	NA	NA	We understand that being a self managed policy all are reimbursement claims. Please confirm.	Till date, all medical claims of UPMRCL's employees and their dependents are done on reimburseable basis.
16	Claim Ratio of UPMRCL	Section H of Tender Document.	Category wise claim data in details	Refer the attachment
17	BOQ	BOQ	Employee list in excel format (Editable)	Excel Sheet of employee data being uploaded on CPP portal
18	Annexure-III	Clause 1 GMC Insurance Policy (A).	Whether all employees covered or voluntary	Refer the tender document, all employees, spouse and dependent children age not exceeding 21 years or till they get married or employed which is earlier and dependent widow mother, retired employees and their spouse and spouse of deceased employee is covered under this scheme.
19	NA	NA	Who will pay the premium	Refer the tender document, UPMRCL will award the insurance contract to the selected insurance company and paid to them.
20	Claim Ratio of UPMRCL	Section H of Tender Document.	Claim dump	Refer the attachment.
21	Annexure-VIII	GMC Insurance Policy (A).	Per Family Premium, if any	Refer the tender document.
22	Annexure-III	Clause 26 GMC Insurance Policy (A).	OPD limits for chronic conditions	Refer the tender document, all pathological test, diagnostics/Investigations are covered on OPD basis @ 90% of the actual bill amount , subject to not exceeding Rs 15,000/ per family per year including chronic conditions except the disease covered under prolong treatment
23	Annexure-III	Clause 39 GMC Insurance Policy (A).	We may not allow for waiver of PPN	Refer the tender document.
24	Annexure-III	Clause 26 GMC Insurance Policy (A).	Without limit OPD-not allowed	Refer the tender document
25	Annexure-III	Clause 25 GMC Insurance Policy (A).	Dental- Rs. 50,000 per family OPD	Refer the tender document
26	BOQ	BOQ	Employee data in Excel in editable format	Excel Sheet of employee data being uploaded on CPP portal

27	NA	NA	Since we do not have approved GMC product, we request you to please confirm whether we can only participate under GPA proposal or not	Refer the tender document.
28	NA	NA	Policy will on named basis or unnamed basis	GMC and GPA both the policies will be on named basis
29	Annexure-III	Clause 2 GPA Insurance Policy (B).	Please confirm the per person exact sum insured as under Annexure III GPA (B) point No. 2: SI is mentioned as 15 lacs per person however in point 11 it is mentioned as @ 20 times of Gross Monthly salary or 20 lacs whichever is lower, please confirm.	Refer the tender document, SI of GPA is Rs. 15,00,000 per life, subject to fulfillment of clause 11.
30	Annexure-III	Clause 2 GPA Insurance Policy (B).	It is requested to please provide clarity on Annexure III GPA (B) point No 11, 12, 13 as it is contradictory hence please confirm the final SI to be considered.	Refer the tender document, SI of GPA is Rs. 15,00,000 per life, subject to fulfillment of clause 11.
31	BOQ	BOQ	Also Share the list of employees covered.	Excel Sheet of employee data being uploaded on CPP portal
32	BOQ	BOQ	Members data as the data provided in BOQ is not editable, hence we are not able to copy the data and work according to the demography of the proposal	Excel Sheet of employee data being uploaded on CPP portal
33	Claim Ratio of UPMRCL	Section H of Tender Document.	Detailed Cliaims in MIS in excel if available.	Refer the attachment
34	Claim Ratio of UPMRCL	Section H of Tender Document.	Detailed Cliaims in MIS in excel if available or please provide claims bifurcation for disease types. For example- Maternity claim, OPD Claim, IPD Claims	Refer the attachment
35	Annexure-III	Clause 39 GMC Insurance Policy (A).	Request to please consider in-house TPA for servicing the policy as it will help us in providing maximum benefit for your esteemed organisation	Refer the tender document.

36	Annexure-III	GMC Insurance Policy (A).	Request to provide any document containing the list of coverages provided to employees during previous years.	Refer the tender document
37	NA	NA	Please confirm its fresh or market renewal case	Fresh
38	NA	NA	If it is market renewable case-please share claim MIS in excel format, inception premium, inception lives	NA
39	BOQ	BOQ	Please share Active members data in excel format	Excel Sheet of employee data being uploaded on CPP portal
40	NA	NA	Expiry terms and conditions	NA
41	NA	NA	Required terms and conditions	NA
42	NA	NA	Sharing expiring policy	NA
43	BOQ	BOQ	Please share Active members data in excel format	Excel Sheet of employee data being uploaded on CPP portal
44	NA	NA	Kindly provide the claim details as per below given format for the past three years for GPA For 2022-23, 2021-22 and 2020-21 No of employee at inception No of employee at expiry Total Sum Insured Premium at inception Premium at Expiry Count of death claim Total Amt of Death Claim Count of non-death claim Total Amt of non-death claim	NA
45	Annexure-III	Clause 17 GMC Insurance Policy (A).	1. Page No.22 and point no 17 (Ambulance limit Rs.2500 is per instant or any maximum limit)	Refer the tender document, Ambulance charges is on actual basis or Rs. 2500/- whichever is less, per instance
46	Claim Ratio of UPMRCL	Section H of Tender Document.	1. Disease wise/employee wise claim dump and total outstanding as on date in both GMC and GPA policy.	Refer the attachment

Medical Reimbursement Summary for FY 2020-21										
S.No	Claim Type	Total Amount Claim	Total Amount Reimbursed	Illness Type				No of claimed raised for Employee	No of claim raised for Dependents	Total Number of Claims
				Cesarean Operation	Covid-19 (RTPCR Test, Covid Vaccination)	Others	Total			
1	Dental Treatment	438698	318965	0	0	318965	318965	18	7	25
2	Indoor (Hospitalization) Treatment including pre-post Hospitalisation	2431397	2243329	0	0	3243329	3243329	34	31	65
3	Maternity including pre-post checkup	849384	790963	288811	0	681245	970056	29	37	66
4	Ophthalmic (Eye) Treatment	0	0	0	0	0	0	0	0	0
5	Pathological Tests/Diagnostic Investigation	1800424	1400313	0	0	221220	221220	57	108	165
6	Prolonged (Disease) Treatment	210940	201739	0	0	201739	201739	35	31	66
TOTAL		5730843	4955309	288811	0	4666498	4955309	173	214	387

Medical Reimbursement Summary for FY 2021-22										
S.No	Claim Type	Total Amount Claim	Total Amount Reimbursed	Illness Type				No of claimed raised for Employee	No of claim raised for Dependents	Total Number of Claims
				Cesarean Operation	Covid-19 (RTPCR Test, Covid Vaccination)	Others	Total			
1	Dental Treatment	735735	575781	0	0	575781	575781	49	11	60
2	Indoor (Hospitalization) Treatment including pre-post Hospitalisation	3420433	2659134	0	146717	3512417	3659134	38	48	86
3	Maternity including pre-post checkup	1359483	1292460	457631	0	1132669	1590300	40	45	85
4	Ophthalmic (Eye) Treatment	9241	6630	0	0	6630	6630	6	1	7
5	Pathological Tests/Diagnostic Investigation	2101670	1696793	0	362969	35984	398953	457	207	664
6	Prolonged (Disease) Treatment	310940	301739	0	250	301489	301739	37	49	86
TOTAL		7937502	6532537	457631	509936	5564970	6532537	627	361	988

Medical Reimbursement Summary for FY 2022-23										
S.No	Claim Type	Total Amount Claim	Total Amount Reimbursed	Illness Type				No of claimed raised for Employee	No of claim raised for Dependents	Total Number of Claims
				Cesarean Operation	Covid-19 (RTPCR Test, Covid Vaccination)	Others	Total			
1	Dental Treatment	587288	496285	0	0	496285	496285	58	38	96
2	Indoor (Hospitalization) Treatment including pre-post Hospitalisation	3410232	3162401	0	0	3162401	3162401	31	50	81
3	Maternity including pre-post checkup	3191206	2427282	1031530	0	1567506	2599036	116	456	572
4	Ophthalmic (Eye) Treatment	82585	70758	0	0	70758	70758	7	5	12
5	Pathological Tests/Diagnostic Investigation	701614	614590	0	31657	411179	442836	120	147	267

6	Prolonged (Disease) Treatment	335296	328142	0	0	328142	328142	46	34	80
TOTAL		8308221	7099458	1031530	31657	6036271	7099458	378	730	1108

Medical Reimbursement Summary for FY 2023-24

S.No	Claim Type	Total Amount Claim	Total Amount Reimbursed	Illness Type				No of claimed raised for Employee	No of claim raised for Dependents	Total Number of Claims
				Cesarean Operation	Covid-19 (RTPCR Test, Covid Vaccination)	Others	Total			
1	Dental Treatment	244071	176017	0	0	176017	176017	8	10	18
2	Indoor (Hospitalization) Treatment including pre-post Hospitalisation	552773	502764	0	0	902764	902764	5	5	10
3	Maternity including pre-post checkup	1482281	1288779	402093	0	886686	1288779	16	67	83
4	Ophthalmic (Eye) Treatment	0	0	0	0	0	0	0	0	0
5	Pathological Tests/Diagnostic Investigation	779719	676618	0	0	276618	276618	68	42	110
6	Prolonged (Disease) Treatment	85472	82863	0	0	82863	82863	9	9	18