RAJIV AAROGYASRI COMMUNITY HEALTH INSURANCE SCHEME - PHASE III
FOR BPL POPULATION IN 5 DISTRICTS OF ANDHRA PRADESH

There is a felt need in the State to provide financial protection to families living below poverty line for the treatment of major ailments such as cancer, kidney failure, heart and neurosurgical diseases etc., requiring hospitalization and surgery. Government hospitals lack the requisite facility and the specialist pool of doctors to meet the statewide requirement for the treatment of such diseases. Large proportions of people, especially below poverty line borrow money or sell assets to pay for the treatment in private hospitals. Health Insurance could be a way of removing the financial barriers and improving access of poor to quality medical care; of providing financial protection against high medical expenses; and negotiating with the providers for better quality care. Government of Andhra Pradesh has accordingly implemented a Community Health Insurance Scheme by name Rajiv Aarogyasri in Anantapur, Mahabubnagar, Srikakulam as Phase I project and East Godavari, West Godavari, Chittoor, Nalgonda and Ranga Reddy as Phase II. Government after careful assessment of the scheme has now decided to expand the scheme with some modifications. Accordingly the third phase expansion is planned from 05-04-08 in five districts viz. Medak, Karimnagar, Kadapa, Prakasam and Nellore as Phase III

In order to operate the scheme professionally in a cost effective manner, public private partnership is envisaged between the Insurance Company, the private sector hospitals and the State agencies. State government/ Trust will guide the Insurance Company in establishing network of hospitals, fixing of treatment protocol and costs, treatment authorization, claims scrutiny and any other related work, such that the cost of administering the scheme is kept at the lowest, while making full use of the resources available in the Government system. Private hospitals fulfilling minimum qualifications in terms of availability of inpatient medical beds, laboratory, equipments, operation theatres etc. and a track record in the treatment of the specified diseases can be enlisted for providing treatment to the BPL families under the scheme. List of such specialty hospitals already under empanelment for scheme is enclosed as **Annexure-5**. Premium under this scheme will be borne by the Government / Trust.

Salient Features of the Scheme proposed for implementation in the 5 districts of Medak, Karimnagar, Kadapa, Prakasam and Nellore

1.0 Name:

The name of the scheme is Rajiv Aarogyasri Community Health Insurance Scheme (Phase III).

2.0 Objective:

To improve access of BPL families to quality medical care for treatment of identified diseases involving hospitalization, surgeries and therapies through an identified network of health care providers. The scheme would provide coverage for the following system;

i) Heart,
ii) Lung
iii) Liver
iv) Pancreas
v) Renal diseases
vi) Neuro-Surgery
vii) Pediatric Congenital Malformations
viii) Burns
ix) Post -Burn Contracture Surgeries for Functional Improvement.
x) Cancer treatment
    a. Surgery
    b. Chemo Therapy
    c. Radio Therapy
xi) Polytrauma (Coverage Recovery: The factor of recovery from the insurer insuring the vehicle for liability to the public arising out of the use of the vehicle and falling under MV Act, shall also be considered for pricing by the bidder)
xii) Cochlear Implant Surgery with Auditory-Verbal Therapy for Children below 6 years (costs to be reimbursed by the Trust on

case to case basis and hence not to be taken in to account for calculating the premium)

Detailed list of surgeries and therapies falling in the identified groups is given at **Annexure - 6**.

3.0 Beneficiaries:

The scheme is intended to benefit below poverty line (BPL) population in the 5 districts of the State viz. **Medak, Karimnagar, Kadapa, Prakasam and Nellore**. There are **34.87 lakh** BPL families in the five districts comprising of a population of **1.23 crores.** Database and photograph of these families is available in 'Health Cards' to be issued by the Trust based on the BPL ration card issued by the Civil Supplies Department. District wise profile of the BPL families is given below:

Phase	District	No. Of Mandals	No. Of Municipalities	No. Of BPL Cards	BPL population	Date of Implementation
III	MEDAK	46	7	6.87	26.90	05-04-2008
	KARIMNAGAR	57	6	7.87	27.41	
	PRAKASAM	56	4	6.60	23.09	
	NELLORE	46	4	7.05	22.83	
	KADAPA	51	7	6.48	22.97	
	TOTAL	256	28	34.87	123.20	

Note: Such of the 'Health Card' holders who are covered for the specified diseases by other insurance scheme such as CGHS, ESIS, Railway, RTC etc., will not be eligible for any benefit under the scheme.

4.0 Health Cards:

All eligible families in these districts will be provided with Rajiv Aarogyasri Bhima Health Cards. These Health Cards/ BPL Ration card will be basis for identification of Beneficiary under the scheme.

4.1 Family:

Means members as enumerated and photographed on the Rajiv Aarogyasri Health Card/ BPL Ration Card. The photograph indicated in the Health Card/ BPL Ration Card will be taken as the proof for determining the eligibility of the beneficiary.

4.2 Enrollment:

GOAP / Trust will provide the details of each BPL family covered under the Scheme through the Health Card. This Health Card will be a part of enrollment / identification for availing the health insurance facility

5.0 Sum Insured on Floater Basis:

The scheme shall provide coverage for meeting expenses of hospitalization and surgical procedures of beneficiary members up to Rs.1.50 lakhs per family per year subject to limits, in any of the network hospitals. The benefit on family will be on floater basis i.e. the total reimbursement of Rs.1.50 lakhs can be availed of individually or collectively by members of the family.

Cost for cochlear Implant Surgery with Auditory –Verbal Therapy will be reimbursed by the Trust to the Insurance Company on actual basis up to a maximum of Rs.6.50 lakhs for each case.

6.0 Buffer / Corporate Sum Insured:

An additional sum of Rs 10 crores shall be provided as Buffer / corporate floater to take care of expenses; if it exceeds the original sum i.e. Rs 1.50 lakhs per Individual/family. In such cases an amount unto Rs. 50000/- per individual/family shall be additionally provided on the recommendation of the committee set up by the trust.

7.0 Cash less Transaction

It is envisaged that for each hospitalization the transaction shall be cashless for covered procedures. Enrolled BPL beneficiary will go to hospital and come out without making any payment to the hospital subject to procedure covered under the scheme. The same is the case for diagnostics if eventually the patient does not end up in doing the surgery or therapy.

8.0 Pre existing diseases

All diseases under the proposed scheme shall be covered from day one. A person suffering from any disease prior to the inception of the policy shall also be covered.

9.0 Pre and Post hospitalization

9.1 From date of reporting to hospital up to 10 days from the date of discharge from the hospital shall be part of the package rates. In case of Kidney Transplantation the postoperative care have to extend to 1 year.

9.2 Network hospital will provide follow-up free consultation and medicines supplied by the Trust wherever required for the patients undergoing treatment under the scheme for a period of up to one year from eleventh day of discharge. Commonly used follow-up medicines will be supplied to the network hospitals by the Trust from time-to-time.

10.0 Procedure for enrollment of Hospitals:

The hospitals shall be separately empanelled for phase III of the scheme.

HOSPITAL / NURSING HOME: means any institution in Andhra Pradesh established for indoor medical care and treatment of disease and injuries and the networked hospital should comply with minimum criteria as under:

a) It should have at least **50** inpatient medical beds with adequate spacing and supporting staff as per norms.
b) Fully equipped and engaged in providing Medical and Surgical facilities along with Diagnostic facilities i.e. Pathological test and X-ray, E.C.G. etc for the care and treatment of injured or sick persons as in-patient.

c) Fully equipped Operation Theatre of its own wherever surgical operations are carried out
d) Fully qualified nursing staff under its employment round the clock.
e) Fully qualified doctor(s) should be **physically** in charge round the clock.
f) Maintaining complete record as required on day-to-day basis and is able to provide necessary records of the insured patient to the Insurer or his representative as and when required.
g) Using ICD and OPQS codes for Drugs, Diagnosis, Surgical procedures etc.
h) Having sufficient experience in the specific identified field.
i) Should have infrastructure for Radiotherapy with Services of Radiation Oncologist and Medical Oncologist must be available in the hospital for empanelment for Chemo-Therapy And Radio-Therapy.
j) Should have Services of Trained ENT Surgeon for Cochlear Implant Surgery and Auditory –Verbal Therapist for empanelment for Cochlear Implant Surgery.

And

Hospital should be in a position to provide following additional benefit to the BPL beneficiaries related to identified systems:

a. Provide space and separate Rajiv Aarogyasri counter/kiosk as per the design for Aarogyamithras (Health Coordinators)
b. Provide a doctor as Medical Coordinator for Rajiv Aarogyasri.
c. Provide Computer with networking (dedicated broadband with minimum 1mbps speed), printer, scanner and digital camera.
d. Provide free food for the patient
e. Provide transport/transportation charges for patient.
f. Free OPD consultation.
g. Free diagnostic tests and medical treatment required for beneficiaries irrespective of surgery.

h. Minimum one free Health Camp in village in a week for the screening of the BPL patient suffering from the identified ailments. Hospital may have a mobile team with diagnostic equipments and team of doctors as specified by the Trust for this purpose. Villages shall be identified by the trust in consultation with district administration and communicated to the hospitals/insurance company.

MoU with network Hospital: The insurance company shall sign MoU with all the hospitals to be empanelled under the scheme. This MoU is subject to the approval of the Trust. Empanelled medical institutions are supposed to extend medical aids to the beneficiary under the scheme. A provision will be made in MOU of non-compliance clause while signing them. Such matter shall be looked in to by the Trust

11.0 Payment of Premium:

The Trust / Government will pay the insurance premium on behalf of the BPL beneficiaries to the Insurance Company directly in installments as agreed up on in the MoU.

12.0 Period Of Insurance

The insurance coverage under the scheme shall be in force for a period of one year from the date of commencement of the policy (say from 00:00 hours of 05.04.2008 to midnight of 04.04.2009)

13. 0 Refund

If there is a surplus after the pure claims experience on the premium (excluding Service Tax) at the end of the policy period, after providing 20% of the premium paid towards the Company's administrative cost, in the balance 80% after providing for claims payment and outstanding claims, 90% of the left over surplus will be refunded to the Government/Trust with in 30 days after the expiry of the policy period.

14.0 MOU

The insurer is required to enter into a MOU for implementation of the scheme with GoAP/ Trust.

15.0 Penalty clause

Failure to abide with the terms will attract penalty as suggested by the GoAP / Trust at the time of finalizing the terms.

16.0 Standardisation of formats

The Insurance Company shall standardise various formats used for cashless transactions, discharge summary, billing pattern and other reports in consultation with the Trust.

17.0 Claim settlement

The Insurance Company shall settle the claims of the hospitals within 7 days of receipt of the bills along with the discharge summary and satisfaction letter of the patient. The claim settlement progress will be scrutinized and reviewed by the Trust.

18.0 Implementation procedure:

The entire scheme is intended to be implemented as cashless hospitalization arranged by the Insurance Company. The following table represents the process flow of treatment to the beneficiary

A).

Process Flow of the Beneficiary Treatment in the Network Hospital

Step 1

Beneficiaries approach nearby PHC/Area Hospitals/District Hospital/Network Hospital. Aarogya Mithras placed in the above hospitals facilitate the beneficiary. If beneficiary visits any other PHC/Government hospital other than the Network Hospital, the doctors will give him a referral card to the Network Hospital after preliminary diagnosis. The Beneficiary may also attend the Health Camps being conducted by the Network Hospital in the Villages and can get

the referral card based on the diagnosis.

Step 2

The Aarogya mithras at the Network Hospital examines the referral card and BPL ration card and facilitates the beneficiary to undergo preliminary diagnosis and basic tests.

Step 3

The Network Hospital, based on the diagnosis, admits the patient and sends preauthorization request to the Insurance company and the Aarogyasri Health Care Trust.

Step 4

Specialists of the Insurance Company and the Trust examine the preauthorization request and approve preauthorization if all the conditions are satisfied.

Step 5

The Network Hospital extends cashless treatment and surgery to the beneficiary.

Step 6

Network Hospital after discharge forwards the original bill, discharge summary with signature of the patient and other relevant documents to Insurance Company for settlement of the claim.

Step 7

Insurance Company scrutinize the bills and gives approval for the sanction of the bill.

Step 8

Network hospital will provide follow-up free consultation and medicines supplied by the Trust for the patients undergoing treatment under the scheme for a period of up to one year from eleventh day of discharge.

B). New empanelment

The insurer needs to empanel the hospitals separately for Phase III for specialty services based on infrastructure available and as per the conditions laid down below:

- For cancer treatment, hospitals having fully qualified professionals (Medical Oncologist, Radiation Oncologist and Surgical Oncologist – all or either) and equipment (Cobalt therapy Unit, Linear accelerator and Brachy therapy unit – all or either) need to be empanelled. A combination of both professional and the equipment is essential.
- Economy protocols with packages devised by the Trust should be adhered to.
- Deviations in protocol for high cost therapy beyond package will be allowed only after scrutiny by a technical committee.
- The hospital shall follow the mechanism devised to ensure that chemotherapy drugs are physically administered, by quoting batch no., labeling of the drugs and attaching empty vials to the bills.
- The hospital should have Services of Trained ENT Surgeon for Cochlear Implant Surgery and Auditory –Verbal Therapist for empanelment for Cochlear Implant Surgery. Separate guidelines issued in this regard by the Trust shall be strictly adhered to.
- The hospital should have full time services of qualified plastic surgeon with requisite infrastructure for corrective surgeries for post-burn contractures.
- The hospital should have full time services of Pediatric Surgeons for surgeries for congenital malformations in children

The conditions laid down at para 10.0 above are common for all hospitals and shall be strictly adhered to while empanelling the hospitals.

C). Packages

The insurer should ensure that the empanelled hospitals follow the packages worked out by the Trust. The package includes consultation, medicine, diagnostics, implants, food, cost of transportation, hospital charges etc. In other words the package should cover the entire cost of patient from

date of reporting to his discharge from hospital 10 days after surgery, making the transaction truly cashless to the patient.

D) Camps

Health Camps are to be conducted in all Mandal Head Quarters, Major panchayats and municipalities. The insurer should ensure that at least one free medical camp is conducted by each network hospital in a week at the place suggested by the trust. They should carry necessary screening equipment along with specialists (as suggested by the Trust) and other para-medical staff. They should also work in close liaison with district co-coordinator, DM&HO in consultation with district collector.

E) District Level Co-ordination

District level offices with necessary infrastructure have to be set-up by the Insurance Company. The Insurer needs to have district level monitoring staff with district coordinators and regional coordinators (in charge of a group of mandals within the district). Area Managers/District coordinators/ District level doctors/Regional coordinators of the insurance company should monitor Aarogyamithras, co-ordinate with network hospital, district administration and people's representatives for effective implementation of programme. They should ensure that camps are held as per schedule, arrange for canvassing for the camp, mobilize patients and follow up the beneficiaries. He/She should work in close liaison with district administration under the supervision of district collector. He should also ensure proper flow of MIS and report to trust on day-to-day basis about the progress of the scheme in the district. The company should ensure that dedicated staff is made available for the scheme. There shall be at least one doctor to be placed in each district. Further wherever the concentration of the network hospitals is more additional doctors need to be placed. The Insurance Company shall follow the instructions of the Trust in this regard.

19.0 Aarogyamithras

a. **Aarogyamithras in PHCs/ CHCs/ Area Hospitals/ Government Hospitals etc:** The unique nature of the scheme demands the insurance company to appoint Aarogyamithras in consultation with the trust in all PHCs, CHCs, Area Hospitals and District Hospitals for propagating the scheme, mobilizing people for health camps, counseling beneficiaries, facilitating the referral/treatment of these patients and follow-up. For effective and instant communication all the Aarogyamithras will have to be provided with cell phone CUG connectivity by the Insurance Company.

b. **Aarogyamithras in Network Hospitals: The** Insurance company also needs to appoint at least two Aarogyamithras at all network hospitals to facilitate admission, treatment and cashless transaction of patient round the clock. The Aarogyamithras should also help hospitals in pre-auth, claim settlement and follow-up. They should also ensure proper reception and care in the hospital and send regular MIS. Insurance Company shall provide all Aarogyamithras with cell phone having CUG connectivity with SMS based reporting framework for effective and instant communication. The insurance company shall ensure that prefabricated Aarogyamithra kiosks with all additional requirements as per the design approved by the Trust is put up in all hospitals. The role of Aarogyamithra can be modified by the Trust from time-to-time.

The insurer will provide uniform and arrange the workshops/training sessions for the Aarogyamithras on the guidelines specified by the Trust.

The detailed note on Aarogyamithras and their role is enclosed (**Annexure B**)

20.0 Online MIS and 24 Hour E-Preauthorisation.

The Insurance Company should post enough dedicated staff, so as to ensure free flow of daily MIS and ensure that progress of scheme is reported to trust in the desired format on a real-time basis. The company should establish

proper networking for quick and error-free processing of preauthorisations. This will be done through the existing dedicated website of the Trust, the up gradation and maintenance cost of the software, hardware, connectivity and data center will be borne by the Insurance Company. The preauthorisation has to be done round- the-clock in co-ordination with trust i.e., by a team of doctors from the Trust and the Insurance Company. The preauthorization team shall have all the specialists concerned with the systems covered in the scheme on a permanent basis. The trust will provide necessary specialists and technical committees to evaluate special cases from time-to-time. The website will be a repository of information and will have the following features:

- General Information on the scheme.
- Details of patients reporting in the PHC/CHC/Government Hospitals/ District hospitals on daily basis
- Details of Health Camps and daily reporting of health camps
- Details of patients getting referred from the health camps.
- Details of in-patients and out patients in the network hospitals
- Costing of the Tests done in the network hospitals
- E-preauthorisation.
- Surgery details.
- Discharge details.
- Real-time reporting
- Claim settlement
- Electronic clearance of bills with payment gateway
- Follow-up of patient after surgery
- Distribution of Follow-up medicines.

21.0 Medical Auditors

The company should appoint enough number of medical officers who does pre-authorization in consultation with trust. The Company shall also recruit specialized doctors for regular inspection of hospitals, attend to complaints from beneficiaries directly or through Aarogyamithras for any deficiency in services by the hospitals and also to ensure proper care and counseling for the patient

at network hospital by coordinating with Aarogyamithras and hospital authorities.

22.0 In-House System

The Insurance Company has to establish in-house system to provide all facilities elaborated under the scheme.

23.0 Publicity

The insurance company on its part should ensure that proper publicity is given to the scheme. It should print brochures, banners, display boards in public places and highways. They should effectively use services of Aarogyamithras and district coordinators for this purpose.

24.0 State Level Co-Ordination

The company should nominate responsible officer/ officers to properly coordinate above work and ensure proper implementation of scheme up to the satisfaction of trust. They should review the progress with trust on day-to-day basis and be responsible to implement the suggestions of trust for effectively running the scheme. The Project Office of the Insurance Company shall be separately established at a place desired by the Trust for better coordination. The project office shall report to the CEO of the Trust on a daily basis. The following departments shall be established by the Insurance Company in the Project Office:

i) **24 hour call center** with toll free help line

ii) **MIS Department** to collect, collate and report data on a real-time basis. This department will also have a subunit with operators who collect hourly information from the Aarogyamithras, regional co-coordinators, district coordinators etc. Based on this the reverse flow of dissemination of information shall also take place. There shall be subunits for each district. The MIS department shall also follow-up the cases at all levels. The department shall also generate reports as desired by the Trust.

iii) **IT Department** to ensure that the website with e-preauthorisation, claim settlement and real-time follow-up is maintained and updated on a 24-hour basis.

iv) **Round-the-Clock Pre-authorisation Department** with specialist doctors for each category of diseases shall work round the clock along with the Trust doctors to process the preauthorization within 12 working hours. The doctors shall also undertake inspection of hospitals.

v) **Claims settlement Department** with electronic clearance facilities

vi) **Health Camp Department** to plan, intimate, implement and follow-up the camps as per the directions of the Trust.

vii) **Publicity Department** to undertake all the publicity activities as specified by the Trust

viii) **Grievance Department** to be manned by doctors and other staff to address the grievances from time to time as per the instructions of the Trust.

ix) **Follow-up Department** to coordinate the follow-up consultation and distribution of drugs as per the instructions of the Trust.

x) **Hospital-Networking department** to empanel the hospitals in the network as per the guidelines given by the Trust and monitor the compliance.

xi) **Feedback Department** to send feedback formats, collect and analyse feedback of the patients as per the directions of the Trust. The department will also document each case and upload the same in the Trust portal.

xii) **Legal Department** exclusively for the project.

xiii) **Other departments required for Office work.**

25.0 Capacity Building

The insurer will arrange the workshops/training sessions for the capacity building of the insured, their representatives and other stakeholders in respect of specific field of insurance at each district on the convenience of the insured.

26.0 Criteria for Evaluating Bids / Proposals

The Technical Proposals will be evaluated by a panel of officials nominated by the Government of Andhra Pradesh. Once the technical bids have been evaluated, the successful bidders will be informed about the date of opening of financial bids. Financial bids of only those bidders will be opened who are declared successful in the technical Bid Evaluation stage. Financial bids will be opened in presence of the representatives of insurance companies that have been declared successful in the technical bid evaluation stage.

27.0 Award of Contract

Government of Andhra Pradesh/Trust shall award the contract to the successful bidder/s whose Bid has/ have been determined to be substantially responsive, lowest evaluated bid, provided further that the bidder has been determined by the Government of Andhra Pradesh/Trust to be qualified to perform the contract satisfactorily.

28.0 Right to negotiate at the time of Award

Government of Andhra Pradesh/Trust reserves the right to negotiate starting with lowest bidder after opening the Price Bid.

29.0 Government of Andhra Pradesh /Trust's Right to Accept or Reject any or all Bids:

Government of Andhra Pradesh/Trust reserves the right to accept or reject any Bid or annul the Bidding process and reject all Bids at any time prior to award of contract, without thereby incurring any liability to the affected Bidder or Bidders. Government of Andhra Pradesh/Trust is not bound to accept the lowest or any bid.

Incomplete bids and financial bids with extra attachments are liable to be disqualified.

30.0 Notification of Award and Signing Of MOU:

The Notification of Award will be issued with the approval of the Tender Accepting Authority. The terms of MOU will be discussed with the representatives of the successful insurance company and the company is

expected to furnish a duly signing MOU proposed by GoAP/Trust in duplicate within 7 days of declaration of 'award of contract', failing which the contract may be offered to the next bidder in order of merit. Once the MOU is signed, the insurer will have no right to cancel the MOU signed between the GoAP /Trust and insurer.

31.0 Canvassing

Bidders are hereby warned that canvassing in any form for influencing the process of notification of award would result in disqualification of the Bidder.

32.0 Signature in each page of document

The competent authority of the Bidder must sign each paper of Bid Document. Any document / sheet not signed may lead to rejection of Bid.

33.0 Submission of Proposals:

The bidder must submit the proposal in both **hard and soft copies** as per the details mentioned below:

i. Technical proposal **in both hard and soft format** should be sealed in a separate envelop clearly marked in **BOLD "SECTION A – TECHNICAL PROPOSAL" and "TECHNICAL PROPOSAL FOR IMPLEMENTING "RAJIV AAROGYASRI HEALTH INSURANCE SCHEME PHASE-III"** written on the top of the envelope.

ii. Financial proposal **in both hard and soft format** should be sealed in another envelop clearly marked in **BOLD "SECTION B – FINANCIAL PROPOSAL" and "FINANCIAL PROPOSAL FOR IMPLEMENTING "RAJIV AAROGYASRI HEALTH INSURANCE SCHEME PHASE-III"** written on the top of the envelope.

iii. Both envelop should have the bidders Name and Address clearly written at the Left Bottom Corner of the envelope.

iv. Both envelops should be put in a **larger cover / envelop,** sealed and clearly marked in BOLD have

"SECTION A – TECHNICAL PROPOSAL" for "Rajiv Aarogyasri Health Insurance Scheme Phase-III".

"SECTION B – FINANCIAL PROPOSAL" for "Rajiv Aarogyasri Health Insurance Scheme Phase-III" written on envelop and have the bidders Name and Address clearly written in BOLD at the Left Bottom Corner.

v. The bids may be cancelled and not evaluated if the bidder fails to:

a. Clearly mention Technical / Financial Proposal on the respective envelops
b. To seal the envelope properly with sealing tape
c. Submit both envelops i.e. financial proposal and Technical Proposal together keeping in large envelop.
d. Give complete bids in all aspects.
e. Submit financial bids in the specified performa (Annexure 12)
f. To submit soft copies of financial proposal and Technical Proposal in respective covers.

34.0 Deadline for Submission Bids / Proposals:

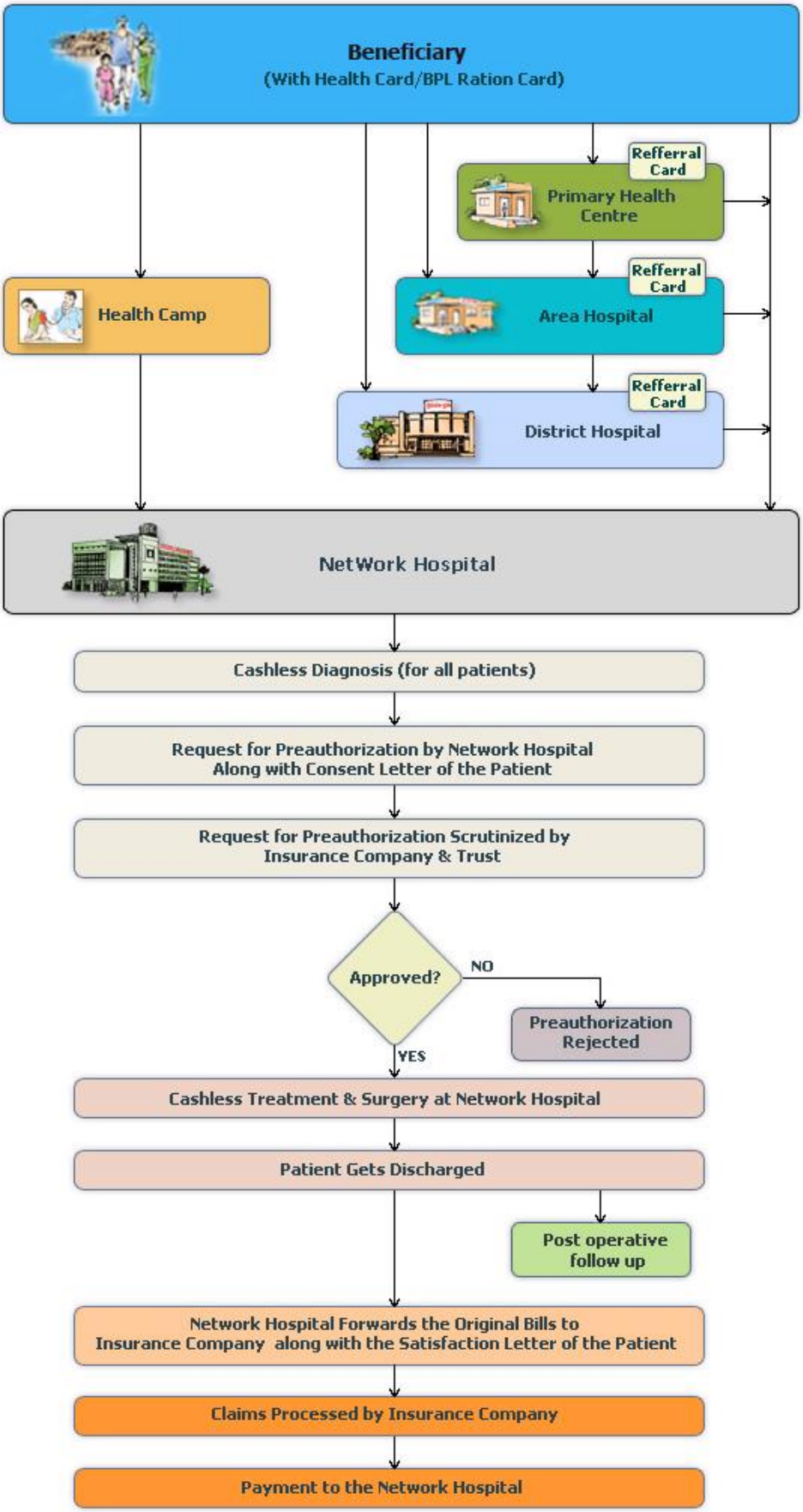
Complete bid documents should be received at the address mentioned below not later than **15.00 hours on 28th day, February 2008.** Bid documents received later than the prescribed date and time will not be entertained under any circumstances.

Address:

Chief Executive Officer
Aarogyasri Health Care Trust
3rd Floor, Municipal Complex
Besides Koti Maternity Hospital
Sultan Bazar, Koti, Hyderabad – 500 095

Phone: 040 – 24652478
Fax: 040 - 24657715
E-mail: ceo@aarogyasri.org

Working Pattern **Annexure A**



Annexure B

AAROGYAMITHRA

Aarogyamithra is Friend of Health. Aarogyamithra is a concept unique to Rajiv Aarogyasri Community Health Insurance Scheme. Aarogyamithras act as facilitators for the patients. In fact they form face of this insurance scheme.

Aarogyamithras are to be selected by the stakeholders of Self Help Group (SHG) movement/ Indira Kranthi Patham from local area of each PHC / Government Hospital in order to ensure performance efficiency and acceptability among local communities. The following qualifications are prescribed.

i) Graduate
ii) Native & Resident of the same PHC area
iii) Good communication skills
iv) Prefers to move around the villages
v) Functional knowledge of computers

The Mandal and Zilla Samakhya are the nodal agencies that select the Health Coordinators (Aarogyamithras). Insurance company has to enter into an MOU with the Zilla Samakhya to hire the services of local persons in each PHC/CHC/Area Hospital/Government Hospital. The Insurance Company will make a consolidated payment for the Health Coordinators through the Zilla Samakhya. The working of the Aarogyamithras will be monitored on a daily basis by the regional coordinators and district coordinators of the Insurance Company in coordination with the Zilla/Mandal samakhyas, District rural Development Agency, DM&HO, District Administration etc. All the Aarogyamithras are to be provided with cell phones (CUG connection) by the Insurance Company for instant communication and networking. The Insurance Company shall also provide uniforms (Aprons compulsorily) for all Aarogyamithras.

The following table shows the indicative number of PHC's / Government Hospitals where Aarogyamithras are to be placed:

Phase III

	Kadapa	Prakasam	Nellore	Medak	Karimnagar	**Total**
No. of PHCs	68	81	62	66	72	**349**
No. of CHCs (30 beds)	06	06	07	08	06	**33**
No. of Area Hospitals	02	03	02	02	02	**11**
No. of District Hospitals	01	01	01	01	01	**05**
Total	**77**	**91**	**72**	**77**	**81**	**398**

In addition to the above the Insurance Company have to select and post at least two Aarogyamithras in each Network Hospitals for round the clock monitoring of the patients. The total number will depend up on the exact number of the Network Hospitals. The Insurance Company shall follow the instructions of the Trust in this regard.

Training of Aarogyamithras

Training for Aarogyamithras shall be done by the Insurance Company on the instructions of the trust.

Role of Aarogyamithras in PHC/CHC/Government / District hospitals

1) ROLE OF PHC AAROGYAMITHRAS

a) IN THE HOSPITAL

- Publicity and awareness.
- Maintain helpdesk at hospital.
- Receive the beneficiary.
- Verify the Beneficiary criteria. (Eligibility Criteria)

- Facilitate consultation with Doctor (PHC Doctor/Nearest Govt. Hospital Doctor)
- Fill up the referral card.
- Guide the patient to the next center.
- To counsel the patients who may require any one of the listed surgeries.
- To facilitate either to a Government Hospital for further tests or to a Network Hospital depending upon the advice of the doctor.
- To guide the patient to Network Hospital.
- Follow-up the referred cases.
- In effect to act as, a guide and friend for the prospective beneficiaries under the Aarogya Sri scheme.

b) OUTSIDE THE HOSPITAL

- To send daily MIS of the patients
- To spread the awareness of the scheme in the villages.
- To spread the awareness about the scheduled camps by network hospitals in the villages.
- To coordinate with network hospitals and help conduct camps.
- Mobilize the patients for camps
- Follow up the patients identified in the camp to report to network hospital.
- Coordinate with local PR Bodies, Village organizations (VOs), Samakhyas, ANMs, Women Health Volunteers and Self-Help Groups for effective implementation of the scheme.
- Move around the villages and encourage patients to come to avail the benefits of the scheme.
- Educate villagers about the scheme and distribute brochures and other material.
- Keep in touch with the District Coordinator
- Follow up the Beneficiaries before and after Surgery.

2) ROLE OF AREA HOSPITAL/DISTRICT HOSPITAL AAROGYAMITHRAS

Apart from the duties enlisted above the Aarogyamithras in Area Hospital and District Hospitals will

- Facilitate the Patient for specialist consultation and tests
- Fill up the referral card (part-B) properly
- Counsel the patient

3) ROLE OF AAROGYAMITHRAS AT NETWORK HOSPITALS

- Maintain Help Desk at Reception of the Hospital.
- Receive the patient referred from (PHC or Network)
- Verify the documents of the patients.
- Obtain digital photograph of the patient.
- Facilitate the Patient for consultation and admission.
- Liaison with coordinator/administration of the hospital.
- Counsel the patient regarding treatment/surgery.
- Facilitate early evaluation and posting for surgery.
- Facilitate hospital send proper pre-authorization.
- Follow-up preauthorization procedure and facilitate approval.
- Follow-up recovery of patient.
- Facilitate payment of transport charges as per the guidelines.
- Facilitate cashless transaction at hospital.
- Facilitate discharge of the patient.
- Obtain feed back from the patient.
- Counsel the patient regarding follow-up.
- Coordinate with PHC/Government Hospital Aarogyamithras for follow up of beneficiary.
- Follow-up the patient referred by the hospital during the camps.
- Coordinate with the Head-Office and Medical officers for any clarifications.
- Send death reports
- Send daily MIS.
- Facilitate Network Hospital in conducting Health Camps as scheduled.

35.0 SUBMISSION OF BIDS:

The Government of Andhra Pradesh / "Aarogyasri Health Care Trust" seeks detailed bid documents from insurance companies interested in implementing "Rajiv Aarogyasri Health Insurance Scheme", in the State. The bid documents should be both in hard and soft form and should include the following:

SECTION A – TECHNICAL PROPOSAL:

A) QUALIFYING CRITERIA:

Insurance company having full fledged establishment with experience in conceptualizing, designing and implementing large healthcare schemes and registered with IRDA. **Annexure-1**

The qualifying requirements data shall be enclosed with the Technical Bid only. The bidders who do not qualify the above criteria, they will be disqualified immediately and their bids will not be considered.

B) AMENDMENT OF BIDDING DOCUMENTS:

a) At any time prior to the deadline for submission of bids, the GoAP / Trust may, for any reason modify the Bidding documents, by amendment.

b) The amendment will be notified in writing or by fax or telegram to all prospective bidders who have purchased the Bidding documents and amendments will be binding on them.

c) In order to afford prospective bidders reasonable time to take the amendment into account in preparing their bids, the purchaser may, at its discretion, extend deadline for the submission of the Bid.

NOTE: Oral statements made by the Bidder at any time regarding quality of service or arrangements of any other matter shall not be considered.

C. Others:

I. **Geographical area:** The scheme is proposed to be launched in five districts of Andhra Pradesh in Phase II.

1. Medak
2. Karimnagar
3. Prakasam
4. Nellore
5. Kadapa

II. **Experience:** Experience of the agency in implementing health insurance schemes through government agencies. **(Annexure-2)**

III. **Infrastructure:** Details of infrastructure available with the agency in the state of Andhra Pradesh. (**Annexure-3)**

IV. **Plan for setting up Project Office and other infrastructure as detailed in clause nos. 18 E and 24 (i to xiii) (in house system). (Annexure 3a)**

V. **Plan for Health Camps as detailed in clause 18D (Annexure 3b)**

VI. **Empanelled health facilities:** List of existing empanelled Tertiary, Multi, Single specialty health facilities with the insurer in the state of Andhra Pradesh **(Annexure- 4)**

VII. The list of Hospitals empanelled with the trust is enclosed. **(Annexure- 5)**

VIII. **Package rates:** Hospital should agree to the packages for each identified intervention/surgery as approved by the Trust. The package includes consultation, medicine, diagnostics, implants, food, cost of transportation, hospital and charges etc. In other words the package should cover the entire cost of patient from date of reporting to his discharge from hospital and 10 days after discharge, making the transaction truly cashless to the patient. **(Annexure - 6)**

IX. **Detailed write-up on scheme:** Detailed write-up in conformity with the proposed Insurance scheme. **Write-up [detailed prospectus as per the requirement of IRDA] should be the apart of Technical proposal.** **(Annexure- 7)**

X. **Cash less Transaction:** It is desired that for each hospitalization**,** the transaction shall be cashless for covered procedures. Enrolled BPL beneficiary will go to hospital and come out without making any payment to the hospital subject to procedure covered under the scheme.

XI. **Pre existing diseases:** All diseases under the proposed scheme shall be covered from day one. A person suffering from any disease prior to the inception of the policy shall also be covered.

XII. **Pre and Post hospitalization:** This part has been made as a part of package. The package shall cover the entire cost of patient from date of reporting to his discharge from hospital 10 days after surgery, making the transaction truly cashless to the patient. In case of Renal Transplant Surgery with Immunosuppressive therapy, the buffer amount of Rs.50, 000, if required, will also get applied automatically up to 1 year. Network hospital will provide follow-up free consultation and medicines supplied by the Trust wherever required for the patients undergoing treatment under the scheme for a period of up to one year from eleventh day of discharge. Commonly used follow-up medicines will be supplied to the network hospitals by the Trust from time-to-time.

XIII. **Draft MOU:** The insurer is required to enter into a MOU for implementation of the scheme with GoAP/ Trust. Insurer may propose a draft MOU from their end. GoAP/Trust is not bound to accept the same. **[Annexure – 8]**

XIV. **Installment facilities for payment of premium:** The trust will pay the premium in installments.

XV. **Premium Refund:** If there is a surplus after the actual claims experience on the premium (excluding Service Tax) at the end of the policy period, after providing 20% of the premium paid towards the Company's administrative cost, in the balance 80% after providing for claims payment and outstanding claims, 90% of the left over surplus will be refunded to the Government/Trust with in 30 days after the expiry of the policy period.

XVI. **Activity:** Activity wise flowchart depicting the sequence of the activities and a detailed time schedule for all activities proposed. **(Annexure–9)**

XVII. **Plan for appointing and maintaining Aarogyamithras as per clause 19.0 and Annexure B. (Annexure – 9a)**

XVIII. **Plan for website, online MIS, 24 hour e-preauthorisation and real-time reporting as per clause 20.0. (Annexure – 9b)**

XIX. **Plan for appointment of Medical Auditors. (Annexure – 9c)**

XX. **Period of agreement:** The agreement will be for one year from the effective date**.** The trust shall be having the right to accord the contract to other insurer in case of finding the unsatisfactory service track of the insurer.

XXI. **Capacity Building:** The insurer will arrange the workshop for the capacity building of the insured, their representatives and other stakeholders in respect of specific field of insurance at each district on the convenience of the insured.

XXII. **Non-compliance by any medical institution:** Empanelled medical institutions are supposed to extend medical aids to the beneficiary under the scheme. A provision is to be made in MOU of non-compliance clause while signing them. Such matter shall be looked in to by an empowered committee constituted by the GoAP/Trust.

XXIII. **Mechanism for Publicity:** Ways and steps to be suggested (**Annexure- 10)**

XXIV. **Penalty clause:** Failure to abide with the terms will attract penalty as suggested by the GoAP / Trust at the time of finalizing the terms.

XXV. **Business plan:** Detailed business plan highlighting process proposed to be adopted for, should be given as per following manner. The sequence of the same, as under, is to be maintained. **(Annexure–11)**

- Mechanism for empanelment of desired private / public health facilities / day care health facilities.
- Mechanism for standardization of various formats used for cashless transactions, discharged summary, billing pattern etc.
- Mechanism for Awareness generation:

i) Ways and means for making beneficiaries/hospitals/insured aware about the scheme.
ii) Regarding list of approved health providers, diseases/illnesses covered, claim limits, etc.
iii) Requirements of claims documents.
iv) Procedure for submitting claims.
v) Time frame for settlement of claims etc.

- Mechanism for monitoring: Enumerate the process.
- Mechanism for ensuring timely receipt of list of empanelled hospitals by the beneficiary.
- Mechanism for ensuring proper administration of policy (prompt verification and settlement of claims).
- MIS for claims reporting, claims settlement, claims paid, float amount and other related information as required by GoAP / Trust on monthly basis and as and when required.
- Time-line for entire process – from beneficiary approaching the network hospital for treatment to lodging of claims and settlement.
- Procedure for reporting the progress to appropriate authority nominated by GoAP at state, division and district level.
- Grievance redressal mechanism procedure at district and state level.

XXVI. Other information, if any (Annexure 11a)

XXVII. Additional benefits: In case the bidder wants to offer additional benefits in addition to those mentioned earlier, the same may be given in detail. **This will be the part of financial bid** (**Annexure - 12)**

SECTION B – FINANCIAL PROPOSAL **Annexure-12**

Financial costs including administrative expenses, overheads, service charges etc. that the insurance company expects for rendering the services must be a part of premium.

A) Premium quote for a sum insured of Rs. 1.50 Lakh per family on floater basis:

B) Premium quote for Rupees 10 Crores as buffer / corporate sum insured. A sum of Rs. 50,000 can be availed by the individual if it has consumed the basic sum insured of Rs. 1.50 lakh. This is subject to the case being recommended by the Committee appointed by the Trust and to the availability of balance amount in buffer account.

C) Details of Add on cover without any additional premium:

S. No.	Benefits	Details
1		
2		
3		
4		

Note: No other documents or attachments are permissible along with annexure 12. Any deviation will attract disqualification.

NOTE: TERMS CAN BE AMENDED BY THE GOAP / TRUST BEFORE ENTERING INTO THE CONTRACT.

Name of the Insurance Company: _____

SECTION A – DETAILS OF TECHNICAL PROPOSAL:

	Section of Technical Bid	Annexures/ Comments	To be provided by/ filled up by
A	Qualifying Criteria:	IRDA license attached (Annexure-1)	Insurer
B	Amendment of bidding documents:		Trust
C	Others:		Insurer
I	Geographical Area	1. Medak 2. Karimnagar 3. Prakasam 4. Nellore 5. Kadapa	
II	Experience:	Annexure-2	Insurer
III	Office Infrastructure:	Annexure-3	Insurer
IV	Plan for setting up Project Office and other infrastructure detailed in the scheme (in house system).	Annexure- 3a	Insurer
V	Plan for Health Camps	Annexure – 3b	Insurer
VI	Empanelled health facilities: With Insurer	Annexure- 4	Insurer
VII	Empanelled health facilities: With the Trust	Annexure- 5	Trust
VIII	Package rates:	Annexure- 6	Trust
IX	Detailed write-up on scheme	Annexure- 7	Insurer
X	Cash less Transaction:		Insurer
XI	Pre existing diseases:		Insurer
XII	Pre and Post hospitalization:		Insurer
XIII	Draft MOU:	Annexure- 8	Insurer
XIV	Installment facilities for payment of premium:		Insurer
XV	Premium Refund:		Insurer
XVI	Activity:	Annexure-9	Insurer
XVII	Plan for appointing and maintaining Aarogyamithras as per	Annexure-9a	Insurer

	clause 19.0 and Annexure B.		
XVIII	Plan for website, online MIS, e-preauthorisation and real-time reporting as per clause 20.0.	Annexure-9b	Insurer
XIX	Plan for appointment of Medical Auditors	Annexure-9c	Insurer
XX	Period of agreement:		Insurer
XXI	Capacity Building:		Insurer
XXII	Non compliances by any medical institution:		Insurer
XXIII	Mechanism for Publicity:	Annexure-10	Insurer
XXIV	Penalty clause:		Trust
XXV	Business plan:	Annexure-11	Insurer
XXVI	Other information, if any	Annexure-11a	Insurer
XXVII	Additional benefits:	**Annexure-12 (Part of Financial Bid)**	Insurer

NOTE:

Bidder is supposed to give point wise reply of the tender document for agreement / disagreement and attach the necessary annexure as mentioned above.

DECLARATION BY THE BIDDER

I, _____ Designated as _____
At_____ of _____ Insurance Company here by declare that I have read the contents of the tender document and here by submit the bid in the desired format with respective annexures duly signed by me.

DATE: **SIGNATURE**

Annexure 2

D. EXPERIENCE OF THE BIDDER

Sr. No.	Name of the Scheme and Beneficiary Group	State / area where implemented	Number of Beneficiaries/ Families	Premium (in Rs.)		Number of years the scheme has been in operation (YEAR WISE)	Claims	
				Per Beneficiary / families	Total Premium		Received (No)	Settled (Rs)
	1	2	3	4	5	6	7	8

Organizational Setup: **Annexure -3**

3.1 Organogram of organization at National level

3.2 Organogram of organization at Regional level (Southern Region)

3.3 Organogram of organization at State level – specific to Andhra Pradesh

Location of Offices in Andhra Pradesh	Number of Staff in each office	Name & designation of Office In-charge	Address. E-mail and Contact Number of Each office
1	2	4	5

Signature

List of Empanelled Health facilities with Insurer in Andhra Pradesh

Annexure 4

S.No	NAME OF HOSPITAL	District	LOCATION	SPECIALITY	ADDRESS
1					
2					
3					
4					
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36					

List must be district wise alphabetically

Signature

Annexure – 5

RAJIV AAROGYASRI COMMUNITY HEALTH INSURANCE SCHEME

LIST OF NETWORK HOSPITALS

S.No.	Hospital Name	City
1	KONASEEMA INSTITUTE OF MEDICAL SCIENCES	AMALAPURAM
2	PAVANI HOSPITAL	ANANTAPUR
3	GOVT GENERAL HOSPITAL	ANANTAPUR
4	VARMA HEART CARE CENTRE	BHIMAVARAM
5	APOLLO HOSPITALS, ARAGONDA	CHITTOOR
6	ASRAM HOSPITAL	ELURU
7	BALAJI CANCER CARE CENTRE	GUNTUR
8	ENT NURSING HOME	GUNTUR
9	GOVERNMENT GENERAL HOSPITAL	GUNTUR
10	GUNTUR CANCER CARE CENTRE LTD	GUNTUR
11	KARUMURI MULTI SPECIALITY HOSPITAL	GUNTUR
12	LALITHA HOSPITAL	GUNTUR
13	NRI ACADAMY OF SCIENCES	GUNTUR
14	APOLLO HOSPITAL, DRDO	HYDERABAD
15	APOLLO HOSPITALS, JUBILEE HISLLS	HYDERABAD
16	APOLLO HOSPITALS, VIKRAMPURI	HYDERABAD
17	ASIAN INSTITUTE OF GASTRO ENTEROLOGY	HYDERABAD
18	BALAJI HOSPITAL	HYDERABAD
19	BIBI CANCER ANDGENERAL HOSPITAL	HYDERABAD
20	CARE HOSPITALS, BANJARAHILLS	HYDERABAD
21	CARE HOSPITALS, NAMPALLY	HYDERABAD
22	CARE HOSPITALS, MUSHEERABAD	HYDERABAD
23	DURGABHAI DESHMUKH HOSPITAL AND RESEARCH CENTRE	HYDERABAD
24	GANDHI HOSPITALS	HYDERABAD
25	GENESIS HOSPITALS	HYDERABAD
26	GLOBAL HOSPITAL, LAKDIKAPOOL	HYDERABAD
27	GOVERNMENT METERNITY HOSPITAL, KOTI	HYDERABAD
28	GOVERNMENT METERNITY HOSPITAL, NAYAPUL	HYDERABAD
29	IMAGE HOSPITALS, AMEERPET	HYDERABAD
30	IMAGE HOSPITALS, MADHAPUR	HYDERABAD
31	INDO-AMERICAN CANCER INSTITUTE	HYDERABAD
32	INNOVA CHILDRENS HEART CENTRE	HYDERABAD
33	KAMINENI HOSPITALS, L.B.NAGAR	HYDERABAD
34	KAMINENI WOCKHARDT HEART CENTER, KING KOTI	HYDERABAD
35	KAMINENI WOCKHARDT HEART CENTER, L.B.NAGAR	HYDERABAD
36	KRISHNA INSTITUTE OF MEDICAL SCIENCES	HYDERABAD
37	LOTUS CHILDRENS HOSPITAL	HYDERABAD
38	M.N.J. CANCAR INSTITUTE	HYDERABAD
39	MAHAVEER HOSPITAL	HYDERABAD
40	MEDICITI HOSPITAL	HYDERABAD
41	MEDICITI INSTITUTE OF MEDICAL SCIENCES, MEDCHAL	HYDERABAD
42	MEDWIN HOSPITAL	HYDERABAD
43	NIMS HOSPITALS	HYDERABAD
44	OSMANIA HOSPITAL	HYDERABAD
45	POULOMI HOSPITAL	HYDERABAD

46	RANIBOW CHILDRENS HOSPITAL	HYDERABAD
47	REMEDY HOSPITALS	HYDERABAD
48	S.V.R. SUPER SPECIALITY HOSPITAL	HYDERABAD
49	SAI BHAVANI HOSPITAL	HYDERABAD
50	SAI VANI HOSPITAL LTD	HYDERABAD
51	SHRAVANA MULTI SPECIALITY	HYDERABAD
52	SIGMA HOSPITALS	HYDERABAD
53	SOUMYA HOSPITAL	HYDERABAD
54	SRI SAI KAMALA HOSPITAL	HYDERABAD
55	SRI SAI SRINIVASA SPECIALITY HOSPITAL	HYDERABAD
56	USHA MOHAN HOSPITAL	HYDERABAD
57	VASAVI ENT HOSPITAL	HYDERABAD
58	VIJAYA HEALTH CARE	HYDERABAD
59	WOODLANDS HOSPITAL	HYDERABAD
60	YASHODA HOSPITALS	HYDERABAD
61	YASHODA HOSPITALS, MALAKPET	HYDERABAD
62	APOLLO HOSPITAL	KAKINADA
63	GOVERNMENT GENERAL HOSPITAL	KAKINADA
64	SRI SAI RAGHAVENDRA MULTI SPECIALTY HOSPITAL	KAKINADA
65	GOWRI GOPAL HOSPITAL	KURNOOL
66	R.R HOSPITAL	KURNOOL
67	VIJAYA HOSPITAL	KURNOOL
68	VISWABHARATHI SUPER SPECIALITY HOSPITAL	KURNOOL
69	GOVT GENERAL HOSPITAL	KURNOOL
70	KAMINENI INSTITUTE OF MEDICAL SCIENCES, NALGONDA	NALGONDA
71	BOLLINENI SUPER SPECIALITY HOSPITALS	NELLORE
72	NARAYANA MEDICAL COLLEGE HOSPITAL	NELLORE
73	BOLLINENI HEART CENTRE	RAJAHMUNDRY
74	G S L MEDICAL COLLEGE	RAJAHMUNDRY
75	RAJU NEURO & MULTI SPECIALTY HOSPITAL	RAJAHMUNDRY
76	SWATANTRA HOSPITALS	RAJAHMUNDRY
77	GOVERNMENT MATERNITY HOSPITAL	TIRUPATI
78	RUSSH HOSPITALS	TIRUPATI
79	S.V.R.R.HOSPITAL	TIRUPATI
80	SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES	TIRUPATI
81	CARE HOSPITALS	VIJAYAWADA
82	CHARITHASRI HOSPITAL LTD	VIJAYAWADA
83	CITI CARDIAC CENTER	VIJAYAWADA
84	CITY CANCER CENTER	VIJAYAWADA
85	GOVERNMENT GENERAL HOSPITAL	VIJAYAWADA
86	HELP HOSPITAL	VIJAYAWADA
87	MANIPAL SUPER SPECIALITY HOSPITAL	VIJAYAWADA
88	NAGARJUNA HOSPITAL	VIJAYAWADA
89	PURNA HEART INSITITUTE	VIJAYAWADA
90	VIJETHA HOSPITALS	VIJAYAWADA
91	APOLLO HOSPITAL	VISHAKAPATNAM
92	CARE HOSPTIALS	VISHAKAPATNAM
93	KALA HOSPITAL	VISHAKAPATNAM
94	KALAVATHI SURGICAL AND LAPROSCOPIC CENTER	VISHAKAPATNAM
95	KING GEORGE HOSPITAL	VISHAKAPATNAM

96	LIONS CANCER HOSPITAL	VISHAKAPATNAM
97	MAHATMA GADHI CANCER HOSPITALS	VISHAKAPATNAM
98	QUEENS NRI HOSPITALS	VISHAKAPATNAM
99	SEVEN HILLS	VISHAKAPATNAM
100	SIMHADRI HOSPITAL	VISHAKAPATNAM
101	SRI SURYA HOSPITALS	VISHAKAPATNAM
102	MAHARAJAH INSTITUTE OF MEDICAL SCIENCES	VIZIANAGARAM
103	TIRUMALA HOSPITALS	VIZIANAGARAM
104	JAYA HOSPITAL	WARANGAL
105	ST.ANNS CANCER CENTER	WARANGAL

Annexure - 6

RAJIV AAROGYA SRI COMMUNITY HEALTH INSURANCE SCHEME
PACKAGES

GENERAL GUIDELINES ON THE PACKAGES.

1. The package includes
   - Consultation, medicines, diagnostics, specialist services
   - Implants, grafts, prosthetics,
   - Food,
   - Cost of transportation
   - Hospital charges etc.

   In other words the package should cover the entire cost of treatment of the patient from date of reporting to his discharge from hospital and 10 days after discharge and any complications while in hospital, making the transaction truly cashless to the patient. The post-operative hospital stay in all surgical procedures shall be minimum of 10 days except in case of interventions and chemotherapy for cancers.
2. Hospital shall conduct all diagnostic tests as per standard protocols free of cost.
3. Hospital shall provide 10 days post discharge free medicines to the patient within package.
4. Hospital shall provide reasonably good food to the patient, and shall make alternate arrangement for food wherever in-house pantry is not available. The hospital shall not give money as an alternative to food.
5. Hospital shall pay return fare from Mandal Headquarters to the town where hospital is situated based on RTC fare.
6. Hospital use standard prosthetics and implants for surgical procedures and shall not charge extra cost from the patient on the ground of providing a better prosthetic, however if there is genuine technical reason to justify such a higher value prosthetic/implant it can request the technical committee to approve enhancement with evidence.
7. Hospital shall assist and facilitate the patient to procure compatible blood for the surgeries. The hospital shall provide blood from their own blood bank subject to availability within the package. In case of non-availability the hospital shall make efforts to procure from other blood banks, Red Cross, voluntary organizations etc. The hospital shall also issue a copy of the request letter to the patient.

PACKAGE RATES

	1	CARDIAC	Cost
1	1.1	Coronary Bypass Surgery	95000
2	1.1.1	Coronary Bypass Surgery-post Angioplasty	105000
3	1.1.2	*CABG with IABP pump*	125000
4	1.1.3	*CABG with aneurismal repair*	110000
5	1.2	*Intracardiac Tumors*	75000
6	1.3	Coronary Baloon Angioplasty	60000
7	1.4	Total Correction of Tetralogy of Fallot	95000
8	1.5	Ruptured sinus of valsulva Correction	95000
9	1.6	TAPVC Correction	95000
10	1.7	Intra cardiac Repair of ASD	75000
11	1.7.1	Intra cardiac Repair of VSD	75000
12	1.8	Patent Ductus Arteriousus -Surgery-PDA	20000
13	1.8.1	BT shunt	20000
	1.9	Ross Procedure Intracardiac Repair of Complex	

		congenital heart diseases	
14	1.9.1	With Special Conduits	1,25,000
15	1.9.2	Without Special Conduits	95000
	1.10	Balloon Valvotomy	
16	1.10.1	Balloon Valvotomy-Pulmonary	20000
17	1.10.2	Balloon Valvotomy-Mitral	20000
18	1.10.3	Balloon Valvotomy-Aortic	20000
19	1.11	Open Mitral Valvotomy	75000
20	1.11.1	Open Pulmonary Valvotomy	75000
	1.12	Valve Repairs	
21	1.12.1	With Prosthetic Ring	100000
22	1.12.2	Without Prosthetic Ring	85000
	1.13	Systemic Pulmonary Shunts	
23	1.13.1	With Graft	20000
24	1.13.2	Without Graft	20000
25	1.14	Closed mitral valvotomy	20000
26	1.15.1	Mitral Valve Replacement (With Valve)	120000
27	1.15.2	Tricuspid Valve Replacement (With Valve)	120000
28	1.16	Aortic Valve Replacement (With Valve)	120000
29	1.17	Double Valve Replacement (With Valve)	150000
30	1.18	Mitral Valvotomy (Open)	80000
31	1.19	Pericardiostomy surgery CT	10000
32	1.20	Pericardiectomy	30000
33	1.21	Pericardio Centesis	2000
34	1.22	Permanent Pacemaker Implantation	75000
35	1.23	Temporary Pacemaker Implantation	10000
	1.24	Coaractation-Arota Repair	
36	1.24.1	With Graft	32000
37	1.24.2	Without Graft	25000
38	1.25	Aneurysm Resection & Grafting	125000
39	1.26	Intrathoracic Aneurysm -Aneurysm not Requiring Bypass (with Graft)	65000
40	1.27	Intrathoracic Aneurysm -Requiring Bypass (With Graft)	125000
41	1.28	Dissecting Aneurysms	75000
42	1.29	Vertebral Angioplasty	75000
43	1.30	Annulus aortic ectoria with valved conduits	150000
	1.31	Aorto-Aorto Bypass	
44	1.31.1	With Graft	60000
45	1.31.2	Without Graft	45000
	1.32	Femoro- Poplitial Bypass	
46	1.32.1	With Graft	45000
47	1.32.2	Without Graft	30000
	1.33	Femorofemoral Bypass	
48	1.33.1	With Graft	45000
49	1.33.2	Without Graft	25000
	2	**LUNGS**	
50	2.1	*Pneumonectomy*	50000
51	2.2	*Lobectomy*	50000
52	2.3	*Decortication*	50000
53	2.4	*Lung Cyst*	50000
54	2.5	*SOL mediastinum*	50000
	2.6	*Surgical Correction of Bronchopleural Fistula.*	

55	2.6.1	*Thorocoplasty*	50000
56	2.6.2	*Myoplasty*	50000
57	2.6.3	*Transpleural BPF closure*	50000
	3	**LIVER**	
58	3.1	*Rt.Hepatectomy*	75000
59	3.2	*Lt.Hepatectomy*	75000
60	3.3	*Segmentectomy*	50000
	4	**PANCREAS**	
61	4.1	*Distal Pancreatectomy*	100000
62	4.2	*Enucleation of Cyst*	75000
63	4.3	Whipples – any type	75000
64	4.4	Triple Bypass & other Bypasses	25000
	5	**PAEDIATRIC CONGENITAL MALFORMATIONS**	
65	5.1	*Oesophageal Atresia*	60000
66	5.2	*Diaphragmatic Hernia*	60000
67	5.3	*Intestinal Atresias & Obstructions*	50000
68	5.4	*Biliary Atresia & Choledochal Cyst*	55000
69	5.5.1	*Anorectal Malformations Stage 1*	45000
70	5.5.2	*Anorectal Malformations Stage 2*	60000
71	5.6.1	*Hirschprungs Disease Stage1*	45000
72	5.6.2	*Hirschprungs Disease Stage 2*	60000
73	5.7	*Congenital Hydronephrosis*	50000
74	5.8	*Ureteric Reimplantations*	65000
75	5.9.1	*Extrophy Bladder Stage 1*	65000
76	5.9.2	*Extrophy Bladder Stage 2*	60000
77	5.10	*Posterior Urethral Valves*	30000
78	5.11	*Hypospadias Single Stage*	40000
79	5.12.1	*Hypospadias Stage1*	35000
80	5.12.2	*Hypospadias Stage 2*	35000
81	5.13	*Paediatric Tumors*	50000
82	5.14	*Cleft lip*	10000
83	5.15	*Cleft Palate*	15000
84	5.16	*Velo-Pharyngial Incompetence*	15000
85	5.17	*Syndactyly of Hand for each hand*	15000
86	5.18	*Microtia/Anotia*	30000
87	5.19	*TM joint ankylosis*	40000
	6	**RENAL**	
88	6.1	HaemoDialysis (Pre Transplant only)	1000/dialysis up to 5000
89	6.1.1	A.V. Fistule(Pre-Transplant Procedure only)	5000
90	6.2	Renal Transplantation surgery	130000
	6.2.1	Post Transplant immunosuppressive Treatment upto 1 year	
91	6.2.1.1	1st quarter	15000
92	6.2.1.2	2nd quarter	15000
93	6.2.1.3	3rd quarter	15000
94	6.2.1.4	4th quarter	15000
	6.3	Surgery for Renal Calculi	
95	6.3.1	Open Pylolithotomy	10000
96	6.3.2	Open Nephrolithotomy	10000
97	6.3.3	Open Cystolithotomy	10000
98	6.3.4	Open Ureterolithotomy	10000
99	6.3.4	PCNL	10000

100	6.3.5	Laparoscopic Pylolithotomy	15000
101	6.3.6	ESWL	10000
102	6.3.7	Nephrostomy	2000
103	6.3.8	DJ stunt	1000
104	6.4	Renal Angioplasty	60000
	7	**NEUROSURGERY**	
105	7.1	Craniotomy and Evacuation of Haematoma – Subdural(Non-Traumatic)	40000
106	7.2	Craniotomy and Evacuation of Haematoma – Extradural(Non-Traumatic)	40000
107	7.3	Evacuation of Brain Abscess-burr hole	25000
108	7.4	Excision of Lobe (Frontal,Temporal,Cerebellum etc.)	40000
109	7.5	Excision of Brain Tumours –Supratentotial	40000
110	7.6	Excision of Brain Tumours –Subtentorial	45000
111	7.7	Surgery of Cord Tumours	25000
112	7.8	Ventriculoatrial /Ventriculoperitoneal Shunt	20000
113	7.9	Excision of Cervical Inter-Vertebral Discs	15000
114	7.10	Twist Drill Craniostomy	15000
115	7.11	Subdural Tapping	15000
116	7.12	Ventricular Tapping	15000
117	7.13	Abscess Tapping	20000
118	7.14	Vascular Malformations	40000
119	7.15	Peritoneal Shunt	15000
120	7.16	Atrial Shunt	15000
121	7.17	Meningo Encephalocele	25000
122	7.18	Meningomyelocele	25000
123	7.19	C.S.F. Rhinorrhoea	20000
124	7.20	Cranioplasty	30000
125	7.21	Posterior Cervical Dissectomy	15000
126	7.22	Anterior Cervical Dissectomy	15000
127	7.23	Meningocele Excision	25000
128	7.24	Ventriculo-Atrial Shunt	20000
129	7.25	Anterior Cervical Spine Surgery with fusion	45000
130	7.26	Anterior Lateral Decompression	30000
131	7.27	Laminectomy	25000
132	7.28	Combined Trans-oral Surgery & CV Junction Fusion	30000
133	7.29	C.V. Junction Fusion	20000
134	7.31	Discectomy	25000
135	7.32	Spinal Fusion Procedure	30000
136	7.33	Spinal Intra Medullary Tumours	30000
137	7.34	Spinal Bifida Surgery Major	20000
138	7.35	Spina Bifida Surgery Minor	15000
139	7.36	Stereotactic Procedures	20000
140	7.37	Trans Sphenoidal Surgery	20000
141	7.38	Trans Oral Surgery	25000
	8	**CANCER – Surgeries**	
	8.1	**Head & Neck**	
142	8.1.1	Composite Resection & Reconstruction	60000
143	8.1.2	Neck Dissection – any type	25000
144	8.1.3	Hemiglossectomy	15000
145	8.1.4	Maxillectomy – any type	25000
146	8.1.5	Thyroidectomy – any type	20000
147	8.1.6	Parotidectomy – any type	20000

148	8.1.7	Laryngectomy – any type	40000
149	8.1.8	Laryngopharyngo Oesophagectomy	75000
150	8.1.9	Hemimandibulectomy	25000
151	8.1.10	Wide excision	25000
	8.2	**Gastrointestinal Tract**	
152	8.2.1	Oesophagectomy – any type	60000
153	8.2.2	2. Gastrectomy – any type	40000
154	8.2.3	3. Colectomy – any type	40000
155	8.2.4	4. Anterior Resection	50000
156	8.2.5	5. Abdominoperenial Resection	40000
	8.3	**Genito Urinary System**	
157	8.3.1	Radical Nephrectomy	40000
158	8.3.2	Radical Cystectomy	60000
159	8.3.3	Other Cystectomies	40000
160	8.3.4	Total Penectomy	25000
161	8.3.5	Partial Penectomy	15000
162	8.3.6	Inguinal Block Dissection – one side	15000
163	8.3.7	Radical Prostatectomy	60000
164	8.3.8	High Orchidectomy	15000
165	8.3.9	Bilateral Orchidectomy	10000
166	8.3.10	Emasculation	30000
	8.4	**Gynaecological Oncology**	
167	8.4.1	Hysterectomy	25000
168	8.4.2	Radical Hysterectomy	30000
169	8.4.3	Surgery for Ca Ovary – early stage	25000
170	8.4.4	Surgery for Ca Ovary – advance stage	40000
171	8.4.5	Vulvectomy	15000
172	8.4.6	Salpingo – oophorectomy	25000
	8.5	**Tumors of the Female Breast**	
173	8.5.1	1. Mastectomy – any type	25000
174	8.5.2	2. Axillary Dissection	15000
175	8.5.3	3. Wide excision	5000
176	8.5.4	4. Lumptectomy	3000
177	8.5.5	5. Breast reconstruction	25000
178	8.5.6	6. Chest wall resection	20000
	8.6	**Skin Tumors**	
179	8.6.1	1. Wide excision	10000
180	8.6.2	2.Wide excision + Reconstruction	20000
181	8.6.3	3. Amputation	20000
	8.7	**Soft Tissue and Bone Tumors**	
182	8.7.1	1. Wide excision	15000
183	8.7.2	2. Wide excision + Reconstruction	25000
184	8.7.3	3. Amputation	20000
	8A	**CANCER – Chemotherapy***	**Cost/Cycle**
	8A.1	**Breast Cancer**	
185	8A.1.1	Adriamycin/Cyclophosphamide (AC)	3000
186	8A.1.2	5- Fluorouracil A-C (FAC)	3100
187	8A.1.3	AC (AC then T)	3000
188	8A.1.4	Paclitaxel	9500
189	8A.1.5	Cyclophosphamide/Methotrexate/5Fluorouracil(CMF)	1500
190	8A.1.6	Tamoxifen tabs	85/month
191	8A.1.7	Aromatase Inhibitors	835/month

	8A.2	**Cervical Cancer**	
192	8A.2.1	Weekly Cisplatin	2000
	8A.3	**Vulvar Cancer**	
193	8A.3.1	Cisplatin/5-FU	5000
	8A.4	**Vaginal Cancer**	
194	8A.4.1	Cisplatin/5-FU	5000
	8A.5	**Ovarian Cancer**	
195	8A.5.1	Carboplatin/Paclitaxel	10500
	8A.6	**Ovary- Germ Cell Tumor**	
196	8A.6.1	Bleomycin-Etoposide-Cisplatin (BEP)	8000
	8A.7	**Gestational Trophoblast Ds.**	
	8A.7.1	**Low risk**	
197	8A.7.1.1	Weekly Methotrexate	600
198	8A.7.1.2	Actinomycin	3000
	8A.7.2	High risk	
199	8A.7.2.1	Etoposide-Methotrexate-Actinomycin / Cyclophosphamide –Vincristine (EMA-CO)	6000
	8A.9	**Testicular Cancer**	
200	8A.9.1	Bleomycin-Etoposide-Cisplatin (BEP)	8000
	8A.10	**Prostate Cancer**	
201	8A.10.1	Hormonal therapy	3000/month
	8A.11	**Bladder Cancer**	
202	8A.11.1	Weekly Cisplatin	2000
203	8A.11.2	Methotrexate Vinblastine Adriamycin Cyclophosphamide (MVAC)	5000
	8A.12	**Lung Cancer**	
	8A.12.1	Non-small cell lung cancer	
204	8A.12.1.1	Cisplatin/Etoposide (IIIB)	7000
	8A.13	**Esophageal Cancer**	
205	8A.13.1	Cisplatin- 5FU	5000
	8A.14	**Gastric Cancer**	
206	8A.14.1	5-FU –Leucovorin (McDonald Regimen)	5000
	8A.15	**Colorectal Cancer**	
207	8A.15.1	Monthly 5-FU	4000
208	8A.15.2	5-Fluorouracil-Oxaliplatin –Leucovorin (FOLFOX) (Stage III only)	10000
	8A.16	**Osteosarcoma/ Bone Tumors**	
209	8A.16.1	Cisplatin/Adriamycin	20000
	8A.17	**Lymphoma**	
	8A.17.1	**i) Hodgkin Disease**	
210	8A.17.1.1	Adriamycin – Bleomycin – Vinblastine Dacarbazine (ABVD)	4000
	8A.17.2	**ii) NHL**	
211	8A.17.2.1	Cyclophosphamide – Adriamycin Vincristine – Prednisone (CHOP)	3500
	8A.18	**Multiple Myeloma**	
212	8A.18.1	Vincristine, Adriamycin,Dexamethasone(VAD)	4000
213	8A.18.2	High dose decadron (oral)	1500
214	8A.18.3	Melphalan –Prednisone (oral)	1500
	8A.19	**Wilm's Tumor**	
215	8A.19.1	SIOP/NWTS regimen(Stages I – III)	7000/month

	8A.20	**Hepatoblastoma- operable**	
216	8A.20.1	Cisplatin – Adriamycin	15000
	8A.21	**Childhood B Cell Lymphomas**	
217	8A.21.1	Variable Regimen	Up to 12000
	8A.22	**Neuroblastoma (Stages I-III)**	
218	8A.22.1	Variable Regimen	Up to 10000
	8A.23	**Retinoblastoma**	
219	8A.23.1	Carbo/Etoposide/Vincristine	4000
	8A.24	**Histiocytosis**	
220	8A.24.1	Variable Regimen	Up to 8000/month
	8A.25	**Rhabdomyosarcoma**	
221	8A.25.1	Vincristine-Actinomycin-Cyclophosphamide(VactC) based chemo	9000/month
	8A.26	**Ewings sarcoma**	
222	8A.26.1	Variable Regimen	Up to 9000/ month
	8A.27	**Acute Myeloid Leukemia**	
223	8A.27.1	Induction Phase	Up to 50000
224	8A.27.2	Consolidation Phase	Up to 40000
225	8A.27.3	Maintenance	3000 per month
	8A.28	**Acute Lymphoblastic Leukemia**	
	8A.28.1	Induction	
226	8A.28.1.1	1st and 2nd months	Up to 50000
227	8A.28.1.2	3rd, 4th, 5th	Up to 20000
228	8A.28.2	Maintenance	3000 per month
	8B	**RADIOTHERAPY**	
	8B.1	**Cobalt 60 External Beam Radiotherapy**	
229	8B.1.1	Radical Treatment	20,000
230	8B.1.2	Palliative Treatment	10,000
231	8B.1.3	Adjuvant Treatment	15,000
	8B.2	**External Beam Radiotherapy (on linear accelerator)**	
232	8B.2.1	Radical Treatment with Photons	50,000
233	8B.2.2	Palliative Treatment with Photons	20,000
234	8B.2.3	Adjuvant Treatment with Photons/Electrons	35,000
	8B.3	**Brachytherapy**	
	8B.3.1	**A) Intracavitary**	
235	8B.3.1.1	i. LDR per application	4,500/-
236	8B.3.1.2	ii. HDR per application	2,500/-
	8B.3.2	**B) Interstitial**	
238	8B.3.2.1	i. LDR per application	15,000/-
239	8B.3.2.2	ii. HDR – one application and multiple dose fractions	25,000/-
	9	**BURNS**	
	9.1	**30% - 50% Burns**	
240	9.1.1	upto-40% with Scalds(Conservative)	35,000
241	9.1.2	upto-40% Mixed Burns(with Surgeries)	50,000
242	9.1.3	upto-50% with Scalds (Conservative)	60,000
243	9.1.4	upto-50% Mixed Burns(with Surgeries)	70,000
	9.2	**Above 50% Burns**	
244	9.2.1	upto-60% with Scalds (Conservative)	80000
245	9.2.2	Up to-60% Mixed Burns (with Surgeries)	1,00,000
246	9.2.3	Above 60% Mixed Burns (with Surgeries)	1,20,000

	9.3	***Post Burn Contracture surgeries for Functional Improvement(Package including splints, pressure garments and physiotherapy)***	
247	*9.3.1*	*Mild*	*20000*
248	*9.3.2*	*Moderate*	*30000*
249	*9.3.3*	*Severe*	*40000*
	10	**POLY TRAUMA & ACCIDENT SURGERIES**	**Maximum package**
	10.1	***Orthopedic Trauma***	
250	10.1.1	*Surgical Correction of Longbone Fracture*	15000
251	10.1.2	*Amputation Surgery*	5000
252	10.1.3	*Soft Tissue Injury*	5000
	10.2	***Neuro-Surgical Trauma***	
253	10.2.1	*Conservative*	
254	10.2.1.1	*Stay in General Ward@Rs.500/day*	6000
255	10.2.1.2	*Stay in Neuro ICU@Rs.4000/day*	28000
256	10.2.2	*Surgical Treatment (Up to)*	150000
	10.3	***Chest Injuries***	
257	10,3.1	*Conservative*	
258	10.3.1.1	*Stay in General Ward@Rs.500/day*	3000
259	10.3.1.2	*Stay in Respiratory ICU@Rs.4000/day*	20000
260	10.3.2	*Surgical treatment*	50000
	10.4	***Abdominal Injuries***	
261	10.4.1	*Conservative*	
262	10.4.1.1	*Stay in General Ward@Rs.500/day*	3000
263	10.4.1.2	*Stay in Surgical ICU@Rs.1000/day*	7000
264	10.4.2	*Surgical treatment*	75000
	10.5	***Emergency Room Procedures***	
265	10.5.1	*Tracheostomy*	3000
266	10.5.2	*Thorocotomy*	3000
	11	**Cochlear Implant Surgery For Children Below 6 Years**	
267	11.1	Cochlear Implant Surgery	520000
	11.2	Auditory-Verbal Therapy	
268	11.2.1	Initial Mapping/Switch on	50000
269	11.3.1	Post Switch on Mapping/Initiation of AVP and training of Child and Mother - First Installment	20000
270	11.3.2	Post Switch on Mapping/Initiation of AVP and training of Child and Mother - Second Installment	20000
271	11.3.3	Post Switch on Mapping/Initiation of AVP and training of Child and Mother - Third Installment	20000
272	11.3.4	Post Switch on Mapping/Initiation of AVP and training of Child and Mother - Fourth Installment	20000

Renal package

AV fistula., pre-transplant haemodialysis are approved along with renal transplant surgery only and not separately

Cancer.

Chemotherapy and radiotherapy should be administered only by professionals trained in respective therapies (i.e Medical Oncologists and Radiation Oncologists) and well versed with dealing with the side-effects the treatment can cause

Patients with hematological malignancies- (leukemias, lymphomas, multiple myeloma) and pediatric malignancies (Any patient < 14 years of age) should be treated by qualified medical oncologists only

Each cycle cost includes

- Cost of chemotherapy drugs
- Hospital charges
- All the infusional chemotherapy cancer cases must be treated as inpatients only.
- Doctors fees
- Supportive care medications (i.e. i. v. fluids, steroids, H2 blockers, anti-emetics)
- All Investigations

An average of 2000 to 5000/- has been added to the above cost, to cover for treatment of complications.

A cap of 30,000/- has been set on palliative chemotherapy

Tumors not included in this list, if have a chemotherapy regimen that is proven to be curative, or provide long term improvements in overall survival will be reviewed on a case by case basis by the technical committee of the Trust.

Polytrauma

Components of Polytrauma: The following are the components of polytrauma based on the system involved

1. Orthopedic trauma
2. Neuro-Surgical Trauma
3. Chest Injuries
4. Abdominal Injuries

The above components may be treated separately or combined as the case warrants.

Insurance provision for polytrauma and Its Implications : For providing financial assistance through insurance to emergency polytrauma cases requiring Hospitalization and/or Surgery for BPL families, management of each of the above can be classified as given below:

- **Orthopedic trauma**
  1. Surgical Corrections
- **Nuero-Surgical Trauma**
  1. Conservative
  2. Surgical Treatment
- **Chest Injuries**
  1. Conservative
  2. Surgical treatment
- **Abdominal Injuries**
  1. Conservative
  2. Surgical treatment

III. All cases, which require conservative management with a minimum of one-week hospitalization with evidence of (Imageology based) seriousness of injury to warrant admission, only need to be covered to avoid misuse of the scheme for minor/trivial cases.

IV. In case of Neurosurgical trauma, admission is based on both Imageology evidence and Glasgow Coma Scale (A scale of less than 13 is desirable).

V. All surgeries related to poly-trauma are covered irrespective of hospitalization period.

VI. Initial evaluation of all trauma patients has to be free of cost.

SECTION B – FINANCIAL PROPOSAL **Annexure-12**

A) Premium quote for a sum insured of Rs. 1.50 Lakh per family on floater basis:

S.NO.	No. of FAMILIES	PREMIUM PER FAMILY	TOTAL PREMIUM WITHOUT S.T.	TOTAL PREMIUM WITH S.T.
1	34.87 lakhs	Rs.	Rs.	Rs.

B) Premium quote for Rupees 10 Crores as buffer / corporate sum insured. A sum of Rs. 50,000 can be availed by the individual if it has consumed the basic sum insured of Rs. 1.50 lakh. This is subject to the case being recommended by the Committee appointed by the Trust and to the availability of balance amount in buffer account.

BUFFER AMOUNT	PREMIUM WITHOUT S.T.	PREMIUM WITH S.T.
Rs. 10 Crores	Rs.	Rs.

Total Premium without S.T.: (A + B) =

Total Premium with S.T.: (A + B) =

C) Details of Add on cover without any additional premium:

S. No.	Benefits	Details
1		
2		
3		
4		

Note: No other documents or attachments are permissible along with annexure 12. Any deviation will attract disqualification.