BIHAR INDUSTRIAL AREA DEVELOPMENT AUTHORITY (BIADA)

(A Statutory Body under Department of Industries, Government of Bihar)
1st Floor, Udyog Bhawan, East Gandhi Maidan, Patna – 800004

DOCUMENT REFERENCE: EXPRESSION OF INTEREST (EOI) & TERMS OF REFERENCE (TOR)
Selection of IRDAI Registered Insurance Company for Group Health (Mediclaim) Insurance Coverage for BIADA Employees & Their Dependents (Single Unified Category)

SECTION 1: EXPRESSION OF INTEREST (EOI) NOTICE & SCHEDULE

Notice: 1.1 Notice Inviting Tender (NIT)

Bihar Industrial Area Development Authority (BIADA), Patna, invites sealed competitive proposals under a Two-Envelope System (Envelope A: Technical Bid & EMD; Envelope B: Financial Bid) from direct IRDAI-registered General / Health / Life Insurance Companies to provide comprehensive Group Health (Mediclaim) Insurance Coverage for all employee of BIADA and their family dependents.

Key Dates & Details: 1.2 Fact Sheet & Schedule of Bidding

Parameter / Item	Details & Specifications
Tender Reference Number	
Issuing Authority	Executive Director(Operations), BIADA, 1st Floor, Udyog Bhawan, Patna – 800004
Scope of Policy	Group Health (Mediclaim) Coverage for Employees & Dependents (Max. 6 Person)
Coverage Architecture	Single Unified Category (Officers, Regular & Contractual Staff)
Base Sum Insured	Rs. 5,00,000/- per family on Family Floater Basis
Corporate Buffer Pool	Rs. 2,50,000,000/- (Rupees Two Crore Fifty Lakhs)
Family Composition	Self + Spouse + 2 Children + 2 Parents (Max 6 Lives)
Policy Duration	12 Months (Extendable up to 36 Months based on performance)

Parameter / Item	Details & Specifications
EOI/ Tender Availability	31.08.2026
EOI Document Download	31.08.2026
Date of Pre-Bid Meeting	07.09.2026 at 3:00 PM at BIADA Head Office
Proposal Submission Last Date	30.09.2026 by 5:00 pm
Technical Proposal Opening	03.10.2026 at 3:30 PM
Financial Bid Opening	After evaluation of Technical Proposal
Bid Validity Period	120 Days from the date of Technical Bid Opening
Note: Bids submitted shall be in two separate envelopes. Especially Financial bid should be sealed in separate envelope.	

SECTION 2: BACKGROUND, OBJECTIVES & SCOPE OF ASSIGNMENT

The Bihar Industrial Area Development Authority (BIADA) is a statutory authority established under the BIADA Act, 1974, operating under the administrative control of the Department of Industries, Government of Bihar. BIADA manages industrial area management, planning, land allotment, and infrastructure across Bihar through its Headquarters at Udyog Bhawan, Patna, and Cluster Offices.

Primary Objectives:

- **Financial Protection:** To provide robust financial protection to BIADA employees and their families against medical treatment expenses arising from illnesses, accidental injuries, and surgical procedures requiring hospitalization.
- **Cashless Network:** To establish a seamless, cashless hospitalization facility across empaneled hospitals in all 38 districts of Bihar and leading super-specialty network hospitals across India.
- **Equitable Single-Category Benefit:** To eliminate hierarchy-based medical coverage disparities by offering a single, standardized, high-quality sum insured category across all employees.
- **Day-1 Risk Coverage: To ensure complete waiver of all waiting periods (including pre-existing disease exclusions, 30-day initial waiting period, and 1-year/2-year/4-year specific disease exclusions) from Day 1 of policy inception.**
- **Institutional Governance:** To mandate strict Service Level Agreements (SLAs), rapid claim settlement timelines, and a dedicated on-site helpdesk at BIADA HQ Patna.

SECTION 3: INSURER ELIGIBILITY & PRE-QUALIFICATION CRITERIA

Bidders must satisfy all pre-qualification criteria detailed below. Bids submitted through insurance brokers, aggregators, or intermediaries shall be summarily rejected.

Eligibility Criteria	Detailed Requirement	Documents Required
Direct Insurer Status	Must be a direct Life/General/Health Insurance company registered with IRDAI. Brokers/intermediaries prohibited.	Valid IRDAI Registration Certificate
Track Record	Must have valid IRDAI registration for at least the last 5 financial years as of the bid submission date.	Certificate of Incorporation & IRDAI Renewal Proofs
Public Sector Experience	Executed Group Mediclaim policies covering at least 1,000 lives for Govt / PSU / Statutory Bodies in last 3 FYs.	Work Orders / Completion Certificates
Financial Turnover	Average annual premium turnover of at least Rs. 100 Crores during FY 2022-23, 2023-24, and 2024-25.	Audited Financials / Auditor Certificate with UDIN
Solvency Ratio	Maintained an IRDAI-mandated Solvency Ratio of not less than 1.50 as on latest audited statement.	Latest Statutory Auditor / Actuarial Solvency Certificate
Local Establishment	Must have an operational Regional / Branch Office in Patna, Bihar with dedicated claims staff.	Proof of Office Address in Patna
Non-Blacklisting	Must not be blacklisted or debarred by Central/State Govt, PSU, or IRDAI.	Affidavit / Undertaking on Rs. 100 Stamp Paper
Hospital Network	Comprehensive network of empaneled hospitals across all 38 districts of Bihar and leading super-specialty network hospitals across India.	District-wise Hospital List & Empanelment Undertaking

SECTION 4: UNIFIED COVERAGE STRUCTURE & TARGET POPULATION

Under this Single Category ToR, all employees across BIADA HQ and Cluster Offices/Field Offices/Area Offices are classified into a single uniform coverage tier operating on a Family Floater Basis.

Category Definition	Uniform Sum Insured	Family Composition	Estimated Covered Base
Single Category (Regular Officers/Staffs & Contractual Officers/ Staffs)	Rs. 5,00,000/- (Family Floater Base)	Self + Spouse + Up to 2 Dependent Children + Up to 2 Dependent Parents (Max 6 Lives)	Approx. 250+ Employees (Total Covered Lives: ~1,500+)

Indicative Demographic Profile (Covered Population)

Age Group (Years)	Primary Employees	Spouse Base	Dependent Children	Dependent Parents	Total
0 – 18 Years					
19 – 35 Years					
36 – 50 Years					
51 – 60 Years					
61 Years & Above					

Dependent Eligibility Criteria:

- **Spouse:** Wife or Husband.
- **Dependent Children:** Unmarried dependent children up to 25 years of age. Female unmarried/widowed/divorced daughters and differently-abled children are covered for life without age limit.
- **Dependent Parents:** Employee's Dependent Parents.
- **Newborn Babies:** Covered automatically from Day 1 of birth up to the end of the policy year within the family floater sum insured.
- **Deceased Employee Dependents:** In the event of an employee's demise during service, enrolled dependents continue policy coverage for the active policy year.

SECTION 5: DETAILED SCOPE OF COVERAGE & POLICY BENEFITS

The Group Mediclaim Policy must provide comprehensive inpatient hospitalization (IPD) coverage with ZERO initial waiting period as per terms below:

Coverage Head	Detailed Policy Provision / Sub-Limits	Compliance Norm
Pre-Existing Diseases (PED)	All PEDs and chronic conditions are covered from Day 1 of policy inception without waiting periods.	100% Waiver (Day-1 Cover)
Initial Waiting Period	Standard 30-day initial waiting period for hospitalization is completely waived from 00:00 hrs of policy inception.	100% Waiver
Specific Disease Waiver	1-year and 2-year waiting periods for named ailments (Cataract, Hernia, Hysterectomy, Joint Replacement, Gallbladder, Piles, Hydrocele, etc.) are 100% waived.	100% Waiver
Room, Boarding & ICU	Single Standard Non-AC / AC Room covered up to 1% of Sum Insured per day (Rs. 5,000/day). ICU/ICCU charges covered up to 2% of Sum Insured per day (Rs. 10,000/day). No proportionate deduction on medical fees.	No Proportionate Penalty
Medical & Surgical Fees	Surgeons, Anesthetists, Medical Practitioners, Consultants, Specialists, OT charges, Oxygen, Blood, Medicines, Stents, Prosthetic devices covered as per actuals.	Covered as per actuals
Day Care Procedures	Advanced sub-24 hr surgical/medical procedures (Chemotherapy, Dialysis, Cataract, Laparoscopic surgeries, ENT, Endoscopy) fully covered.	Sub-24 Hr Cover
Pre & Post Hospitalization	Pre-hospitalization expenses covered up to 30 days prior to admission. Post-hospitalization expenses covered up to 60 days post-discharge.	100% Covered
Maternity Benefits	Normal Delivery: Up to Rs. 30,000/- | Caesarean Section (C-Section): Up to Rs. 50,000/-. Standard 9-month waiting period waived completely.	Day-1 Maternity Cover
Newborn Cover	Newborn covered from Day 1 of birth within floater sum insured for treatments, NICU, and vaccinations.	Day-1 Newborn Cover

Coverage Head	Detailed Policy Provision / Sub-Limits	Compliance Norm
Emergency Ambulance	Covered up to Rs. 2,500/- per hospitalization event.	Actuals up to cap
AYUSH Inpatient Treatment	Inpatient treatment under Ayurveda, Unani, Siddha, Homeopathy in Govt or Quality Council/NABH accredited institutes covered up to 100% Sum Insured.	100% Sum Insured
Domiciliary Hospitalization	Medical treatment at home due to non-availability of hospital beds or severe illness covered up to 20% Sum Insured.	Up to 20% Sum Insured
Corporate Buffer Pool	A Corporate Buffer Pool of Rs. 25,000,000/- (Rupees Two Crore Fifty Lakhs) maintained by insurer. Allocation up to Rs. 2,00,000/- per family for critical care upon BIADA HR approval.	Managed at BIADA HO
Modern Treatments	Robotic surgeries, Stem cell therapy, Oral Chemo, Intra-vitreal injections, Stereotactic surgery covered up to 50% Sum Insured.	Up to 50% Sum Insured

SECTION 6: STANDARD POLICY EXCLUSIONS

The insurer shall not be liable to make payments under the policy for claims arising from:

- **War & Hostilities:** War, invasion, act of foreign enemy, hostilities, civil war, rebellion, revolution, or nuclear fallout/weapons material.
- **Cosmetic & Plastic Surgery:** Cosmetic, aesthetic, or plastic surgery unless required for reconstruction due to accidental burn, injury, or cancer surgery.
- **Dental Treatment:** Dental examination, root canal, or cosmetic dental surgery unless requiring inpatient hospitalization resulting from an accidental injury.
- **Vision & Hearing Aids:** Cost of eyeglasses, contact lenses, refractive eye surgeries (LASIK unless > 7.5 diopters), or hearing aids.
- **Substance Abuse:** Treatment directly attributable to abuse or misuse of intoxicating drugs, alcohol, or narcotics.
- **OPD Consultations:** Out-Patient Department (OPD) routine consultations, health check-ups, and diagnostic testing conducted purely on OPD basis without active inpatient care.

SECTION 7: SERVICE LEVEL AGREEMENTS (SLA) & PENALTY PROVISIONS

The insurer and designated TPA must strictly adhere to the SLA benchmarks outlined below. SLA non-compliance shall attract financial penalties.

Service Activity	Target SLA / TAT	Operational Mandate
Cashless Pre-Auth	Within 1 Hour	Issue pre-authorization approval or query to hospital.
Cashless Discharge	Within 2 Hours	Final settlement & approval upon hospital final bill submission.
Reimbursement Settlement	Within 10 Working Days	Direct Credit (NEFT) to employee account post document submission.
E-Card Generation	Within 5 Working Days	Digital soft e-cards available via Portal / Mobile App.
Dedicated Patna Helpdesk	100% On-site Presence	Station 1 dedicated full-time executive at BIADA HQ Patna.
Network Hospitals	All 38 Districts Covered	Empanelment of leading hospitals across all Bihar districts & pan-India.
Monthly MIS Reports	By 5th of every month	Detailed claims report, settled/pending status, and buffer utilization.

Note on Penalties: Overall Penalty Cap: In case of persistent non-compliance or major SLA breaches, an aggregate penalty of up to ₹ 5,00,000/- per instance (if justified) may be imposed by the Managing Director, BIADA. The decision of Managing Director -BIADA shall be final.

SECTION 8: CLAIMS PROCEDURE & DOCUMENTATION STANDARDS

8.1 Cashless Claims Procedure

- **1. Hospital Intimation:** Insured presents BIADA Mediclaim E-Card / Employee ID at Network Hospital's TPA Desk.
- **2. Pre-Authorization:** Hospital submits filled pre-auth form and diagnosis details to TPA/Insurer.
- **3. Approval Issuance:** Insurer issues cashless pre-authorization approval within 1 Hour.
- **4. Seamless Discharge:** On discharge, final bill is settled directly by Insurer with the hospital within 2 Hours.

8.2 Reimbursement Claims Checklist

In case of emergency treatment at Non-Network Hospitals, claims must be submitted within 30 days of discharge with:

- Original Claim Form duly signed by employee and attending doctor.
- Original Hospital Discharge Summary with clinical history and treatment advice.
- Original Final Itemized Hospital Bill with payment receipts.
- Original Prescriptions and Chemist Bills supported by batch numbers.
- Original Diagnostic & Investigation Reports (Pathology, X-Ray, CT, MRI, ECG).
- Copy of BIADA Employee ID Card and Bank Account details (Cancelled Cheque / Passbook) for NEFT.

SECTION 9: GOVERNANCE, LEGAL & CONTRACTUAL TERMS

- **Contract Duration:** The policy contract shall be valid for 12 Months (1 Year) from policy inception. BIADA reserves the right to extend the policy for an additional 2 years (1 year at a time) subject to satisfactory service and mutually agreed premium terms.
- **Premium Payment Terms:** BIADA shall pay the total annual premium in advance before policy inception. Premium adjustments for additions/deletions shall be settled quarterly.
- **Review Mechanism:** A Joint Monitoring Committee (JMC) chaired by ED(Operations), BIADA and Insurer Regional Manager shall meet monthly on the fourth Friday of every month to review claim trends and SLA compliance.
- **Cancellation Clause:** BIADA reserves the right to terminate the policy with 30 days written notice in case of persistent SLA breaches. Unearned premium shall be refunded on a pro-rata basis.
- **Data Confidentiality:** The selected insurer shall execute a Non-Disclosure Agreement (NDA) to maintain strict confidentiality of employee demographic data under the IT Act 2000 (as amended).
- **Governing Law & Jurisdiction:** The contract shall be governed by Indian Laws. Any legal disputes shall be subject to the exclusive jurisdiction of courts in Patna, Bihar.

SECTION 10: DRAFT FORMATS & ANNEXURES FOR BIDDERS

Annexure 1: Covering Letter for Submission of Bid (On Bidder's Letterhead)

Date: _____

To,

The Executive Director (Operations),
Bihar Industrial Area Development Authority (BIADA),
1st Floor, Udyog Bhawan, East Gandhi Maidan, Patna – 800004.

Subject: Submission of Bid – Group Health (Mediclaim) Insurance Coverage for BIADA Employees & Their Dependents (Tender Ref No: .....)

Sir/Madam,

Having examined the RFP document, terms of reference, coverage specifications, and conditions, we, the undersigned, hereby submit our Bid in response to the RFP titled 'Group Health (Mediclaim) Insurance Coverage for BIADA Employees & Their Dependents'.

We have thoroughly examined the RFP and agree to abide by all terms and conditions for the entire bid validity period (120 days). We hereby declare that all information and documents furnished are true and correct.

Yours faithfully,

_____

(Authorized Signatory Name & Designation)

Name of Insurer: _____

Official Seal:

Annexure 2: Bid Letter & Undertaking (On Bidder's Letterhead)

Date: _____

To,

The Executive Director (Operations),
Bihar Industrial Area Development Authority (BIADA),
1st Floor, Udyog Bhawan, East Gandhi Maidan, Patna – 800004

Sir/Madam,

Having examined the RFP and its addenda, we hereby submit our Bid for providing Group Health (Mediclaim) Insurance Coverage for BIADA Employees & Their Dependents.

We agree to:

1. Abide by all terms of the RFP;
2. Maintain bid validity for 120 days;
3. Provide services as per defined SLAs;
4. Accept penalties for SLA deviations.

We hereby confirm that:

1. We are an IRDAI-licensed direct insurer;
2. All statements/documents submitted are true and authentic;
3. We have not been blacklisted by any Govt./PSU/IRDAI.

Authorized Signatory Name:

Designation:

Seal:

Annexure 3: Status of Bidder & Compliance Form

Particulars	Details to be filled by Bidder
Name of Insurance Company	
Registered Office Address	
Patna Local Branch Office Address	
IRDAI Registration No. & Date	
Type of Company (Public / Private)	
Contact Person Name & Designation	
Mobile Number & Email ID	
Average Premium Turnover (FY 2023-24 to 2025-26)	Rs. _____ Crores (UDIN: _____)
Solvency Ratio (as on latest audited statement)	_____ (Must be >= 1.50)

Annexure 4: Financial Bid Format (Envelope B)

Table A: Base Premium Quotation for Rs. 5,00,000/- Base Sum Insured

Category	Sum Insured	Est. Employees	Premium per Employee (Excl. GST)	Total Premium (Incl. GST)
Single Category (Regular Officers/Staffs & Contractual Officers/ Staffs)	Rs. 5,00,000/-	300	[To be quoted]	[To be quoted]

Table B: Optional Top-Up Premium Structure (Borne individually by employees)

Top-Up Sum Insured Option	Annual Premium per Family (Excl. GST)
Rs. 5,00,000/- Top-Up (Total Rs. 10 Lakh Cover)	[Quote Rate]
Rs. 10,00,000/- Top-Up (Total Rs. 15 Lakh Cover)	[Quote Rate]
Rs. 15,00,000/- Top-Up (Total Rs. 20 Lakh Cover)	[Quote Rate]
Rs. 20,00,000/- Top-Up (Total Rs. 25 Lakh Cover)	[Quote Rate]
Rs. 25,00,000/- Top-Up (Total Rs. 30 Lakh Cover)	[Quote Rate]

Evaluation Note: Note: L1 shall be evaluated strictly based on the Total Premium quoted under Table A.

Annexure 5 & 6: Bank Guarantee Formats (EMD & Performance Bank Guarantee)

Annexure 5: Bank Guarantee for Earnest Money Deposit (EMD)

To,

The Executive Director (Operations),
Bihar Industrial Area Development Authority (BIADA),
1st Floor, Udyog Bhawan, East Gandhi Maidan, Patna – 800004

Whereas <Name of the bidder> (hereinafter called 'the Bidder') has submitted the bid for Submission of RFP Ref No..... dated ..... for Selection of Insurance Company for Group Health Coverage (hereinafter called 'the Bid') to BIADA.

Know all Men by these presents that we <Name of Bank> having our office at <Address> (hereinafter called 'the Bank') are bound unto BIADA (hereinafter called 'the Purchaser') in the sum of Rs. 50,000/- (Rupees Fifty Thousand Only) for which payment well and truly to be made to the said Purchaser, the Bank binds itself, its successors and assigns by these presents. Sealed with the Common Seal of the said Bank this <Date>.

The conditions of this obligation are:

1) If the Bidder withdraws its bid during the period of bid validity specified in the RFP; or

2) If the Bidder, having been notified of the acceptance of its bid by the Purchaser during the period of validity:

a) Fails or refuses to execute the Contract Form; or

b) Fails or refuses to furnish the Performance Bank Guarantee.

We undertake to pay to the Purchaser up to the above amount upon receipt of its first written demand, without the Purchaser having to substantiate its demand.

This guarantee will remain in force up to 120 days + 45 days claim period from the date of technical bid opening.

(Authorized Signatory of the Bank)

Seal & Date:

Annexure 6: Performance Bank Guarantee (PBG)

To,

The Executive Director (Operations),

Bihar Industrial Area Development Authority (BIADA),

1st Floor, Udyog Bhawan, East Gandhi Maidan, Patna – 800004

WHEREAS <Name and Address of Supplier> (hereinafter called 'the Insurer') has undertaken, in pursuance of Contract No. <Insert No.> dated <Date> to provide Group Health Insurance Services to BIADA (hereinafter called 'the Purchaser').

AND WHEREAS it has been stipulated by the Purchaser in the said contract that the Insurer shall furnish a Bank Guarantee by a Nationalized/ Scheduled Banks for 5% of the contract value as security for compliance with its obligations in accordance with the contract;

WE <Name of Bank>, having registered office at <Address>, do hereby guarantee and undertake to pay immediately on demand by BIADA, the amount of INR <Insert Value> (Rupees <Insert Words> only) without any demur, reservation, or recourse, declaring the Insurer to be in default under the contract.

This guarantee shall remain valid until <Insert Expiry Date - 14 Months from policy inception>.

(Authorized Signatory of the Bank)

Seal & Date:.